

## **SPS Activity and Product Status Report**

A report on quarterly progress achieved towards activities, products, and results

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Project Year 5 Quarter 1

October - December 2011



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## **About SPS**

SPS works in more than 20 developing and transitional countries to provide technical assistance to strengthen pharmaceutical and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

## **Recommended Citation**

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## ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ADDO	accredited drug dispensing outlet
ADR	adverse drug reaction
ADT	ARV Dispensing Tool [MSH]
AHSEP	Afghanistan Health Services Enhancement Project
AIDS	acquired immunodeficiency syndrome
ALCO	Abidjan to Lagos Corridor Organizations
APR	annual progress report
AQ	amodiaquine
APR	annual progress report
ART	antiretroviral therapy
AS	artesunate
CAMERWA	Centrale d'Achat des Médicaments Essentiels du Rwanda (CMS of Rwanda)
CBO	community-based organization
CMS	Central Medical Store
COP	chief of party
CPDS	Coordinated Procurement and Distribution System
DTC	Drug and Therapeutics Committee
EML	essential medicines list
EU	European Union
FDC	fixed-dose combination
FEFO	first expiry, first out
FHI	Family Health International
FY	fiscal year
GDF	Global Drug Facility
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoB	Government of Bangladesh
GoK	Government of Kenya
HBC	home-based care
HIV	human immunodeficiency virus
HMM	home management of malaria
HSSP	Health Systems and Services Strengthening system
IC	infection control
ICAT	Infection Control Assessment Tool
IEC	information, education, and communication
INRUD	International Network for Rational Use of Drugs
IPT	intermittent prevention treatment
IRS	indoor residual spraying
JSI	John Snow, Inc.
M&E	monitoring and evaluation
MDR	multidrug resistant
MIS	management information system
MoH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare (Swaziland)

MoPH	Ministry of Public Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MTP	Monitoring, training, planning (methodology)
NASCOP	National AIDS and STD Control Program
NDTC	National Drug and Therapeutics Committee
NGO	nongovernmental organization
NMCP	National Malaria Control Program (Senegal)
NSP	National Strategic Plan (South Africa)
PCI	Pharmaceutical Control and Inspection [Namibia]
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PM	pharmaceutical management
PMI	President's Malaria Initiative
PMIS	pharmaceutical management information system
PMTCT	prevention of mother-to-child transmission
PSI	Population Services, International
PV	pharmacovigilance
QA	quality assurance
RBM	Roll Back Malaria
RDT	rapid diagnostic test
REACH	Rural Expansion of Afghanistan's Community-based Healthcare
RH	reproductive health
RMU	rational medicine use
RPM Plus	Rational Pharmaceutical Management Plus
SCMS	Supply Chain Management System
SOW	statement of work
SPS	Strengthening Pharmaceutical Systems (Program)
STG	standard treatment guideline
STI	sexually transmitted infections
TA	technical assistance
TB	tuberculosis
TBCAP	TB Control Assistance Program
TOR	terms of reference
TOT	training of trainers
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNION	International Union Against Tuberculosis and Lung Disease
URC	University Research Co.
USAID	U.S. Agency for International Development
USG	United States Government
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis

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## FINANCIAL INFORMATION

### **Strengthening Pharmaceutical Systems Program**

**Fiscal Data: October 1- December 31, 2011**

**GHN-A-00-07-00002-00**

On June 29, 2007, Management Sciences for Health was awarded the SPS leader with associate cooperative agreement. The cumulative obligation for SPS currently stands at US\$147,499,644.

MSH tracks and reports program expenditures by source of funding (Global or Core and Field Support, by Bureau, Region, and Country). MSH further subdivides Global or Core expenditures based on the various Program Elements designated by USAID when funding is received (e.g., Maternal Child Health (MCH) [and sub-elements Antimicrobial Resistance (AMR), Child Survival and Reproductive Health], HIV/AIDS, Tuberculosis (TB), Malaria and Other Public Health Threats (OPHT)).

The Fiscal Data chart shows the Year 1 through Year 4 obligations, cumulative funds obligated, quarter one (October to December 2011) expenditures, in addition to the cumulative to-date (June 29, 2007 to December 31, 2011) expenditures of US \$ 140,115,144 by funding source.

The SPS leader with associate cooperative agreement stipulates that MSH should cost-share an amount not less than US\$7,375,000 over the life of the program (5% of actual total activity costs). As of June 30, 2011, SPS had already exceeded this cost-share requirement, generating US \$7,415,828 in non-Federal funding, within the technical scope of work for SPS.

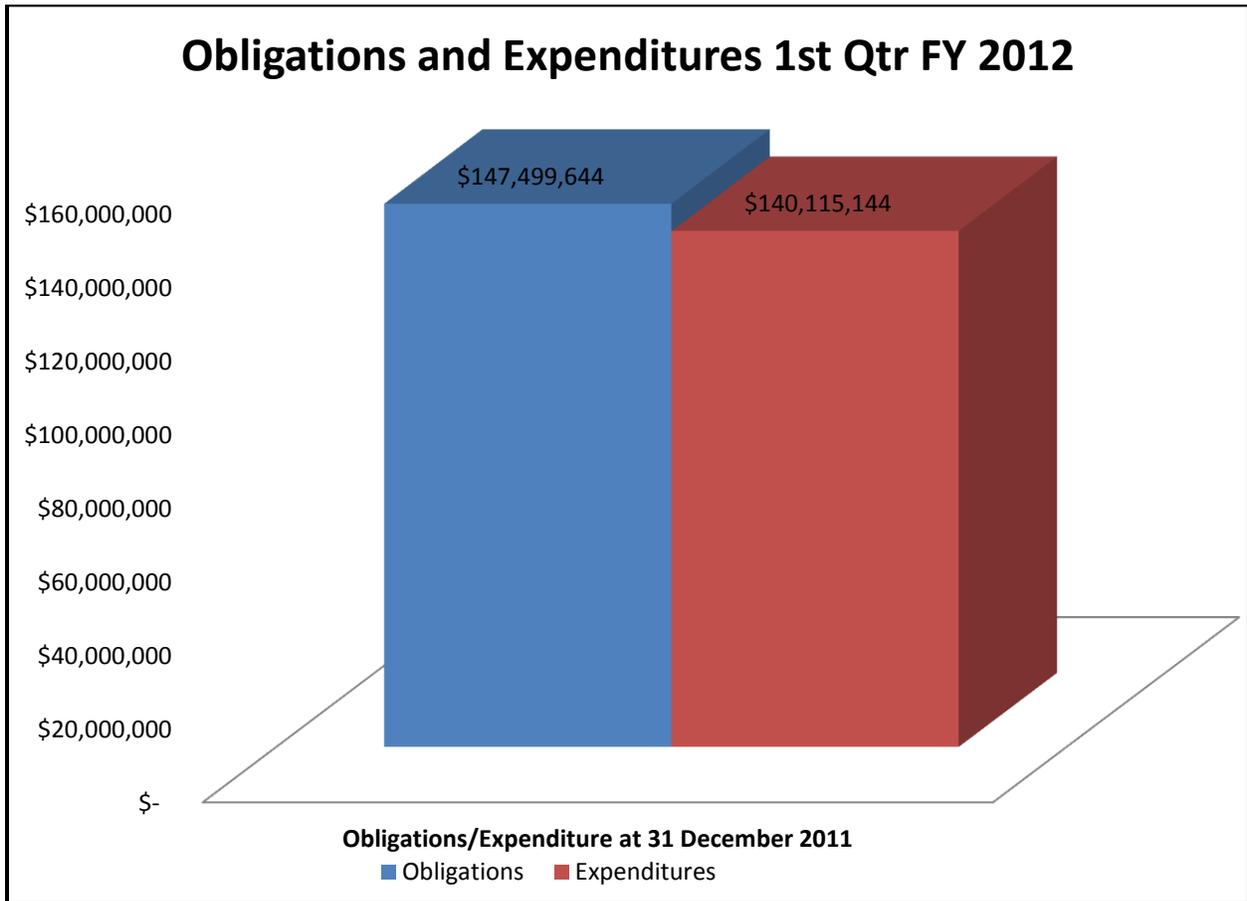
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**Strengthening Pharmaceutical Systems Program | GHN-A-00-07-00002-00**  
**Fiscal Data: October-December, 2011**

Funding Source	Funding Type	Grand Total Funded	Q1 Expenditures Oct-Dec 2011	Grand Total Spent	Grand Total Remaining
<b>Worldwide/Core</b>					
	AMR Core	\$ 2,415,484	\$ 81,766	\$ 2,234,838	\$180,646
MCH (Child & Reproductive Health)	Core	\$ 4,220,400	\$ 270,355	\$ 4,118,255	\$102,145
	Common Agenda Core	\$ 2,905,089	\$ 147,385	\$ 2,699,705	\$205,384
	Malaria Core	\$ 1,400,000	\$ 70,991	\$ 1,400,000	\$0
	TB Core	\$ 5,817,000	\$ 509,775	\$ 5,516,235	\$300,765
	POP Core	\$ 90,000	\$ 1,314	\$ 85,299	\$4,701
	NTD Core	\$ 500,000	\$ 61,102	\$ 226,267	\$273,733
<b>Worldwide/Core Subtotal</b>		<b>\$ 17,347,973</b>	<b>\$ 1,142,689</b>	<b>\$ 16,280,597</b>	<b>\$1,067,375</b>
<b>Core</b>		<b>\$ 17,347,973</b>	<b>\$ 1,142,689</b>	<b>\$ 16,280,597</b>	<b>\$1,067,375</b>
	Afghanistan	\$ 5,276,000	\$ 59,580	\$ 5,138,129	\$137,871
	Angola-PMI	\$ 1,729,000	\$ 184,718	\$ 1,301,068	\$427,932
	Angola - HIV/AIDS	\$ 480,000	\$ 38,940	\$ 307,322	\$172,678
	Angola - POP	\$ 100,000	\$ 2,638	\$ 31,770	\$68,230
<b>Angola Subtotal</b>		<b>\$ 2,309,000</b>	<b>\$ 226,290</b>	<b>\$ 1,640,100</b>	<b>\$668,840</b>
	Bangladesh-POP	\$ 600,001	\$ -	\$ 698,962	(\$98,961)
	Bangladesh-MCH/CSMH	\$ 100,000	\$ -	\$ 1,039	\$98,961
<b>Bangladesh Subtotal</b>		<b>\$ 700,001</b>	<b>\$ -</b>	<b>\$ 700,001</b>	<b>(\$0)</b>
	Benin-PMI	\$ 1,815,000	\$ 8,332	\$ 1,803,086	\$11,914
	Brazil - TB	\$ 3,748,000	\$ 116,836	\$ 3,083,118	\$664,882
	Burundi-PMI	\$ 1,675,500	\$ 252,560	\$ 1,366,451	\$309,049
	DCHA/OFDA (BHR/OFDA)	\$ 100,000	\$ 2,479	\$ 8,647	\$91,353
	Democratic Rep. Of Congo	\$ 5,820,000	\$ 492,172	\$ 5,771,145	\$48,855
	Dominican Republic - TB	\$ 1,000,000	\$ 23	\$ 1,110,072	(\$110,072)
	Dominican Republic - TB/HIV/AIDS	\$ 750,000	\$ 203,239	\$ 367,908	\$382,092
<b>Dominican Republic Subtotal</b>		<b>\$ 1,750,000</b>	<b>\$ 203,262</b>	<b>\$ 1,477,980</b>	<b>\$272,020</b>
	East Africa Regional	\$ 181,000	\$ -	\$ 181,000	(\$0)
	Ethiopia - PEPFAR	\$ 9,583,120	\$ -	\$ 9,533,408	\$49,712
	Ethiopia - PMI	\$ 1,315,000	\$ -	\$ 1,256,589	\$58,411
<b>Ethiopia Subtotal</b>		<b>\$ 10,898,120</b>	<b>\$ -</b>	<b>\$ 10,789,997</b>	<b>\$108,123</b>
	Europe and Eurasia-TB	\$ 616,600	\$ 20,881	\$ 505,558	\$111,042
	Ghana - PMI	\$ 900,000	\$ -	\$ 900,000	(\$0)
	Guatemala MAARD	\$ 425,000	\$ 35,453	\$ 423,880	\$1,120
	India-HIV/AIDS	\$ 400,000	\$ 86,907	\$ 354,151	\$35,849
	Jordan	\$ 500,000	\$ 42,233	\$ 348,159	\$151,841
	LAC - AMR/SAIDI-TB	\$ 351,000	\$ 14,668	\$ 295,507	\$55,493
	LAC - MAL/AMI-MAL	\$ 3,045,000	\$ 87,575	\$ 2,880,538	\$164,462
	Liberia - PMI	\$ 1,530,000	\$ 20,192	\$ 1,505,111	\$24,889
	Madagascar - PMI	\$ 400,000	\$ 12,570	\$ 218,169	\$181,831
	Malawi - PMI	\$ 1,770,000	\$ -	\$ 1,715,636	\$54,364
	Malawi - PEPFAR	\$ 830,993	\$ -	\$ 870,043	(\$39,050)
<b>Malawi Subtotal</b>		<b>\$ 2,600,993</b>	<b>\$ -</b>	<b>\$ 2,585,679</b>	<b>\$15,314</b>
	Mali - HIV/AIDS	\$ 300,000	\$ -	\$ 283,980	\$16,020
	Mali - MAL/PMI MAARD	\$ 1,749,999	\$ 51,286	\$ 1,646,227	\$103,772
	Mali - POP	\$ 940,180	\$ 1,225	\$ 959,602	(\$19,422)
<b>Mali Subtotal</b>		<b>\$ 2,990,179</b>	<b>\$ 52,511</b>	<b>\$ 2,889,809</b>	<b>\$100,370</b>
	Regional Development Mission/Asia	\$ 1,458,391	\$ 33,104	\$ 1,311,603	\$146,788
	West Africa Regional (WARP)	\$ 600,000	\$ -	\$ 565,316	\$34,684
	Kenya - PEPFAR	\$ 15,020,000	\$ -	\$ 15,004,465	\$15,535
	Kenya - POP	\$ 2,300,000	\$ -	\$ 2,302,248	(\$2,248)
	Kenya - KEMSA	\$ 1,950,000	\$ -	\$ 1,897,206	\$52,794
	Kenya - Malaria	\$ 4,603,500	\$ -	\$ 4,712,991	(\$109,491)
	Kenya - MCA	\$ 4,275,000	\$ -	\$ 4,231,589	\$43,411
<b>Kenya Subtotal</b>		<b>\$ 28,148,500</b>	<b>\$ -</b>	<b>\$ 28,148,500</b>	<b>\$0</b>
	Mozambique - PEPFAR	\$ -	\$ -	\$ -	\$0
	Mozambique - HIV/AIDS	\$ 500,000	\$ 42,744	\$ 450,130	\$43,861
<b>Mozambique Subtotal</b>		<b>\$ 500,000</b>	<b>\$ 42,744</b>	<b>\$ 450,130</b>	<b>\$43,861</b>
	Namibia - PEPFAR	\$ 11,135,647	\$ 49,762	\$ 11,044,404	\$91,243
	Philippines-TB	\$ 100,000	\$ -	\$ 100,000	\$0
	Rwanda - PEPFAR	\$ 4,506,000	\$ -	\$ 4,504,876	\$1,124
	Rwanda - PMI	\$ 2,012,000	\$ 100,043	\$ 1,904,922	\$107,078
<b>Rwanda Subtotal</b>		<b>\$ 6,518,000</b>	<b>\$ 100,043</b>	<b>\$ 6,409,798</b>	<b>\$108,202</b>
	Senegal - PMI	\$ 1,155,000	\$ 39,442	\$ 1,042,526	\$112,474
	Senegal - TB	\$ 150,000	\$ -	\$ 138,564	\$11,436
<b>Senegal Subtotal</b>		<b>\$ 1,305,000</b>	<b>\$ 39,442</b>	<b>\$ 1,181,090</b>	<b>\$123,910</b>
	South Africa, Republic Of - PEPFAR	\$ 14,516,522	\$ -	\$ 14,297,772	\$218,750
	Lesotho-PEPFAR	\$ 2,299,953	\$ 140,618	\$ 2,211,901	\$88,052
	Swaziland-PEPFAR	\$ 4,175,000	\$ 285,985	\$ 3,200,031	\$974,969
	Southern Sudan-MAL	\$ 5,050,000	\$ 673,942	\$ 4,871,733	\$178,267
	Southern Sudan-MCH	\$ 1,150,000	\$ 161,998	\$ 894,922	\$255,078
<b>Southern Sudan Subtotal</b>		<b>\$ 6,200,000</b>	<b>\$ 835,940</b>	<b>\$ 5,766,654</b>	<b>\$433,346</b>
	Tanzania - PEPFAR	\$ 2,363,415	\$ 1,194	\$ 2,110,883	\$252,532
	Tanzania - PMTCT	\$ 200,000	\$ 107	\$ 289,406	(\$89,406)
	Tanzania - PMI	\$ 300,000	\$ -	\$ 310,245	(\$10,245)
<b>Tanzania Subtotal</b>		<b>\$ 2,863,415</b>	<b>\$ 1,301</b>	<b>\$ 2,710,535</b>	<b>\$152,880</b>
	Uganda - PMI	\$ 700,000	\$ (1)	\$ 687,792	\$12,208
	Ukraine - TB	\$ 512,350	\$ -	\$ 512,106	\$244
	Vietnam-PEPFAR	\$ 1,087,500	\$ 93,017	\$ 691,355	\$396,145
		<b>\$ 130,151,671</b>	<b>\$ 3,356,462</b>	<b>\$ 124,171,274</b>	<b>\$5,980,397</b>
<b>ACF Surplus/(Deficit)</b>			\$ (509,398)	\$ 336,728	\$336,728
<b>Grand Total</b>		<b>\$ 147,499,644</b>	<b>\$ 3,989,754</b>	<b>\$ 140,115,144</b>	<b>\$ 7,384,500</b>

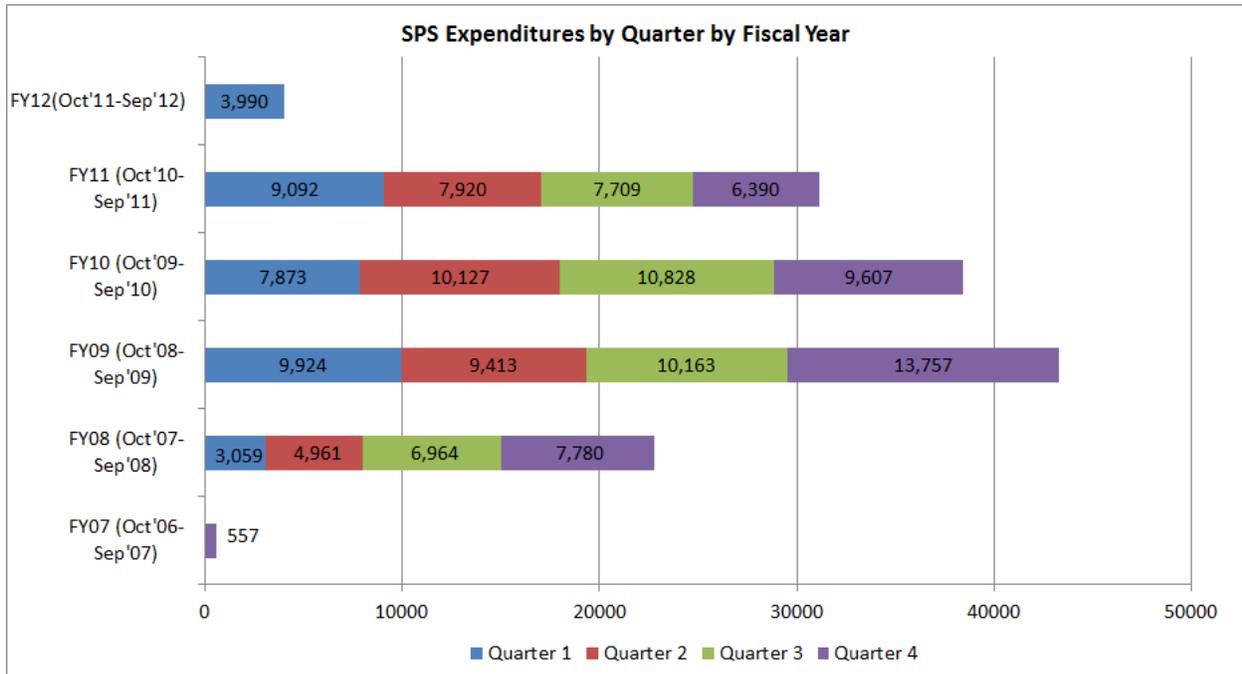
**Strengthening Pharmaceutical Systems Financial Status Overview**  
**Cumulative Expenditure activity through December 31, 2011**

Total Funding Received to Date:	\$147,499,644
Total Amount Spent to Date:	\$140,115,144
Pipeline	\$7,384,500
Percent of Funds Spent	94.99%



Cost Share Earned to Date:	\$7,415,828
Target Cost Share Amount	\$7,375,000
Percent of Cost Share Realized	100.50%

SPS Program Expenditures by Quarter through December, 2011 (in 1,000s \$)



## GLOBAL PROGRAMS

### Common Agenda

**Work plan:** Common Agenda    **Year** 2010

**Funding Level:** \$664,609.00

### Work plan Background

During Year 1 of the Strengthening Pharmaceutical Systems (SPS) Program, the USAID CTO and SPS developed a list of topics that were considered both vital and difficult to classify within a particular health element. The Common Agenda portfolio is made up of a proportion of all the separate health elements, and with this funding and guidance from USAID, SPS is expected to identify overarching pharmaceutical management issues that have emerged as key technical areas for SPS, but are not limited to any particular health element. The Common Agenda portfolio also supports activities that recur each year and are essential to the programmatic expansion of SPS. These topics have been classified into the strategy areas listed below. Not all issues need to be addressed in any one year, but all need to be addressed over the lifetime of the SPS Program.

**STRATEGIC APPROACH. Expanding access to essential medicines and health commodities:** Both poor availability and irrational use of essential medicines for priority population, health, and nutrition (PHN) interventions in developing countries are well documented. Although product availability is only one aspect of the broader concept of access to medicines, barriers such as geographic accessibility, financial affordability, and cultural acceptability must also be addressed. For example, cost is clearly an important factor in product selection, but it should not be the exclusive criteria determining which products are purchased. Other key factors include safety, efficacy, and medical need, as well as the total delivery system and the impact on health outcomes. In addition, inappropriate use of medicines by providers, patients, and the private sector may produce negative health outcomes. Understanding these issues and addressing them are keys to ensuring access.

**Building increased human resources and local institutional capacity in pharmaceutical and laboratory management to improve health system performance:** USAID cooperating agencies (CAs) and contractors, as well as managers of health systems and programs addressing the diagnosis and treatment of malaria, tuberculosis (TB), reproductive health, maternal and child health conditions, and HIV/AIDS and sexually transmitted infections, routinely report that the lack of medicines and their inappropriate use represent major impediments to program success. Further, programs such as PEPFAR, PMI, and other globally supported initiatives now have mandates to scale-up to national levels. The need to ensure that pharmaceutical and laboratory management systems are robust enough to support expansion of these health programs presents serious challenges at all levels—national, regional, district, and health facility. These programs and others are increasingly seeking help from “pharmaceutical management experts.” This increased demand can only be addressed sustainably if investments in building local human resources and institutions are made.

**Providing technical leadership and support to global pharmaceutical management initiatives:** Many important global initiatives, such as PEPFAR, PMI, Stop TB, the Global Fund, and Roll Back Malaria, all depend on having adequate supplies of medicines and other health products. In addition, these global initiatives all face similar challenges in scaling-up these programs, particularly in the area of pharmaceutical management system strengthening. Even in countries where pharmaceutical management system strengthening efforts are making improvements, best practices, tools, and approaches often are not shared. SPS will seek to participate in major health initiatives both at global and country levels to provide technical assistance, advocate for more attention (and funding) to pharmaceutical management system strengthening, and promote donor coordination, as well as the sharing and harmonization of best practices. The work on this activity will continue through the end of the

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program, as appropriate.

<b>Activity Title:</b>	World Bank collaboration on QA for procurement study.		
<b>Activity Lead:</b>	Lee, David	<b>Activity #:</b> 9	<b>Task:</b> A040 <b>Subtask:</b> XXWW1009
<b>Activity Description:</b>	SPS, in collaboration with the World Bank (through co-funding to MSH/CPM), will build on the work done by the Global Fund (report on quality assurance of non-ATM medicines with a focus on opportunistic infections; September 2010). The objectives are to: (1) analyze options for approaches to assure the quality of essential medicines not addressed by existing international donor agencies' requirements. (2) Propose a harmonized, pragmatic, inter-agency approach to assuring quality of essential medicines that (low-income) countries can use to when procuring with donor funds. (3) Describe a five-year roadmap to design, adopt, and implement the recommended harmonized, inter-agency approach.		
<b>Budget:</b> \$40,000.00	<b>Start Date:</b> Oct 2010	<b>End Date:</b> Sep 2011	
<b>Products Planned:</b>	None.		
<hr/>			
<b>Reporting Period:</b>	1 October 2011-31 December 2011		
<b>Activity Progress:</b>	The paper on approaches to quality assurance for essential medicines to be procured with donor funds was submitted to the World Bank in December, for review and comments.		
<b>Barriers to Progress:</b>	None.		
<b>Next Steps:</b>	Receive feedback from the World Bank and update/edit the paper as needed.		

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## Malaria

**Work plan:** Malaria Core    **Year** 2010

**Funding Level:** \$400,000.00

### Work plan Background

Every year, malaria causes 300 to 500 million cases of acute illness resulting in more than a million deaths worldwide of which 90% occur in sub-Saharan Africa. The most affected populations are children under age five, pregnant women, and people living with HIV/AIDS. The economic burden of the disease is significant: a GDP reduction estimated at 1.3% per person per year in high transmission areas. The burden of malaria has been intensified by Plasmodium falciparum resistance to chloroquine and sulfadoxine pyrimethamine, forcing countries to change their first-line therapies for malaria. Following the World Health Organization (WHO) recommendation, endemic malaria countries adopted Artemisinin-based Combination Therapy (ACT) as the first-line treatment of choice for uncomplicated malaria. In addition, WHO recommends the use of parenteral quinine or artemisinin derivatives in the management of severe malaria. In circumstances where parenteral administration is not possible, WHO recommends the use of artesunate or artemisinin based suppositories as pre-referral treatment. The introduction of the new medicines for severe malaria treatment must also address a range of considerations for their effective introduction using lessons learned from the ACT implementation. Funds for the procurement of malaria medicines and commodities are increasingly becoming available through the Global Fund, the World Bank Booster Program, the President's Malaria Initiative (PMI), UNITAID, and other programs such as the Affordable Medicines Facility for malaria (AMF-m) mechanism. With this surge of funding comes the growing challenge to ensure coordination among partners, the need for the dissemination and application of best practices, whether for appropriate medicine use, medication safety, or adequate procurement, distribution and supply chain management. Improving health outcomes through reduced malaria mortality and morbidity can only be achieved by improving access to and appropriate and safe use of quality malaria medicines.

<b>Activity Title:</b>	Global malaria leadership including support to the Roll Back Malaria Secretariat and participation in RBM Working Groups.
<b>Activity Lead:</b>	Doumbia, <b>Activity #:</b> 3 <b>Task:</b> A040 <b>Subtask:</b> MAWW10 Seydou
<b>Activity Description:</b>	Under this activity, SPS will: (1) Participate in and facilitate the RBM PSMWG. (2) Support selected countries in preparing their GF PSM and M&E plan, in coordination with the PSM and Harmonization working groups. (3) Participate in the regional mock technical review panel for round 10 of the Global Fund malaria proposals, with a focus on the procurement and supply management component of the proposals and on other related pharmaceutical components, if included. (4) Participate in other global and regional meetings and WHO expert reviews, as needed to ensure that pharmaceutical management issues are appropriately addressed in discussions related to malaria control program planning and implementation. (5) Present and disseminate relevant information, tools and approaches at the global and regional levels to ensure their appropriate adoption by national and local malaria partners.
<b>Budget:</b> \$87,575.00	<b>Start Date:</b> Oct 2010 <b>End Date:</b> Sep 2011
<b>Products Planned:</b>	Trip report. Reports from meetings. Plans developed with PR for Round 9 GF malaria grants.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** MSH/SPS participated and chaired the 7th PSMWG meeting in Geneva on September 28-29, 2011. SPS developed the agenda and sessions and chaired the meeting. SPS prepared work plan and budget for 2012 and submitted it to the RBM Board for approval. SPS provided a progress report for the Executive Director's Report for 2011. SPS also participated in a work planning meeting for all RBM mechanisms in Geneva. SPS also worked with the work streams of the PSMWG to prepare TORs for the activities on the work plan. SPS prepared and participated in ACT supply situation meeting in Geneva on September 8, 2011, which was co-organized by WHO and RBM to discuss the global ACT supply situation. Among the participants of this meeting were WHO, RBM, UNITAID, BMGF, UNICEF, ALMA, UNSE, CHAI, and USAID/PMI. SPS provided comments on the report and contributed to drafting the next steps. SPS participated in the RBM Board meeting as alternative board member for Northern NGO Constituency in Wuxi, China in November 2011 and provided support as in the drafting committee to finalize the decision points of the meeting. SPS participated in EC calls regarding the agenda for Board meeting. WHO released a call for information for ACT forecasts and pipelines in countries MSH/SPS collected information on from all its countries on the standard template. This data was reviewed and submitted to USAID for discussion in the ACT supply task force. SPS attended to West Africa Rollback Malaria (WARM) meeting in October 2011 in Banjul, Gambia.

**Barriers to Progress:** None.

**Next Steps:** Continue as outlined in the work plan.

**Activity Title:** Provide technical support for the implementation of PMI tools in PMI countries.

**Activity Lead:** Doumbia, Seydou      **Activity #:** 2    **Task:** A040    **Subtask:** MAWW10

**Activity Description:** In FY2010, SPS will continue to provide support to PMI through the provision information on ACT availability and use, with recommendations for corrective measures in SPS-supported PMI countries. SPS will coordinate with DELIVER in collecting, reporting and using the monitoring information provided by all PMI country programs. SPS will work with DELIVER and USAID to coordinate the implementation of the EUV, PPMRm, and Pharmaceutical Management Systems Strengthening Tool in nine PMI countries including, Benin, Senegal, Mali, Liberia, Rwanda, Ethiopia, Southern Sudan, Burundi, and Angola. While country specific field support funds will be utilized to implement in-country activities related to these tools, core funds will be used to support the process, evaluate results, and provide feedback and follow-up. Specifically, SPS will: (1) Support the collection of the monitoring information periodically provided by SPS country teams with the PPMRm, EUV and the Systems Strengthening Tool. (2) Collect EUV results from SPS-supported countries. (3) Participate in reviews of findings, providing feedback to the field and related follow-up activities. (4) Prepare and disseminate periodic reports and lessons learned on SPS malaria monitoring activities implemented at the global and country levels. (5) Provide additional support to PMI to ensure that results and lessons learned are incorporated into future programming needs.

**Budget:** \$51,915.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** EUV Implementation Report. PPMRm report. PMSS report.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS took the lead in collecting data on a quarterly basis for the Procurement Planning and Monitoring Report for Malaria (PPMRm) in Angola, Benin, Burundi, Ethiopia, Kenya, Mali, Malawi, Senegal, and Uganda. Data were collected on the stock status of malaria medicines from these countries and shared with USAID/DELIVER for collation and sharing with USAID/PMI team to facilitate procurement decisions. SPS collected information on supply plan of malaria commodities in Angola, Benin, Burundi, Ethiopia, Kenya, Mali, Malawi, Senegal, and Uganda. Data were shared with USAID/DELIVER for collation and sharing with USAID/PMI team to facilitate procurement decisions.

**Barriers to Progress:** None.

**Next Steps:** Continue collecting PPMRm data a facilitating procurement decisions.

**Activity Title:** Develop, publish, and disseminate best practices for pharmaceutical management of malaria.

**Activity Lead:** Doumbia,           **Activity #: 4 Task: A040 Subtask: MAWW10**  
Seydou

**Activity Description:** SPS will continue to be actively engaged in information dissemination activities to promote sharing of state-of-the-art knowledge and lessons learned related to pharmaceutical management for malaria, including identified proven approaches and evidence-based tools. SPS will develop a document on the key pharmaceutical management activities required to support the Global Malaria Action Plan (GMAP). The document will include experiences and lessons learned from countries in the pre-elimination stage such as Cape Verde and Zanzibar. It will target malaria program managers in countries with similar situations. SPS will also work with country teams and partners to prepare success stories, and to share approaches and results with the global malaria community.

**Budget:** \$40,475.00   **Start Date:** Oct 2010   **End Date:** Sep 2011

**Products Planned:** Best practices report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS compiled the comments from the various partners involved in reviewing the quantification manual for ACTs and RDTs. A final edited draft was completed, which has been sent to the field for testing. Discussions were had with the various teams who will be testing the manual.

**Barriers to Progress:** None.

**Next Steps:** Continue as planned in the work plan and with the transition to SIAPS.

**Activity Title:** Apply the Monitoring-Training-Planning (MTP) approach to implementation of a Logistics Management System for malaria commodities.

**Activity Lead:** Doumbia,           **Activity #: 6 Task: A040 Subtask: MAWW10**  
Seydou

**Activity Description:** The MTP guidance for logistic management for malaria commodities will be designed based on existing tools and SPS' experiences and lessons learned while establishing

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and strengthening logistic management systems in PMI countries. For each component of the logistics management system, the guide will provide step by step implementation. The guidance document will have the following key components: (1) information on how to analyze the current situation and/or measure the magnitude of the problem. (2) Discuss current practices, the underlying factors for identified problems, and how to improve the situation or implement a new initiative and develop options for strengthening LMIS, inventory control systems, and monitoring and evaluation. (3) Information on how to apply the MTP strategy to implement and measure system improvement activities. The guideline will be piloted in one or two SPS and PMI-supported countries.

**Budget:** \$62,990.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The first draft has been shared with USAID/PMI on December 2011. We are waiting for their approval to continue with the development of the guide.

**Barriers to Progress:** None.

**Next Steps:** Receive approval from USAID/PMI and continue development of the guide.

**Activity Title:** Develop, publish, and disseminate guidelines on increasing access to ACT commodities through the private sector.

**Activity Lead:** Doumbia,                    **Activity #: 5 Task: A040 Subtask: MAWW10**  
Seydou

**Activity Description:** SPS will develop a private sector guidance document that draws on the experiences of MSH-supported private sector drug seller initiatives in Liberia, Tanzania, and Uganda. In these countries, MSH provides technical support to regulatory authorities to improve access to essential medicines (including antimalarials) through accreditation of private sector drug outlets. The purpose of this guideline will be to provide practical guidance on the key technical and operational aspects of how to implement private sector interventions to effectively increase access to ACTs and other malaria commodities while ensuring their appropriate use. This guideline is intended to assist malaria program managers, policy makers, and donors supporting malaria programs to systematize their approaches to increase access to ACT through private sector.

**Budget:** \$45,810.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Guide for increasing access to ACT through the private sector.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A first draft has been sent out to the USAID/PMI team for review (in December). We are waiting for their inputs.

**Barriers to Progress:** None.

**Next Steps:** Receive inputs on the draft sent to USAID/PMI and finalize.

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## Maternal and Child Health

**Work plan:** MCH (RH + CHS) Core    **Year** 2010

**Funding Level:** \$1,000,000.00

### Work plan Background

Through the Global Health Initiative (GHI), the United States is investing \$63 billion over six years to help partner countries improve health outcomes through strengthened health systems with a particular focus on bolstering the health of women, newborns and children by combating infectious diseases and providing quality health services. The goals and targets of this initiative in the countries receiving USAID assistance include: Reducing maternal mortality by 30 percent, reducing under-five child mortality by 35 percent, and decreasing child under-nutrition by 30 percent. The GHI approach emphasizes the importance of collaboration with country governments and other partners, scaling-up of proven interventions, building on existing platforms to strengthen systems and sustainability of the interventions, and introducing and evaluating new interventions and approaches. Pharmaceuticals and related health supplies are essential components of any successful maternal and child health program. The RPM Plus Program and the follow-on SPS Program developed a variety of technical approaches, materials, tools and guidelines to assess the strengths and weaknesses of pharmaceutical management systems for maternal health programs and to guide the development of interventions to address the gaps identified in the access to key maternal, newborn and child health (MNCH) pharmaceutical products. Beginning in FY07, SPS used these technical approaches and tools to support the introduction and implementation of programs to scale-up the community case management of childhood illnesses (CCM) with a focus on developing strategies to incorporate private sector pharmacies and drug retail outlets into the national CCM programs; programs to scale-up the use of zinc salts and low-osmolarity ORS for the case management of diarrhea in children; and programs to scale-up the prevention and management of obstetric emergencies with a focus on the prevention of post-partum hemorrhage and the prevention and management of pre-eclampsia/eclampsia. Achievements from these interventions have included: (1) the introduction of CCM and Zinc treatment programs into the Accredited Drug Dispensing Outlet (ADDO) program in Tanzania. (2) The identification of bottlenecks in the procurement of Zinc by the central medical stores in Senegal and the acquisition and distribution of an emergency supply of Zinc salts through UNICEF pending the resolution of the procurement challenges. (3) The development and distribution in Ghana, Mali and Benin of job aids to improve the storage of uterotonic medicines in the health facility pharmacies and delivery rooms. (4) Development of training materials for obstetricians, pharmacists and midwives on the management of uterotonic medicines and supplies SPS activities in FY10 will continue to build on these approaches, tools and achievements.

**Activity Title:** Scaling up the use of CCM strategies and Zinc through the ADDO program in Tanzania

**Activity Lead:** Mwansasu,      **Activity #:** 2    **Task:** A040    **Subtask:** MHWW1001  
Andwele

**Activity Description:** In FY10, SPS plans three key sub-activities: • To continue the collaboration with its partners to complete the training of members of CHMT and trainers in two additional districts that are scheduled to rollout ADDO's. • Conduct an evaluation of the management of pneumonia, and the availability and costs of pneumonia medicines in the ADDOs and a review of the referral system for children diagnosed with severe pneumonia. This assessment will complement an evaluation of ADDOs being conducted by the EADSI program that has collected similar data on the management of diarrhea and malaria. • Finalize the adaptation of the ADDO training materials for the continuing medical education program for private pharmacists.

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**USG Sub-element:** Maternal and Child Health  
**Budget:** \$198,985.00 **Start Date:** Sep 2010 **End Date:** Aug 2011  
**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** During this quarter, data from the assessment of community case management for children under five through the ADDOs were cleaned and analyzed. In late December, an initial draft was prepared and circulated for comment.

**Barriers to Progress:** The lead for this activity went on leave so Tanzanian staff took on the responsibility for drafting the initial version of the report. Because of competing obligations in country, the initial draft took longer than originally planned to prepare.

**Next Steps:** Finalize draft and share with national stakeholders and USAID in Washington and Tanzania.

**Activity Title:** Analysis of medicine use for the Community Case Management program in Rwanda

**Activity Lead:** Briggs, Jane **Activity #:** 3 **Task:** A040 **Subtask:** MHWW1003

**Activity Description:** SPS will complete the analysis of medicine use initiated in FY09 and disseminate the results. The additional activities to strengthen the supply chain management system for the CCM program have now been included in the Rwanda FY10 PMI MOP.

**USG Sub-element:** Maternal and Child Health: Treatment of Child Illness

**Budget:** \$46,883.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Meeting minutes. Job aids for CCM for CHWs.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Revision of the district pharmacy and facility level SOPs continued this quarter, widening the scope to cover all essential medicines not just medicines for CCM. Amoxicillin 125mg dispersible tablets arrived in country and were distributed by the MoH with SPS assistance. SPS, in collaboration with the district pharmacies, prepared distribution plans calculating quantities to distribute to each district pharmacy according to the number of CHWs and considering the several month stock-out. SPS monitored the distribution conducted by CAMERWA. The CHD and malaria unit are printing new treatment protocols and registers and the supervisors are conducting refresher training for HC staff and CHWs funded by MoH. SPS assisted the CHD by preparing the budget for these training activities. CAMERWA, PTF and DELIVER met to discuss the problem of prompt availability of the information and it was agreed that DELIVER and CAMERWA would send the necessary information on CCM drugs to CHD. This quarter SPS has worked with the district pharmacists to develop key indicators to be generated from the health center reports. This is a parallel system being set up as an emergency stop gap measure as currently the LMIS is not functioning as the Logistics management office is not functional. Consequently the CHD has no information on availability or consumption of the products for CCM.

**Barriers to Progress:** The main constraint with the finalization and validation of the SOPs has been conflicting activities. Additionally, support for the monitoring and analysis of consumption data has been constrained due to the non-functioning Logistica

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Management Office (LMO) and LMIS information review. This has led to delays, as the analysis was not carried-out. There have also been problems with stock-outs of zinc and amoxicillin indicating stock-outs at the peripheral level, as well.

**Next Steps:**

The final draft of the SOPs for CCM will be revised in January and validated in February 2012, following which the MoH will cover the printing of the SOPs. The next steps for supporting CHD and CHAMERWA is that SPS will print the 500 job aids (A1) for health center use for training purposes while CHD will cover the printing of the A4 job aids for all the ASCs. At the end of this quarter, the LMO is functioning better and there is communication of data to the CHD. SPS/CHD will request that the LMO generate the following indicators from the LMIS data: % of CHWs with stock-outs, % of health centers/PHD with stock outs, and stock level at Phd, CdS and CHW levels. SPS and CHD staff will analyze and interpret the data and SPS staff will review the SIScom to produce indicators on utilization of medicines (consumption and cases treated). The district supervisors and district pharmacists will also be oriented to conduct this analysis in a meeting called by CHD in February.

**Activity Title:** Scaling up the CCM through the use of drug sellers in DRC

**Activity Lead:** Diarra, Suzanne **Activity #:** 4 **Task:** A040 **Subtask:** MHWW1004

**Activity Description:** SPS plans to continue with this pilot program by providing support for the supervision of these drug sellers and evaluating the impact of this pilot. SPS also developed a tool for monitoring the availability of CCM medicines and plans to continue providing support for its implementation.

**USG Sub-element:** Maternal and Child Health: Treatment of Child Illness

**Budget:** \$69,551.00 **Start Date:** Dec 2010 **End Date:** Aug 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** This quarter's activities were focused on supporting the MoH to evaluate the pilot introduction of the IMCI approach in the private pharmacy sector. The report on the evaluation is being finalized for dissemination. The results of this evaluation will be used to inform stakeholders' decision making regarding the eventual scale-up of this approach to other health zones.

**Barriers to Progress:** The finalization of the activities has been delayed due to the instability in the country during the election period and issues with the availability of MoH to hold the validation and dissemination workshop.

**Next Steps:** The next step is to conduct the results dissemination workshop and finalize the report.

**Activity Title:** Technical support for the scale up of CCM and zinc in Senegal

**Activity Lead:** Diarra, Suzanne **Activity #:** 5 **Task:** A040 **Subtask:** MHWW1005

**Activity Description:** SPS plans to continue to provide support to the procurement agency to address gaps identified in its procurement process that led to the bottlenecks in the supply of zinc and other CCM medicines, and to review the distribution plan to ensure appropriate distribution of medicines. SPS also plans to provide support for the orientation of previously trained private sector pharmacies and drug sellers on the revised protocols.

**USG Sub-element:** Maternal and Child Health: Treatment of Child Illness

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**Budget:** \$86,397.00    **Start Date:** Nov 2010    **End Date:** Sep 2011  
**Products Planned:** Final report. Summary of MCH activities in Senegal Training tools for the private pharmacy sector in Senegal.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** This quarter’s activities were focused on planning and providing IMCI refresher training, including the new guidelines for diarrhea case management, to private pharmacies’ medicine sellers in the 4 initial focus region where private sector medicines seller have been trained in IMCI: Louga, Thiès, Kaolack and Ziguinchor. The training sessions were planned and conducted in collaboration with the MoH/DANSE (Division of food, nutrition and child survival) and the syndicate of private pharmacies in Senegal (SPPS). The sessions were held from October 11 to 24, 2011. The planning phase included the following activities: planning meetings with DANSE and SPPS, estimating training needs by region, and defining the training strategy and the content of training materials.

Training materials cover case management for malaria, diarrhea, and pneumonia in children under five. The table below summarizes the number of people trained by regions during these refresher training sessions.

Regions	Number of people trained		
	Male	Female	Total
Thiès	37	09	46
Kaolack	10	11	21
Louga	20	15	35
Ziguinchor	33	08	41
Total	100	43	143

This training completed the private sector IMCI refresher training including the new guidelines for diarrhea case management for children in the 4 selected regions with a total number of 386 private pharmacy staff trained.

**Barriers to Progress:** None.

**Next Steps:** This activity is complete.

**Activity Title:** Technical support for the scale-up of PPH and eclampsia prevention programs in Kenya

**Activity Lead:** Adeya, Grace    **Activity #:** 6    **Task:** A040    **Subtask:** MHWW1006

**Activity Description:** SPS plans to conduct an assessment of the availability, management and use of the PPH and eclampsia medicines in Kenya. This assessment will complement the quality of services survey that is being done by MCHIP. The results of this assessment will be used to identify specific areas of intervention for future TA for SPS, MCHIP and the MoH.

SPS also plans to quantify the requirements of the medicines and supplies needed for

the management of PPH and eclampsia and to use this data to map out the potential gap required for scale-up of the programs.

**USG Sub-element:** Maternal and Child Health: Treatment of Obstetric Complications and Disabilities  
**Budget:** \$170,316.00 **Start Date:** Nov 2010 **End Date:** Sep 2011  
**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** This quarter, SPS collected the data for the maternal health commodities assessment. The data was also inputted into Epidata and cleaned, with support from our local team in Kenya.  
**Barriers to Progress:** The data analysis and final report have been delayed as the technical lead for this activity left MSH. SPS began searching for a consultant that will be able to do the analysis and write the report.  
**Next Steps:** We hope to have a consultant on board by February 2012 and complete the final report by March 2012.

**Activity Title:** Technical support for the scale-up of PPH and eclampsia prevention programs in DRC

**Activity Lead:** Diarra, Suzanne **Activity #:** 7 **Task:** A040 **Subtask:** MHWW1007  
**Activity Description:** SPS will continue provide TA to the MOH to finalize and obtain approval for these revised guidelines and norms. SPS will also review and update the maternal health training materials to incorporate a pharmaceutical management component, and incorporate the updated guidelines for the management of eclampsia.  
**USG Sub-element:** Maternal and Child Health: Treatment of Obstetric Complications and Disabilities  
**Budget:** \$84,854.00 **Start Date:** Dec 2010 **End Date:** Sep 2011  
**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** This quarter SPS provided technical and financial assistance to the Ministry of Health to continue the finalization of DRC's norms and guidelines for Maternal, Neonatal and Child Health (MNCH). The 8 modules of the norms have been edited, and SPS is coordinating with the MoH 10ème Direction and WHO to organize and conduct the validation workshop, which should be followed by the dissemination of the new guidelines.  
**Barriers to Progress:** None.  
**Next Steps:** The next step is to conduct the validation workshop. Once the guidelines have been finalized and validated, we will print and disseminate the guidelines to health zones and facilities.

**Activity Title:** Technical support for the scale-up of PPH and eclampsia prevention programs in Rwanda

**Activity Lead:** Briggs, Jane **Activity #:** 8 **Task:** A040 **Subtask:** MHWW1008  
**Activity Description:** SPS plans to conduct an assessment of the availability, management and use of PPH and eclampsia medicines. This assessment will complement the quality of services survey that is being done by MCHIP. The results of the assessment will be used to

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identify specific areas of intervention for future TA for SPS, MCHIP and the MOH. SPS also plans to quantify the requirements of the medicines and supplies needed for the management of PPH and eclampsia and to use this data to map out the potential gap required for scale-up of the programs.

**USG Sub-element:** Maternal and Child Health: Treatment of Obstetric Complications and Disabilities

**Budget:** \$62,145.00    **Start Date:** Dec 2010    **End Date:** Aug 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS continued to work with MCHIP over this quarter to plan for the addition of a drug quality component to the already planned pharmaceutical management assessment. SPS met with MCHIP consultant Cindy Stanton, and the MCHIP team in Rwanda to define the roles and responsibilities of each organization. Through these discussions it was determined that the study required approval from the Ethics Review Committee. SPS collected the necessary documentation and presented it to the Committee in late December. SPS also presented the revised assessment protocol to the Maternal Health working group this quarter.

**Barriers to Progress:** Coordination with MCHIP on the addition of the quality component delayed the start of the assessment.

**Next Steps:** Comments received from the Maternal Health Technical working group will be included in the revised protocol. SPS will continue to work with MCHIP to plan the data quality component. Data collection is expected to begin in the next quarter.

**Activity Title:** Finalize development of generic tools and materials for PPH/eclampsia medicine and supply management

**Activity Lead:** Yeager, Beth    **Activity #:** 9    **Task:** A040    **Subtask:** MHWW1009

**Activity Description:** In FY10, SPS will finalize the quantification and monitoring and evaluation tools developed in FY09. SPS also plans to develop an outline for the approaches to improving pharmacovigilance of the uterotonic medicines and medicines for eclampsia within programs to ensure their safe use.

**USG Sub-element:** Maternal and Child Health: Birth Preparedness and Maternity Services

**Budget:** \$47,949.00    **Start Date:** Oct 2010    **End Date:** Feb 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** After careful review of the indicator document, SPS decided that it would be more useful to develop a manual for managers that provides a fuller context for the indicators, instead of a stand-alone document on indicators. This document would provide more description of how to use the indicators to monitor performance, as opposed to a basic description of relevant indicators.

**Barriers to Progress:** None.

**Next Steps:** The indicator draft will remain as a standalone document. The monitoring guide will be developed under the Systems for Improved Access to Pharmaceuticals and Services

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program.

**Activity Title:** Develop pharmaceutical management toolkit for management of Vitamin A and other micronutrients

**Activity Lead:** Yeager, Beth    **Activity #:** 10    **Task:** A040    **Subtask:** MH1010

**Activity Description:** In FY10, SPS plans to complete the development of the toolkit.

**USG Sub-element:** Maternal and Child Health: Treatment of Child Illness

**Budget:** \$88,025.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** There is no progress to report on this activity for this quarter.

**Barriers to Progress:** The technical lead for this activity left MSH. SPS is in the process of identifying another lead to finalize the pending reports.

**Next Steps:** Over the following quarter, the reports will be finalized.

**Activity Title:** Participate in maternal and child health meetings, working groups, discussions

**Activity Lead:** Yeager, Beth    **Activity #:** 11    **Task:** A040    **Subtask:** MHW1011

**Activity Description:** In FY10, SPS plans to continue making technical contributions to these working groups and discussions. This will include a presentation at the regional PPH and eclampsia meeting that is planned for February 2010, organized by MCHIP.

**USG Sub-element:** Maternal and Child Health

**Budget:** \$52,025.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** During this quarter SPS participated in the preparatory meetings for the proposed UN Commission on Overlooked Commodities for Women's and Children's Health. On October 13, SPS attended a meeting at UNICEF to provide technical advice as to the issues impeding access to a short list of essential commodities for maternal and child health. On November 22, SPS attended another meeting at UNICEF specifically focused on the child health commodities (low osmolarity ORS, zinc and amoxicillin) to be addressed by the Commission. Finally, on December 20, SPS attended a meeting at UNFPA on the maternal health commodities (oxytocin, misoprostol and magnesium sulfate) included in the list of key overlooked commodities.

**Barriers to Progress:** None.

**Next Steps:** Participation in global meetings and provision of technical leadership on pharmaceutical management for maternal and child health commodities will now be conducted and reported under the Systems for Improved Access to Pharmaceuticals and Services.

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## Population

**Work plan:** POP Core    **Year** 2010

**Funding Level:** \$40,000.00

### Work plan Background

Contraceptive security exists when people are able to choose, obtain and use high-quality contraceptives and condoms whenever they want, for family planning and HIV/AIDS and STI prevention. The main objective of the USAID contraceptive security global leadership is to advance and support the planning and implementation for contraceptive security. The intermediate result for this objective is to improve the 'decision making for contraceptive security through increased availability and analysis of data'. As part of this effort, USAID has supported the development and management of the Procurement, Planning and Monitoring Report for contraceptive commodities (PPMRc). The PPMRc is managed by USAID/DELIVER and compiles routine data on contraceptive stock levels from various countries on behalf of the Countries at Risk Group (CAR) under the leadership of the Reproductive Health Supplies Coalition (RHSC). SPS received \$50,000 funding from the Population office of USAID (POP) to support the collection and reporting of contraceptive commodity data into the PPMRc for Senegal, Mali and DRC during FY09. It was anticipated that this funding would support the initial year of PPMRc reporting, after which the reporting would be supported using country or field support funds. Senegal and Mali have been successfully providing quarterly PPMRc reports since January 2010 and continue to do so. SPS/Mali has included support for future PPMRc reporting in its SPS FY10 field supported work plan. DRC was unable to begin reporting to the PPMRc in January 2010 as it was determined at that time that the systems were not in place in the country to support the data collection efforts. The request for the PPMRc data and subsequent discussion about the importance of the reports between SPS, USAID/DRC, UNFPA/DRC and local counterparts stimulated the formation of a local contraceptive security team whose mandate includes putting in place the required data collection systems. The system is finally in place and DRC will be submitting PPMRc reports through SPS beginning, in October 2010. Future PPMRc reporting by DRC will be supported by the USAID/DRC field support to SPS. SPS has also been responsible for the PPMRc reporting in Bangladesh, Kenya and Uganda. This reporting is supported by funding from their USAID field funds. In FY10, SPS has received \$40,000 of core POP funds to support the collection of PPMRc data in two additional countries: Southern Sudan and Afghanistan. The planned activities are in support of the SPS Technical Objective 1: Strengthen Pharmaceutical Management Systems to Support Priority Public Health Services and Interventions.

<b>Activity Title:</b>	Technical Support for PPMR data collection in Southern Sudan and in Afghanistan
<b>Activity Lead:</b>	Adeya, Grace <b>Activity #:</b> 1 <b>Task:</b> A040 <b>Subtask:</b> POWW1002
<b>Activity Description:</b>	SPS will work with the local partners, including the USAID mission in the two countries and their Ministries of Health, to collect and send required PPMR data. This will include advocacy to familiarize them with the PPMR and approval for data sharing, data collection and assessment of data quality, and reporting data to USAID/DELIVER. For each of the countries, data for at least four quarters will be collected.
<b>USG Sub-element:</b>	HIV/AIDS: Health System Strengthening
<b>Budget:</b> \$36,084.00	<b>Start Date:</b> Oct 2010 <b>End Date:</b> Sep 2011
<b>Products Planned:</b>	Quarterly PPMR reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The SPS/Afghanistan team worked with different stakeholders involved in contraceptive procurement, to collect and submit quarterly PPMR data on contraceptives. Four stakeholders provided data: AFGA (Afghan Family Guidance Association), ASMO (Afghan Social Marketing Organization), MSI-A and USAI-TechServe. For each product, the PPMRc report provides data on the actual stock available (month of stock) at the central-level, the average consumption rate, the date of the next shipment to be received at the central-level, and its supplier. The report recommends critical actions to address any issues regarding the stock level of each product and the procurement process.

**Barriers to Progress:** Difficulty in coordinating and getting stakeholders involved in contraceptive procurement and distribution to collect and submit PPMRc data in South Sudan.

**Next Steps:** This is the last PPMRc progress report of the Core POP. As the PPMRc is integrated in countries' field support activities, under SIAPS, the progress on this activity will be included in the individual reporting countries' quarterly reports.

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## Tuberculosis

**Work plan:** TB Core    **Year** 2010

**Funding Level:** \$1,800,000.00

### Work plan Background

In the past years the focus of the SPS response to the Global Plan to Stop TB 2006 – 2015 had been mainly on addressing its strategic components related to increasing the availability of, and ensuring access to quality assured first- and second-line TB medicines. This was done through the ongoing technical leadership to the Global Drug Facility, the Green Light Committee and STOP TB partners, capacity building exercises, and development and promotion of frameworks and approaches for strengthening pharmaceutical systems in the anticipation of new TB tools and technologies. SPS also responded to the threat of MDR/XDR TB and TB/HIV co-infection. In 2008 – 2010 SPS achieved a major breakthrough in improving and promoting its comprehensive web-based TB case-centered tool for managing TB programs, e-TB Manager. The significance of this tool for TB control is in the integration of all aspects of TB control in one database, including diagnosis, treatment, medicines, and outcomes. This allows for a holistic approach to TB control management and avoids common disconnects between activities focused on treatment of susceptible TB, drug resistant TB, TB/HIV co-infection, inventory management for first- and second-line TB medicines, and reporting outcomes by levels of a health system and types of TB cases. These properties of e-TB Manager have been noticed and recognized by WHO and STOP TB partners resulting in a growing number of requests for the implementation of the tool. SPS has established several partnerships in the field for such implementation (the Philippines, Indonesia, Ukraine), and responded to a proposal from the WHO STOP TB Department (TB/HIV and DR TB Electronic Recording and Reporting Group) to collaborate on the implementation of e-TB Manager in several priority countries, including Bangladesh, Kenya, and Vietnam. SPS has also been successful in extrapolating its experience and tools developed in the field or through non-TB funding to strengthen TB program management. These important tools and experience include a framework for building local coalitions for containing drug resistance, a methodology for indicator-based drug utilization review, and a tool for strengthening drug quality laboratories through step-by-step process leading to laboratory certification according to international ISO norms. These tools could play an important role in addressing drug resistant tuberculosis. In 2011 SPS will focus on adaptation and field testing these tools in selected high-burden countries. The establishment of global initiatives aimed at ensuring an uninterrupted supply of quality assured medicines, has significantly improved the availability of TB medicines for countries. The international community also responded to the threat of DR TB by boosting the research activities aimed at the development of new TB tools, including faster and more reliable diagnostic methods, new medicines, and potentially new TB vaccines. All these efforts, however, fail to produce adequate impact in the settings with weak health and pharmaceutical management systems, and the threat of multi-drug resistant tuberculosis is growing globally. Thus, another important set of SPS activities in 2011 will strive to identify the underlying pharmaceutical management reasons for continuous misuse of TB medications and failure to achieve adequate treatment outcomes by many TB programs, especially in Africa. SPS will address the task by analyzing the GDF annual monitoring reports from selected countries for trends and pharmaceutical management gaps that have not been addressed, and will conduct an Africa regional pharmaceutical management conference. The goal of such conference will be to develop an understanding and consensus on the region-specific gaps in pharmaceutical management for TB that threaten the success of TB control through misuse (irrational use) of existing tools, and that may jeopardize future uptake and implementation of news tools currently in the development.

**Activity Title:**            Provide support to GDF operations.

**Activity Lead:** Zagorski, Andre **Activity #:** 2 **Task:** A040 **Subtask:** TBWW1002  
**Activity Description:** With FY10 funding, SPS will provide technical leadership to the GDF as requested (e.g. update quality assurance database, and develop concept papers and strategies), and continue to provide TB drug management expertise to the GDF Technical Review Committee through membership (two SPS consultants are members of the TRC).  
**USG Sub-element:** Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement  
Tuberculosis: Drugs for the Treatment of TB  
Tuberculosis: Multi-Drug Resistant TB (MDR TB)  
**Budget:** \$44,620.00 **Start Date:** Oct 2010 **End Date:** Sep 2011  
**Products Planned:** Reports on TRC sessions.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** Technical Mission conducted at GDF/WHO Geneva December 2011 to provide support on data modeling with e-TB Manager platform in liaison with the early warning stock-out system currently being developed by GDF.  
**Next Steps:** The GDF Technical Review Committee, February 2012; support two members. 12 countries using e-TBM or in early pilot phase are intended to be participating to this initiative. Final selection of variables and data modeling expected to be ready to start project by the end of Feb 2012.

**Activity Title:** Conduct GDF monitoring and TA missions.

**Activity Lead:** Zagorski, Andre **Activity #:** 3 **Task:** A040 **Subtask:** TBWW1003  
**Activity Description:** During 2011, SPS will assist the GDF in expediting the response to DOTS strengthening, through monitoring and evaluation visits to selected recipient countries, and provide emergency short-term TA and/or capacity building exercises to the GDF recipient countries to relieve TB medicines supply bottle-necks identified during GDF M&E visits or by the GDF regional focal points (5-6 countries).  
**USG Sub-element:** Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement  
**Budget:** \$99,194.00 **Start Date:** Oct 2010 **End Date:** Sep 2010  
**Products Planned:** The GDF country monitoring reports. Trip report. Moldova GDF Monitoring Mission Report Nigeria GDF Monitoring Mission Report.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** A GDF mission to Nigeria took place and a draft report and forecast were developed (November 2011). A GDF monitoring mission to Moldova was conducted and the monitoring mission report was submitted to GDF. GDF monitoring mission to Kazakhstan, report and quantification submitted to the GDF.

**Barriers to Progress:** None.

**Next Steps:** Address Assessor queries and finalize report (ongoing, January 2012).

**Activity Title:** Conduct analytical study of GDF reports.

**Activity Lead:** Zagorski, Andre **Activity #:** 4 **Task:** A040 **Subtask:** TBWW1004

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**Activity Description:** With FY2010 funding, SPS will design a protocol and conduct an analytical study of the GDF monitoring reports, with a focus on HBC and countries with failing TB programs (those not likely to reach Global targets for TB). It is expected that the study will provide the international community with information on trends and practices in pharmaceutical management for TB and their implications for the success of TB programs (e.g. general availability of TB medicines vs. actual access, drug utilization and rational use, in-country quality assurance, government's contributions, and political commitment). The study will also provide hard evidence on GDF impacts during the decade of its activities. The study results will be reported at the UNION TB conference.

**USG Sub-element:** Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement  
Tuberculosis: Host Country Strategic Information Capacity (TB)

**Budget:** \$109,688.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Study results. UNION presentation.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Report "Impact of Donor Support on TB Pharmaceutical Systems" finalized in two versions: Confidential for USAID and GDF only, and general for dissemination upon request from GDF or USAID; slide presentation prepared and submitted to USAID and GDF.

**Barriers to Progress:** None.

**Next Steps:** None, activity completed.

**Activity Title:** Contribute technical expertise on laboratory systems management to the Global Laboratory Initiative.

**Activity Lead:** Zagorski, Andre **Activity #:** 5 **Task:** A040 **Subtask:** TBWW1005

**Activity Description:** The SPS expertise in the management of diagnostic laboratory systems has been in demand by global partners, resulting in requests to participate in global TB meetings, Stop TB working groups, and strategic regional and country assessments. In 2011, SPS will support the activities of the WHO-GLI and attend TB lab team meetings at the 2010 UNION Conference in Berlin to disseminate and share experiences.

**USG Sub-element:** Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement

**Budget:** \$37,199.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Trip reports. Meetings minutes.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS participated in the Global Laboratory Initiative meeting at 2011 UNION Global TB Conference in Lille. A presentation on SPS laboratory strengthening activities prepared and delivered at the UNION TB Conference in Lille.

**Barriers to Progress:** None.

**Next Steps:** Continue as outlined in the work plan.

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**Activity Title:** Provide technical leadership in pharmaceutical management to Stop TB Partnership.

**Activity Lead:** Zagorski, Andre **Activity #:** 7 **Task:** A040 **Subtask:** TBWW1007

**Activity Description:** In 2011, SPS will (1) continue to provide support to DEWG and participate in its meetings and discussions. (2) Provide technical leadership to Stop TB DOTS Plus Drug Management Sub-Committee (DMSC), as means to improve supplier base for 1st and 2nd line drugs procured by the GDF/GLC, including pre-qualification, especially for second-line TB medicines. (3) Participate and contribute technical expertise to other Stop TB working groups and regional Technical Advisory Groups (TAG), as requested.

**USG Sub-element:** Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement

**Budget:** \$62,394.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS participated in MDR TB Drugs Market Consensus Meeting organized by StopTB, The Bill and Melinda Gates Foundation, CHAI, and USAID. SPS contributed to a paper, USAID Contribution to Second-line TB Drug Market Shaping Plan. SPS worked with StopTB, GDF and GLC on finalizing the StopTB data collection and forecasting system and early warning System for stock-outs of TB medicines; concept paper finalized and submitted to StopTB.

**Barriers to Progress:** None.

**Next Steps:** This activity will continue through SIAPS. SIAPS will pilot data collection mechanisms for these StopTB systems through regional data collection and TA consultants focusing on priority countries in Africa and East-Mediterranean regions. SIAPS will continue to provide leadership to StopTB Working Groups and ad-hoc meetings.

**Activity Title:** Roll-out the SPS methodology for building advocacy coalitions for prevention of drug-resistant TB.

**Activity Lead:** Zagorski, Andre **Activity #:** 8 **Task:** A040 **Subtask:** TBWW1008

**Activity Description:** SPS will initiate a regional-level advocacy program in Asia for the prevention of MDR and XDR TB based on the civil society coalition-building framework developed and field-tested at country-level during 2010. The program will allow to understand the specific country public-private situation through a rapid appraisal of the stakeholders and practices, quickly bring the stakeholders together to a common table, and then help form a “local champion group” which will lead further processes, including advocacy and awareness of the MDR/XDR TB issue, and identification and support for specific and locally suitable rational use-related interventions.

**USG Sub-element:** Tuberculosis: Multi-Drug Resistant TB (MDR TB)

**Budget:** \$53,440.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Trip reports. Workshop minutes.

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**Reporting Period:** 1 October 2011-31 December 2011

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**Activity Progress:** The Tanzania baseline situation analysis draft report on retail pharmaceutical sector-pharmacies and ADDOs was completed. The Pakistan MDR situation analysis and opportunities for enhanced PPM report completed. PPM FY12 work plan completed and submitted.

**Barriers to Progress:** None.

**Next Steps:** Implementation of FY12 PPM activities underway in Kenya, Tanzania and Pakistan.

**Activity Title:** Adapt the SPS tool for drug utilization review (DUR) for use by TB programs.

**Activity Lead:** Zagorski, Andre **Activity #:** 9 **Task:** A040 **Subtask:** TBWW1009

**Activity Description:** SPS will revise and adapt for TB context the existing MSH-developed tool and implementation approach for promoting and ensuring rational use of medicines and prevention of the development of anti-microbial resistance. This is an indicator-based drug utilization review (DUR) methodology. The tool and implementation approaches have been successfully used in many countries to ensure rational use of medicines. The tool will enable NTPs to rapidly evaluate TB drug use patterns (and collect baseline), evaluate risks of MDR/XDR development, develop interventions and promote indicator-based monitoring and evaluation. The tool will be adapted and field-tested in conjunction with a selected MDR TB program in the field, and the results will be reported at the UNION TB Conference.

**USG Sub-element:** Tuberculosis: Multi-Drug Resistant TB (MDR TB)

**Budget:** \$80,301.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** DUR for TB tool. Presentation at the UNION conference.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The draft criteria and indicators for DUR of the second-line drugs were developed.

**Barriers to Progress:** None.

**Next Steps:** The next steps are to finalize the draft of the guideline, and plan and conduct the field tests.

**Activity Title:** Expand the capacity and scale-up e-TB Manager.

**Activity Lead:** Zagorski, Andre **Activity #:** 11 **Task:** A040 **Subtask:** TBWW1011

**Activity Description:** In 2011, SPS will continue to modernize and scale up e-TB Manager. Sub-activities will include: (1) Continue updating and maintaining the generic version of the tool in accordance with the latest WHO recommendations for TB, PMDT, and childhood TB. (2) Expand the laboratory and diagnosis module to include the latest diagnostic technologies. (3) Expand e-TB Manager capacity for data exchange and integration with other data bases and electronic management information systems. (4) Capacitate partners (KNCV, PATH, etc) and USAID global and bi-lateral projects through the development of a pool of international consultants capable of promoting and implementing e-TB Manager and strengthening MIS for TB. (5) In conjunction and through cost share with the GLC and WHO R&R team of Stop TB Department and partners in the field conduct model implementation in selected MDR TB high burden countries (3-4 countries).

**USG Sub-element:** Tuberculosis: Host Country Strategic Information Capacity (TB)

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**Budget:** \$426,635.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Laboratory and diagnosis module. Training proceedings. Initial survey report. Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** In Kenya, implementation slowed down due to the NTP circumstances, but SPS maintained communications with the NTP and provided on-line assistance and some ongoing adaptation of e-TBM/Kenya version. In Namibia, SPS and NTP developed and pilot tested an SOP to guide the use of eTBM/ Namibia workspace. Further customization of e-TBM was performed and pilot tested. A workshop on data collection and entry was conducted during December 5-9, at Okahandja Country Hotel in preparation to start the pilot phase. Data (cases and medicines) from the three pilot sites (hospitals) were updated into the system enabling the NTP to start using e-TBM as pilot (pilot phase started). There were customizations request sent during the pilot phase which were implemented in the system. In the Philippines, the Department of Health and NTP are developing national eHealth system of which e-TBM will be a part for managing DR-TB cases. SPS staff participated in the DOH planning exercise and was providing technical leadership and contribution to national eHealth system design. SPS collaborated with TB MEASURE project (JSI) to develop a concept paper and joint plan for incorporating the GIS technology in TB reporting using data from e-TBManager; an application for a joint workshop at 2012 UNION TB Conference was developed and submitted. In Uzbekistan, a new laboratory module is being developed to the Uzbekistan, with WHO support. As a result of a TA trip done to Uzbekistan in the previous quarter, a document containing the specification of the laboratory module was created, and a prototype of the laboratory module is under development, expected to be ready by the end of January/beginning of February. MSH continues to support the implementation of eTB Manager for DR-TB cases and TB medicine management. In Azerbaijan, the country continues in the pilot phase of the implementation of eTB Manager, using the system hosted by MSH in etbmanager.org, where new cases have been reported. MSH continues to support the version in Azerbaijan making improvements and corrections as requested. In Armenia, country is procuring a new computer server to host eTB Manager there. MSH continuing supporting them on requests and questions about the software. Indonesia: New versions of eTB Manager for Indonesia were released in this quarter. NTP hired a local programmer. This programmer was trained by MSH staff about eTB Manager structure in order to handle system maintenance and improvements. eTB Manager: MSH continues expanding eTB Manager, including new improvements and features in the system. In November, a training about eTB Manager was conducted, where new development procedures were formalized to be implemented.

Desktop Application: The desktop application was revisited and customized to reflect the changes made in the e-TB Manager website. During the November developers meeting a strategy for synchronization of desktop to web was developed. Based on the strategy discussed synchronization of desktop application is being developed.

Bangladesh: The local Bangladesh office requested us to conduct a mission in Bangladesh to perform knowledge transfer and involve the local MSH office.

Generic version of eTBM: continued work on updating the User's Guide and training

materials to include new functions and revised screen shots.

**Barriers to Progress:** None.

**Next Steps:** Continue to provide technical support to the implementations in Kenya and Namibia through SIAPS. TA visit to Kenya planned for March 2012. Conduct a joint SIAPS/TB MEASURE workshop Geographic Information Systems (GIS): Mapping TB Indicators for Sustainable Decision-making 2012 UNION TB Conference in November 2012. Finalize revisions to the materials with any additional changes that may come out of the February e-TBM workshop then send to editorial for review and printing. Develop a plan for and distribute the updated manual to users. Azerbaijan: the MoH is providing a new computer server to host the eTB Manager for Azerbaijan. As soon as this new server is available, a new TA trip will be made to install the system and train the local IT staff for server maintenance of eTB Manager and database backup. Uzbekistan: Release a prototype of the laboratory module, integrated in eTB Manager, to supply their needs on laboratory management, according requests done in previous trip. Continue supporting eTB Manager implementation and expansion in the country. Armenia: Installation of eTB Manager in NTP server, as soon as it'll be available by the NTP. Continue supporting the Armenian version of eTB Manager, evaluating and implementing new requests on demand. Indonesia: Support the programmer hired by NTP on questions about eTB Manager maintenance and improvements. eTb Manager: Implementation of new consolidated reports, with options to export them to other formats, like Excel. Implementation of new auditing reports (user transactions, user sessions, etc). Testing and validation of the laboratory module, and its incorporation in eTB Manager generic version.

**Activity Title:** Strengthen the TB drug management capacity of national TB programs and technical agencies in the field.

**Activity Lead:** Zagorski, Andre **Activity #:** 14 **Task:** A040 **Subtask:** TBWW1014

**Activity Description:** In 2011 SPS will (1) provide technical leadership to WHO and Stop TB partners in the development of the capacity of National TB Programs to manage TB medicines supply through training activities (three WHO courses for TB consultants and managers in Sondalo, and a course for NTP managers in Riga), and the WHO regional collaborations for training. (2) In conjunction with the GDF/GLC, TB TEAM and WHO regional offices, conduct regional courses on Pharmaceutical Management for TB and DR TB (in two regions) with follow-up workshops. (3) Facilitate sessions on issues of pharmaceutical management for TB, MDR/XDR TB, and TB/HIV to the donor community, as requested (e.g. USAID SOTA trainings).

**USG Sub-element:** Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement

**Budget:** \$74,801.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Workshop report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS conducted sessions on pharmaceutical management for TB and practical exercises at WHO Course Implementing the Stop TB Strategy: Skills for Managers and Consultants (TB, MDR-/XDR-TB, TB/HIV, PPM, Infection control) in Sondalo,

Italy, November 7-19, 2011. The Course was attended by 23 participants (11 male, 12 female) from 12 countries. Trip report; training materials.

**Barriers to Progress:** None.

**Next Steps:** SIAPS will continue providing technical leadership in TB drug management to the StopTB and WHO courses for TB managers and consultants.

**Activity Title:** Conduct annual workshop on pharmaceutical management at the UNION World Conference on Lung Health.

**Activity Lead:** Zagorski, Andre **Activity #:** 17 **Task:** A040 **Subtask:** TBWW1017

**Activity Description:** In 2011, SPS will, in conjunction with the GDF/GLC and Stop TB working groups, conduct an annual workshop and sessions at the Union World and Regional TB Congresses to present and discuss state-of-the-art approaches to the management of TB pharmaceuticals and prevention of XDR TB in settings with high-burden of TB and TB/HIV co-infection.

**USG Sub-element:** Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement  
Tuberculosis: Multi-Drug Resistant TB (MDR TB)  
Tuberculosis: Host Country Strategic Information Capacity (TB)

**Budget:** \$74,671.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Workshop proceedings. SPS Workshop in the 42nd International Union against TB and Lung Disease Conference in Lille, France. Trip Report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** PowerPoint presentation generated and presented in Munez, Mundy, Macalalad, Vianzon (October 27, 2011). The presentation: "How Can Partnerships Improve TB Laboratory Performance, facilitate the NTP to Meet MDR-TB Case Detection and Treatment Targets: An Example from the Philippines" (SPS Workshop, UNION Conference, Lille, France).

A joint SPS/GDF workshop on Building and Empowering Partnerships to Strengthen TB Pharmaceutical and Laboratory Service Delivery was conducted at the 42nd UNION World TB workshop. A total of 63 people (30 male and 33 females) working in the area of TB participated in the workshop. During the workshop, SPS presented the latest program and pharmaceutical management tools and shared the experience of their practical implementation at the country level from Brazil, Dominican Republic, Eastern Europe and central Asia, Tanzania, Kenya, Peru, Indonesia, and Philippines. Products: draft report, presentation slides. SPS submitted an application for a workshop at 2012 UNION TB Conference in November 2012.

Union Congress, November 2011: Power-point presentation on Brazil. Partnerships for successful uptake of FDCs, new data management information system and laboratory accreditation system plus the co-chair of SPS workshop on DM.  
J Union Congress, November 2011: Additional presentation at IUATLD Symposium. e-health for Tuberculosis Session on: Implementation of e-TB Manager: a Comprehensive Web-Based Tool for Programmatic Management of TB and Drug

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Resistant.

**Barriers to Progress:** None.

**Next Steps:** Conduct a workshop on Transitioning to Sustainable Pharmaceutical Management System for TB, November, 2012.

**Activity Title:** Disseminate SPS tools, guidelines, and methodologies.

**Activity Lead:** Zagorski, Andre **Activity #:** 18 **Task:** A040 **Subtask:** TBWW1018

**Activity Description:** In 2011 SPS will maintain the Pharmaceutical Management for TB website and a demonstration version of e-TB Manager, respond to requests from partners in the field for SPS tools and materials, and translate SPS materials into foreign languages.

**USG Sub-element:** Tuberculosis: Directly Observed Therapy, Short-Course (DOTS) Expansion and Enhancement

Tuberculosis: Host Country Strategic Information Capacity (TB)

**Budget:** \$20,144.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** SPS PM for TB website. e-TB Manager demo version. SPS materials.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Demonstration version of e-TB Manager and website [www.etbmanager.org](http://www.etbmanager.org) maintained and updated. Russian translation of e-TB Manager updated.

**Barriers to Progress:** None.

**Next Steps:** Continue as outlined in the work plan.

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## REGIONAL PROGRAMS

### Latin America and Caribbean (LAC)

**Work plan:** LAC-AMR/SAIDI    **Year** 2010

**Funding Level:** \$80,000.00

#### Work plan Background

The growing problem of antimicrobial resistance is threatening to undermine advances achieved in priority health programs including tuberculosis, malaria, acute respiratory infections, sexually transmitted infections and HIV/AIDS, by rendering currently available treatments ineffective. Antimicrobial resistance (AMR) is the result of an increased exposure of microorganisms to antimicrobial medicines and the subsequent development of survival mechanisms in these microorganisms. The consequences of AMR include an increase in mortality, morbidity and in the cost of health care worldwide. An example of AMR of particular concern is multi-drug resistant tuberculosis (MDR-TB). The emergence and spread of MDR-TB has serious implications for a national TB control program: treatment is longer and less effective than treatment of non-resistant tuberculosis and is significantly more costly.

In response to this growing challenge, the USAID Bureau for the Latin America and Caribbean Region (USAID/LAC/SD) has proposed a sub-regional strategy for the Andean countries and Paraguay, called the South American Infectious Disease Initiative or SAIDI. The general objective of this initiative is to contain the emergence and spread of AMR by improving the availability and the use of antimicrobials of assured quality. Thus, the central focus of SAIDI is rational use of antimicrobials and AMR control, with a special emphasis on preventing the emergence of MDR-TB.

Since FY04, the Rational Pharmaceutical Management (RPM) Plus program — predecessor to MSH's Strengthening Pharmaceutical Systems program — and the other SAIDI international partners, including the Alliance for Prudent Use of Antibiotics (APUA), the Drug Quality Information Program from the US Pharmacopeia (DQI USP), Links Media, the US Center for Disease Control and Prevention (CDC), and the Infectious Disease Division of the Pan-American Health Organization (PAHO) have been working with national counterparts in Bolivia, Peru and Paraguay to create a new, evidence-based and stepwise approach to local solutions for containing AMR. This approach considers the factors contributing to AMR within the context of existing systems, thereby taking advantage of the interaction among stakeholders. Over the past three years, national AMR working groups have been formed in Peru and Paraguay and, in conjunction with SAIDI international partners, have conducted various assessment activities which led to a holistic local view of the factors contributing to AMR in each country. Based on these results, MSH/SPS and national partners have implemented multiple activities to address the problem areas. In FY09, SPS supported the continuation of these activities, documented the impact of others, and worked to transfer the capacities necessary for long-term sustainability to national institutions and organizations.

<b>Activity Title:</b>	Provide support to document the impact of previous interventions and institutionalize improved pharmaceutical management practices
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<b>Activity Lead:</b>	Barillas, Edgar	<b>Activity #:</b> 2	<b>Task:</b> A040	<b>Subtask:</b> AMRELL1002
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**Activity Description:** MSH/SPS will document the impact interventions and support the institutionalization of those proven to be effective.

**Budget:** \$50,000.00    **Start Date:** Jan 2011    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** MSH/SPS is finalizing its technical assistance in Callao, Peru with two interventions: the collection and analysis of aggregated indicators (daily defined doses of antibiotics) to assess the impact of SAIDI interventions in Callao, and the design of a periodic bulletin to promote awareness on antimicrobial resistance. During this quarter, MSH/SPS completed the collection of information for the antibiotic study and elaborated the template for the bulletin.

**Barriers to Progress:** None.

**Next Steps:** For the next quarter, MSH/SPS will elaborate a technical report based on the findings of the aggregated indicators analysis and will support the dissemination for the first AMR bulletin. With these interventions, SAIDI will complete its technical assistance in Callao.

**Activity Title:** Coordinate with SAIDI international partners to extend the SAIDI approach to another site in the region

**Activity Lead:** Barillas, Edgar    **Activity #:** 3    **Task:** A040    **Subtask:** AMRELL1003

**Activity Description:** MSH/SPS will collaborate with other AMI partners to document the baseline situation in a newly selected site and to implement the activities agreed with local counterparts.

**Budget:** \$22,000.00    **Start Date:** Jan 2011    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SAIDI partners and counterparts decided to concentrate all SAIDI activities in the control of TB/MDR-TB in Madre de Dios (Mdd), Peru. During this quarter, SPS visited Peru to discuss with USAID officials and the UNION consultants the key elements for the elaboration of a proposal for a TB diagnostic and treatment model, adapted to the particular circumstances of Mdd.

**Barriers to Progress:** Due to conflicting agendas of partners and counterparts, the proposal could not be finalized during this quarter.

**Next Steps:** For the next quarter, MSH/SPS and the UNION will organize a meeting in Mdd to discuss and validate the model. Once validated, the diagnostic and treatment model will be the framework to support SAIDI's technical assistance in Mdd, including the development and implementation of a TB pharmaceutical management guideline for primary health facilities. SPS will also collect baseline information to support interventions leading to the improvement of the medicine storage practices in Mdd.

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## Regional Development Mission for Asia (RDMA)

**Work plan:** RDMA Asia    **Year** 2010

**Funding Level:** \$195,000.00

### Work plan Background

Since 2007, the Strengthening Pharmaceutical Systems (SPS) Program implemented by Management Sciences for Health has been receiving support from USAID's Regional Development Mission Asia (RDMA) to strengthen the pharmaceutical management systems for malaria, tuberculosis and HIV/AIDS of countries in the region. The following outlines recent work that MSH/SPS has engaged in for each of the key disease areas: malaria, TB and HIV/AIDS. Malaria SPS collaborates with Mekong Malaria Partners (MMP) semi-annually to discuss issues related to malaria control in the region and develop compatible work plans to address those issues. The elimination of malaria has also emerged as a primary goal for national malaria programs and donors throughout the Mekong sub-region. Elimination activities are already underway in Phuket, Thailand and are expected to be replicated in other areas of Thailand with funding from GF R10 (pending award) over the next five years. One of the SPS projects in Thailand was to conduct a rapid assessment of the systems in place to manage antimalarials as well as develop and facilitate a workshop for provincial health personnel on pharmaceutical management. In Laos, SPS has worked closely with the Office of the Principal Recipient of the Global Fund, the national malaria program and WHO/Laos to implement recommendations based on findings of an assessment of pharmaceutical management practices and provide assistance on quantification for the annual procurement and in the development of distribution plans. Tuberculosis SPS participates in regional and country-based efforts--primarily in the People's Republic of China--to improve the technical and human resource capacity to execute tuberculosis (TB) control activities and address emerging multidrug-resistant TB issues. SPS provides technical expertise to improve pharmaceutical management practices related to selection, procurement, distribution, and use of medicines for TB through providing curriculum and sharing experiences. HIV/AIDS SPS has been working closely with WHO/China and the CDC in Guangxi Zhang Autonomous Region to strengthen pharmaceutical management for HIV/AIDS. In 2009, SPS drafted standard operating procedures for each level of the ARV management system, held a validation workshop with key stakeholders to review the draft, conducted a training of trainers and provided technical assistance for their implementation in Guangxi. FY10 activities and budgets related to PEPFAR funded HIV/AIDS work in China are described in a separate work plan.

<b>Activity Title:</b>	Continue support to the malaria program in Laos to improve pharmaceutical management related to quantification and information systems	
<b>Activity Lead:</b>	Doumbia, Seydou	<b>Activity #:</b> 4 <b>Task:</b> A040 <b>Subtask:</b> IDRE1007
<b>Activity Description:</b>	In response to the overstocking and subsequent expiry of malaria medicines in 2008 followed by widespread stock-outs in 2009, WHO/Laos and CMPE have requested technical assistance from SPS to build the capacity of key personnel in CMPE and the GF PR office in quantification and to develop an appropriate methodology for forecasting. To address their needs, SPS will: (1) Conduct quantification training for key personnel in CMPE and the GF PR office. (2) Review existing data and assumptions, and modify assumptions as needed based on the available data, in collaboration with partners in CMPE and the GF PR office. (3) Develop a plan for improving the information system for malaria medicines, including the	

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implementation of a rapid reporting strategy, to improve the quality of data used to calculate requirements in future years.

**Budget:** \$27,500.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** SOPs. Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A conference call was held with PMI team to discuss how reprogram the pipeline. The following items were agreed on: (1) Adapt the malarial quantification manual to RDMA context, translate it and print it in local language. (2) Conduct pharmaceutical assessment in Vietnam. The results of this assessment will inform future intervention in pharmaceutical management in the region. (3) An assessment concept paper with budget has been sent to PMI team for review.

**Barriers to Progress:** None.

**Next Steps:** We are waiting for PMI team inputs and approval.

**Activity Title:** Participate in regional meetings, conferences and trainings to promote the inclusion of pharmaceutical management in regional and country-specific plans for malaria control, containment of resistance and elimination

**Activity Lead:** Doumbia,                    **Activity #:** 6    **Task:** A040    **Subtask:** IDRE1009  
Seydou

**Activity Description:** SPS is the core technical partner for pharmaceutical management for malaria in the Mekong sub-region. To ensure that pharmaceutical management priorities are identified, promoted and addressed in regional and country-specific strategies, SPS will: (1) Participate in the semi-annual MMP core partners' meetings to report on activity progress, solicit feedback and define priorities. (2) Develop training materials for the Procurement and Supply Management module at the Management of Malaria Field Operations (MMFO) course and facilitate the session in October 2010. (3) Present on "Key Capacities in Pharmaceutical Management for Malaria" at the International Malaria Colloquium to be held in Bangkok, Thailand in December 2010. (4) Participate in regional meetings organized by other MMP core partners with relevance to pharmaceutical management, as needed.

**Budget:** \$28,300.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Presentation. Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS RDMA regional strategic activities in pharmaceutical management have been sent to RDMA upon their request.

**Barriers to Progress:** None.

**Next Steps:** This activity is now complete.

**Activity Title:** Develop guidelines on pharmaceutical management for pre-elimination and elimination settings.

**Activity Lead:** Doumbia,                    **Activity #:** 7    **Task:** A040    **Subtask:** IDRE1009

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Seydou

**Activity Description:** In recognition of the different pharmaceutical management considerations in high-versus low-transmission areas and the need to assist countries with the reorientation of their supply systems in elimination settings, SPS will: (1) Solicit lessons learned in the management of medicines in low-transmission settings in the Mekong sub-region as well as in the Amazon region (through collaboration with Amazon Malaria Initiative). (2) Organize a working group within MSH/SPS to adapt existing pharmaceutical management recommendations and guidelines for pre-elimination and elimination settings. (3) Produce a document containing guidelines for pharmaceutical management in pre-elimination and elimination settings. (4) Pilot the guidelines in Phuket, Thailand in collaboration with KIAAsia. (5) Submit the guidelines to the Malaria Elimination Initiative at UCSF to be posted on their website.

**Budget:** \$28,300.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Guidelines.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** During the conference call with USAID/PMI, the decision was made to cancel this activity and reprogram the funding to adapt the quantification manual.

**Barriers to Progress:** None.

**Next Steps:** The activity has been cancelled.

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## COUNTRY PROGRAMS

### Angola

#### Angola HIV/AIDS

**Work plan:** Angola HIV/AIDS    **Year** 2010

**Funding Level:** \$280,000.00

#### Work plan Background

USAID/Angola provided SPS with PEPFAR funding since FY09 and with POP funding starting in FY10 in an effort to provide integrated technical assistance to key MOH programs. SPS funding from these three USAID sources under FY10 will enable SPS to provide TA to the MoH to implement pharmaceutical management interventions to improve the supply chain management of essential medicines and commodities across key MoH programs, including PNCM, INLS, National Tuberculosis Program (NTP), and Family Planning/Reproductive Health (FP/RH) Program. This is in line with the Global Health Initiative, USAID/Angola and MoH DNME/PNME integrated health systems strengthening goal and approach. With FY10 funding, SPS will build upon and will continue implementing all last year's activities to achieve higher targets. Meanwhile the program will expand and initiate new activities to improve HIV/AIDS supply chain management, assess laboratory supply chain systems and to promote rational use of medicines. The training and capacity-building activity will be adapted to not only impart knowledge, but to also apply the Monitoring-Training-Planning (MTP) approach that ensures the translation of such knowledge into improved practices. The program will support the implementation of strategic monitoring tools such as the End Use Verification (EUV), the Procurement Planning, Monitoring and Reporting for malaria (PPMRm), the Coordinated Procurement Planning for HIV/AIDS, and the Pharmaceutical Management System Strengthening (PMSS) tool. Data collected through these tools will be disseminated to inform decision-making by the MOH, USAID and other relevant local partners to close any gaps in procurement and/or in supply chain management systems for essential public health commodities. Assessment activities planned for this year will be instrumental in identifying gaps and in the development of appropriate future interventions aimed at improving availability and use of laboratory supplies.

<b>Activity Title:</b>	Conduct an assessment of laboratory supply chain management.
<b>Activity Lead:</b>	Goredema, <b>Activity #:</b> 2 <b>Task:</b> A040 <b>Subtask:</b> PMAO1002 Wonder
<b>Activity Description:</b>	SPS will assess the laboratory supply chain system for laboratory commodities, in order to identify gaps and recommend interventions to strengthen the national capacity to implement various elements of laboratory commodity management, from selection, procurement, storage and distribution of commodities. Structured questionnaires will be used to collect data at central-level institutions and service delivery points. Qualitative interviews will also be conducted with key informants from MoH program directorates, medical warehouses and the Department of Customs. In-depth interviews will also be conducted with national and provincial public health laboratories, national, provincial, municipal laboratories, and health centers in Luanda and Kwanza Sul provinces.

**Budget:** \$80,000.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Laboratory supply chain management system assessment report with recommendations. Report of the laboratory supply chain management system assessment meeting.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Discussions were held with CDC Senior Labs Advisor and USAID/Angola Mission to explore if and how best SPS could provide follow-on TA support beyond FY10, to implement some of the key recommendations of the assessment and strengthen the Angola MoH's laboratory system. It was clarified that there will not be any new funding for the lab component, and agreed to use any leftover funds from the FY10 lab assessment to provide follow on TA support, if requested, to help local counterparts finalize their national policy for laboratory services when developed, under an ongoing objective to strengthen the Angolan pharmaceutical management system to ensure availability of essential public health commodities.

**Barriers to Progress:** None.

**Next Steps:** Use any leftover funds from the SPS FY10 lab assessment to provide follow on TA support for lab systems strengthening, if requested.

**Activity Title:** Technical activity coordination and monitoring.

**Activity Lead:** Goredema,    **Activity #:** 1    **Task:** A040    **Subtask:** HIAO10TC  
Wonder

**Activity Description:** This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications among local and US-based SPS staff, USAID/Angola Mission, MoH representatives and local partners and collaborators. Key expenses include: weekly and ad hoc communication with the Country Program Manager and administration staff at SPS HQ, country visits by the Country Program Manager, biweekly office technical activity coordination meetings, quarterly and annual progress reports, and participation in SPS global meeting by one SPA

**Budget:** \$12,200.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The Country Program manager continued to remotely follow-up and coordinate implementation of work plan activities with the in-country team and local partners via phone, e-mail and Skype. Ongoing discussions on priority gaps and interventions for the FY11 SIAPS work plan were also concluded with local partners. It was agreed that in addition to ongoing capacity-building, support supervisory, and strategic monitoring and coordination activities, in FY11 the additional technical focus would be on providing TA to the DNME/PNME and the recently established Central Procurement Agency for Medicines and Medical Supplies (Central de Compras de Medicamentos e Meios Medicos– CECOMA). Specifically, SPS/SIAPS will work to

apply a systems strengthening approach to improve medicines policy governance, improve information systems for evidence-based decision-making, and to strengthen pharmaceutical supply chain management and medicines safety systems to achieve desired health outcomes. The SPS/HQ admin/operations and technical staff also held biweekly coordination meetings with the in-country staff, and discussions with MSH SASH project staff in Angola and JHPIEGO and other local NGO representatives to exchange and learn from each other's experiences regarding in-country NGO registration and related operational matters in Angola. The team also coordinated with the MSH Operational Support Team (OST) for Angola to share information, review progress, and agree next steps to advance the in-country registration, hiring of new staff, and opening of project bank account in Angola. The local SPS team also met with the Director of the Technical Coordination Unit of Humanitarian Aid (Unidade Técnica de Coordenação da Ajuda Humanitária-UTCAH) to follow-up and obtain information related to MSH in-country registration. The FY11 SIAPS work plan was developed and submitted to USAID for review and approval.

**Barriers to Progress:** The progress of planned activities continued to be slow due to continued lack of MSH in-country registration and lack of a corporate bank account.

**Next Steps:** Continue coordinating and working with MSH OST and UTCAH to submit remaining documents for in-country registration and pursue appropriate option for opening project bank account. Continue the same level of coordination and partnership with local counterparts and partners.

**Activity Title:** Support the MoH to conduct capacity-building trainings

**Activity Lead:** Goredema, Wonder      **Activity #:** 3      **Task:** A040      **Subtask:** HIAO1003

**Activity Description:** Remaining FY09 and FY10 PMI, HIV/AIDS and POP funds will contribute to the printing of forms, and the scale up of pharmaceutical management trainings and supportive supervision. SPS will print and disseminate stock cards as a priority, as well as prescription registers and prescription pads later.

**USG Sub-element:** HIV/AIDS

**Budget:** \$10,000.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** There were no essential medicines management capacity building trainings this quarter. As a result of errors that were made during printing of pharmaceutical management forms for the MoH Essential Medicines Program, the local printing company, Lito Tipo, had to redo some of the work and failed to complete the work on time. The Country Program Manager worked with the CPM Director of Capacity Building to explore the possibility of engaging a University of Canberra consultant to help revise and adapt the current training approach and methodology to a simplified, more practical and skills-based approach suitable for the lower educational level of most health facility personnel. However, the efforts were eventually abandoned due to

local counterparts' preference for a Portuguese-speaking consultant.

**Barriers to Progress:** The main constraint to progress continues to be challenges in sending adequate funds to implement more than two high-budget field activities during the same quarter, due to limitations in the amount of funds that can be wired to in-country consultants in the absence of a project bank account. MSH is experiencing unforeseen delays in its application for registration; therefore can only use local consultants, rather than permanent local staff, and cannot open and operate a project bank account before registration.

**Next Steps:** Support the MoH PNME to prepare and conduct the next training in Zaire province, in collaboration with other MoH programs and local partners. Finalize printing and disseminate the pharmaceutical management materials to health units.

**Activity Title:** Support MoH supervisions.

**Activity Lead:** Goredema, Wonder      **Activity #:** 4      **Task:** A040      **Subtask:** HIAO1004

**Activity Description:** The goal will be to visit seven of the nine provinces with USAID PMI or RH/FP Implementing Partner support at least twice per year (and the remaining two provinces at least once per year). SPS' role would be to provide TA to the MOH and USAID Implementing Partners to ensure the integrated supervision tool and approach are implemented correctly, and to provide financial and coordinating support as needed. A half-day supervision progress review meeting will be held at least biannually in Luanda with MOH, PMI NGO and other key local stakeholders. FY09 PMI and FY10 PMI, PEPFAR and POP funds will be used to fund this activity.

**USG Sub-element:** HIV/AIDS

**Budget:** \$20,000.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** None.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS supported the PNME to conduct an integrated supervision in Uige, Zaire, Namibe, Luanda, Lunda Sul and Lunda Norte provinces from November 21-December 8, 2011 and in Cabinda, Huambo and Malange provinces from December 12-16, 2011. The supervisions were conducted by teams of 3 people (2 representatives of 2 MoH programs such as the Essential Medicines, Malaria, HIV/AIDS and RH/FP programs, and 1 provincial supervisor from the respective program and province). The supervision team distributed pharmaceutical management materials such as stock cards and treatment guidelines during the supervision. A recently developed tracking tool for monitoring distribution of USAID-supported condoms and HIV rapid test kits was also implemented during this supervision round.

**Barriers to Progress:** Like other activities, implementation of supervision continued to be slow due to continued lack of MSH in-country registration and lack of a project bank account.

**Next Steps:** Continue provincial supervisions as outlined in the work plan.

**Activity Title:** Implement the End Use Verification (EUV) tool

**Activity Lead:** Goredema,      **Activity #:** 5   **Task:** A040   **Subtask:** HIAO1005  
Wonder

**Activity Description:** Remaining FY09 PMI funds will be used to finalize translation and customization of the EUV tool and EpiSurveyor application to local language and context and pilot the customized Portuguese tools during the first quarter of FY10. The paper tool and electronic EpiSurveyor questionnaires will be revised and updated based on the recommendations of the pilot. SPS will then provide ongoing technical assistance to the MoH to collect and share EUV data on availability of key public health commodities (malaria, HIV/AIDS, FP/RH, and TB) with local stakeholders at least twice a year. Updates on red flags, such as stock-outs at health facilities, are sent out to local counterparts immediately following data collection and analysis, so they can take immediate action to address the issues. Use and programmatic impact of the tool will be monitored in coordination with local counterparts. SPS will continue to collaborate with the MoH and relevant partners in applying appropriate tools to collect and disseminate data on availability, use, supply chain logistics and pharmaceutical management for public health commodities, and to take appropriate action based on the findings. EUV surveys will be conducted at 3-4 times per year and the reports disseminated to PMI and local stakeholders. This activity will be funded with FY09 PMI funds and FY10 PMI, PEPFAR and POP funds.

**USG Sub-element:** HIV/AIDS

**Budget:** \$24,000.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The local team faced challenges using the EpiSurveyor mobile data collection technology, including difficulties saving and transmitting data from the phones to the remote server. As a result, the team resorted to manual collection of EUV data. This constraint, coupled with shortages of staff on the ground and the need to first design an Excel spreadsheet to process the data, led to delays in finalizing the EUV data capture and analysis following the completion of field work in 38 health facilities in 9 provinces in August/September 2011. The data for 28 health facilities in 7 provinces have now been captured.

**Barriers to Progress:** There were delays in finalizing the EUV data capture, analysis and report. Without MSH in-country registration, the main constraint to activity progress continues to be getting funds in-country to implement multiple high-budget field activities during the same quarter. SPS can only use local consultants, rather than permanent local staff, and cannot open and operate a project bank account before registration.

**Next Steps:** Finalize data capture and analysis for the remaining 10 health facilities in 2 provinces and disseminate the final EUV report. Prepare for the next round of nationwide EUV data collection

**Activity Title:** Implement additional monitoring tools

**Activity Lead:** Goredema,      **Activity #:** 6   **Task:** A040   **Subtask:** HIAO1006

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Wonder

**Activity Description:** In addition to the EUV tool, SPS will collaborate with the MoH and relevant partners to implement additional appropriate tools to collect and disseminate data on availability and use of public health commodities, and general status of the pharmaceutical supply chain system and take appropriate action based on the findings. Quarterly PPMRm reports will be compiled in collaboration with the Malaria Program and submitted via SPS HQ to USAID/DELIVER for analysis and consolidation into one quarterly PPMRm report for PMI. The report will be disseminated back to local counterparts in Angola (MoH and USAID/PMI) and relevant malaria stakeholders. Red flags and critical recommended actions are also highlighted where appropriate. This information enables informed decision-making on procurement and redistribution of supplies, and better coordination among the MOH and partners involved in procurement and supply chain management of malaria commodities. The Pharmaceutical Management Systems Strengthening tool will be completed in coordination with the MoH DNME/Essential Medicines Program and NMCP and submitted to PMI before the annual Malaria Operational Planning team visit to Angola. The PMSS tool assesses the prevailing status of the country's pharmaceutical management systems with respect to policy, law and regulation, quantification and procurement, storage, inventory management and transportation, prescribing and dispensing practices, and financing. The results, along with results of other PMI tools, inform programming decisions during development of the annual Malaria Operational Plan (MOP). All results will also be disseminated and updates on any pertinent findings and recommendations discussed with counterparts and partners as part of general coordination with pharmaceutical management stakeholders at the central-level. Stock-outs and or any urgent red flags will be brought to the attention of relevant authorities immediately as they are identified, in order to facilitate speedy action. This activity will be funded with FY10 PMI, PEPFAR and POP funds.

**USG Sub-element:** HIV/AIDS

**Budget:** \$5,000.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** None.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS staff worked with the CPP coordinator and INLS staff to clean and fill any gaps in the data, and the first CPP report for Angola was finalized and disseminated at the end October 2011. SPS compiled and submitted PPMRm report (on procurement and availability of PMI/GF and government-funded ACTs, RDTs and related antimalarial commodities) for October-December 2011. Staff also compiled quarterly and annual ACT needs estimates and submitted them to PMI and WHO, respectively.

**Barriers to Progress:** It took a lot of time and effort to gather all needed CPP data from the INLS and other partners.

**Next Steps:** Compile and submit CPP, PPMRm, ACT needs estimates data for next quarter.

**Activity Title:** Assess medicines use and safety

**Activity Lead:** Goredema,      **Activity #:** 8      **Task:** A040      **Subtask:** HIAO1008

Wonder

**Activity Description:** Medicines use is an important element of pharmaceutical management. Irrational medicines use appears to be a problem but there is inadequate data to inform the development of appropriate interventions. This year SPS will conduct an assessment of medicines use and pharmacovigilance in public health facilities. The study will complement what we already know about availability and pharmaceutical management of HIV/AIDS and other essential medicines from the results of periodic monitoring surveys such as the quarterly EUV survey, and the assessment of HIV/AIDS commodity supply chain system that was done in FY09. It will help determine the changes in medicines use since the MOH/WHO study of 2007, and to identify gaps and recommend appropriate interventions. A meeting will be held with stakeholders to present the results of the assessment and obtain stakeholders' feedback, and consensus on priority medicines use interventions that could be implemented to address the identified gaps in the future. SPS will also support one MOH representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM). SPS will provide funding to support one DNME/Essential Medicines Program representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM) conference and share and learn from the experiences of numerous policy makers, program managers, researchers, clinicians, and other experts on improving medicines use from around the world that will attend the conference. They will come back and combine and apply the knowledge, experiences and tools acquired from the ICIUM conference, and the findings of the medicines use and safety assessment to develop and implement appropriate interventions to improve the use of medicines in Angola. This activity will be funded with FY10, PMI, PEPFAR and POP funds.

**USG Sub-element:** HIV/AIDS

**Budget:** \$51,000.00     **Start Date:** Sep 2010     **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The technical report of the rapid assessment of medicines use and safety could not be finalized this quarter. The in-country SPS team is still waiting for feedback from local counterparts on the draft technical report that was completed and shared locally last quarter. However, the findings of the report informed the design of the medicines use and safety-related intervention under the FY11 SIAPS work plan. The program supported the Head of the PNME to attend the International Conference on Improving the Use of Medicines (ICIUM) in Antalya, Turkey, November 14-18, 2011. The Country Program Manager also attended ICIUM, supported by the SPS AMR Portfolio.

**Barriers to Progress:** Feedback on the draft technical report has not yet been received from local counterparts. Coordination with local partners to conclude the report is taking longer than initially thought.

**Next Steps:** Obtain and incorporate MoH feedback and then finalize and disseminate the technical report of the rapid assessment of medicines use and safety.

**Activity Title:** Provide TA to MoH and partners at the national-level

**Activity Lead:** Goredema, **Activity #:** 9 **Task:** A040 **Subtask:** HIAO1009  
Wonder

**Activity Description:** To streamline the work plan activities with MoH partners, a planning session will be conducted to generate an implementation plan for the SPS-supported integrated MoH activities, including training, supervision, EUV, and private sector activities. The plan will help guide and coordinate the actions and timelines of different stakeholders. The plan would help synchronize budget forecasting by program partners. Sub-activities will include: (1) Participate in different technical meetings to coordinate and share best practices with MoH DNME/Essential Medicines Program, HIV/AIDS Program, RH/FP Program, USAID, ESD/Pathfinder and other relevant local partners. (2) Participate in ad hoc meetings with the MoH, USAID and relevant local partners, to disseminate strategic monitoring tools data. (3) Harmonize and implement pharmaceutical management training and supervision materials with MoH programs, starting with RH/FP and HIV/AIDS. (4) Members of the Contraceptives Management Technical Group will potentially meet regularly and discuss and address pertinent RH/FP matters with the MoH RH/FP Department and local RH/FP partners. SPS staff will coordinate and work as needed with UNFPA and the MoH RH Department and central and provincial warehouse staff to ensure that RH/FP commodities move well along the supply chain from the central level to health units countrywide. In USAID-selected provinces (Luanda and Huambo) SPS will work with the USAID RH/FP Implementing Partners ESD/Pathfinder and SES. (5) Work with MOH RH/FP and relevant RH/FP partners to help the DNME to ensure commodities are quantified rationally, distributed equitably and securely, and tracked well in USAID-selected provinces (Luanda and Huambo) and the rest of the country. (6) Hold regular national pharmaceutical supply chain coordination meetings to facilitate communication and problem-solving among provincial and national-level representatives from the key MoH programs and medical warehouses. (6) The Country Program Manager will register for American Public Health Association (APHA) membership and may attend the 2011 APHA conference in Washington DC, and any other relevant pharmaceutical supply chain management or public health meetings or conferences that may be relevant to the Angola Country Program's malaria, HIV/AIDS and RH/FP work, to share key experiences and lessons learned from the program. This activity will be funded with FY10 PMI, PEPFAR and POP funds.

**USG Sub-element:** HIV/AIDS

**Budget:** \$6,800.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS continued to collaborate and hold regular technical coordinating meetings to support the MoH Directorate of Medicines and Equipment and key MoH programs

(the National Essential Medicines, Malaria Control, AIDS Control, RH/FP and TB Programs) and the USAID/Angola Mission, USAID implementing partners, other key local partners such as CDC/Angola, UN Agencies and NEOPHARMA. The ongoing meetings covered strategic discussions, planning and implementation of interventions to strengthen pharmaceutical management and improve availability and use of public health commodities in Angola. SPS technical staff also held discussions with MSH technical staff other relevant staff of the recently awarded Strengthening Angola's Systems for Health (SASH) Project, Pathfinder and other local USAID implementing partners, and the Reproductive Health Technical Working Group (RHTG) members to improve availability and use of reproductive health supply chain management in Angola. Staff collaborated with the National AIDS Control, RH/FP and Essential Medicines Programs, to develop and implement tracking tool for USAID-funded condoms and HIV rapid test kits. SPS also collaborated with the National Malaria Control, Essential Medicines, National AIDS Control, RH/FP and TB Programs in implementing the EUV tool. SPS collaborated with the National Malaria Control and Essential Medicines Programs in implementing the PPMRm and ACT needs estimate tools.

**Barriers to Progress:** None.

**Next Steps:** Continue providing TA to the MoH and local partners at the national-level.

**Activity Title:** Improve distribution and management of HIV/AIDS condoms and test kits

**Activity Lead:** Goredema, **Activity #:** 7 **Task:** A040 **Subtask:** HIAO1007  
Wonder

**Activity Description:** Specific sub-activities will include: (1) Work with USAID/Angola, NEOPHARMA to ensure condoms and HIV/AIDS test kits are received and stored well at the NEOPHARMA transit warehouse at the national-level. Follow-up and provide TA to NEOPHARMA, INLS and USAID IPs to ensure condoms and test kits are distributed well and expeditiously to the partners, following the USAID distribution plan. (2) Provide TA to the INLS to prepare appropriate distribution plans for the condoms and test kits. (3) Follow-up and provide TA to the INLS to ensure the supplies are distributed expeditiously from NEOPHARMA warehouse to provincial warehouses, following the distribution plans. (4) Provide TA and funding support to the INLS to conduct follow-up monitoring visits to sampled provinces and facilities to ensure target facilities have received the assigned quantities of condoms and test kits. Monitoring will also include developing and implementing an appropriate tool to track availability and facilitate redistribution of supplies among health facilities. Monitoring will also be done as part of ongoing supportive supervision by MoH provincial and national supervisors, supported by SPS. SPS will encourage the MoH to have consignees sign and send consignment notes ('guia de remessa') back to INLS/NEOPHARMA to confirm receipt of supplies. (5) Support the MoH to hold regular national pharmaceutical supply chain coordination meetings at the central-level. (6) Work with HIV/AIDS and RH/FP program representatives and the Pathfinder Logistics Adviser to the MoH to revise and edit the training materials and co-facilitate the ongoing essential medicines management trainings, as needed, to address specific matters related to managing condoms and other program

commodities. (7) Supervise management of condoms and related program commodities as part of on-going integrated supervision. All activities will be implemented in close coordination with the Pathfinder Logistics Advisor.

**USG Sub-element:** HIV/AIDS  
**Budget:** \$58,000.00    **Start Date:** Oct 2010    **End Date:** Oct 2011  
**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The tracking tool for USAID-funded condoms and HIV rapid test kits was finalized and implemented, as part of pharmaceutical management field supervisions in Uige, Zaire, Namibe, Luanda, Lunda Sul and Lunda Norte provinces from November 21-December 8, and in Cabinda, Huambo and Malange provinces from December 12-16, 2011.

**Barriers to Progress:** The main constraint to progress continues to be challenges in sending adequate funds to implement multiple high-budget field activities during the same quarter, due to limitations in the amount of funds that can be wired to in-country consultants in the absence of a project bank account due to lack of MSH in-country registration. MSH is experiencing unforeseen delays in its application for registration; therefore can only use local consultants, rather than permanent local staff, and cannot open and operate a project bank account before registration.

**Next Steps:** Continue tracking distribution of USAID-funded condoms and HIV rapid test kits in additional provinces as part of ongoing MoH-led provincial pharmaceutical management supervision.

**Activity Title:** Office management

**Activity Lead:** Goredema,      **Activity #:** 10    **Task:** A040    **Subtask:** HIAO10OM  
 Wonder

**Activity Description:** This activity involves administrative tasks to facilitate office operations and field logistics. The office management budget includes expenses related to applying for MSH registration in Angola, hiring and orienting new staff and setting up office requirements in Luanda, day-to-day local operational costs: office spaces, utilities and maintenance, office equipment and supplies, phone and internet costs, Portuguese language learning materials, vehicle rental and fuel, bank fees and other related costs. This activity will be implemented with FY10 PMI, PEPFAR and POP funds. In the future, when MSH is fully registered, additional funding will be needed to sustain a budget for operating and managing an office outside the Essential Medicines Program premises in Luanda. Significant additional expenses will include office rental and insurance, and the cost of procuring and running a project vehicle.

**USG Sub-element:** HIV/AIDS  
**Budget:** \$13,000.00    **Start Date:** Oct 2010    **End Date:** Sep 2011  
**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Continued to coordinate ongoing project finance, administration and operational matters as outlined in the work plan. Staff prepared, obtained approval and signed a 6-month purchase order for office car rental service with ALMAMA car rental company. The plan is to continue renting the vehicle through the end of SPS, and then purchase a new vehicle next year, under the new work plan, if approved by USAID, and if and when MSH's application for in-country registration is approved. The office printer broke down and a new one was purchased to replace it. The condition of the MoH office air conditioning unit deteriorated from functioning on and off to totally not functioning, leaving the office unbearably hot and not conducive to work, under the hot and humid weather conditions of Luanda.

**Barriers to Progress:** Inadequate funds in-country due to lack of project bank account.

**Next Steps:** Explore moving to bigger office space, possibly collocating with another USAID implementing partner/local NGO. Continue to rent vehicle using SPS funding through end June 2012. Purchase a new vehicle under SIAPS work plan, if approved by USAID, and if and when MSH's application for in-country registration is approved. Purchase new AC unit to replace the broken one.

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## **Angola PMI**

**Work plan:** Angola PMI    **Year** 2010

**Funding Level:** \$700,000.00

### **Work plan Background**

Malaria is a major cause of morbidity and mortality in Angola, accounting for an estimated 60% of hospital admissions and 35% of the overall mortality in children under five, and 25% of maternal mortality. Malaria control is therefore a top priority of the Government of the Republic of Angola. In 2004, the Ministry of Health (MOH) (Ministério da Saúde-MINSA) introduced Artemisinin-based combination therapies (ACT) to improve malaria case management, because of a high resistance to standard antimalarial medicines. The first-line treatment of malaria is Artemether-lumefantrine (AL- Coartem®).

The United States Agency for International Development (USAID) is working to improve Angola's health care service delivery and to expand access to health care through various programs in collaboration with the MOH and local partners. The MOH's National Malaria Control Program (Programa Nacional de Controlo da Malaria-PNCM), the INLS and the RH/FP programs are responsible for the implementation of malaria, HIV/AIDS and RH/FP activities respectively. USAID HIV/AIDS activities in Angola are supported through the US President's Emergency Plan for AIDS Relief (PEPFAR), malaria activities are supported through the USG President's Malaria Initiative (PMI), and RH/FP activities through population (POP) funds. The MOH's National Directorate of Medicines and Equipment (Direcção Nacional de Medicamentos e Equipamentos-DNME) and the National Essential Medicines Program (Programa Nacional de Medicamentos Essenciais-PNME) oversee and coordinate all activities related to procurement, management and use of essential medicines and related public health commodities in Angola.

With USAID/ PMI support, Management Sciences for Health’s Rational Pharmaceutical Management (RPM) Plus program and its follow-on the Strengthening Pharmaceutical Systems (SPS) program have collaborated with PMI-funded non-governmental organizations (NGOs) and other local partners to provided technical assistance to improve the availability and use of ACTs, rapid diagnostic test kits (RDTs) and other public health commodities in Angola since 2005. With FY09 funding, SPS provided technical assistance (TA) to the MOH to strengthen pharmaceutical management activities at different levels of the supply chain and to conduct trainings to build pharmaceutical management skills and personal capacity of medical warehouse and health facility staff. These funds were also used to implement monitoring tools to inform decisions related to procurement, distribution and use of public health commodities and to strengthen the capacity of the national Pharmacovigilance (PV) System to improve safety of medicines in the public sector. In addition to PMI funds, USAID/Angola provided SPS with PEPFAR funding since FY09 and with POP funding starting in FY10, in an effort to provide integrated technical assistance to key MOH programs. SPS funding from these three USAID sources under FY10 will enable SPS to provide technical and funding support to continue integrated implementation of MOH-led interventions to strengthen the supply chain management of essential medicines and commodities across key MOH programs. This is in line with the Global Health Initiative, USAID/Angola and MOH DNME/Essential Medicines Program integrated health systems strengthening goal and approach.

In FY10 SPS will build upon and will continue implementing all last year’s activities to achieve higher targets. Meanwhile the program will expand and initiate new activities to improve supply chain management and to promote rational use of medicines. The training and capacity-building activity will be adapted to not only impart knowledge, but to also apply the Monitoring-Training-Planning (MTP) approach that ensures the translation of such knowledge into improved practices. The program will support the implementation of strategic monitoring tools such as the End Use Verification (EUV), the Procurement Planning, Monitoring and Reporting for malaria (PPMRm) and the Pharmaceutical Management System Strengthening (PMSS) tool. Data collected through these tools will be disseminated to inform decision-making by the MoH, USAID and other relevant local partners to close any gaps in procurement and/or in supply chain management systems for essential public health commodities. Assessment activities planned for this year will be instrumental in identifying gaps and in the development of appropriate future interventions aimed at improving availability and use of laboratory supplies.

<b>Activity Title:</b>	Technical activity coordination and monitoring.		
<b>Activity Lead:</b>	Goredema, Wonder	<b>Activity #:</b> 1	<b>Task:</b> A040 <b>Subtask:</b> PMAO10TC
<b>Activity Description:</b>	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications among local and US-based SPS staff, USAID/Angola Mission, MoH representatives and local partners and collaborators. Key expenses include: weekly and ad hoc communication with the Country Program Manager and administration staff at SPS HQ, country visits by the Country Program Manager, biweekly office technical activity coordination meetings, quarterly and annual progress reports, and participation in SPS global meeting by one SPA		
<b>Budget:</b> \$59,800.00	<b>Start Date:</b> Oct 2010	<b>End Date:</b> Sep 2011	
<b>Products Planned:</b>	None.		

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- Reporting Period:** 1 October 2011-31 December 2011
- Activity Progress:** The Country Program manager continued to remotely follow-up and coordinate implementation of work plan activities with the in-country team and local partners via phone, e-mail and Skype. Ongoing discussions on priority gaps and interventions for the FY11 SIAPS work plan were also concluded with local partners. It was agreed that in addition to ongoing capacity-building, support supervisory, and strategic monitoring and coordination activities, in FY11 the additional technical focus would be on providing TA to the DNME/PNME and the recently established Central Procurement Agency for Medicines and Medical Supplies (Central de Compras de Medicamentos e Meios Medicos– CECOMA). Specifically, SPS/SIAPS will work to apply a systems strengthening approach to improve medicines policy governance, improve information systems for evidence-based decision-making, and to strengthen pharmaceutical supply chain management and medicines safety systems to achieve desired health outcomes. The SPS/HQ admin/operations and technical staff also held biweekly coordination meetings with the in-country staff, and discussions with MSH SASH project staff in Angola and JHPIEGO and other local NGO representatives to exchange and learn from each other's experiences regarding in-country NGO registration and related operational matters in Angola. The team also coordinated with the MSH Operational Support Team (OST) for Angola to share information, review progress, and agree next steps to advance the in-country registration, hiring of new staff, and opening of project bank account in Angola. The local SPS team also met with the Director of the Technical Coordination Unit of Humanitarian Aid (Unidade Técnica de Coordenação da Ajuda Humanitária-UTCAH) to follow-up and obtain information related to MSH in-country registration. The FY11 SIAPS work plan was developed and submitted to USAID for review and approval.
- Barriers to Progress:** The progress of planned activities continued to be slow due to continued lack of MSH in-country registration in Angola and lack of corporate bank account.
- Next Steps:** Continue coordinating and working with MSH OST and UTCAH to submit remaining documents for in-country registration and pursue appropriate option for opening project bank account. Continue the same level of coordination and partnership with local counterparts and partners.

<b>Activity Title:</b>	Support the MoH to receive and manage PMI commodities
<b>Activity Lead:</b>	Goredema, <b>Activity #:</b> 2 <b>Task:</b> A040 <b>Subtask:</b> PMAO1002 Wonder
<b>Activity Description:</b>	SPS will continue to provide TA to local partners to ensure PMI commodities move safely and efficiently across all levels of the supply chain. As before, SPS will collaborate with USAID/DELIVER to provide joint TA to help the MoH ensure that PMI commodities are received in Luanda, distributed and appropriately received at the 18 provincial warehouses, and to minimize losses along the supply chain. This involves physically checking to ensure PMI shipments of ACTs, RDTs and microscopes are properly received and safely shipped from the Luanda Airport and appropriately received and documented at the PSI transit warehouse in Luanda. SPS will also work with the Essential Medicines Program and Malaria Program to develop and implement effective morbidity-based provincial distribution plans for the

commodities. SPS will also support activities to follow up and monitor distribution and receipt of the commodities by the end users by applying the end user verification tool. This activity will be funded with FY10 PMI funds

**Budget:** \$48,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** ACTs distribution table.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS provided TA support to USAID/DELIVER and the MoH to receive and distribute a PMI-funded shipment of 1,800,900 treatments of ACTs to the country's 18 provinces during the period December 1-3, 2011. The supplies were meant to cover the first half of 2012.

**Barriers to Progress:** None.

**Next Steps:** Preparations are underway for the next PMI shipment of ACTs and RDTs.

**Activity Title:** Support the MoH to conduct capacity-building trainings

**Activity Lead:** Goredema, **Activity #:** 3 **Task:** A040 **Subtask:** PMAO1003  
Wonder

**Activity Description:** Remaining FY09 and FY10 PMI, HIV/AIDS and POP funds will contribute to the printing of forms, and the scale up of pharmaceutical management trainings and supportive supervision. SPS will print and disseminate stock cards as a priority, as well as prescription registers and prescription pads later.

**Budget:** \$153,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Training reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** There were no essential medicines management capacity building trainings this quarter. As a result of errors that were made during printing of pharmaceutical management forms for the MoH Essential Medicines Program, the local printing company, Lito Tipo, had to redo some of the work and failed to complete the work on time. The Country Program Manager worked with the CPM Director of Capacity Building to explore the possibility of engaging a University of Canberra consultant to help revise and adapt the current training approach and methodology to a simplified, more practical and skills-based approach suitable for the lower educational level of most health facility personnel. However, the efforts were eventually abandoned due to local counterparts' preference for a Portuguese-speaking consultant.

**Barriers to Progress:** The main constraint to progress continues to be challenges in sending adequate funds to implement more than two high-budget field activities during the same quarter, due to limitations in the amount of funds that can be wired to in-country consultants in the absence of a project bank account. MSH is experiencing unforeseen delays in its application for registration; therefore can only use local consultants, rather than permanent local staff, and cannot open and operate a project bank account before registration.

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**Next Steps:** Support the MoH PNME to prepare and conduct the next training in Zaire province, in collaboration with other MoH programs and local partners. Finalize printing and disseminate the pharmaceutical management materials to health units.

**Activity Title:** Support MoH supervisions.

**Activity Lead:** Goredema, **Activity #:** 4 **Task:** A040 **Subtask:** PMAO1004  
Wonder

**Activity Description:** The goal will be to visit seven of the nine provinces with USAID PMI or RH/FP Implementing Partner support at least twice per year (and the remaining two provinces at least once per year). SPS' role would be to provide TA to the MOH and USAID Implementing Partners to ensure the integrated supervision tool and approach are implemented correctly, and to provide financial and coordinating support as needed. A half-day supervision progress review meeting will be held at least biannually in Luanda with MOH, PMI NGO and other key local stakeholders. FY09 PMI and FY10 PMI, PEPFAR and POP funds will be used to fund this activity.

**Budget:** \$67,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Supervision reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS supported the PNME to conduct an integrated supervision in Uige, Zaire, Namibe, Luanda, Lunda Sul and Lunda Norte provinces from November 21-December 8, 2011 and in Cabinda, Huambo and Malange provinces from December 12-16, 2011. The supervisions were conducted by teams of 3 people (2 representatives of 2 MoH programs such as the Essential Medicines, Malaria, HIV/AIDS and RH/FP programs, and 1 provincial supervisor from the respective program and province). The supervision team distributed pharmaceutical management materials such as stock cards and treatment guidelines during the supervision. A recently developed tracking tool for monitoring distribution of USAID-supported condoms and HIV rapid test kits was also implemented during this supervision round.

**Barriers to Progress:** Like other activities, implementation of supervision continued to be slow due to continued lack of MSH in-country registration in Angola and lack of a project bank account.

**Next Steps:** Continue provincial supervisions as outlined in the work plan.

**Activity Title:** Implement the End Use Verification (EUV) tool.

**Activity Lead:** Goredema, **Activity #:** 5 **Task:** A040 **Subtask:** PMAO1005  
Wonder

**Activity Description:** Remaining FY09 PMI funds will be used to finalize translation and customization of the EUV tool and EpiSurveyor application to local language and context and pilot the customized Portuguese tools during the first quarter of FY10. The paper tool and electronic EpiSurveyor questionnaires will be revised and updated, based on the recommendations of the pilot. SPS will then provide ongoing technical assistance to the MoH to collect and share EUV data on availability of key public health commodities (malaria, HIV/AIDS, FP/RH, and TB) with local stakeholders at least

twice a year. Updates on red flags, such as stock-outs at health facilities, are sent out to local counterparts immediately following data collection and analysis, so they can take immediate action to address the issues. Use and programmatic impact of the tool will be monitored in coordination with local counterparts. SPS will continue to collaborate with the MoH and relevant partners in applying appropriate tools to collect and disseminate data on availability, use, supply chain logistics and pharmaceutical management for public health commodities, and to take appropriate action based on the findings. EUV surveys will be conducted at 3-4 times per year and the reports disseminated to PMI and local stakeholders. This activity will be funded with FY09 PMI funds and FY10 PMI, PEPFAR and POP funds.

**Budget:** \$44,000.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** EUV report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The local team faced challenges using the EpiSurveyor mobile data collection technology, including difficulties saving and transmitting data from the phones to the remote server. As a result, the team resorted to manual collection of EUV data. This constraint, coupled with shortages of staff on the ground and the need to first design an Excel spreadsheet to process the data, led to delays in finalizing the EUV data capture and analysis following the completion of field work in 38 health facilities in 9 provinces in August/September 2011. The data for 28 health facilities in 7 provinces have now been captured.

**Barriers to Progress:** There were delays in finalizing the EUV data capture, analysis and report. Without MSH in-country registration, the main constraint to activity progress continues to be getting funds in-country to implement multiple high-budget field activities during the same quarter. SPS can only use local consultants, rather than permanent local staff, and cannot open and operate a project bank account before registration.

**Next Steps:** Finalize data capture and analysis for the remaining 10 health facilities in 2 provinces and disseminate the final EUV report. Prepare for the next round of nationwide EUV data collection.

**Activity Title:** Implement additional monitoring tools.

**Activity Lead:** Goredema,      **Activity #:** 6    **Task:** A040    **Subtask:** PMAO1006  
Wonder

**Activity Description:** In addition to the EUV tool, SPS will collaborate with the MoH and relevant partners to implement additional appropriate tools to collect and disseminate data on availability and use of public health commodities, and general status of the pharmaceutical supply chain system and take appropriate action based on the findings. Quarterly PPMRm reports will be compiled in collaboration with the Malaria Program and submitted via SPS HQ to USAID/DELIVER for analysis and consolidation into one quarterly PPMRm report for PMI. The report will be disseminated back to local counterparts in Angola (MoH and USAID/PMI) and relevant malaria stakeholders. Red flags and critical recommended actions are also highlighted where appropriate. This information enables informed decision-making on procurement and redistribution

of supplies, and better coordination among the MoH and partners involved in procurement and supply chain management of malaria commodities. The Pharmaceutical Management Systems Strengthening tool will be completed in coordination with the MoH DNME/Essential Medicines Program and NMCP and submitted to PMI before the annual Malaria Operational Planning team visit to Angola. The PMSS tool assesses the prevailing status of the country's pharmaceutical management systems with respect to policy, law and regulation, quantification and procurement, storage, inventory management and transportation, prescribing and dispensing practices, and financing. The results, along with results of other PMI tools, inform programming decisions during development of the annual Malaria Operational Plan (MOP). All results will also be disseminated and updates on any pertinent findings and recommendations discussed with counterparts and partners as part of general coordination with pharmaceutical management stakeholders at the central-level. Stock-outs and or any urgent red flags will be brought to the attention of relevant authorities immediately as they are identified, in order to facilitate speedy action. This activity will be funded with FY10 PMI, PEPFAR and POP funds.

**Budget:** \$20,000.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** PPMRm report. PMSS report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS staff worked with the CPP coordinator and INLS staff to clean and fill any gaps in the data, and the first CPP report for Angola was finalized and disseminated at the end October 2011. SPS compiled and submitted PPMRm report (on procurement and availability of PMI/GF and government-funded ACTs, RDTs and related antimalarial commodities) for October-December 2011. Staff also compiled quarterly and annual ACT needs estimates and submitted them to PMI and WHO, respectively.

**Barriers to Progress:** It took a lot of time and effort to gather all needed CPP data from the INLS and other partners.

**Next Steps:** Compile and submit CPP, PPMRm, ACT needs estimates data for next quarter.

**Activity Title:** Assess medicines use safety.

**Activity Lead:** Goredema,    **Activity #:** 7    **Task:** A040    **Subtask:** PMAO1009  
Wonder

**Activity Description:** Medicines use is an important element of pharmaceutical management. Irrational medicines use appears to be a problem but there is inadequate data to inform the development of appropriate interventions. This year SPS will conduct an assessment of medicines use and pharmacovigilance in public health facilities. The study will complement what we already know about availability and pharmaceutical management of HIV/AIDS and other essential medicines from the results of periodic monitoring surveys such as the quarterly EUV survey, and the assessment of HIV/AIDS commodity supply chain system that was done in FY09. It will help determine the changes in medicines use since the MOH/WHO study of 2007, and to identify gaps and recommend appropriate interventions. A meeting will be held with stakeholders to present the results of the assessment and obtain stakeholders'

feedback, and consensus on priority medicines use interventions that could be implemented to address the identified gaps in the future. SPS will also support one MOH representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM). SPS will provide funding to support one DNME/Essential Medicines Program representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM) conference and share and learn from the experiences of numerous policy makers, program managers, researchers, clinicians, and other experts on improving medicines use from around the world that will attend the conference. They will come back and combine and apply the knowledge, experiences and tools acquired from the ICIUM conference, and the findings of the medicines use and safety assessment to develop and implement appropriate interventions to improve the use of medicines in Angola. This activity will be funded with FY10, PMI, PEPFAR and POP funds.

**Budget:** \$115,100.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Medicines use and safety assessment report. National plan for implementing interventions to promote medicines use and safety. MoH DNME representative's ICIUM trip report. MoH PV Unit representative's report of PV study tour to third country.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The technical report of the rapid assessment of medicines use and safety could not be finalized this quarter. The in-country SPS team is still waiting for feedback from local counterparts on the draft technical report that was completed and shared locally last quarter. However, the findings of the report informed the design of the medicines use and safety-related intervention under the FY11 SIAPS work plan. The program supported the Head of the PNME to attend the International Conference on Improving the Use of Medicines (ICIUM) in Antalya, Turkey, November 14-18, 2011. The Country Program Manager also attended ICIUM, supported by the SPS AMR Portfolio.

**Barriers to Progress:** Feedback on the draft technical report has not yet been received from local counterparts. Coordination with local partners to conclude the report is taking longer than initially thought.

**Next Steps:** Obtain and incorporate MoH feedback and then finalize and disseminate the technical report of the rapid assessment of medicines use and safety.

**Activity Title:** Support the MoH Pharmacovigilance Unit.

**Activity Lead:** Goredema, **Activity #:** 8 **Task:** A040 **Subtask:** PMAO1010  
Wonder

**Activity Description:** Specific activities will include: (1) Orient and train two key PV Unit staff on PV—walk them through the SPS and WHO materials on systematic PV approach (including functions of a PV center, minimum requirements for a PV Center, how to set up a PV Center, signal generation in PV). Revise/update the PV training materials and resources as needed. (2) Provide TA the PV Unit to conduct the pre-planned PV

orientations with staff in 5 hospitals in Luanda and with municipal health facility staff in 2 additional provinces to be identified. The objective of the hospital trainings will be to (i) orient and build the awareness of key health facility/hospital staff about medicines safety issues in general and the rationale for reporting (ii) set up hospital PV committees (iii) familiarize the committee with the adverse medicines-related events notification form and standard operating procedure for reporting the adverse medicines reactions in a timely manner, and (iv) develop and initiate implementation of hospital PV plans. The training will be facilitated by PV Unit staff, Essential Medicines Program staff and SPS technical staff. (3) Conduct additional trainings with additional municipal health facility staff in Luanda or Huambo and Bie provinces, outside Luanda. To achieve broader coverage, SPS will include a short session on PV in the on-going essential medicines management trainings. (4) Provide funding and TA, support to enable the head of the PV Unit and one additional key staff member to conduct a one-week visit to another African country (such as Kenya, Namibia or a Portuguese-speaking country that meets WHO minimum requirements for a functional PV system and that is successfully implementing medicines safety programs). The visitors will tour and learn from that country's PV program experiences, and then adapt and apply the knowledge and experiences gained to strengthen their own PV system in Angola. This activity will be funded with FY09 and FY10 PMI funds.

**Budget:** \$58,000.00

**Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:**

Technical report of provincial PV orientation and system building and start-up activities. Minutes of meetings with DNME PV Unit representatives and relevant stakeholders.

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**Reporting Period:**

1 October 2011-31 December 2011

**Activity Progress:**

SPS supported a team of four Angola MoH staff drawn from the DNME PV Unit, PNME, and PNCM, to conduct a PV study visit to Kenya (November 25- December 2, 2011). The MoH team was accompanied by two SPS technical staff (Country Program Manager and one SPS/Angola consultant Senior Program Associate). The purpose of the visit was for the Angola MoH team to exchange experiences and learn from Kenya's PV program, and then adapt and apply the knowledge gained to strengthen their own PV system back home. The visit was successfully completed; the team toured and talked to representatives of the following organizations: (1) Dr. Kipkesich C. Koskei, Chief Pharmacist/Registrar at the Ministry of Medical Services. (2) Dr. F. M. Siyoi, Deputy Chief Pharmacist/Deputy Registrar of the Pharmacy and Poisons Board. (3) Dr. Ibrahim Mohammed, Head of National AIDS/STD, TB and Leprosy Control Program. (4) Dr. Nancy Njeru, Director of the National Quality Control Laboratory. (5) Coast Provincial General Hospital PV team (Dr Emily Siminyu, Chief Provincial Pharmacist, Matron Anne Mwangemi and Dr. Samira). (6) Dr. William Mwatu, GlaxoSmithKline, Director of Medical and Regulatory Affairs. (7) Dr. Andrew J. Nyandigisi, Focal Person for PV, malaria case management and post-market surveillance at the National Malaria Control Program. (8) Matron Tresa and team at the Nyumbani Children of God Relief Home for HIV+ Children. (9)

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MSH/Kenya Pharmaceutical Systems and Health Commodities and Services Management (HCSM), Project Director and Team.

SPS provided TA support to the MoH DNME PV Unit in preparing for PV training of health staff at health facilities at provincial and municipal level. The DNME PV Unit planned to start with the Provincial Hospital in Huambo.

**Barriers to Progress:** The trip dates had originally been planned to take place earlier during the quarter, but due to security issues in the host country the team's departure was delayed indefinitely and only happened in late November when security clearance had been obtained.

**Next Steps:** The MoH DNME PV Unit to conduct PV training at Huambo Provincial Hospital. Initiate preparations to conduct PV options analysis in collaboration with the MoH DNME PV Unit.

**Activity Title:** Provide TA to MoH and partners at the national-level.

**Activity Lead:** Goredema, **Activity #:** 9 **Task:** A040 **Subtask:** PMAO1011  
Wonder

**Activity Description:** To streamline the work plan activities with MoH partners, a planning session will be conducted to generate an implementation plan for the SPS-supported integrated MoH activities, including training, supervision, EUV, and private sector activities. The plan will help guide and coordinate the actions and timelines of different stakeholders. The plan would help synchronize budget forecasting by program partners. Sub-activities will include: (1) Participate in different technical meetings to coordinate and share best practices with MoH DNME/Essential Medicines Program, HIV/AIDS Program, RH/FP Program, USAID, ESD/Pathfinder and other relevant local partners. (2) Participate in ad hoc meetings with the MoH, USAID and relevant local partners, to disseminate strategic monitoring tools data. (3) Harmonize and implement pharmaceutical management training and supervision materials with MoH programs, starting with RH/FP and HIV/AIDS. (4) Members of the Contraceptives Management Technical Group will potentially meet regularly and discuss and address pertinent RH/FP matters with the MoH RH/FP Department and local RH/FP partners. SPS staff will coordinate and work as needed with UNFPA and the MoH RH Department and central and provincial warehouse staff to ensure that RH/FP commodities move well along the supply chain from the central level to health units countrywide. In USAID-selected provinces (Luanda and Huambo) SPS will work with the USAID RH/FP Implementing Partners ESD/Pathfinder and SES. (5) Work with MOH RH/FP and relevant RH/FP partners to help the DNME to ensure commodities are quantified rationally, distributed equitably and securely, and tracked well in USAID-selected provinces (Luanda and Huambo) and the rest of the country. (6) Hold regular national pharmaceutical supply chain coordination meetings to facilitate communication and problem-solving among provincial and national-level representatives from the key MoH programs and medical warehouses. (6) The Country Program Manager will register for American Public Health Association (APHA) membership and may attend the 2011 APHA conference in Washington DC, and any other relevant pharmaceutical supply chain management or public health meetings or conferences that may be relevant to the Angola Country Program's malaria, HIV/AIDS and RH/FP work, to

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share key experiences and lessons learned from the program. This activity will be funded with FY10 PMI, PEPFAR and POP funds.

**Budget:** \$25,400.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Minutes of central-level coordination meetings.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS continued to collaborate and hold regular technical coordinating meetings to support the MoH Directorate of Medicines and Equipment and key MoH programs (the National Essential Medicines, Malaria Control, AIDS Control, RH/FP and TB Programs) and the USAID/Angola Mission, USAID implementing partners, other key local partners such as CDC/Angola, UN Agencies and NEOPHARMA. The ongoing meetings covered strategic discussions, planning and implementation of interventions to strengthen pharmaceutical management and improve availability and use of public health commodities in Angola. SPS technical staff also held discussions with MSH technical staff other relevant staff of the recently awarded Strengthening Angola's Systems for Health (SASH) Project, Pathfinder and other local USAID implementing partners, and the Reproductive Health Technical Working Group (RHTG) members to improve availability and use of reproductive health supply chain management in Angola. Staff collaborated with the National AIDS Control, RH/FP and Essential Medicines Programs, to develop and implement tracking tool for USAID-funded condoms and HIV rapid test kits. SPS also collaborated with the National Malaria Control, Essential Medicines, National AIDS Control, RH/FP and TB Programs in implementing the EUV tool. SPS collaborated with the National Malaria Control and Essential Medicines Programs in implementing the PPMRm and ACT needs estimate tools.

**Barriers to Progress:** None.

**Next Steps:** Continue providing TA to the MoH and local partners at the national-level.

**Activity Title:** Office management.

**Activity Lead:** Goredema,      **Activity #:** 10    **Task:** A040    **Subtask:** PMAO10OM  
Wonder

**Activity Description:** This activity involves administrative tasks to facilitate office operations and field logistics. The office management budget includes expenses related to applying for MSH registration in Angola, hiring and orienting new staff and setting up office requirements in Luanda, day-to-day local operational costs: office space, utilities and maintenance, office equipment and supplies, phone and internet costs, Portuguese language learning materials, vehicle rental and fuel, bank fees and other related costs. This activity will be implemented with FY10 PMI, PEPFAR and POP funds. In the future, when MSH is fully registered, additional funding will be needed to sustain a budget for operating and managing an office outside the Essential Medicines Program premises in Luanda. Significant additional expenses will include office rental and insurance, and the cost of procuring and running a project vehicle

**Budget:** \$108,700.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

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**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Continued to coordinate ongoing project finance, administration and operational matters as outlined in the work plan. Staff prepared, obtained approval and signed a 6-month purchase order for office car rental service with ALMAMA car rental company. The plan is to continue renting the vehicle through the end of SPS, and then purchase a new vehicle next year, under the new work plan, if approved by USAID, and if and when MSH's application for in-country registration is approved. The office printer broke down and a new one was purchased to replace it. The condition of the MoH office air conditioning unit deteriorated from functioning on and off to totally not functioning, leaving the office unbearably hot and not conducive to work, under the hot and humid weather conditions of Luanda.

**Barriers to Progress:** Inadequate funds in-country due to lack of project bank account.

**Next Steps:** Explore moving to bigger office space, possibly collocating with another USAID implementing partner/local NGO. Continue to rent vehicle using SPS funding through end June 2012. Purchase a new vehicle under SIAPS work plan, if approved by USAID, and if and when MSH's application for in-country registration is approved. Purchase new AC unit to replace the broken one.

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## **Angola POP**

**Work plan:** Angola POP    **Year** 2010

**Funding Level:** \$100,000.00

### **Work plan Background**

The SPS Angola strategy for FY10 is to improve the availability and use of safe essential medicines and related commodities, and thereby provide quality pharmaceutical care to Angolans. The key components of last year's approach will be continued this year: (1) provide TA to strengthen pharmaceutical management activities at different levels of the supply chain. (2) Conduct trainings to build pharmaceutical management skills and personal capacity of pharmacy and other relevant health facility staff at health facilities. (3) Implement PMI tools — end-use-verification (EUV), pharmaceutical management systems strengthening (PMSS), and Procurement Planning, Monitoring and Reporting for Malaria (PPMRm)— to improve staff capability to procure, manage and verify availability and end use of essential medicines and commodities at health facilities. (4) Provide support to conduct supportive supervision to monitor availability, management and use of medicines at health facilities and medical warehouses. (5) Strengthen laboratory supply chain systems. (6) Strengthen medicines safety systems and use — pharmacovigilance (PV). Efforts will be made to adapt and use simple approaches (such as the Monitoring-Training-Planning (MTP) approach) and tools (such as EpiSurveyor mobile phone technology) to collect, analyze and transmit health facility medicines availability and use data. Support will continue to be provided to advance DNME medication safety monitoring, as part of a broader activity to improve the safety and use of essential medicines that is expected to continue well into the future. A

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national rapid assessment of use and safety of essential medicines in health facilities will be conducted as a follow-up to the MINSA/WHO study of 2007, and to help identify gaps and develop and prioritize interventions to address the gaps. A laboratory supply chain assessment will also be conducted to determine gaps that could be addressed in the future. These activities will contribute to SPS overall result areas: strengthen pharmaceutical management systems to support public health services and contain the emergence and spread of antimicrobial resistance.

<b>Activity Title:</b>	Technical Activity Coordination		
<b>Activity Lead:</b>	Goredema, Wonder	<b>Activity #:</b> 1	<b>Task:</b> A040 <b>Subtask:</b> POAO10TC
<b>Activity Description:</b>	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications among local and US-based SPS staff, USAID/Angola Mission, MoH representatives and local partners and collaborators		
<b>Budget:</b> \$10,000.00	<b>Start Date:</b> Oct 2010	<b>End Date:</b> Sep 2011	
<b>Products Planned:</b>	None.		

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The Country Program manager continued to remotely follow-up and coordinate implementation of work plan activities with the in-country team and local partners via phone, e-mail and Skype. Ongoing discussions on priority gaps and interventions for the FY11 SIAPS work plan were also concluded with local partners. It was agreed that in addition to ongoing capacity-building, support supervisory, and strategic monitoring and coordination activities, in FY11 the additional technical focus would be on providing TA to the DNME/PNME and the recently established Central Procurement Agency for Medicines and Medical Supplies (Central de Compras de Medicamentos e Meios Medicos– CECOMA). Specifically, SPS/SIAPS will work to apply a systems strengthening approach to improve medicines policy governance, improve information systems for evidence-based decision-making, and to strengthen pharmaceutical supply chain management and medicines safety systems to achieve desired health outcomes. The SPS/HQ admin/operations and technical staff also held biweekly coordination meetings with the in-country staff, and discussions with MSH SASH project staff in Angola and JHPIEGO and other local NGO representatives to exchange and learn from each other's experiences regarding in-country NGO registration and related operational matters in Angola. The team also coordinated with the MSH Operational Support Team(OST) for Angola to share information, review progress, and agree next steps to advance the in-country registration, hiring of new staff, and opening of project bank account in Angola. The local SPS team also met with the Director of the Technical Coordination Unit of Humanitarian Aid (Unidade Técnica de Coordenação da Ajuda Humanitária-UTCAH) to follow-up and obtain information related to MSH in-country registration. The FY11 SIAPS work plan was developed and submitted to USAID for review and approval.

**Barriers to Progress:** The progress of planned activities continued to be slow due to continued lack of MSH in-country registration and lack of a corporate bank account.

**Next Steps:** Continue coordinating and working with MSH OST and UTCAH to submit remaining documents for in-country registration and pursue appropriate option for opening project bank account. Continue the same level of coordination and partnership with local counterparts and partners.

**Activity Title:** Office Management.

**Activity Lead:** Goredema, **Activity #:** 9 **Task:** A040 **Subtask:** PIAO100M  
Wonder

**Activity Description:** This activity involves administrative tasks to facilitate office operations and field logistics. The office management budget includes expenses related to applying for MSH registration in Angola, hiring and orienting new staff and setting up office requirements in Luanda, day-to-day local operational costs: office spaces, utilities and maintenance, office equipment and supplies, phone and internet costs, Portuguese language learning materials, vehicle rental and fuel, bank fees and other related costs. This activity will be implemented with FY10 PMI, PEPFAR and POP funds. In the future, when MSH is fully registered, additional funding will be needed to sustain a budget for operating and managing an office outside the Essential Medicines Program premises in Luanda. Significant additional expenses will include office rental and insurance, and the cost of procuring and running a project vehicle.

**Budget:** \$18,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Continued to coordinate ongoing project finance, administration and operational matters as outlined in the work plan. Staff prepared, obtained approval and signed a 6-month purchase order for office car rental service with ALMAMA car rental company. The plan is to continue renting the vehicle through the end of SPS, and then purchase a new vehicle next year, under the new work plan, if approved by USAID, and if and when MSH's application for in-country registration is approved. The office printer broke down and a new one was purchased to replace it. The condition of the MoH office air conditioning unit deteriorated from functioning on and off to totally not functioning, leaving the office unbearably hot and not conducive to work, under the hot and humid weather conditions of Luanda.

**Barriers to Progress:** Inadequate funds in-country due to lack of project bank account.

**Next Steps:** Explore moving to bigger office space, possibly collocating with another USAID implementing partner/local NGO. Continue to rent vehicle using SPS funding through end June 2012. Purchase a new vehicle under SIAPS work plan, if approved by USAID, and if and when MSH's application for in-country registration is approved. Purchase new AC unit to replace the broken one.

**Activity Title:** Support the MoH to conduct capacity-building training.

**Activity Lead:** Goredema, **Activity #:** 2 **Task:** A040 **Subtask:** POAO1002  
Wonder

**Activity Description:** Remaining FY09 and FY10 PMI, HIV/AIDS and POP funds will contribute to the

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printing of forms, and the scale up of pharmaceutical management trainings and supportive supervision. SPS will print and disseminate stock cards as a priority, as well as prescription registers and prescription pads later

**Budget:** \$11,500.00    **Start Date:** Sep 2010    **End Date:** Aug 2011

**Products Planned:** Training reports. Participants/attendance lists.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** There were no essential medicines management capacity building trainings this quarter. As a result of errors that were made during printing of pharmaceutical management forms for the MoH Essential Medicines Program, the local printing company, Lito Tipo, had to redo some of the work and failed to complete the work on time. The Country Program Manager worked with the CPM Director of Capacity Building to explore the possibility of engaging a University of Canberra consultant to help revise and adapt the current training approach and methodology to a simplified, more practical and skills-based approach suitable for the lower educational level of most health facility personnel. However, the efforts were eventually abandoned due to local counterparts' preference for a Portuguese-speaking consultant.

**Barriers to Progress:** The main constraint to progress continues to be challenges in sending adequate funds to implement more than two high-budget field activities during the same quarter, due to limitations in the amount of funds that can be wired to in-country consultants in the absence of a project bank account. MSH is experiencing unforeseen delays in its application for registration; therefore can only use local consultants, rather than permanent local staff, and cannot open and operate a project bank account before registration.

**Next Steps:** Support the MoH PNME to prepare and conduct the next training in Zaire province, in collaboration with other MoH programs and local partners. Finalize printing and disseminate the pharmaceutical management materials to health units.

**Activity Title:** Support MoH supervision.

**Activity Lead:** Goredema,      **Activity #:** 3    **Task:** A040    **Subtask:** POAO1003  
Wonder

**Activity Description:** The goal will be to visit seven of the nine provinces with USAID PMI or RH/FP Implementing Partner support at least twice per year (and the remaining two provinces at least once per year). SPS' role would be to provide TA to the MOH and USAID Implementing Partners to ensure the integrated supervision tool and approach are implemented correctly, and to provide financial and coordinating support as needed. A half-day supervision progress review meeting will be held at least biannually in Luanda with MOH, PMI NGO and other key local stakeholders. FY09 PMI and FY10 PMI, PEPFAR and POP funds will be used to fund this activity.

**Budget:** \$10,000.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Supervision report.

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**Reporting Period:** 1 October 2011-31 December 2011

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**Activity Progress:** SPS supported the PNME to conduct an integrated supervision in Uige, Zaire, Namibe, Luanda, Lunda Sul and Lunda Norte provinces from November 21-December 8, 2011 and in Cabinda, Huambo and Malange provinces from December 12-16, 2011. The supervisions were conducted by teams of 3 people (2 representatives of 2 MoH programs such as the Essential Medicines, Malaria, HIV/AIDS and RH/FP programs, and 1 provincial supervisor from the respective program and province). The supervision team distributed pharmaceutical management materials such as stock cards and treatment guidelines during the supervision. A recently developed tracking tool for monitoring distribution of USAID-supported condoms and HIV rapid test kits was also implemented during this supervision round.

**Barriers to Progress:** Like other activities, implementation of supervision continued to be slow due to continued lack of MSH in-country registration and lack of a project bank account.

**Next Steps:** Continue provincial supervisions as outlined in the work plan.

**Activity Title:** Implement the End Use Verification (EUV) tool.

**Activity Lead:** Goredema, **Activity #:** 4 **Task:** A040 **Subtask:** POAO1004  
Wonder

**Activity Description:** Remaining FY09 PMI funds will be used to finalize translation and customization of the EUV tool and EpiSurveyor application to local language and context and pilot the customized Portuguese tools during the first quarter of FY10. The paper tool and electronic EpiSurveyor questionnaires will be revised and updated, based on the recommendations of the pilot. SPS will then provide ongoing technical assistance to the MoH to collect and share EUV data on availability of key public health commodities (malaria, HIV/AIDS, FP/RH, and TB) with local stakeholders at least twice a year. Updates on red flags such as stock outs at health facilities are sent out to local counterparts immediately following data collection and analysis, so they can take immediate action to address the stock outs or important gaps identified. Use and programmatic impact of the tool will be monitored in coordination with local counterparts. This activity will be funded with FY09 PMI funds and FY10 PMI, PEPFAR and POP funds.

**Budget:** \$10,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** EUV report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The local team faced challenges using the EpiSurveyor mobile data collection technology, including difficulties saving and transmitting data from the phones to the remote server. As a result, the team resorted to manual collection of EUV data. This constraint, coupled with shortages of staff on the ground and the need to first design an Excel spreadsheet to process the data, led to delays in finalizing the EUV data capture and analysis following the completion of field work in 38 health facilities in 9 provinces in August/September 2011. The data for 28 health facilities in 7 provinces have now been captured.

**Barriers to Progress:** There were delays in finalizing the EUV data capture, analysis and report. Without MSH in-country registration, the main constraint to activity progress continues to be

getting funds in-country to implement multiple high-budget field activities during the same quarter. SPS can only use local consultants, rather than permanent local staff, and cannot open and operate a project bank account before registration.

**Next Steps:** Finalize data capture and analysis for the remaining 10 health facilities in 2 provinces and disseminate the final EUV report. Prepare for the next round of nationwide EUV data collection.

**Activity Title:** Implement additional monitoring tools.

**Activity Lead:** Goredema, Wonder      **Activity #:** 5      **Task:** A040      **Subtask:** POAO1005

**Activity Description:** In addition to the EUV tool, SPS will collaborate with the MoH and relevant partners to implement additional tools to collect and disseminate data on availability and use of public health commodities, and general status of the pharmaceutical supply chain system and take appropriate action based on the findings. Quarterly PPMRm reports will be compiled in collaboration with the Malaria Program and submitted via SPS HQ to USAID/DELIVER for analysis and consolidation into one quarterly PPMRm report for PMI. It will be disseminated back to local counterparts in Angola: the MoH, USAID/PMI and relevant malaria stakeholders. Red flags and critical recommended actions are also highlighted where appropriate. This information enables informed decision-making on procurement and redistribution of supplies, and better coordination among the MoH and partners involved in procurement and supply chain management of malaria commodities. The Pharmaceutical Management Systems Strengthening tool will be completed in coordination with the MoH DNME/Essential Medicines Program and NMCP and submitted to PMI before the annual Malaria Operational Planning team visit to Angola. The PMSS, along with results of other PMI tools, inform programming decisions during development of the annual Malaria Operational Plan (MOP). Results from all tools will be disseminated and updates on any pertinent findings and recommendations will be discussed with counterparts and partners, as part of general coordination with pharmaceutical management stakeholders at the central-level. Stock-outs and or any urgent red flags will be brought to the attention of relevant authorities immediately, in order to facilitate speedy action. This activity will be funded with FY10 PMI, PEPFAR and POP funds.

**Budget:** \$5,000.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** PPMRm report. Annual PMSS report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS staff worked with the CPP coordinator and INLS staff to clean and fill any gaps in the data, and the first CPP report for Angola was finalized and disseminated at the end October 2011. SPS compiled and submitted PPMRm report (on procurement and availability of PMI/GF and government-funded ACTs, RDTs and related antimalarial commodities) for October-December 2011. Staff also compiled quarterly and annual ACT needs estimates and submitted them to PMI and WHO, respectively.

**Barriers to Progress:** It took a lot of time and effort to gather all needed CPP data from the INLS and other partners.

**Next Steps:** Compile and submit CPP, PPMRm, ACT needs estimates data for next quarter.

**Activity Title:** Improve management of HIV/AIDS, RH/FP commodities.

**Activity Lead:** Goredema, Wonder **Activity #:** 6 **Task:** A040 **Subtask:** POAO1006

**Activity Description:** Specific sub-activities will include: (1) Work with USAID/Angola, NEOPHARMA to ensure condoms and HIV/AIDS test kits are received and stored well at the NEOPHARMA transit warehouse at the national-level. Follow-up and provide TA to NEOPHARMA, INLS and USAID IPs to ensure condoms and test kits are distributed well and expeditiously to the partners, following the USAID distribution plan. (2) Provide TA to the INLS to prepare appropriate distribution plans for the condoms and test kits. (3) Follow-up and provide TA to the INLS to ensure the supplies are distributed expeditiously from NEOPHARMA warehouse to provincial warehouses, following the distribution plans. (4) Provide TA and funding support to the INLS to conduct follow-up monitoring visits to sampled provinces and facilities to ensure target facilities have received the assigned quantities of condoms and test kits. Monitoring will also include developing and implementing an appropriate tool to track availability and facilitate redistribution of supplies among health facilities. Monitoring will also be done as part of ongoing supportive supervision by MoH provincial and national supervisors, supported by SPS. SPS will encourage the MoH to have consignees sign and send consignment notes ('guia de remessa') back to INLS/NEOPHARMA to confirm receipt of supplies. (5) Support the MoH to hold regular national pharmaceutical supply chain coordination meetings at the central-level. (6) Work with HIV/AIDS and RH/FP program representatives and the Pathfinder Logistics Adviser to the MoH to revise and edit the training materials and co-facilitate the ongoing essential medicines management trainings, as needed, to address specific matters related to managing condoms and other program commodities. (7) Supervise management of condoms and related program commodities as part of on-going integrated supervision. All activities will be implemented in close coordination with the Pathfinder Logistics Advisor.

**Budget:** \$10,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Trip report. Job aid/flow chart.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The tracking tool for USAID-funded condoms and HIV rapid test kits was finalized and implemented as part of pharmaceutical management field supervisions in Uige, Zaire, Namibe, Luanda, Lunda Sul and Lunda Norte provinces, from November 21-December 8, and in Cabinda, Huambo and Malange provinces from December 12-16, 2011. SPS staff worked in close collaboration with the MoH RH/FP staff, the reproductive health technical working group and Pathfinder International in an attempt to streamline the RH monitoring, reporting, stock records and consumption records helping to better quantify RH commodities and ensure rational distribution of commodities and streamlined operations. The streamlining was also focused on the PNME plan to standardize medical warehouse stock record forms. SPS continued to coordinate and obtain feedback from provincial supervisors and local RH/FP partners

for use in adapting the pharmaceutical management training materials and how best to collaborate in future trainings. SPS continued to coordinate and work with the MoH RH/FP Department and key RH/FP stakeholders, including UNFPA, Pathfinder International and other members of the reproductive health technical group (RHTG), to improve availability and management of RH commodities.

**Barriers to Progress:** The main constraint to progress continues to be challenges in sending adequate funds to implement multiple high-budget field activities during the same quarter, due to limitations in the amount of funds that can be wired to in-country consultants in the absence of a project bank account due to lack of MSH in-country registration. MSH is experiencing unforeseen delays in its application for registration; therefore can only use local consultants, rather than permanent local staff, and cannot open and operate a project bank account before registration.

**Next Steps:** Continue to coordinate and work with the MoH RH/FP Department and key RH/FP stakeholders and other members of the RHTG to improve availability and management of RH commodities. Adapt and implement RH/FP program forms in conjunction with the PNME approved pharmaceutical management forms, and continue providing the TA assistance to partners, sharing lessons learned, and collaborating. Continue tracking distribution of USAID-funded condoms in additional provinces as part of ongoing MoH-led provincial pharmaceutical management supervision.

**Activity Title:** Provide TA to MoH and partners at the national-level.

**Activity Lead:** Goredema, **Activity #:** 7 **Task:** A040 **Subtask:** POAO1007  
Wonder

**Activity Description:** To streamline the work plan activities with MoH partners, a planning session will be conducted to generate an implementation plan for the SPS-supported integrated MoH activities, including training, supervision, EUV, and private sector activities. The plan will help guide and coordinate the actions and timelines of different stakeholders. The plan would help synchronize budget forecasting by program partners. SPS will work to establish a national database, to include collection of monthly or quarterly provincial essential medicines reports as a basis to gauge the number and types of essential medicines and/or health kits distributed vs. received by the facilities/province including the total number of diseases and deaths recorded. This will assist the MoH partners collect data as a basis for quantification of essential medicines. The MoH should leverage the installation of the data bank by providing equipment, e.g. computers, supplies and training.

**Budget:** \$15,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Minutes of central-level coordination meetings.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS continued to collaborate and hold regular technical coordinating meetings to support the MoH Directorate of Medicines and Equipment and key MoH programs (the National Essential Medicines, Malaria Control, AIDS Control, RH/FP and TB Programs) and the USAID/Angola Mission, USAID implementing partners, other key

local partners such as CDC/Angola, UN Agencies and NEOPHARMA. The ongoing meetings covered strategic discussions, planning and implementation of interventions to strengthen pharmaceutical management and improve availability and use of public health commodities in Angola. SPS technical staff also held discussions with MSH technical staff other relevant staff of the recently awarded Strengthening Angola's Systems for Health (SASH) Project, Pathfinder and other local USAID implementing partners, and the Reproductive Health Technical Working Group (RHTG) members to improve availability and use of reproductive health supply chain management in Angola. Staff collaborated with the National AIDS Control, RH/FP and Essential Medicines Programs, to develop and implement tracking tool for USAID-funded condoms and HIV rapid test kits. SPS also collaborated with the National Malaria Control, Essential Medicines, National AIDS Control, RH/FP and TB Programs in implementing the EUV tool. SPS collaborated with the National Malaria Control and Essential Medicines Programs in implementing the PPMRm and ACT needs estimate tools.

**Barriers to Progress:** None.

**Next Steps:** Continue providing TA to the MoH and local partners at the national-level.

**Activity Title:** Assess medicines use and safety.

**Activity Lead:** Goredema, Wonder      **Activity #:** 8      **Task:** A040      **Subtask:** POAO1008

**Activity Description:** This year SPS will conduct an assessment of medicines use and pharmacovigilance in public health facilities. The study will complement what we already know about availability and pharmaceutical management of HIV/AIDS and other essential medicines from the results of periodic monitoring surveys and the assessment of HIV/AIDS commodity supply chain system that was done in FY09. It will help determine changes in medicines use since the MoH/WHO study of 2007, and to identify gaps and recommend appropriate interventions. A meeting will be held with stakeholders to present the results of the assessment and obtain stakeholders' feedback, and consensus on priority medicines use interventions. SPS will also support one MoH representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM). This activity will be funded with FY10, PMI, PEPFAR and POP funds.

**Budget:** \$10,000.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** Medicines use and safety assessment report with recommendations. National plan for implementing interventions to promote medicines use and safety. MoH DNME representative's ICIUM trip report. MoH PV Unit representative's report of PV study tour to third country.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The technical report of the rapid assessment of medicines use and safety could not be finalized this quarter. The in-country SPS team is still waiting for feedback from local counterparts on the draft technical report that was completed and shared locally last quarter. However, the findings of the report informed the design of the medicines use

and safety-related intervention under the FY11 SIAPS work plan. The program supported the Head of the PNME to attend the International Conference on Improving the Use of Medicines (ICIUM) in Antalya, Turkey, November 14-18, 2011. The Country Program Manager also attended ICIUM, supported by the SPS AMR Portfolio.

**Barriers to Progress:** Feedback on the draft technical report has not yet been received from local counterparts. Coordination with local partners to conclude the report is taking longer than initially thought.

**Next Steps:** Obtain and incorporate MoH feedback and then finalize and disseminate the technical report of the rapid assessment of medicines use and safety.

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## Brazil

**Work plan:** Brazil TB    **Year** 2010

**Funding Level:** \$750,000.00

### Work plan Background

Currently, the HIV/AIDS pandemic represents the most important challenge for tuberculosis (TB) control around the world. TB is also the main cause of morbidity and the leading cause of mortality in people living with HIV or AIDS (PLWHA). In developing countries TB continues to be the infectious disease that kills more youth and adult men. Brazil continues to be ranked as one of the 22 highest TB-burdened countries in the world. In the recently updated World Health Organization (WHO) TB Report, 89,210 new cases of TB are estimated annually and there have been 7,284 TB patient deaths. Brazil adopted the Directly Observed Treatment Short-Course (DOTS) strategy in 1999, and in 2009, 80% of government health primary care facilities were offering DOTS. Although considerable progress has been achieved over the last several years and innovative strategies have been introduced for better TB control, Brazil is still below United Nations Millennium Development Goal targets for TB control. Brazil has a concentrated HIV/AIDS epidemic, according to WHO criteria, with prevalence rates of HIV infection of 0.6% for the 15 to 49 age range. In 2005 and 2006, 35,965 and 32,628 cases of the TB were reported, respectively, representing an incidence rate of 19.5 AIDS cases/100,000 inhabitants. From 1980 to 2007, 474,273 AIDS cases were reported in the country (289,074 in the Southeast, 89,250 in the South, 53,089 in the Northeast, 26,757 in the Midwest and 16,103 in the Northern regions). Around 600,000 PLWHA in Brazil, and about 200,000 are receiving antiretroviral therapy (ART). The lethality of the TB/HIV co-infection context is 30%. A Brazilian cohort of PLWHA who had access to HIV diagnosis during 1998-1999 demonstrated a survival rate of 108 months. Among the factors negatively associated with survival rate was TB. The AIDS incidence rate in Brazil is increasing in all regions, mainly in the South Region, where the incidence rate increased from 5.8 in 1997 to 14.1 in 2007, the largest increase in Brazil. The South Region also showed the highest increase in the mortality rate caused by AIDS in years. Additionally, Porto Alegre, the city with the biggest population in Rio Grande do Sul State, presents the highest TB mortality rate in Brazil. A recent cohort study showed the importance of TB as cause of early mortality in PLWHA, after the first year of antiretroviral use. In this context, the South Region represents the priority region for implementing interventions to control the AIDS epidemic in Brazil. The current Ministry of Health's (MoH) guidelines on TB/HIV co-infection are based on scientific evidences (a retrospective cohort in Rio de Janeiro showed a reduction risk to development of TB in PLWHA in 76% with antiretroviral treatment and isoniazid chemoprophylaxis; the annual risk of contracting tuberculosis in PLWHA with a positive Tuberculin Skin Test (TST) is 3 to 10%) and currently recommend: (1) a preventive therapy for PLWHA with TST (5 mm, or contact with a TB case, or with radiological findings suggestive of TB infection). (2) An ART in the first 30 days after beginning TB treatment, once late ART is associated with increased mortality rate. However, these guidelines for TB/HIV co-infection are not yet widely followed and applied within the health system and are still facing many challenges in their implementation process. Additionally, MoH strategy proposes AIDS health care units (SAE) as reference services to treat PLWHA co-infected with TB. However, TST, Isoniazid chemoprophylaxis for latent tuberculosis infection (LTBI) treatment, and first line drugs for TB are not yet available in all SAEs. Moreover, the TB diagnosis in PLWHA is not always available in SAE, particularly on the invasive procedures and imaging exams. In addition to this unfavorable scenario, challenges like social inequalities, lack of diagnostic resources, and a limited availability of drugs for both diseases therapy courses simultaneously need to be tackled. The participation of the civil society in facing HIV/AIDS is considered internationally one of the strengths of the Brazilian response to the epidemic. However, for TB/HIV co-infection, these actions are still

very modest and need to be strengthened. There is no specific surveillance system in place and routine data on treatment and monitoring of TB/HIV co-infection are needed to know the trends of co-infection epidemic and for better strategic decision making to improve TB/HIV care. In order to face these challenges, the following work plan was developed by the National TB/AIDS Program in partnerships with the National Tuberculosis Control Program (NTP). The MSH/SPS Brazil office was requested by USAID to act as the implementing partner to facilitate and co-ordinate with all partners this work plan execution, building on its previous experience in collaborating with NTP for TB and Drug Resistant Tuberculosis (DR-TB) control since 2004.

**Activity Title:** Develop a TB clinical screening framework

**Activity Lead:** Keravec, Joel    **Activity #:** 1    **Task:** A040    **Subtask:** XXBR1002

**Activity Description:** Develop a tool for clinical screening based on a selection of relevant indicators and symptoms for TB identification in PLWHA. This tool will be developed after extensive review of literature and results of international studies, since there is limited evidence in Brazil and few studies available specific to the country. After its endorsement by the TB/HIV Steering Committee, this tool will be disseminated to 100% of SAE and used for promoting trainings for the health professional community.

**Budget:** \$18,820.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Workshop report. Finalized guidelines.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** TB screening questionnaires applied by services from PR, SC and RS. Supervisory visit conducted in RS.

**Barriers to Progress:** None.

**Next Steps:** Continue to conduct supervisory visits.

**Activity Title:** Conduct trainings of health professionals to disseminate the use of the new tool for TB clinical screening

**Activity Lead:** Keravec, Joel    **Activity #:** 2    **Task:** A040    **Subtask:** XXBR1002

**Activity Description:** All SAE will receive the new tool, and at least 60% of doctors and nurses working in SAE will be trained on using the TB clinical screening for identification of suspected TB and LTBI cases among PLWHA. SPS will conduct follow-up visits to assess use of the TB screening tool at SAEs.

**Budget:** \$39,986.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Training materials. Supervision reports. Training reports. Participant's evaluations results. Supervision check-lists and reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A supervisory visit was conducted in RS.

**Barriers to Progress:** None.

**Next Steps:** Conduct supervisory visits in all three states.

**Activity Title:** Ensure access to the 4-in-1 and 2-in-1 FDCs for TB treatment at all SAE

**Activity Lead:** Keravec, Joel    **Activity #:** 4    **Task:** A040    **Subtask:** XXBR1002  
**Activity Description:** Integrated activities for coordination of information flow and particular procedures between the MoH Department of Pharmacy (DAF), the TB and the HIV/AIDS Programs will be needed to ensure an uninterrupted supply of quality assured 4-in-1 and 2-in-1 FDCs available in 100% of SAE.  
**Budget:** \$1.00    **Start Date:** Oct 2010    **End Date:** Sep 2011  
**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** Met with SICLOM on restructuring phase.  
**Barriers to Progress:** Still on-going discussion regarding the inclusion of the tuberculostatics in the SICLOM system, due to its large amount of medicines. There still a possibility of changing the medicine controls system, from the SICLOM to Horus.  
**Next Steps:** Monitoring of the on-going negotiation. Meeting with the AIDS department in January 2012.

**Activity Title:** Implement DOT for PLWHA under TB treatment

**Activity Lead:** Keravec, Joel    **Activity #:** 5    **Task:** A040    **Subtask:** XXBR1002  
**Activity Description:** Integrated capacity building activities between the TB and the HIV/AIDS Programs will be needed to ensure that all PLWHA diagnosed for active TB at the three SAEs in Porto Alegre city should be submitted to DOT, in order to improve adherence to TB treatment leading to increased cure rates, reduced mortality, reduced default, and better monitoring and management of adverse reactions related to combined antiretroviral and TB therapies. Regular supervisory and monitoring activities will be conducted to strengthen and sustain DOT implementation assuring at least 80% of TB/HIV patients receiving TB treatment under DOT in the 3 SAEs. The training materials will be validated and available to be used in further trainings to other SAE countrywide after this project's completion.  
**Budget:** \$106,418.00    **Start Date:** Oct 2010    **End Date:** Sep 2011  
**Products Planned:** Training materials. Supervision check-lists and reports. Training report. Participant's evaluations results.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** A TB/HIV co-infected patient treatment adherence workshop conducted was in November (16-17), at Porto Alegre (RS) (16 females and 1 male participant). A new public notice for hiring the consultants was launched, supporting the TB/HIV co-infected adherence strategy within the SAEs.  
**Barriers to Progress:** Difficulties hiring the professionals.  
**Next Steps:** Finalize the professionals' hiring process. Finalize the work plans and monitor these activities.

**Activity Title:** Establish the TB diagnosis network for PLWHA (laboratory, radiology, and surgery).

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**Activity Lead:** Keravec, Joel    **Activity #:** 6    **Task:** A040    **Subtask:** XXBR1002  
**Activity Description:** A model to integrate TB diagnosis activities with the current laboratory network for PLWHA needs will be developed. SPS and partners will promote strategic meetings between the STD/AIDS and TB local programs to define a plan to organize a fully-functional reference and counter reference diagnosis network, assuring that at least 70% of SAEs with TB diagnostic activities will be fully-functional and guidelines implemented for all PLWHA suspected to also have TB/DR-TB. Monitoring and supervisory visits will take place to strengthen the new model's implementation and increase the TB diagnosis activities in PLWHA.  
**Budget:** \$26,787.00    **Start Date:** Oct 2010    **End Date:** Sep 2011  
**Products Planned:** Supervision check-lists and reports. Technical documents. TB/HIV diagnosis network plan.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** An integration seminar was conducted with the participation of graduate degree professionals from the TB and the HIV services (November 4-5). A meeting at the RS TB State Control Coordination regarding the TB/HIV care line was attended from November 7-9, 2011.

**Barriers to Progress:** None.  
**Next Steps:** Conduct a meeting with professionals and managers from the three states participating in the project, regarding TB diagnostic net strengthening.

**Activity Title:** Conduct trainings of health professionals for TST application, reading and interpretation.

**Activity Lead:** Keravec, Joel    **Activity #:** 7    **Task:** A040    **Subtask:** XXBR1003  
**Activity Description:** A total of 13 HCW will be capacitated using training of trainers (TOT) sessions (5 days of training including practice and theory) for further replication on TST use. SPS and partners will plan and organize TST trainings at the local-level, assuring that at least one nurse will be trained in each SAE and contributing to expand the access to LTBI diagnosis for PLWHA on TST in SAEs. Methodology, training materials, and commodities (gloves, syringes, needles, cotton swabs and alcohol) will be provided.  
**Budget:** \$59,194.00    **Start Date:** Oct 2010    **End Date:** Sep 2011  
**Products Planned:** Training materials. Training reports. TOT reports. Participant's evaluations results. Lists of participants.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** Training conducted to increase capacity of new nurses to use and read tuberculin tests in RS (Porto Alegre, October 23-29, 2011).

**Barriers to Progress:** None.  
**Next Steps:** Conduct new training in RS state.

**Activity Title:** Ensure Isoniazid access at all levels

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**Activity Lead:** Keravec, Joel    **Activity #:** 8    **Task:** A040    **Subtask:** XXBR1003  
**Activity Description:** SPS will be working with the NTP, the DST/AIDS Department and DAF to ensure a systematic supply of Isoniazid for all SAEs. Potential barriers and challenges will be identified through focal group meetings with partners and solutions implemented at all levels to ensure all TB/HIV patients have regular access to quality assured Isoniazid for IPT in all SAE.  
**Budget:** \$12,787.00    **Start Date:** Oct 2010    **End Date:** Sep 2011  
**Products Planned:** Reports on barriers and potential solutions to IPT implementation. IPT implementation plan.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** Ensure the availability of Isoniazid at the SAEs, as required.  
**Barriers to Progress:** Delays in the consultant hiring process for conducting the focal groups. Difficulties on calculating the Isoniazid quantity for the SAEs, due the lack of expertise in this activity.  
**Next Steps:** Wait for the DDST/AIDS/PNCT/DAF resolutions. Hire the consultant and conduct the focal groups with physicians from all three states.

**Activity Title:** Conduct trainings for SAE professionals on IPT follow up and adherence  
**Activity Lead:** Keravec, Joel    **Activity #:** 10    **Task:** A040    **Subtask:** XXBR1003  
**Activity Description:** SPS will work with partners in developing a methodology and training materials, and implementing one-day trainings for 40 nurses. Trainings will strengthen SAE teams and improve the follow-up activities and adherence to IPT for PLWHA in all SAE.  
**Budget:** \$9,545.00    **Start Date:** Oct 2010    **End Date:** Sep 2011  
**Products Planned:** Training materials. Trainings reports. Participant's evaluations results.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** SPS participate in the TB/AIDS co-infection treatment management workshops.  
**Barriers to Progress:** None.  
**Next Steps:** Follow-up on the isoniazid implementation for latent TB treatment.

**Activity Title:** Train multidisciplinary teams on infection control in SAE  
**Activity Lead:** Keravec, Joel    **Activity #:** 12    **Task:** A040    **Subtask:** XXBR1004  
**Activity Description:** SPS will work with partners to develop a methodology and training materials based on the proposed TB infection control guidelines, and to implement a two-day training for all SAE multidisciplinary teams focusing on reducing the risk of transmission and stigma in TB patients.  
**Budget:** \$17,482.00    **Start Date:** Oct 2010    **End Date:** Sep 2011  
**Products Planned:** Training materials. Training reports. Participant's evaluations results.

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**Reporting Period:** 1 October 2011-31 December 2011

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**Activity Progress:** SPS conduct a workshop on bio-safety standards for the TB/HIV co-infected patient. Products are not yet available for validation in Brazil.

**Barriers to Progress:** None.

**Next Steps:** Open position for hiring a consultant that will be in charge of conducting the monitoring visits. Discussions regarding the needs identified in the workshop and the possible funding for their implementation.

**Activity Title:** Support the team to implement infection control activities in SAE

**Activity Lead:** Keravec, Joel    **Activity #:** 13    **Task:** A040    **Subtask:** XXBR1004

**Activity Description:** SPS and partners will monitor these actions and support SAE team in identifying, implementing and managing appropriate administrative measures for TB infection control in all SAE.

**Budget:** \$32,961.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Administrative measures for TB infection control.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS conduct workshop on bio-safety standards for the TB/HIV co-infected patient. Products are not yet available for validation in Brazil.

**Barriers to Progress:** Lack of staff: need to hire another consultant to supporting this activity.

**Next Steps:** Open position for hiring a consultant that will be in charge of the technical support.

**Activity Title:** Develop a campaign based on the 3 Is

**Activity Lead:** Keravec, Joel    **Activity #:** 14    **Task:** A040    **Subtask:** XXBR1005

**Activity Description:** SPS will work with partners, PLWHA and TB patients to conduct four focal group meetings with identification of relevant information to assist the preparation of educational campaigns based on the demands of PLWHA and TB/HIV co-infected cases. SPS will also support partners to develop, print and disseminate educational campaign materials (folders, DVDs, patient's card) planned to be used in waiting rooms, support groups, with peer educators and health care workers leading to 100% of SAE and target communities using the educational materials.

**Budget:** \$95,269.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Educational campaign strategy. Meeting minutes and reports. Educational campaign materials.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** This quarter, a publicity agency was hired and 3 meetings were held with the agency and producer of the TB/HIV video. Discussions on how the campaign will be produced and presentation of the pre-production educational video were held.

**Barriers to Progress:** Delays in the evaluation and release of the campaign's parts from the MoH, delayed the activity.

**Next Steps:** Evaluate the parts of the campaign produced from the pointed modifications. Calculate budget for new parts of the campaign and the launching event in Porto

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Alegre.

**Activity Title:** Train PLWHA and community leaders on TB/HIV co-infection and social mobilization on the 3 Is

**Activity Lead:** Keravec, Joel    **Activity #:** 15    **Task:** A040    **Subtask:** XXBR1005

**Activity Description:** Conduct 2 TOTs workshops for 25 people, including PLWHA and community leaders on TB/HIV co-infection and 3Is assuring 100% of participants qualified as trainers to multiply appropriate information among their peers.

**Budget:** \$76,787.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Workshop report. Participant's evaluation results.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A publicity agency was hired and production of campaign parts started.

**Barriers to Progress:** None.

**Next Steps:** Finalize campaign. Hire a consultant for conducting the workshops.

**Activity Title:** Coordinate the development and implementation of the surveillance system project

**Activity Lead:** Keravec, Joel    **Activity #:** 16    **Task:** A040    **Subtask:** XXBR1006

**Activity Description:** Develop a tool for collecting, registering and managing TB/HIV information. The tool is aiming to follow-up and collects regular data on TB/HIV collaborative activities and routine surveillance through the use of standardized data and sources of information. A workshop including the participation of various actors will be organized to define data and information sources to be collected. This information will be worked on by a specialized consultant to define with NTP and DST/Aids Department the adequate format, relevant information and structure for modeling the tool. The tool will be pilot in selected SAE for prior evaluation and testing assuring the TB/HIV system refined to fit SAE routine services requirements. The overall system will provide adequate surveillance and data management for better diagnosed, treated and monitored TB and LTBI cases in PLWHA.

**Budget:** \$93,549.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Workshop report. Pilot phase report. TB/HIV system implementation plan. Interim pilot report. Final version of the tool.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Monitoring visit conducted at SAE Alvorada (RS), for the reintroduction of the strategy.

**Barriers to Progress:** SAE Alvorada still only has a small number of technical staff. Consultant not yet hired.

**Next Steps:** Include new staff in the next trainings of TB/HIV clinical management and net building. Hire the consultant.

**Activity Title:** Implement the TB/HIV surveillance system in all SAE

**Activity Lead:** Keravec, Joel    **Activity #:** 17    **Task:** A040    **Subtask:** XXBR1006

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**Activity Description:** Roll-out the tool in 100% of SAE and develop methodology and educational materials to conduct HCW trainings on TB/HIV surveillance system operation.

**Budget:** \$9,545.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** User's guide and educational materials.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** One supervisory visit was performed at SAE during the quarter.

**Barriers to Progress:** Difficulties hiring a consultant.

**Next Steps:** Continue to perform supervisory visits at SAEs. Hire consultant.

**Activity Title:** Monitor the TB/HIV surveillance system implementation

**Activity Lead:** Keravec, Joel      **Activity #:** 18      **Task:** A040      **Subtask:** XXBR1006

**Activity Description:** Conduct regular supervisory visits in all SAE to monitor data collection and feedback from users with at least 70% of the SAE supervised, ensuring that information on TB/HIV continues to be routinely collected and the system answers the demands of all SAE for data management.

**Budget:** \$1.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** Supervision check-lists and reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The data collection tool was applied at all SAEs involved in the project.

**Barriers to Progress:** Lack of consultant for collecting and managing the data collected.

**Next Steps:** Hire consultant. Conduct supervisory visits.

**Activity Title:** Technical activity coordination and monitoring

**Activity Lead:** Keravec, Joel      **Activity #:** 19      **Task:** A040      **Subtask:** XXBR10TC

**Activity Description:** This activity includes technical activity coordination by a key consultant in liaison with SPS office and the TB/HIV Steering Committee, work plan development, budget monitoring, progress monitoring, reporting, meetings of the TB/HIV Steering Committee, communications with partners and collaborators, and in site supervisory visits. The TB/HIV Steering Committee will be in charge of strategic and technical guidance, with regular monitoring of results and progress in liaison with MSH/SPS to ensure this work plan completion and activities execution.

**Budget:** \$105,000.00      **Start Date:** Oct 2010      **End Date:** Sep 2011

**Products Planned:** Meetings minutes of the TB/HIV Steering Committee and reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A supervisory meeting was conducted with MSH and PNCT participation.

**Barriers to Progress:** None.

**Next Steps:** Hold meetings according to a regular schedule.

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## Burundi

**Work plan:** Burundi    **Year** 2010

**Funding Level:** \$775,000.00

### Work plan Background

Malaria is considered a major public health problem in Burundi and places a heavy burden on the health system. According to Ministry of Public Health (MOPH) statistics, malaria is responsible for up to 60% of all outpatient visits and up to 50% of deaths occurring in health facilities among children under five years of age. Almost the entire population of Burundi lives in areas at risk of malaria. *Plasmodium falciparum* accounts for more than 90% of all infections.

In March 2009 the MOPH created a National Malaria Control Program or the *Programme National Intégré pour la Lutte contre le Paludisme* (PNILP), which earlier had been part of the Department of Infectious Diseases and Nutrition. The goal of creating a separate program was to give more attention to strategic planning and management of the interventions necessary for the prevention and control of malaria.

The malaria control strategy in Burundi includes: Improving accessibility to effective antimalarial drugs; prevention of malaria through the use of insecticide-treated nets (ITNs) and indoor residual spraying and; early detection and control of epidemics.

Therapeutic efficacy studies carried out in 2000-2001 showed a failure rate of 49% with sulfadoxine-pyrimethamine (SP) when used for the treatment of uncomplicated malaria. As a result Burundi withdrew the use of SP and began implementing a policy of ACT on November 10, 2003. Artesunate-amodiaquine is the first line treatment for malaria. The fixed-dose combination of AS/AQ is currently being used in the public health facilities. For pregnant women with uncomplicated malaria, AS/AQ is used only in the second and third trimesters. Pregnant women with uncomplicated malaria in the first trimester are treated with quinine. As a result of the high level of resistance to SP in the treatment of malaria, Burundi also did not introduce the use of SP in intermittent preventive treatment (IPTp) to prevent malaria during pregnancy. In Burundi, there have been several recent discussions about the rationale for the decision to withdraw IPTp and the potential of introducing SP for IPTp.

In 2005, WHO convened a technical discussion that reviewed the efficacy of IPTp in the context of decreasing SP therapeutic efficacy for the treatment of children less than 5 years of age with clinical malaria. The consultation concluded that SP remained reasonably effective for IPTp despite only 50% efficacy for the treatment of uncomplicated malaria in children.

Burundi received a Round 9 Global Fund grant and is planning a mass LLIN campaign in February 2011 focusing on reaching universal coverage with LLINs by 2013.

The *Central d'Achat de Médicaments du Burundi* (CAMEBU) is responsible for the procurement and distribution of essential medicines and commodities. ACTs purchased using Global Fund resources are procured by UNICEF and the role of CAMEBU is to store and distribute. The institution responsible for the regulation of medicines in Burundi is the *Département de la Pharmacie, Médicaments et Laboratoires* (DPML). A separate Inspectorate is responsible for enforcing pharmaceutical laws and regulations. The Ministry department

responsible for the Health Management Information System in Burundi is EPISTAT. EPISTAT was established in 1992 and was re-established in 1998. It adopted WHO AFRO's Integrated Diseases Surveillance Response Strategy (IDSR) as part of an early warning system for nine diseases including malaria. Currently it collects data on number of malaria episodes and deaths as well as limited data on medicine consumption.

In addition to the PNILP, several other organizations and institutions are involved in malaria control including UNICEF, DFID and PSI. DFID has been supporting CAMEBU in various aspects of capacity building while PSI has been involved in the distribution of LLINs as well as social marketing and communication strategies for ACTs.

The Strengthening Pharmaceutical Systems (SPS) Program received field funding from USAID/Burundi in 2009 to address pharmaceutical management challenges in malaria control in Burundi, build capacity of the PNILP, provide assistance to develop strategic and policy documents as well as play a coordination role for all USAID short-term assisted technical assistance in Burundi.

Ensuring prompt, effective, and safe ACT treatment to a high proportion of patients with confirmed or suspected malaria in Burundi continues to represent one of the greatest challenges for the PNILP given the weaknesses in the country's pharmaceutical management system, poor access to health services, and the lack of accurate laboratory diagnostic capabilities. SPS conducted an assessment of the pharmaceutical system in April 2010. The findings concluded that there was a need for better dissemination of the malaria treatment guidelines, to make RDTs available in health centers, to develop a standard operating procedure for the management of pharmaceuticals, train health workers in pharmaceutical management and revise supervision guides. These findings form the basis for the activities in pharmaceutical management for SPS/Burundi in FY10.

SPS conducted a literature review to compile the evidence for SP efficacy when used for IPTp in areas of high levels of SP resistance when used for treatment. This report was published and disseminated. In collaboration with the PNILP, SPS conducted a workshop to disseminate the findings of the review on November 3, 2010 in Bujumbura. The purpose of this was to assist the Ministry of Health of Burundi in reviewing the evidence to making policy decisions on the role of IPTp in reducing mortality and morbidity due to malaria in Burundi. The meeting resulted in a consensus amongst participants to move forward with a note to the Minister advising her to convene a meeting to adopt a policy of IPTp with SP. MSH/SPS contributed to the development of this note which is currently being finalized by the PNILP. MSH/SPS has also begun the development of a draft IPTp implementation plan which has been shared with the PNILP for their input and will be finalized during FY10.

<b>Activity Title:</b>	Support the PNILP to adopt and implement Intermittent Preventive Treatment for Malaria in Pregnancy (IPTp)
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<b>Activity Lead:</b>	Shretta, Rima	<b>Activity #:</b> 2	<b>Task:</b> A040	<b>Subtask:</b> PMBI1002
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<b>Activity Description:</b>	SPS will support the PNILP to transition to IPTp with SP, including ensuring availability of SP at facility-level. Specifically, SPS will: (1) Follow-up with the PNILP to ensure that steps towards adoption of an IPTp policy are implemented. (2) Complete the implementation plan for transition to IPTp with SP. (3) Quantify for SP needs for use in IPTp. (4) Validate the implementation plan at a workshop and determine roles and responsibilities as well as timing for activities. (5) Provide technical assistance to develop tools to manage IPTp with SP. (6) Provide technical assistance to train trainers to train health workers in facilities in the management of
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IPTp with SP. (7) Support the PNILP to develop an addendum incorporating IPTp in the national malaria strategy.

**USG Sub-element:** Malaria: Intermittent Preventive Treatment of Pregnant Women

**Budget:** \$94,349.00    **Start Date:** Apr 2011    **End Date:** Dec 2011

**Products Planned:** Quantification report for SP.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Activity postponed by PNILP.

**Barriers to Progress:** PNILP not ready to adopt policy.

**Next Steps:** Continue negotiating with PNILP.

**Activity Title:** Provide technical assistance for the community based pilot for malaria in Burundi

**Activity Lead:** Shretta, Rima    **Activity #:** 3    **Task:** A040    **Subtask:** PMBI1003

**Activity Description:** SPS will continue to support the ESD project and the PNILP to finalize preparations for and implement the CCM pilot project. Specifically, SPS will: (1) Finalize an operational plan and implementation guide for the pilot CCM project. (2) Establish procedures to ensure a linkage between the CHW and the health centers for storage, supervision, monitoring, reporting and distribution of community ACTs and RDTs. (3) Finalize pharmaceutical management tools including ordering tools and reporting tools for cases treated during the pilot. This includes incorporating a simple system for referral of adverse drug reactions and severe cases to the health centers by CHW. (4) Provide input into the protocols for treatment of fevers as well as the indicators used to monitor CCM implementation. (5) Support ESD in training the CHW in pharmaceutical management for malaria products. (6) Design a supportive supervision system in the community to allow PNILP and its partners to get reliable and accurate data on key pharmaceutical management indicators, such as consumption and stock levels at the community level.

**USG Sub-element:** Malaria: Treatment with Artemisinin-Based Combination Therapies

**Budget:** \$20,280.00    **Start Date:** Apr 2011    **End Date:** March 2012

**Products Planned:** Assessment report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS continued to support the ESD project and the PNILP to finalize supervision materials and continue implementation of the CCM pilot project. Training of CHWs was completed in December 2011 and actual supervision begun.

**Barriers to Progress:** None.

**Next Steps:** Start design and development of tools for evaluation of pilot. Prepare for TDY in March to make recommendations on how to improve implementation.

**Activity Title:** Provide technical assistance in the area of pharmaceutical management for malaria

**Activity Lead:** Shretta, Rima    **Activity #:** 4    **Task:** A040    **Subtask:** PMBI1004

**Activity Description:** SPS will continue to support on pharmaceutical management to PNILP and

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CAMEBU. SPS will: (1) Conduct a training of pharmacists and store-keepers in pharmaceutical management at the district and facility levels in April 2011. (2) Develop a supportive supervision guide for the appropriate management of antimalarials at the facility-level. (3) Develop/revise tools for the appropriate management of antimalarials.

**USG Sub-element:** Malaria: Treatment with Artemisinin-Based Combination Therapies

**Budget:** \$105,875.00 **Start Date:** Apr 2011 **End Date:** Apr 2011

**Products Planned:** Training report/trip reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** An assessment of pharmaceutical management was carried-out in September 2011. The assessment report was shared with the PNSR, EPISTAT and DPML. The PMIS assessment report will be disseminated to all stakeholders under the DPML coordination during the next Medicines Technical Working Group (Groupe Thematique Medicaments) scheduled on January 25, 2012. Jointly, EPISTAT, the PNILP, the GF, and SPS will thereafter begin a representative data quality audit over a period of 6 months and identify weak links that are causing inconsistency in data reporting for both EPISTAT and PNILP reports. Tools for carrying-out a rapid assessment to investigate the reasons for stock-outs in the facilities, even when there is adequate stock at CAMEBU, were developed. SPS collaborated with PNSR to organize refresher trainings on the software “Channel” and on pharmaceutical management at the district and province-levels in 25 districts, 25 store managers, and 17 supervisors at provincial level and 6 DPML supervisors at central level. All comments on the SOPs were included and a final draft was validated by a committee composed of DPML, PNLT, CNLS, BDS Kirundo, PNILP, GFATM, PRONIANUT, PNSR, HERA, CAMEBU and SPS. SPS assessed quality and retention of training using supportive supervision (BDS, PNILP, and DPML): the supervision was postponed to January 2012 due to unavailability of DPML staff. SPS developed a facilitators training guide on pharmaceutical management to be distributed to all districts. The facilitator guide will provide training material to BDS while organizing refresher trainings of stock managers at health facility level. A draft was developed and comments provided. Monitoring of ACT stocks at CAMEBU (central level) and at district levels was performed on a monthly basis and ACTs stock status information shared with the PNILP, GFATM and USAID.

**Barriers to Progress:** None.

**Next Steps:** SPS will continue to strengthen the current pharmaceutical management information system to link the information and reports from the health facilities, districts, CAMEBU and PNILP levels. The final draft of the SOPs will be submitted to the Minister for signature and then after, be disseminated to stakeholders. A refresher training will occur in March 2012. Finalize the EUV report and hold a validation workshop. The facilitator guide will be finalized and edited in January 2011.

**Activity Title:** Support priority recommendations on diagnostics and case management

**Activity Lead:** Shretta, Rima **Activity #:** 7 **Task:** A040 **Subtask:** PMBI1007

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**Activity Description:** MSH/SPS will: (1) Contribute to the IMAD strategy review workshop. (2) Review the training materials and provide assistance to the PNILP to train providers to improve case management and use of RDTs and ACTs at the district and facility levels. (3) Provide TA for a supportive supervision system for case management of malaria.

**USG Sub-element:** Malaria: Treatment with Artemisinin-Based Combination Therapies

**Budget:** \$91,652.00    **Start Date:** Apr 2011    **End Date:** Dec 2011

**Products Planned:** Training and trip reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS gathered training materials for case management and worked with PNILP and GFTAM to update the 2007/2008 training modules for case management, based on the new protocol. These will be finalized in March 2012.

**Barriers to Progress:** Delays in adoption of new guidelines.

**Next Steps:** Provide assistance to the PNILP to train providers to improve case management and use of RDTs and ACTs at the district and facility-levels. This will happen when the new protocol is approved and disseminated. Provide technical assistance for a supportive supervision system for case management of malaria, once the new protocol is implemented.

**Activity Title:** Develop a costed M&E strategy

**Activity Lead:** Shretta, Rima    **Activity #:** 5    **Task:** A040    **Subtask:** PMBI1005

**Activity Description:** This plan will help direct and guide future resources towards the top M&E priorities in malaria control efforts in Burundi. SPS will provide support to develop a written and costed M&E strategy for malaria in Burundi.

**USG Sub-element:** Malaria

**Budget:** \$119,814.00    **Start Date:** Apr 2011    **End Date:** Dec 2011

**Products Planned:** M&E strategy.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** No activities to report, due to delays on the side of the PNILP.

**Barriers to Progress:** The PNILP is in the process of developing the national strategic plan for malaria (2011-2015). This is expected to be completed in October/November 2011. Therefore, the M&E plan cannot be developed until after this is completed.

**Next Steps:** Develop plan in March 2012.

**Activity Title:** Support the review and planning of RBM evaluation and the MIS

**Activity Lead:** Shretta, Rima    **Activity #:** 6    **Task:** A040    **Subtask:** PMBI1005

**Activity Description:** SPS will support the Roll Back Malaria Initiative's review of the malaria program in Burundi.

**USG Sub-element:** Malaria

**Budget:** \$0.00    **Start Date:** Sep 2011    **End Date:** Apr 2012

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**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS participated in the evaluation which was finalized in September 2011 between the government and keys partners supporting the Malaria Program.

**Barriers to Progress:** None.

**Next Steps:** None.

**Activity Title:** Support PNILP to develop its organizational and functional capacity

**Activity Lead:** Shretta, Rima    **Activity #:** 6    **Task:** A040    **Subtask:** PNBI1006

**Activity Description:** Using remaining FY09 and new FY10 funds, SPS will: (1) Carry-out an assessment of the capacity of the PNILP. This will focus on the performance, personnel, workload, facility, supervision, support service, structure, system, and role capacity. The MSH Management Organizational Sustainability Tool (MOST) will be used to carry-out this assessment. The findings of this assessment will be presented at a workshop and will be used by USAID, PNILP and other donors to prioritize their support for the immediate- and medium-term. (2) Provide PNILP with support for organization of their new program office, including internet connection, office supplies, and equipment as needed. (3) Provide support for any regional professional development opportunities, as appropriate. (4) Provide support for equipping an office for implementing partners/donors, as appropriate.

**USG Sub-element:** Malaria: Host Country Strategic Information Capacity (Malaria)

**Budget:** \$34,560.00    **Start Date:** Apr 2011    **End Date:** Dec 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS finalized the development of roles and responsibilities, job descriptions and an updated organogram for the PNILP. This was submitted to the PNILP for comment. SPS supplied the PNILP with desks and chairs and supported the painting and equipment of their conference room. Discussions were had with the PNILP to provide leadership and management training to the PNILP staff.

**Barriers to Progress:** Delays on the side of PNILP to adopt findings of the MOST. Delay in leadership training by PNILP.

**Next Steps:** Continue as outlined in the work plan.

**Activity Title:** Office Management

**Activity Lead:** Shretta, Rima    **Activity #:** 8    **Task:** A040    **Subtask:** PMBI100M

**Activity Description:** SPS has held interviews for the recruitment of a second technical staff member as well as a senior technical advisor who will also manage the activities in Burundi. Using remaining FY09 funds and FY10 funds, SPS will complete the documentation required for the registration (registration with the Ministry of Territorial Administration and Ministry of Interior and Public Security and signing the MOU with the Ministry of Health). SPS will recruit one STA, one additional SPA, and any

support staff needed and will ensure smooth running of the local office.

**USG Sub-element:**

Malaria

**Budget:** \$176,092.00

**Start Date:** Apr 2011

**End Date:** Dec 2011

**Products Planned:**

Meeting reports.

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**Reporting Period:**

1 October 2011-31 December 2011

**Activity Progress:**

An STA was hired as an expatriate upon receipt of the SIAPS award. An application for the STA work permit was made and was obtained in November. USAID contacted SPS to accept the donation of two vehicles. Paperwork for these vehicles was completed. Delivery is expected in January. A part time administrative assistant was hired to assist the office manager. Office management continued as per work plan details.

**Barriers to Progress:**

None.

**Next Steps:**

Hire a driver. Continue with routine office operations.

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## China

**Work plan:** China    **Year** 2010

**Funding Level:** \$100,000.00

### Work plan Background

Management Sciences for Health's (MSH) Strengthening Pharmaceutical Systems (SPS) project has been receiving funding from the U.S. Agency for International Development's (USAID) Regional Development Mission/Asia (RDMA) to provide technical assistance to strengthen pharmaceutical management operations for the HIV program in China. In December 2008, SPS staff traveled to China to review pharmaceutical management operations at antiretroviral therapy (ART) treatment and distribution sites in Guangxi Province and to work with stakeholders, including the World Health Organization (WHO), the National Center for AIDS/STD Control and Prevention (NCAIDS), the Guangxi Bureau of Health (BOH), and China Center for Disease Control and Prevention (CDC) managers, to develop an action plan for strengthening the antiretroviral (ARV) pharmaceutical management system in Guangxi Province. Some of the major concerns observed were the lack of standard operating procedures (SOPs) for managing ARVs and controlling inventories at each level, the limited availability of second-line ARV products, frequent stock shortages resulting from problems with procurement that necessitated emergency tenders to fill gaps, the absence of simple tools to assist staff in analyzing data and quantifying needs, limited storage conditions present at distribution facilities, lack of standardized and simple tools (both manual and electronic) to record inventory transactions at all levels and to capture issues data at the dispensing point, and the need for additional training of staff in pharmaceutical management—specifically in forecasting and data analysis. Beginning in 2009, SPS acted upon assessment findings to develop SOPs for ARV management in Guangxi Province. Specific activities included: Reviewing existing manual forms and tools to identify and address gaps, developing and translating the SOPs and associated tools, conducting an SOP review and validation workshop, developing training materials for a provincial level TOT program, and conducting the TOT workshop in Guangxi Province.

**Activity Title:** Provide technical leadership to WHO and NCAIDS to strengthen management of ARV medicines.

**Activity Lead:** Doumbia, Seydou    **Activity #:** 3    **Task:** A040    **Subtask:** IDCN1003

**Activity Description:** SPS plans to provide technical assistance to partners and stakeholders to strengthen local technical capacity related to the management of ARV medicines as appropriate. Potential initiatives include: supporting the dissemination of lessons learned from ARV development and implementation, attending bi-annual country partners meetings in coordination with other in-country activities, and preparing training materials.

**Budget:** \$34,066.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Presentation. Report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS communicated with the National Center for TB prevention and treatment (NCTB) for the needs of the technical assistance. NCTB raised three requests: Conduct the 2nd line TB medicines training, conduct operational research, and support the Chinese TB

health care workers to participate in the international conferences. SPS proposed to conduct a 2nd line TB medicines training workshop: USAID/RDMA advised SPS to work with FHI360 for a joint MDR TB and 2nd line TB medicines training for the provinces of Yunnan and Guangxi. SPS worked with FHI360 to develop a training proposal.

**Barriers to Progress:** None.

**Next Steps:** Finalize the proposal and get approval from RDMA. Prepare for the workshop.

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## **Democratic Republic of the Congo**

**Work plan:** DR Congo    **Year** 2010

**Funding Level:** \$1,540,000.00

### **Work plan Background**

The Democratic Republic of the Congo is a country characterized by numerous public health challenges. This situation follows decades of civil war and unrest, which coupled with inadequate allocation of human and financial resources for the health sector, have led to a fragmented public health delivery system throughout the country. For public health providers to effectively treat patients and improve health service delivery, necessary essential medicines must be available in public health facilities. However, the DRC's public health system is plagued by inconsistent availability of essential medicines. In USAID-assisted health zones, challenges related to pharmaceutical management include but are not limited to: lack of capacity to adequately quantify needs, inappropriate management of medicines, irrational prescribing, lack of funds to order sufficient quantities from the regional depots, and stock-outs at the regional depot level. Additionally, the distance and lack of infrastructure make distribution of medicines from the central level to the regional level and then to the health zone and facility levels expensive and time-consuming. Although the MoH decentralization policy has been in effect for several years, the human and financial capacity available for pharmaceutical management at the provincial level is insufficient to ensure the adequate implementation and monitoring of existing national pharmaceutical norms and guidelines. In addition, the linkages between health zones, districts, provincial inspection offices and international donors and partners working in pharmaceutical management are often lacking. In addition to problems with medicine availability, the DRC pharmaceutical sector has general problems, including a lack of necessary and up-to-date legislative and regulatory policy documents and the lack of an effective and sustainably functioning supply chain system. The pharmaceutical law in DRC is outdated and although SPS has helped with its revision, it is still pending parliamentary approval. Roles and responsibilities of the different structures involved with pharmaceutical management are sometimes blurred due to lack of defined procedures. Registration of medicines has been hampered by the capacity of the DPM in and absence of a system to track documentation of registered medicines. Typical of a post-conflict situation, multiple donors and partners provide support to the procurement and distribution of medicines in the DRC. Donors may target specific regional areas or focus on products that support a particular disease. However, the system lacks the systematic coordinating role to ensure adequate coverage of needs, standardization of quantification methods, and the potential integration of distribution models. In the same way, several systems exist to finance medication. Some donors purchase medicines themselves and make them available to target populations, others finance local entities—such as the CDRs—to procure medicines while delineating specific credit lines for health zones and facilities. The extent to which the patient contributes to medicine costs varies from one area to another, based on donor and provincial-level policies for cost recovery. The modality for collecting patient fees can also vary from one place to another—while some charge the medicines separately, others charge it as part of an episode of illness fee or a comprehensive consultation fee. Also, no standard policy or procedure on how medicine generated fees are to be used is available. In some instances it is targeted, at least partially, for the procurement of new medicines and in other instances, it is targeted towards service improvements and/or to cover operational costs. The “Commission Nationale du Médicament” as part of the “Comité National de Pilotage” could, in the future, serve as a forum to obtain consensus on potential solutions to many of these issues. An additional critical gap in the system relates to the lack of pharmaceutical information at all levels of the system. This information is important to monitor stock status of key products and essential medicines and to feed into quantification exercises. Such lack of information negatively impacts the

ability to adequately make informed decisions regarding medicine availability and future procurement activities. Though the Ministry of Health, with support from donors, has adopted a medicines information module (SNIS-Med) as part of the overall health management information system (SNIS), the system has its limitations—mainly that it is designed to only report on the overall performance of the system based on indicators from a limited list of tracer drugs. Other methods to monitor actual stocks of essential medicines, consumption, and use of key products are still needed for informed decisions. Recognizing these challenges in the pharmaceutical sector, the USAID/Kinshasa Mission has continued to support the Government of DRC through its funding to the Strengthening Pharmaceutical Systems (SPS) Program with the aim to improve the availability and the appropriate use of essential medicines and key health commodities for public health priorities. Under FY10 funding, SPS has received a total of \$ 1,540,000 from the following sources: TB: \$100,000, malaria: \$100,000, population: \$100,000, MCH: \$100,000, and HIV/AIDS: \$1,140,000 — for a total: \$ 1,540,000.

**Activity Title:** Assist the National HIV/AIDS Program with developing an HIV/AIDS Management Information System

**Activity Lead:** Onyango, Christine      **Activity #:** 2    **Task:** A040    **Subtask:** XXCD1002

**Activity Description:** Under this activity, SPS will pilot the use of the Electronic Dispensing Tool (EDT) for the management of HIV/AIDS medicines due consultation with the PNLs and stakeholders, SPS will make recommendations on appropriate scale-up of the tool in 6 USAID-assisted provinces. The aim is to establish the EDT tool at service delivery sites for use by staff involved in dispensing medicines to patients. Whenever applicable, the EDT electronic tool would replace existing manual systems of recording dispensing data on patients. In selecting sites for piloting EDT, priority will be given to sites in or near the Kinshasa province that have a high volume of patients. Preference will also be given to sites that serve tuberculosis patients, as the costs of this activity will be shared with the SPS FY10 TB portfolio. In addition, remaining funds from the FY09 budget will be combined with FY10 funding for this activity.

**Budget:** \$159,503.00    **Start Date:** Jan 2011    **End Date:** June 2011

**Products Planned:** Periodic reports produced by EDT. EDT Trip report.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** During the first quarter of FY11, SPS continued to provide technical support to EDT implementation in the 3 pilot sites, and installed EDT at the fourth pilot site. From October 3 to December 19, SPS conducted 9 supervision visits to the 4 pilot sites in order to monitor the implementation of the use of EDT.

**Kingasani Hospital:**

SPS provided 12,400 prescription forms to Kingasani hospital, on November 22, to facilitate transfer of patients and medicine information from the clinic where physicians see patients to the dispensing room where information need to be recorded in EDT. This will facilitate comparison of captured data with actual prescription in assessment of EDT users' progress and to reinforce good prescription and dispensing practices.

**Matete Hospital:**

SPS reinstalled EDT at Matete Hospital. This was necessary because of the numerous errors made in entering patient data, noted during the supervision visits, which resulted in inflated number of patients under treatment and incorrect stock levels. Prior to the reinstallation of the EDT, SPS conducted a refresher training for two of the EDT users in Matete Health Centre.

**Kokolo Hospital:**

In general, the Kokolo EDT users have maintained regular use of tool despite frequent and prolonged power failures, and pre- and post-election political instability during which EDT users at Kokolo were temporarily assigned to other duties within the Congolese army (Kokolo hospital is primarily a military institution).

**Hospital General:**

EDT had to be reinstalled at Hospital General on November 25, following an improper computer shutdown by the EDT user at this hospital (resulted in damage of the Access program that supports EDT). The EDT user was re-trained on computer operation and EDT is functional again in this hospital.

**Barriers to Progress:** In general, EDT users are mastering the tool more and more, despite a few challenges, including frequent power failures, and the recent pre- and post-election political tension in the country.

**Next Steps:** We plan to conduct joint supervision visits with the PNLs national and Kinshasa province staff during Q2. SPS' ongoing supervision visits will continue every two weeks. A review of implementation of this pilot, in collaboration with the Ministry of Health, is planned for July 2012.

**Activity Title:** Provide technical assistance to the PNLs Provincial Coordinators to supervise the management of anti-retroviral drugs in collaboration with the PNLs to ensure constant availability at peripheral level

**Activity Lead:** Onyango, Christine      **Activity #:** 4    **Task:** A040    **Subtask:** XXCD1004

**Activity Description:** SPS will facilitate and participate in Provincial Health Authorities' (PIP and PIDs) and PNLs Provincial Coordinators' supervision visits to ensure that visits focus on pharmaceutical management of ARVs and other products. SPS plans to review these visits at the end of the implementation year to evaluate whether the visits are making a difference in pharmaceutical management practices, and to make recommendations on how to make the existing supervision system for medicines more effective.

**Budget:** \$231,718.00    **Start Date:** Jan 2011    **End Date:** Dec 2011

**Products Planned:** TA report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** In Sud Kivu, a SPS representative provided technical assistance to the PNLs Provincial Coordinator and other provincial MoH staff for joint supervision visits aimed at monitoring ARV availability both at provincial and zonal levels (APAMESK warehouse and health zones depots). These joint supervision visits were initially

planned for the month of October in 10 HZ and APAMESK. However, the joint supervision visits were postponed to November 2011 because of the immunization campaign that took place during October and paralyzed almost all activities within health zones. On November 15, a joint SPS/PNLS mission visited APAMESK where the World Bank MAP Project funded-ARVs have been stored. The supervision aim was to ensure the availability and a possible reallocation of the ARVs to prevent expiry since it was reported from the CPM meeting held on September 6 that ARVs have been abandoned. Findings from the supervision are as follows: (1) Nevirapine 200 mg: 225 boxes (expiry date January 2012). (2) Efavirenz 600 mg: 74 boxes (expiry date December 2012). (3) Zidovudine 300mg: 581 boxes (expiry date December 2012). Only Nevirapine had a high expiry risk, since its consumption dropped after the new PMCT protocol without Nevirapine was implemented in DRC. For a coordinated management of ARVs in Sud Kivu, all ARVs requests from the treatment sites have to be countersigned by the PNLS Provincial Coordinator who also decides on which of the 3 depots to send the request to, based on stocks available. During this joint visit, the team found out that APAMESK depot had a higher ARVs stock because the PNLS Provincial Coordinator did not direct ARVs requests from the ART sites to this depot as APAMESK did not submit its report on stock level. The supervisory team recommended that the PNLS Coordination Office send more requests for ARVs delivery to APAMESK, and extend the supervision of the ARVs management to the entire BUKAVU Health District. From November 18-22, SPS provided additional financial and technical support to assess the ARVs availability in 9 ART care sites within 3 health zones (Kadutu, Ibanda and Bagira). The table below shows the distribution of the 9 visited ART Care Sites in the 3 HZ:

<b>HZ Bagira</b>	<b>HZ Ibanda</b>	<b>HZ Kadutu</b>
Bagira General Referral Centre	Panzi Hospital	Kadutu General Referral Hospital
PHARMAKINA Health Centre	Hospital Militaire de Bukavu	Ciriri Hospital
	Muhungu Health Centre	Nyamugo Health Centre
		Bukavu Provincial Referral Hospital

Other provinces did not have HIV/AIDS activities during this quarter.

**Barriers to Progress:** None.

**Next Steps:** As next step, the team recommended: extending the ARVs pharmaceutical management monitoring to all 34 ART Care sites within the province, strengthening the HIV quarterly pharmaceutical management activities at the zonal-level, and the PNLS reallocating the available ARVs from the sites where the expiry risk is very high to other sites in need.

**Activity Title:** Provide support to CDRs and other regional depots to strengthen storage conditions and to improve pharmaceutical management practices

**Activity Lead:** Onyango, Christine      **Activity #:** 5    **Task:** A040    **Subtask:** XXCD1005

**Activity Description:** As needed, SPS will provide minor renovations and/or minor equipment to regional depots and health zone depots to improve storage conditions for HIV/AIDS pharmaceuticals. SPS will also continue collaboration with Provincial Pharmaceutical Inspectors (PIPs) and PIDS to conduct regular visits to CDRs and depots that manage pharmaceutical commodities procured with USAID funds. As was done under FY09 work plan activities, stakeholders will be informed of the findings of these visits. Corrective measures will be made by supervision teams, and with follow-up will be done by project managers whose projects have pharmaceuticals stored at the CDRs and depots concerned.

**Budget:** \$280,608.00    **Start Date:** Dec 2010    **End Date:** July 2011

**Products Planned:** Technical report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** In February and March, 2011, SPS had assisted the MoH in the evaluation of nine regional pharmaceutical warehouses known as ‘Centrales de Distribution Régionales’ (CDRs) and depots that have responsibility for the storage and distribution of the USAID-funded medicines and consumables purchased through USAID/DRC/IHP Project. A previously conducted evaluation of regional pharmaceutical warehouses and depots resulted in recommendations for improvements to be made at each CDR to create optimal conditions for managing commodities that are received and stored at these warehouses. With the available funds in the current SPS work plan, renovations are planned in CDMEK Kolwezi and CEDIMEK Kamina. During Q1, the following tasks have been carried out according to the work plan: (1) Produce the scope of work (SOW) for the recruitment of the renovation consultancy. From November 5- 22, SPS followed-up with the PNAM to obtain an official letter authorizing renovation of CDMEK Depot/Kolwezi and CDR CEDIMEK/Kamina. The authorization letter was issued on November 22, 2011. The authorization letter made it possible to finalize the scope of work for the consultant who would develop the technical specifications for the renovations at each CDR. (2) Participation in the review committee during the consultant recruitment process. In November and December, 2011 SPS worked with MSH contracts staff to establish a committee to recruit the consultant who would be charged with developing technical specifications for renovations. The RFQ was published on December 1 and applicants’ dossiers were received and analyzed during the same month, before a successful applicant was selected.

**Barriers to Progress:** None.

**Next Steps:** A field visit by the selected consultant to the Kolwezi and Kamina depots is planned for January 5, 2012. The consultant will be accompanied by SPS and PNAM staff. The Consultant’s technical specifications will be submitted to SPS by January 20, 2012.

**Activity Title:** Assist the PNLT and its partners to track the level of TB drugs in the CDRs and health zones, and to take corrective actions to avoid stock outs

**Activity Lead:** Onyango, Christine      **Activity #:** 7    **Task:** A040    **Subtask:** XXCD1007

**Activity Description:** SPS will provide technical support to the forum of TB partners known as the PATIMED and the PNLT in their role of overseeing TB stock levels and procurement planning. Specifically, SPS will help the PNLT to coordinate the signature of a Memorandum of Understanding with all TB partners to ensure that all understand their roles and responsibilities with respect to coordination, sharing of information, and participation in the national buffer stock system.

**Budget:** \$36,837.00      **Start Date:** Feb 2011      **End Date:** Dec 2011

**Products Planned:** Supervision visit reports and/or LMIS reports .

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Kasai Occidental: In November, 2011 SPS provided technical and financial assistance to the provincial coordination of Kasai Occidental to collect data stock levels of TB drugs by telephone. The data was for the period ending October 2011. Sud Kivu: SPS provided financial assistance to the office of the provincial pharmaceutical inspector (PIP) and the National TB Program (PNLT) Coordinator to facilitate their visits to Kaziba and Mwana health zones (October 27-31, 2011). The objective of the visits was to monitor the availability of anti TB medicines (RHZE, RH adult and children, RHZ). As shown in the table below, the stocks of TB medicines was found to be sufficient to last until the next order is due to be placed for these health zones.

	Kaziba Health Zone		Mwana Health Zone	
	Stock/Tablets	Months of Stock	Stock	Months of Stock
RHZE	4032	2	3200	2
RH150/75	1000	1.9	1000	2
RH60/30	2000	3	900	2
RHZ60/30/150	540	3	2016	4

**Table 2: Availability of TB medicines for Kaziba and Mwana Health Zones, Sud Kivu in October, 2011**

From November 4 to 13, 2011, a joint SPS-MoH supervision team conducted active data collection on availability of TB medicines in 4 Health Zones: Kamituga, Kitutu, Mwenga and Mubumbano. Even though a stock-out (of pyrazinamide) was noted in one health zone (Mubumbano), the team found good availability of RHZE, since medicines have been delivered in October 2011. Pyrazinamide 400mg was out of stock in all health facilities, even at the PNLT provincial coordination. The data reporting level still remains weak. At this level, the province is only waiting for TB medicines to be delivered from the PNLT Kinshasa office. On September 7, the Sud Kivu provincial PNLT coordination received 161,280 tablets of RHZE representing a 2 month average consumption from the USAID funded consignment of anti-TB medicines. This improved the availability in October, as shown in the table below: in four health zones RHZE stock in September (end of the quarter) and October (beginning of the following quarter)

HEALTH ZONES	RHZE
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	<b>September</b>	<b>October</b>
<b>Kamituga</b>	0 Tablets	4032 Tablets
<b>Kitutu</b>	0	4032
<b>Mwenga</b>	4704	5376
<b>Mubumbano</b>	1344	2166

**Table 3: Availability of RHZE for four health zones in Sud Kivu in September and October 2011**

A joint supervision visit funded by SPS was conducted by the PIP, PNLP and PNLT provincial coordinators to the new health zones (Nundu, Uvira, Ruzizi and Lemera). They found ACTs and anti-TB adequate stock level (6 months of stock) in all 4 health zones pharmacies.

**Barriers to Progress:** Persistent security concerns in four USAID-supported health zones have resulted in USAID having to replace these health zones (Nundu, Uvira, Ruzizi and Lemera) with the health zones of Miti Morhesa, Katana, Walungu and Kaniola.

**Next Steps:** Continue as outlined in the work plan.

**Activity Title:** Assist the PNLT to develop a TB data collection system

**Activity Lead:** Onyango, Christine      **Activity #:** 8    **Task:** A040    **Subtask:** XXCD1008

**Activity Description:** It is proposed that sites providing TB treatment be among the ART sites where EDT will be piloted. The experience from this pilot will provide the PNLT with the information needed to decide whether to scale-up the use of this tool for monitoring TB patients.

**Budget:** \$38,175.00      **Start Date:** Jan 2011      **End Date:** June 2011

**Products Planned:** Commodity reports.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS continued to provide technical and financial assistance to the four sites implementing EDT, among which two sites (Kokolo and Matete) also dispense TB treatments. In general, the Kokolo EDT users have maintained a regular use of tool and continue to master their EDT skills. SPS reinstalled EDT at Matete Hospital in November. This was necessary because of the numerous errors made in entering patient data, noted during the supervision visits which resulted in inflated number of patients under treatment and incorrect stock levels. Prior to the reinstallation of the EDT, SPS conducted refresher training for two of the EDT users in Matete Health Centre.

**Barriers to Progress:** Frequent and prolonged power failures observed at the two sites, as well the pre- and post-election political instability, during which users of EDT at Kokolo were temporarily assigned to other duties within the Congolese army (Kokolo being primarily a military institution).

**Next Steps:** We plan to conduct joint supervision visits with the PNLT national and Kinshasa province staff during Q2. SPS' ongoing supervision visits will continue every two

weeks. A review of implementation of this pilot, in collaboration with the Ministry of Health, is planned for July 2012.

**Activity Title:** Produce quarterly Procurement Planning and Monitoring Reports for contraceptives for reporting to USAID/Washington

**Activity Lead:** Onyango, Christine      **Activity #:** 10    **Task:** A040    **Subtask:** XXCD1010

**Activity Description:** SPS will continue to compile the PPMRc in consultation with the PNSR, the PNAM and the DPM. Because of the decentralized nature of the DRC's supply chain for health commodities, SPS will report on stock levels at the province, rather than at the national level. For each PPMRc report, SPS also plans to crosscheck with in-country partners that buy family planning commodities to obtain current data on planned procurements of these products. The draft PPMRc reports will be shared with the USAID/Mission before being transmitted to USAID/Washington.

**Budget:** \$57,482.00    **Start Date:** Oct 2010    **End Date:** July 2011

**Products Planned:** PPMRc reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The PPMRc, for the period July-September 2011, could not be produced. All stakeholders have not been able to provide the needed data despite all our reminders and their commitment to assist.

**Barriers to Progress:** The quality of PPMRc reports, as well as quality of the data, had started to improve in earlier quarters because of the involvement of the national program for drug procurement (PNAM). However, the involvement of PNAM staff in supervision visits at the time that PPMRc normally would have been compiled made it impossible for the PNAM to facilitate collection in PPMRc data for Q1.

**Next Steps:** SPS planned to hold discussions with the Chief of Party at Population Services International (PSI) to ensure that data would be available for reporting during Q2. PSI is the biggest supplier of contraceptives to the private sector.

**Activity Title:** Improved management of maternal and child health commodities

**Activity Lead:** Onyango, Christine      **Activity #:** 11    **Task:** A040    **Subtask:** XXCD1011

**Activity Description:** A previous assessment showed consistent irregularities in the availability, storage and use of emergency obstetrical medicines. To address these findings, SPS will: (1) Finalize the revision and adaptation of guidelines and norms of the PNSR. (2) Participate in finalizing and adapting the training materials and treatment guidelines for the prevention and treatment of eclampsia. (3) Train health workers using the adapted training manual on AMTSL and eclampsia management in USAID supported health zones. To address the availability of commodities for child health, SPS' DRC and MCH Core portfolios will collaborate to: (1) Support training and commodity monitoring activities related to the promotion of zinc and ORS for the management of diarrhea in children in the private health sector of USAID-focus health zones. (2) Conduct supervision visits to strengthen availability and use of medicines used in

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community IMCI in Kinshasa Province. (3) Assist to finalize the pilot Community IMCI evaluation report.

**Budget:** \$75,397.00    **Start Date:** Feb 2011    **End Date:** Aug 2011

**Products Planned:** PNSR guidelines and norms. AMSTL guidelines. Training reports. Workshops reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Maternal Health:  
Eight volumes of the MCH guidelines were technically finalized by the national technical team (with the support of SPS and WHO at the end of September, 2011). With WHO financial assistance, all eight volumes of the guidelines were validated by the “Comite de Coordination Technique” (CCT) of the MoH, between December 14-19, 2011. The 8 CCT experts provided feedback that was integrated into documents which will be submitted to the plenary assembly.

Child Health:  
Since January 2010, SPS has provided technical and financial support to the DRC’s MoH and partners, such as the National Union for Congolese Pharmacists or (Syndicat National des Pharmaciens du Congo), to introduce an integrated approach to fighting childhood illnesses (malaria, acute respiratory infection, and diarrhea) in the private pharmaceutical sector. This approach aims at contributing to lower morbidity and mortality in children under five years old. Two health zones (Nsele and Makala in Kinshasa Province) were selected as pilots for this approach. In September 2011, two consultants were hired to formally measure the progress of this intervention, in order to determine whether it had been successful and to establish the next steps for a possible scale-up of this approach in the DRC’s health zones. During this quarter, SPS supported two meetings of the technical committee for analyzing the draft of the report produced by the consultant. The two meetings took place in the MSH conference room on December 3 and December 21, 2011. Feedback and comments from the technical committee provided inputs to the consultants for finalizing the report. The official presentation scheduled for December 29 was postponed to January 10, 2012 due to a tight schedule in the MoH. The SPS pilot experience on integration of IMCI in private sector was selected as one of the strategies the government can use for scaling-up access to children's medicines. The evaluation report will be finalized in January 2012. SPS attended the national workshop on the country strategy for scaling-up access to children's essential medicines under the lead of PSI DRC office. The meeting took place from November 21- 25, 2011. The objective of the workshop was to set up key strategic interventions on pneumonia, diarrheal disease and malaria to see how to respond to all three in an integrated and more aggressive manner.

**Barriers to Progress:** Due to the political situation and the end of year festivities, the plenary assembly of CCT for adopting the documents was postponed to January 2012

**Next Steps:** After adoption of the eight volumes of the guidelines, the final step will be the signature by the Minister of Health and the official launching of the documents.

**Activity Title:** Support PNLP Provincial Coordinators in USAID-focus provinces in the monitoring

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of malaria commodities

**Activity Lead:** Onyango, Christine      **Activity #:** 12    **Task:** A040    **Subtask:** XXCD1012

**Activity Description:** Based on the targets of the PNLP’s strategic plan, SPS provincial representatives will work with the PNLP provincial coordinators and the provincial health authority to follow-up on the procurement and management of all malaria commodities in the 80 USAID-supported health zones— in order to reach the targets for 2011. Linked to this activity will be regular (quarterly) reporting on malaria commodities through the Procurement Planning and Monitoring Report (PPMRm) system.

**Budget:** \$43,471.00    **Start Date:** Jan 2011    **End Date:** Sep 2011

**Products Planned:** Periodic reports on stock levels.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Kasai Occidental:  
 On October 25, 2011, SPS held a meeting with the Kasai Occidental PIP and the Malaria Provincial Coordinator to prepare two joint-supervision visits focused on PMI commodities delivered in the province. The visits took place from November 8-12 in Lubondaie and Yangala. SPS provided technical and financial assistance for these activities. Yangala is the most remote health zone from the provincial health office in Kasai Occidental (350km), and had been last visited in December 2010. Lubondaie Health Zone reports showed discrepancies between the number of simple malaria cases and the number of ACT doses consumed. The visiting team found that the health zone management team was not reviewing the reports from the health facilities within the health zones, before the data compilation to be forwarded to the provincial level. The Lubondaie Health Zone management team was encouraged to always verify all data before sending them to the higher level. Katanga: From October 9-11 and November 7-9, SPS provided technical and financial assistance for two joint supervisions conducted by the PID, IHP and SPS in Lubudi and Mutshatsha health zones of Kolwezi Health District. This activity focused on IHP pharmaceuticals management and PMI commodities distribution follow-up. Both health zones received the PMI ACTs and LLIMNs, however Lubudi Health Zone had not yet started with LLIMNs distribution to the health facilities for no satisfactory reasons. The supervision team assisted in the Lubudi Health Zone to start immediately with the distribution to the health facilities. PMI activities: Accessing data on malaria commodity availability for use in quantification and forecasting at the national level remains a major challenge in DRC. At the beginning of October 2011, the WHO/ACT Supply Task Force made a request through the USAID/Washington office that data on malaria commodities be provided. SPS received a request to provide data for the entire DRC. However, SPS could only provide data from 4 USAID-supported Provinces, since it does not conduct PMI activities in other parts of the country. On October 3, SPS initiated discussions with the NMCP (PNLP) to collect the requested data for the entire country from major procurement agencies (World Bank, Global Fund/SANRU,). The type of data sought included available months of stock for ACTs, goods in transit, and projected needs in ACTs for the coming period.

Unfortunately, the NMCP was not able to provide all the information needed to respond to WHO's request by the due date. In agreement with the USAID Mission, SPS proposed as a solution to start providing more technical and financial assistance to the PNLPH Head Office by working with the PNLPH Pharmacist one day per week in their offices, and one additional day per week in SPS offices (for the use of our Internet network to help with communication in the search for information). This is expected to capacitate the PNLPH Pharmacist and subsequently improve the data collection and management. On October 11, 2011 SPS submitted the quarterly PPMRM with the following key recommendations: (1) the Provincial Pharmaceutical Authority continue to monitor the current ACT stock-on-hand at the zonal level through joint supervisions (along with other stakeholders) as needed in order to improve best practices in malaria commodities management and minimize products leakage. SPS should continue providing financial support to Provincial Pharmaceutical Authority to do the monitoring of delivered medicines to health zones and health centers, and address the weak data collection in order to improve the quantification and medicines needs forecasting. (2) RDTs should be procured as soon as possible. Based on the needs of a population of 12,000,000 people and according to the malaria morbidity data, the quantity of RDTs in the next order should be about 6,223,000 units (this number represents 12 months, and does not take into account a 25% allowance for losses) to cover the cases requiring screening for malaria in the 4 USAID-supported provinces. According to DRC PMI coordination, an order was placed in October 2011 and goods are expected by March 2012. (3) The next orders for ACTs, RDTs and SP covering at least 12 months should be placed soon in order to mitigate the great challenges in coordinating pharmaceutical supply chain management in the DRC. To this end, SPS should increase providing its expertise to the NMCP in terms of quantification, procurement forecasting, monitoring of on-hand stocks and in other aspects related to sourcing malaria commodities. During Q1, SPS continued monitoring the distribution of PMI commodities on a monthly basis, based on reports received from the contracted CDRs/Depots. On October 5, a monitoring visit was conducted to review the stock of available ACTs with a focus on CADMEKO pharmaceutical warehouse in Mbujimayi. This monitoring visit permitted identification of the need to reallocate ACTs from CADMEKO to Sankuru Health District. Kasai Oriental: After 3 meetings with the CADMEKO CDR held on October 12, 13 and 18, SPS was able to locate PMI commodities (ACTs and RDTs) received in January 2011 and that had been mistakenly distributed to SANRU-supported health zones. SPS submitted a distribution plan to CADMEKO for the redistribution of these retrieved PMI commodities to the USAID-supported health zones. On November 3 and 4, the SPS Provincial Representative for Kasai Oriental also worked with IHP Coordination to manage all PMI commodities received directly at the IHP coordination office in Mbujimayi, without going through the CDR (CADMEKO). The team needed to verify all details before handing over the consignment to CADMEKO. Sud Kivu: The Sud Kivu SPS Provincial Representative had planned joint PIP office/SPS supervision visits to 10 USAID-focus Health Zones in October 2011, focused on monitoring stocks of essential medicines including antimalarial medicines. The key findings from these supervision visits are: (1) Stock-outs were found only for ASAQ 25mg + 67.5 mg (dosage for 1 year). (2) Stock levels for malaria commodities

were acceptable (LLINs, Quinine tablets, and Sulfadoxine-Pyrimethamine). (3) The weak capacity of the PNLP provincial coordination to estimate the medicines needs related to the AMC and months. (4) There are inadequate data available for calculating average monthly consumption (AMC). (5) The PNAM lacks basic pharmaceutical management tools such as stock cards and pharmaceutical management monthly reports templates. (6) Medicines were being stored under poor storage conditions. Corrective actions were planned and executed: (1) On-the-job briefing on medicines quantification for the supervisors in order for them to also brief the nurses in charge of health centers during the November primary health care meeting. (2) Recommendation to the health zone management team to involve the staff responsible for pharmaceuticals person in the supervision of health facilities. In November, the Sud Kivu SPS/Provincial Health Authority joint team planned to supervise 8 Health Zones (Mubumbano, Kamituga, Mwenga, Kitutu, Lemera, Ruzizi, Uvira and Nundu) according to the supervision plan organized with Ministry of Health. Besides the key findings from the October 2011 visit, the supervision team mentioned: (1) The weak ACTs consumption in all 4 health zones visited is probably due to the low number of uncomplicated malaria cases. (2) There were ACTs and quinine stock-outs for all dosage forms in Mubumbano and Kitutu health zones. (3) About 62.3 months of Sulfadoxine-Pyrimethamine (SP) tablets are on hand (5years) in Kitutu Health Zone. These medicines were provided to the health zone referral hospital by MALTESER (another MoH partner), based on a fixed pre-established medicines list order. The DRC protocol recommends the use of SP only for IPT which takes place rather in health centers than in hospitals. A decision was made to redistribute the SP from the hospital to the health centers. Katanga: SPS monitored the destruction of the ACTs Batch Number 5191 declared improper for consumption by the manufacturer (SANOFI). The replacement batch was received at the IRC depot in Lubumbashi in February 2011 and forwarded to Kolwezi on July 1, 2011.

**Barriers to Progress:** Unscheduled immunization campaigns that occurred during October resulted in suspension of all other health activities within the Sud Kivu province. In addition, the province experienced security issues. Therefore, only 3 HZ were visited between October 27-31 (Kamituga, Mwenga, Mubumbano and Kitutu).

**Next Steps:** The next step will be to monitor and evaluate the use of the PMI commodities in health facilities in Kasai Oriental through a joint supervision visit (SPS, IHP, and PNLP).

<b>Activity Title:</b>	Technical activity coordination and monitoring		
<b>Activity Lead:</b>	Onyango, Christine	<b>Activity #:</b> 1	<b>Task:</b> A040 <b>Subtask:</b> XXCD10TC
<b>Activity Description:</b>	Monitoring activities will involve creating and following a set of indicators for SPS activities, development and implementation of a performance monitoring plan, and providing quarterly reports to the mission. Also included under this set of activities is attendance by in-country SPS staff at the SPS Global meeting in the US, and attendance at regional and international meetings focused on pharmaceutical management. SPS provincial representatives will meet every six months in Kinshasa with SPS/Kinshasa-based staff to ensure close coordination. Reporting to the USAID		

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Mission is done on a monthly and quarterly basis, with an annual report being produced at the end of the fiscal year.

**Budget:** \$77,000.00    **Start Date:** Nov 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS attended a number of meetings called by relevant departments of the Ministry of Health (DPM, PNAM, CNPV, and the various national disease programs, such as PNLs, PNLT, PNLP, and the MCH Directorate), through the Office of the Permanent Secretary of the MoH. The Senior Technical Advisor coordinated with USAID, TB 2015 and the PNLT another meeting on the start-up of the TB 2015 Project, and the assistance to be provided by TB 2015 to PNLT. This meeting focused on the actual activities and supportive budget for the PNLT work plan and a clear understanding of the roles of each of the partners present in the assistance to PNLT. SPS Senior Technical Advisor, the HQ-based Country Program Manager for SPS in the DRC and various MSH/HQ staff based in Arlington, Cambridge and Boston participated in weekly touch base meetings to follow-up on IHP progress in pharmaceutical procurement for Y1 and preparations of the Task Order for Y2 medicines. The SPS Senior Technical Advisor maintained regular communication with key technical partners through visits to various MoH departments and participation in activities organized by various partners.

**Barriers to Progress:** The workload of the SPS technical staff has continue to increase as SPS's expertise in pharmaceutical management is increasingly recognized by various partners in the DRC, resulting in a number of requests for technical advice and assistance from USAID, the Ministry of Health, the Global Fund, USAID implementing partners and various local NGOs.

**Next Steps:** Close-out of SPS activities and transition to SIAPS project.

**Activity Title:** Office Management

**Activity Lead:** Onyango, Christine    **Activity #:** 14    **Task:** A040    **Subtask:** XXCD100M

**Activity Description:** This activity includes provisions for local office rental, running and management costs. The operations and administrative support staff salaries all fall under this line item. This line item will also cover the move of MSH to a new location, the cost of which will be shared with the Integrated Health Project (IHP). After the move, other costs —such as rent and utilities —will be shared.

**Budget:** \$308,000.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** October 2011: Following an increase in the number of IHP staff and the discovery of asbestos in the current office building, MSH made the decision to move all of its projects housed in its current office to a larger office within Kinshasa. An office space

was identified in October 2011 with the capacity to accommodate the staff of both IHP and SPS/SIAPS projects. The actual office move is planned for mid January 2012. November 2011: The office housing all of MSH's projects in Kinshasa closed a number of times during November due to anticipated or actual violence surrounding the DRC's presidential and parliamentary elections held on November 28. Decisions to close the office were based on instructions from USAID/DRC. December 2011: The lease for the new office was signed in December 2011.

**Barriers to Progress:** Implementation of activities during this quarter was greatly hampered by the presidential and parliamentary general elections. Many activities were paralyzed for weeks due to uncertainty and insecurity. The SPS work load continues to increase substantially, since the IHP started. Requests for technical assistance from USAID and the MoH above and beyond approved work plan activities have also increased.

**Next Steps:** Continue as outline in the work plan.

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## Dominican Republic

**Work plan:** Dominican Republic TB    **Year** 2010

**Funding Level:** \$750,000.00

### Work plan Background

The Dominican Republic (DR) Ministry of Health (MoH) is currently receiving support from the USAID Mission in Santo Domingo to expand the implementation of the WHO-supported strategy Directly Observed Treatment, Short-Course (DOTS), for tuberculosis control, and the coverage and performance of the HIV/AIDS program. The strategies in both programs require a continuous supply of quality medicines and laboratory commodities, and appropriate use of the medication, based on standardized treatment regimens. SPS activities for FY08 and FY09 included technical assistance to strengthen the management of TB laboratory supplies, assessment of the pharmaceutical management of HIV/AIDS medicines and commodities, and technical assistance for the organization of a national pharmaceutical management system (SUGEMI, by the Spanish acronym), incorporating all Ministry of Health programs. SPS has received USD 750,000 from the USAID mission in Dominican Republic in FY10 funds to follow-up on the aforementioned activities and strengthen the selection and procurement of HIV/AIDS medicines and diagnostic products and the pharmaceutical supply system of the MoH.

<b>Activity Title:</b>	Support good programming and procurement practices of TB and HIV/AIDS medicines and diagnostic materials
<b>Activity Lead:</b>	Barillas, Edgar <b>Activity #:</b> 2 <b>Task:</b> A040 <b>Subtask:</b> XXDO1002
<b>Activity Description:</b>	For FY10, and within the project for the implementation of a national pharmaceutical management system (SUGEMI), MSH/SPS will support the implementation of a strategic pharmaceutical management information system, to improve the programming of HIV/AIDS and TB medicines and diagnostic materials and, ultimately, the programming of all medicines procured by the MoH. MSH/SPS will also work with PAHO and national counterparts, including PROMESE/CAL, to improve and consolidate current procurement practices in a single institution, as proposed in the SUGEMI. This integrated system will shorten procurement times and reduce the price of all medicines currently procured by the MoH. This mechanism will also facilitate procurement through cooperation agencies and the use of external financial sources.
<b>Budget:</b> \$80,000.00	<b>Start Date:</b> Jan 2011 <b>End Date:</b> Sep 2011
<b>Products Planned:</b>	Technical report.
<b>Reporting Period:</b>	1 October 2011-31 December 2011
<b>Activity Progress:</b>	During this quarter, SPS provided technical assistance to the NTP for the procurement of medicines through the GDF. SPS also facilitated a meeting of the regional coordinators of the MoH's vertical programs to organize a smooth transition from a vertical to an integrated pharmaceutical supply system. SPS collected information and interviewed key informants for the elaboration of a proposal to regulate the decentralized procurement of medicines and commodities. The proposal will be

presented and discussed with national authorities during the next quarter.

**Barriers to Progress:** None.

**Next Steps:** For the next quarter, SPS will support the MoH national inventory of medicines and commodities that will officially start the SUGEMI. Based on the results, SPS will support the redistribution of medicines for the treatment for TB and HIV/AIDS and the estimation of needs for the next procurement, following the SUGEMI methodology and procedures.

**Activity Title:** Participate in national and international conferences and internal and external evaluations of the TB and HIV/AIDS Program

**Activity Lead:** Barillas, Edgar **Activity #:** 3 **Task:** A040 **Subtask:** XXDO1003

**Activity Description:** For FY10, MSH/SPS and national counterparts will participate in national and international conferences to present study results. MSH/SPS will also participate in internal and external evaluations of the TB and HIV/AIDS program, GDF external evaluations, and intermediate reviews of the SUGEMI implementation.

**Budget:** \$50,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

**Products Planned:** Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS participated in the UNION Conference (Lillie, France, October 2011). SPS/DR consultants presented selected topics in a MSH/SPS sponsored workshop and a poster session. SPS participated in the external evaluation of the TB program (December 2011). The technical report was presented to the NTP immediately after.

**Barriers to Progress:** None.

**Next Steps:** No internal or external evaluations of the TB or HIV/AIDS programs are programmed for next quarter

**Activity Title:** Technical assistance for the implementation of a national pharmaceutical management information system (PMIS)

**Activity Lead:** Barillas, Edgar **Activity #:** 4 **Task:** A040 **Subtask:** CCDO1004

**Activity Description:** For FY10, and within the proposal for the creation of the SUGEMI, MSH/SPS will support a rapid assessment of the various PMIS used at the DR MoH. Based on the analysis, and in collaboration with national counterparts and cooperation agencies, MSH/SPS will collaborate in the design of a national PMIS to be used by all MoH special programs.

**Budget:** \$150,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

**Products Planned:** Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** During this quarter, SPS hired the consulting firm for the elaboration of the electronic application that will support SUGEMI, finalized the software and trained the personnel.

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**Barriers to Progress:** None.

**Next Steps:** For the next quarter (and before the national inventory), this consulting firm will install the application in all regional services and at the central level.

**Activity Title:** Support the institutional development of the national pharmaceutical management unit

**Activity Lead:** Barillas, Edgar **Activity #:** 5 **Task:** A040 **Subtask:** XXDO1005

**Activity Description:** For FY10, MSH/SPS will strengthen the capacity of PMU staff through ad-hoc courses and in-service training.

**Budget:** \$70,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS has kept the contract of two local professionals that are supporting day to day activities of that department.

**Barriers to Progress:** None.

**Next Steps:** For the next quarter, MSH/SPS will discuss with MoH authorities the possibility of incorporating MSH/SPS short-term consultants to the payroll of the MoH.

**Activity Title:** Technical assistance for the implementation of a national pharmaceutical management system (SUGEMI)

**Activity Lead:** Barillas, Edgar **Activity #:** 6 **Task:** A040 **Subtask:** XXDO1006

**Activity Description:** For FY10 MSH/SPS will participate in coordinating meetings and provide direct technical assistance for the implementation of other components, such as: the pharmaceutical information system, procurement, storage, and inventory control. For each of these components, MSH/SPS plans to support the elaboration of standard operational procedures and the training of personnel.

**Budget:** \$120,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

**Products Planned:** Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** During this quarter, SPS completed the elaboration of two additional SUGEMI SOPs (dispensation and storage in primary health facilities) and supported the “cascade” training of all MoH personnel responsible for the implementation of SUGEMI.

**Barriers to Progress:** None.

**Next Steps:** For the next quarter, SPS will finalize one additional SOP (on selection of medicines), support the national inventory of medicines and commodities, and the first rounds of requisition and delivery of medicines based of the SUGEMI procedures.

**Activity Title:** Technical assistance for the elaboration of a proposal to consolidate the MoH storage and distribution system of medicines and medical supplies

**Activity Lead:** Barillas, Edgar **Activity #:** 7 **Task:** A040 **Subtask:** XXDO1007

**Activity Description:** For FY10, and within the framework of the SUGEMI, MSH/SPS will support a study

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to analyze the current situation, addressing the legal, financial, and institutional feasibility of any alternative solution to the storage and distribution problem. The goal is to propose the organization of an integrated storage and distribution system.

**Budget:** \$140,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** During this quarter, SPS visited the regional warehouse on Region VIII to assess the progress in the remodeling/construction. A technical report, including findings and recommendations, was completed and shared with national and regional authorities.

**Barriers to Progress:** None.

**Next Steps:** For the next quarter, MSH/SPS will follow-up on the financial commitments made by nationals and international agencies to improve the MoH warehousing and distribution systems.

**Activity Title:** Support the training of personnel in all the SUGEMI components and the organization of a certified course on pharmaceutical supply management

**Activity Lead:** Barillas, Edgar **Activity #:** 8 **Task:** A040 **Subtask:** XXDO1008

**Activity Description:** For FY10, MSH/SPS will provide technical assistance in the design of educational materials and training of personal at the central-level and health regions. MSH/SPS, with USAID resources will sponsor the tuition fees of the first class of students to use these materials. This certified course will feed the NPMS with the necessary human resources for its sustainability.

**Budget:** \$90,000.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** MSH/SPS has hired two professionals that have started the elaboration of the educational modules for a certified training on pharmaceutical management.

**Barriers to Progress:** None.

**Next Steps:** The educational modules for the certified training should be finalized by February 2012.

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## Guatemala

**Work plan:** Guatemala    **Year** 2010

**Funding Level:** \$75,000.00

### Work plan Background

During 2009 and 2010, SPS has worked with the MoH in both the Vice Ministry of Hospitals and in the primary health care system (SIAS) to introduce methods to improve practices of infection prevention. Some new approaches and methodologies have been introduced (e.g. the infection control assessment tool (ICAT) introduced to 43 hospitals and 5 CAIMIs and quality improvement techniques), but to date no formal mechanism of monitoring has been established. SPS recognizes the importance of follow up support and continued monitoring to assess progress and so proposes to focus its activities in the next 6 months on supervision and monitoring activities in the hospitals of the network not supported by Capacity project and in the 5 CAIMIs. Working closely with the technical teams from SIAS and from the VM hospitals, SPS expects to institutionalize the monitoring and supervision activities such that they continue after the end of SPS support in September 2011.

**Activity Title:** Supervision and systemization of infection control assessment tool and quality improvement approach in secondary level health facilities (CAIMIs)

**Activity Lead:** Briggs, Jane    **Activity #:** 1    **Task:** A040    **Subtask:** XXGT1002

**Activity Description:** A monitoring system will be established to monitor progress in key infection prevention indicators such as % of staff washing their hands correctly before and after contact with patients. These indicators will be reported to the area de salud team and will be reviewed by the USME in their supervisory visits.

The USME supervisor will conduct initial supervisory visits to the 5 CAIMIs together with the unit for developing health services and the nursing department, accompanied by SPS staff. 3 initial visits are planned to each CAIMI before September 2011 to institutionalize the process. After September the USME will continue the follow up visits as part of their routine supervision. The check list has already been developed and approved by the USME. The results of the 6 monthly evaluations (evaluations from the end of 2010, and from March and September 2011) will be collated and analyzed by the USME with support from SPS.

The infection control assessment tool for secondary level services once approved by the Vice minister will be published. After printing, an official launching will be held followed by workshops with the directors and key staff of the health areas to orient them in the use of the self assessment tool and its quality improvement methodology.

5 workshops will be held with SPS support to orient teams from the 29 DAS in the self assessment tool and the quality improvement methodology with the objective that the DAS team will replicate the infection control activities in the CAPS and other health facilities in their area.

**USG Sub-element:** Maternal and Child Health: Anti-Microbial Resistance (MCH)

**Budget:** \$39,295.00    **Start Date:** Aug 2011    **End Date:** Dec 2011  
**Products Planned:** Monitoring indicators for CAIMIs. Reports of supervision visits to CAIMIs. Report of orientation workshops for staff from 29 DAS.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** In this quarter, the final 2 workshops to introduce the tool and the methodology to the teams of all health areas for implementation in CAPs were held in Quetzaltenango (6-7 October: 18 people) and in Cobán (6-7 December: 14 people). In this quarter a total of 32 people (19 female and 13 male) attended workshops from 10 health areas. Copies of the evaluation tool and a resource CD were provided to the workshop participants. Practice applying the modules of the evaluation tool was carried out in nearby health services and the team from each area then developed a plan to replicate the process to the CAIMIs, CAPs and other facilities in their areas. SPS provided 2 copies of the evaluation tool per CAIMI and per CAP and a package of posters on classification of waste for each CAP. The workshops were a success with active participation and involvement of the facilitators from MoH: supervision and M&E unit (USME), nursing department and the development of health services division. Their involvement and enthusiasm will ensure the continued application of the approach. Some indicators and results of the modules applied in CAIMIs have been sent to SPS and the MoH and entered into an excel sheet. All the available data is included in the final reports. Portfolio activities for this year have been completed.

**Barriers to Progress:** The final workshop was delayed due to the heavy rains and flooding. For the same reason, the supervisors from the USME have not been able to visit the zones. 2 health areas did not participate in any regional workshop (Santa Rosa because of the state of emergency and Quiche for conflicting activities). The team from the MoH will orient them and provide them with the materials.

**Next Steps:** Portfolio activities for this year have been completed.

**Activity Title:** Supervision and systemization of infection control assessment tool and quality improvement approach in 32 hospitals of the network

**Activity Lead:** Briggs, Jane    **Activity #:** 2    **Task:** A040    **Subtask:** XXGT1003

**Activity Description:** The monitoring guide will be printed and implemented with hospitals sending their indicator results each month to the infection control focal person in the VM hospitals. The focal person will follow up with the hospital coordinator if the results are not complete or not sent on time.

To complement the result of the indicators, surveillance of nosocomial infections will be carried out according to a protocol newly developed with SPS support which is currently being finalized. This protocol will be printed and disseminated through support from SPS and the infection control rate will be closely monitored by the focal point for nosocomial infections.

A formal launching and workshop will be held with epidemiologists and directors from each of the 43 hospitals using financial and technical support from SPS, to introduce and orient them to the surveillance protocol, the revised norms for infection

control and to the indicator monitoring system for infection prevention practices.

Follow-up visits have been scheduled to support the 32 hospitals of the network that do not have support from the Capacity project. These visits will be conducted by a team from the VM hospitals including the hospital coordinator for each hospital and one visit per hospital is planned before September 2011. After September, the hospital coordinators will continue to follow up with the support of the nosocomial infection focal person.

**USG Sub-element:** Maternal and Child Health: Anti-Microbial Resistance (MCH)  
**Budget:** \$28,404.00    **Start Date:** Aug 2011    **End Date:** Dec 2011  
**Products Planned:** Reports of supervision visits to hospitals. Report of orientation workshop.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The orientation of the hospital teams in the surveillance system, indicator monitoring and the distribution of the protocol and guide to prevention and control of nosocomial infections was held in the Hotel Villa Espanola, Guatemala City on November 30, 2011. 4 copies of the protocol for surveillance of nosocomial infections, the guide for prevention and control of nosocomial infections, and 1 CD with electronic version were distributed to each hospital. 28 of the 45 (62%) hospitals were represented with 62 people (22 male and 40 female) from hospitals and 19 from the MoH central level VMH giving a total of 85 participants including 2 SPS, 1 USAID and 1 URC staff. From the hospitals there were directors, epidemiologists and heads of nursing or their representatives. The documents for the remaining hospitals were left with the MoH vice ministry of hospitals for distribution and by the end of January 2012. Only 2 hospitals had not received their documents: San Benito, Peten and Jutiapa. Waste classification posters were distributed to the new hospitals (Tecpán and Barillas, Huehuetenango) at the orientation. The results from the 3<sup>rd</sup> application of the modules of the ICAT were collected by the VMH point person. Portfolio activities for this year have been completed.

**Barriers to Progress:** Due to complex factors of hospital funding issues, trade union protests and pending MoH transitions, the hospitals visited were not able to measure the indicators. Attendance at the orientation was not as high as hoped due to problems in communication from VMH. Not all hospitals were informed. In addition, some staff was already on vacation and the pending MoH transitions with the change of government may have affected the participation also.

**Next Steps:** Portfolio activities for this year have been completed.

**Activity Title:** Technical activity coordination and monitoring

**Activity Lead:** Briggs, Jane    **Activity #:** 3    **Task:** A040    **Subtask:** XXGT10TC

**Activity Description:** This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.

**USG Sub-element:** Maternal and Child Health: Anti-Microbial Resistance (MCH)

**Budget:** \$7,305.00      **Start Date:** Aug 2011      **End Date:** Dec 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS participated in meetings at the VMH and with SIAS and telephone conversations to move the activities forward. Staff also coordinated and collaborated with URC and Capacity Project to discuss similarities in methodologies and possible areas of collaboration at the request of USAID, although due to funding limitations, SPS was no longer able to participate in the final discussions and presentation to USAID. Portfolio activities for this year have been completed.

**Barriers to Progress:** None.

**Next Steps:** Portfolio activities for this year have been completed.

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## **India**

**Work plan:** India    **Year** 2010

**Funding Level:** \$250,000.00

### **Work plan Background**

According to India's National AIDS Control Organization (NACO), provisional estimates indicate that approximately 2.27 million people were living with HIV at the end of 2008, with an adult prevalence rate of 0.29%. Karnataka (population 52.73 million) is among the states with the highest HIV prevalence. Expanding access to antiretroviral therapy (ART) is a priority for the Karnataka State AIDS Prevention Society (KSAPS) — as of March 2010 there were 33 ART Centers functioning (an increase from 24 in 2008), a total of 124,354 patients in HIV care, and a total of 41,515 patients on ART in Karnataka.

The United States Agency for International Development (USAID) funds the Samastha project in Karnataka, a comprehensive HIV project that supports prevention, care and treatment activities in 3 cities and 12 districts. In addition to reducing risk of HIV transmission among vulnerable populations, the project aims to build the capacity of existing health care institutions to provide quality HIV and AIDS care, support, and treatment services. Samastha is led by the Karnataka Health Promotion Trust (KHPT) in partnership with EngenderHealth and Population Services International. The project is implemented through a consortium of nongovernmental partners including St John's Medical College and Kempe Gowda Institute of Medical Sciences (KIMS) and works in close collaboration with KSAPS.

The Strengthening Pharmaceutical Systems (SPS) Program has been working in India since December 2009, using field support funding received from the USAID India Mission to assist KSAPS and other local partners to address pharmaceutical management issues related to the management of antiretroviral medicines (ARVs) and other ART-related medicines and commodities. In the first year, SPS focused its activities on supporting the scale up of the ART program in Karnataka through strengthening the capacity of pharmacists to appropriately manage medicines to avoid stock outs and expiries, and also to enhance the appropriate use of ARVs and other ART-related pharmaceuticals. SPS worked with KSAPS, the Samastha project, and other local partners to adapt SPS' generic HIV/AIDS pharmaceutical management training materials to the local context, conduct a Training-of-Trainers (ToT) workshop, and support the trained trainers to conduct two workshops in April and August 2010. At the end of the previous work plan period, 33 of the 34 pharmacists stationed at ART Centers in the state had attended one of the two workshops. To encourage pharmacists to apply the skills and knowledge acquired at their workplace, SPS worked with KSAPS and partners to incorporate pharmaceutical management into their ongoing performance improvement approaches and monitoring activities at ART centers. Baseline data on ART pharmaceutical management practices was collected prior to each workshop and SPS helped partners draft an ART pharmaceutical management monitoring checklist for use by district officers who provide oversight to the ART centers on behalf of KSAPS and also a more detailed tool for inclusion as an annex to Client-Oriented, Provider-Efficient Services (COPE) a self assessment tool developed by EngenderHealth.

In this work plan period, SPS will build on work done in the first year to enhance the knowledge, skills and competencies of pharmacists working at Karnataka's ART Centers and continue efforts to support KSAPS and partners to implement performance improvement and monitoring activities at ART pharmacies. In addition, SPS will work with the USAID India Mission to identify opportunities and potential activities to help NACO in strengthening pharmaceutical management in support of India's ART program. New activities this year include

assisting KSAPS to identify and initiate strategies for strengthening ART program pharmacovigilance activities in the State of Karnataka. Also, if the need is determined, SPS will assist KSAPS and KHPT to identify options for enhancing the functionality of the Logistics Management Information System (LMIS), the software developed by KHPT to support inventory management reporting to NACO and KSAPS by Karnataka's ART Centers. These activities have been identified in conjunction with KSAPS and KHPT based on an analysis of gaps and opportunities to improve the current situation, and the priorities of KSAPS and other partners.

**Activity Title:** Assist KSAPS to identify and initiate strategies for strengthening ART program pharmacovigilance activities in the State of Karnataka

**Activity Lead:** Walkowiak, Helena      **Activity #:** 1    **Task:** A040    **Subtask:** HIIN1002

**Activity Description:** The sub-activities will include: (1) Conducting a rapid situational analysis of the pharmacovigilance system for the ART program including mechanisms and procedures for monitoring, detecting, evaluating, documenting, and reporting adverse drug events as well as intervening and providing feedback, and linkages to the Pharmacovigilance Programme for India. The study will identify strengths, opportunities, gaps and potential strategies to strengthen pharmacovigilance for the ART program. (2) Working with local stakeholders to develop a framework for medicines safety for the ART program that includes functional linkages with the Pharmacovigilance Programme for India and incorporates active surveillance of adverse events. (3) With KSAPS and local partners, identifying one or two ART centers that could be used as sentinel sites for active surveillance and assessing requirements to enable the sites to generate adverse event data through routine case management and reporting procedures to inform the design, planning, and identification of resource needs for a surveillance study. This sub activity may also include assisting partners to look at the feasibility of setting up an ART registry.

**Budget:** \$181,357.00    **Start Date:** March 2011    **End Date:** Sep 2011

**Products Planned:** Trip report March/April 2011. Situational analysis report of ART pharmacovigilance system. Meeting report and draft proposal for introducing active surveillance into ART program in the State of Karnataka. Trip report July/August 2011.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** At the request of partners, hard copies of the following SPS reports were printed and sent to KSAPS and the Samastha project to be disseminated as part of the close out of the Samastha project: (1) "Pharmacovigilance in the State of Karnataka, India: Rapid Systems Analysis and Design of Active Surveillance Activities for the Antiretroviral Program". (2) "Development of Active Surveillance System for the Antiretroviral Program in Karnataka State — Protocol and Operational Plan". (3) "Development of Active Surveillance System for the Antiretroviral Program in Karnataka State, India. Stakeholder Workshop, July 15, 2011: Meeting Notes".

**Barriers to Progress:** None.

**Next Steps:** The activity is now completed.

**Activity Title:** Continue support for capacity building and performance improvement for ART pharmaceutical management

*SPS Activity and Product Status Report  
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**Activity Lead:** Walkowiak, Helena      **Activity #:** 2    **Task:** A040    **Subtask:** HIIN1003

**Activity Description:** Following the training workshops held in the previous work plan period, SPS will continue to support partners in Karnataka to incorporate pharmaceutical management into their ongoing performance improvement approaches and monitoring activities at ART centers. SPS will assist KSAPS, EngenderHealth, and KHPT to field test and finalize the ART pharmaceutical management monitoring checklist developed in the previous year for district officers who provide oversight to the ART centers on behalf of KSAPS and to refine the detailed tool developed for inclusion as an annex to the COPE tool. In addition, SPS will work with KSAPS to set up a process for routinely generating key indicators from the completed checklists to enable KSAPS to track changes in managing medicines and adherence to good practices. Depending on the progress made in implementing these initiatives, activities in this year could also include evaluating progress in achieving results in advancing improvements in pharmacy practices at ART centers. In addition to rolling out the training to pharmacists based at ART Link Centers in this year, the Samastha project also plans to adapt the HIV/AIDS training materials for training pharmacists at the primary health care level who dispense cotrimoxazole preventative therapy (CPT). KIMS have been nominated to take the lead on this activity and, in response to a request from KHPT and KSAPS, SPS will provide support in reviewing the adapted materials as requested. In addition, SPS will work with USAID India Mission to identify opportunities and explore potential activities to support NACO in strengthening pharmaceutical management in support of India's ART program.

**Budget:** \$35,412.00      **Start Date:** Jan 2011      **End Date:** Sep 2011

**Products Planned:** Trip report March/April 2011. Field tested checklist for use by supervisors and ART centre staff. Trip report July/August 2011. Final drafts of training materials for PHC pharmacists. ART Pharmaceutical Management Checklist for COPE tool.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** At the request of partners, hard copies of SPS report "HIV/AIDS Pharmaceutical Management Capacity Building in Karnataka, India. Baseline Assessment: April and August 2010" were printed and sent to KSAPS and the Samastha project to be disseminated as part of the close out of the Samastha project. Samastha project informed SPS that they may not have sufficient funding for the training of primary health care pharmacists that dispense cotrimoxazole preventative therapy (CPT). Samastha will however work with the NRHM and KSAPS to leverage their support for the training of pharmacists at the primary care level. Also, the Administrative Training Institute (ATI) based in Mysore, which has received a grant from the Government of India to train primary care physicians and pharmacists in administrative procedures, have requested copies of the materials for pharmacist training (both HIV and CPT). It is likely that these materials will be used when ATI roll out their training program. Progress on finalizing the checklists for supervisors and for the COPE tool has been pending field testing by KSAPS and the Samastha project. KSAPS has informed SPS that they plan to field test the ART pharmaceutical

checklist for supervisors in February 2012.

**Barriers to Progress:** The field test of the ART pharmaceutical checklist for supervisors is pending field-testing by KSAPS and Samastha project. Field testing has been delayed, however KSAPS plans to field test the tool in February 2012. SPS will then assist in revising and finalizing the tool. The piloting of the checklist for the COPE tool has likewise been delayed until the next quarter.

**Next Steps:** The Samastha project has received a no-cost extension. In the next quarter, with the agreement of USAID, SPS will assist partners to revise both tools post-testing/piloting as needed.

**Activity Title:** Assist KSAPS and KHPT to identify options for enhancing the functionality of the LMIS software

**Activity Lead:** Bhattarai, Hare   **Activity #:** 3   **Task:** A040   **Subtask:** HIIN1004  
Ram

**Activity Description:** Following a review of the LMIS user's manual and other key documentation, the SPS information technology (IT) specialist will travel to Karnataka to meet with partners to discuss the software and the enhancements desired. SPS will visit ART Centers to understand the patient flow and to map the information currently collected at the ART pharmacy and will also work with KSAPS and KHPT to understand NACO IT initiatives to ensure that efforts complement these ongoing initiatives and software development at the national level. The consultant will develop a report that includes an assessment of the existing situation and sets out options and recommendations for improving the functionality of LMIS and making patient and commodity data available. The report will specify technical functionality and requirements for good dispensing solutions. Follow on activities will be identified based on the option(s) selected by KSAPS/KHPT. KHPT has indicated that it can provide co-funding for this activity, specifically to support in-country per diem and travel costs for the SPS IT specialist.

**Budget:** \$22,592.00   **Start Date:** March 2011   **End Date:** July 2011

**Products Planned:** Trip report (June 2011). LMIS report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** At the request of partners, hard copies of SPS report "Logistics Management Information System Software Used In the Antiretroviral Therapy Program in Karnataka State, India: Recommendations for Improvement" were printed and sent to KSAPS and the Samastha project to be disseminated as part of the close out of the Samastha project. As changes to improve the functionality of LMIS by partners are pending the release of funding from KSAPS, no requests were received by SPS to assist in the upgrade. The activity is now completed.

**Barriers to Progress:** None.

**Next Steps:** This activity is complete.

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## Jordan

**Work plan:** Jordan    **Year** 2010

**Funding Level:** \$500,000.00

### Work plan Background

About one-third to one-half of all the antibiotics used in Jordan's hospitals is for surgical prophylaxis — however, 30 to 90% of this use is inappropriate. Key problems include antibiotic selection, timing and duration of use. Studies have shown that inappropriate use occurs for a variety of procedures, including cesarean section (c-section). The Jordan Food and Drug Administration (JFDA 2009) recently conducted a study in three hospitals that collected data on surgical antibiotic prophylaxis practices in Jordan, including for c-sections. The study findings indicate that practices have room for improvement. In the context of the JFDA's study findings and recommendations, USAID/Jordan has asked SPS to provide technical assistance to help strengthen practices for antibiotic prophylaxis for c-sections at selected hospitals in Jordan. SPS will collaborate with hospital leadership teams and other key staff in the participating hospitals to: (1) develop locally suitable protocols and procedures for administering antibiotic prophylaxis for c-sections, and (2) monitor implementation of the protocols and procedures. This activity will support all the four IRs of SPS, particularly IR2, and IR3. It will contribute to Element 1.6 (MCH) of the U.S. Government's FAR Framework for Health (Investing in People), which represents a priority area for USAID/Jordan. It also supports the Millennium Development Goal #5 which is to improve maternal health. Further, this activity will contribute to the 2007 World Health Assembly (WHA) Resolution (A60.24) which urges member states to implement rational medicine use activities to help contain antimicrobial resistance.

**Activity Title:** Support and Monitor Implementation of the Agreed Protocol and Procedures for Surgical Antibiotic Prophylaxis in Cesarean Section

**Activity Lead:** Joshi, Mohan    **Activity #:** 3    **Task:** A040    **Subtask:** XXJO1003

**Activity Description:** This activity will complement activities to concerning prophylaxis and Cesarean section and is a part of the overall package of successfully using a clinical protocol in the practice environment. Work will focus on guideline implementation and integration of an effective monitoring system to assess progress. This will be iterative, with plans to revisit compliance to the protocol and procedures, followed by group discussion and self-identification of contextually appropriate and feasible ways to address any existing issues/barriers and enhance performance. Such locally-led iterative cycles support incremental progress and generate motivation, self-confidence, and sustainability.

**Budget:** \$220,391.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** PRINCE FAISAL HOSPITAL:  
The feedback on the training done for 33 staff nurses and mid-wives done at the end of the previous reporting quarter (Sep 2011) was positive, and the quality of information recorded on the CS Log started improving after the training. The training

was performed in coordination with the MOH such that the staff attending obtained approved continuing education certificates from the MOH. The nursing staff was given an opportunity to discuss the terminology and set-up of the CS Logs, and their feedback was subsequently incorporated into a new draft of the CS Log. The improvements in the CS Log were also disseminated to the other hospital teams, and introduced in their training sessions.

**PRINCE HUSSEIN HOSPITAL:**

The hospital team continues to implement the protocol and to monitor by using the CS Log and the Excel Monitoring Tool (EMT). Based on analyzing the available data and the filled CS Logs for quality, a training session was organized for the OBGY nursing staff (including outpatient clinic) and was held on November 27th: thirteen nurses and mid-wives were trained.

Under the direction of the hospital administration, the Pharmacy and Therapeutics Committee (PTC) was established at this new hospital, and held its first technical meeting on November 29th. The hospital director gave the PTC the responsibility of monitoring progress of protocol implementation through its meetings, to evaluate the resulting indicators, and to improve results. The hospital administration asked SPS to take part in the committee's first meeting, and a discussion of the program was included in the meeting agenda. In support of the program, and to ensure further progress and a wider technical application, the hospital administration appointed the head of OBGY to also head the PTC. The PTC was appropriately made up of physicians from different specialties, the departments of pharmacy and nursing, and the quality and infection control committees, among others. During the meeting, the physician representing General Surgery was interested in applying a similar effort to hernia-repair surgeries.

**DR. JAMEEL AL TOTANJI HOSPITAL:**

A new hospital director was assigned to Al Totanji Hospital in October/November. SPS met with the new director, Dr. Khaled Al Khreisha, and discussed the program work accomplished, the obstacles and gaps, and agreed on a new plan of action to strengthen implementation, monitoring, and continuous quality improvement (CQI). After the meeting with the new director, SPS/SIAPS met with the infection control department and reviewed the EMT and its proper use.

**RMU & IC TRAINING PREPARATIONS**

Initial preparations began this quarter for a potential training of national counterparts with SIAPS technical assistance, along with leveraging of support from SPS remaining pipeline.

**Next Steps:** Continue providing TA to hospitals to further strengthen the CQI process

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## **Lesotho**

**Work plan:** Lesotho    **Year** 2010

**Funding Level:** \$1,000,000.00

### **Work plan Background**

AIDS constitutes an alarming threat to Lesotho and its people. Findings of the 2004 Lesotho Demographic and Health Survey confirmed that Lesotho has a severe, generalized HIV epidemic. According to the Joint United Nations Program on HIV/AIDS (UNAIDS) 2009 report update, the overall adult prevalence is estimated to be 23.6%. The Government of Lesotho (GOL) is committed to mitigating the effects of HIV and AIDS by providing universal access to quality prevention, treatment, care and support services to its citizens by 2010. Since the national scale-up of a comprehensive care and treatment program began in 2004, which complemented ongoing efforts for prevention, behavior change, care and support programs, remarkable progress has been made in turning the tide of the HIV and AIDS epidemic in Lesotho.

GOL's current HIV/AIDS National Strategic Plan (NSP) 2006-2011 recognizes the need to provide treatment, care, and support services for the large number of individuals testing for HIV and AIDS. The plan makes provision for the scale-up of care and treatment by increasing access to ART services, ensuring quality of services, and expanding the capacity and efficiency of service provision in both the public and the private sectors. One of the interventions to achieve this is the decentralization of services to health center level. The government aimed to provide access to ART to more than 80% of individuals who are in need of therapy by 2010. In 2009, 51% of people in need of treatment were receiving ART at hospitals, health centers and private practitioners' clinics across the country. As a result, they are able to live healthy, productive lives and contribute to the development of their families, communities and the nation. The GOL and its multi-sectoral partners regard this progress as one of the most significant achievements of the national HIV & AIDS response, to date.

In 2009, the USG and GOL achieved a momentous milestone in the development and adoption of the Partnership Framework to Support Implementation of the Lesotho National HIV and AIDS Response. This framework forms a roadmap for improved collaboration and increased alignment of the PEPFAR program to Lesotho's national HIV and AIDS response. The framework has four goals to mitigate the HIV and AIDS pandemic. An implementation plan for the Framework, the Partnership Framework Implementation Plan (PFIP), has subsequently been developed.

There has been excellent progress in expanding the DOTS strategy throughout the country over the last few years, thereby achieving 100% coverage by district within a short period of time. This has provided affordable, quality-assured diagnosis and effective case management to estimated 80% of the Basotho population. The treatment outcomes for TB patients have also improved, while the target for case detection rate has been exceeded. This demonstrates the success of the NTP in achieving the set objectives in the 2004-2007 plan. However, there is need to step-up efforts to achieve the overall goal of halving the prevalence the incidence of TB — beginning to reverse the epidemic trend by 2015 (NTP DOTS Expansion Strategic Plan 2008 - 2012).

Support from the United States Government (USG) to the Government of Lesotho is provided through its USAID Mission in Lesotho. In FY06 and FY07, and with funding from USAID, the Rational Pharmaceutical Management (RPM) Plus program managed by MSH provided technical assistance support to the Government of Lesotho in the area of pharmaceutical management. Since FY08, technical assistance has been provided

through the MSH Strengthening Pharmaceutical Systems (SPS) program, the follow-on to RPM Plus.

One of the key challenges of the scale up of HIV and AIDS prevention, care, treatment and support services is the need to ensure that adequate human, technical, infrastructural resources and effective commodity procurement and distribution systems are put in place. Under FY10 plan, SPS will to support PFIP Goals 2, 3 and 4: to reduce morbidity and mortality and provide essential services to Basotho residents living with or affected by HIV and AIDS through expanded access to high quality treatment, care and OVC services by the year 2014; to increase and improve the human resource capacity for HIV and AIDS service delivery in three key areas (retention, training and quality improvement); and to strengthen health systems in four key areas (HMIS, laboratory, organizational capacity and supply chain) to support the prevention, care, treatment and support goals by the year 2014. SPS will also support the Lesotho National Strategic Plan (NSP) Strategic Focus #3: Treatment, care and support. In addition to addressing pharmaceutical system gaps in support of the scale-up of HIV/AIDS programs, SPS will continue to strengthen laboratory services through implementing an inventory management system for laboratory commodities.

This work plan defines the activities that have been planned for Lesotho under COP10 in consultation with key partners, the focus being on health system strengthening, laboratory infrastructure, policy and strategic information support.

<b>Activity Title:</b>	Technical Activity Coordination
<b>Activity Lead:</b>	Hoohlo-Khotle, <b>Activity #:</b> 1 <b>Task:</b> A040 <b>Subtask:</b> XXLS10TC Nomaphuthi
<b>Activity Description:</b>	This activity includes technical activity coordination, work plan development, meetings, and communications with partners and collaborators.
<b>Budget:</b> \$87,804.00	<b>Start Date:</b> Oct 2010 <b>End Date:</b> Sep 2011
<b>Products Planned:</b>	Trip report. FY12 Work Plan.

<b>Reporting Period:</b>	1 October 2011-31 December 2011
<b>Activity Progress:</b>	The Country Program manager, Dinah Tjipura, visited Lesotho SPS program September 26 - October 9 to provide regular program implementation monitoring as well as supportive supervision and mentoring for the Senior Technical Advisor. During her visit, she met with the local program staff, the MOHSW counterparts within the Directorate of Pharmaceuticals and the Disease Control Directorate. She also met with the MOHSW's Drug Regulatory Unit. She and the STA, SPA and PA (MIS) also visited NDSO where they met with the General Manager. A number of critical areas of support requirements were discussed and follow-up actions identified.
<b>Barriers to Progress:</b>	The Activity Manager unfortunately was not available to meet with Dinah Tjipura during this visit as he was out of the country.
<b>Next Steps:</b>	The following were the agreed upon critical follow-up action points: monitor progress with STG and EML consultancy, identify appropriate STTA for and implement training on the Minilab, mobilize appropriate TA to assist NDSO with markup study and warehousing, provide support for release of the results of the ART data verification exercise, and provide support for strengthening pharmaceutical data collection and analysis.

**Activity Title:** Review STG and EML

**Activity Lead:** Hoohlo-Khotle, **Activity #:** 2 **Task:** A040 **Subtask:** XXLS1002  
Nomaphuthi

**Activity Description:** Provide technical assistance in the review of the current national Standard Treatment Guidelines and Essential Medicines List (STGs and EML).

**Budget:** \$82,759.00 **Start Date:** Oct 2010 **End Date:** Dec 2010

**Products Planned:** Guidelines. Framework. Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** The Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) were drafted by the consultant engaged by SPS, Professor Jasper Ogwal Okeng. These documents were developed in very close consultation with the local practitioners and experts (medical officers, consultants, and pharmacists). The drafts were then sent back to the local practitioners for input, and comments, then transmitted back to the SPS consultant. By the end of the reporting period, the comments from stakeholders had been incorporated into the drafts and the documents were ready for printing. The Framework for the Review and Revision of Essential Medicines List and Standards was finalized. This document will ensure that the local team not only knows how to review these important documents, but also has reference material for that process. It is therefore an important sustainability plan document.

**Barriers to Progress:** None.

**Next Steps:** Finalize the documents, facilitate adoption of the documents by the MHSW, print the documents, facilitate official launching of the document, provide support for training of users on the document, and provide support for the dissemination of the documents to facilities and HCW.

**Activity Title:** Support HPTCS

**Activity Lead:** Hoohlo-Khotle, **Activity #:** 3 **Task:** A040 **Subtask:** XXLS1003  
Nomaphuthi

**Activity Description:** Provide support to HPTCs at the facility-level in adherence to antibiotic prescribing protocols at six GOL hospitals (HPTC support sites) in the northern, central and southern regions. Specific focus will be placed on adherence to antibiotic prescribing protocols, monitoring antibiotic use, and assisting the six HPTC support sites to develop antibiotic policies.

**Budget:** \$44,066.00 **Start Date:** Jan 2011 **End Date:** Aug 2011

**Products Planned:** Trip reports. Technical report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Conflicting priorities of the MoHSW Supportive Supervision and Mentoring Team prevented more supervisory and mentoring trips from being conducted. This has been resolved by agreeing that the entire clinical services department does not have to go on the trips, deepening on what they want to achieve and the opportunities for SSM.

The Technical report for the study was delayed in getting published due to communication issues with editorial team. These were solved by taking the Lesotho team through the editorial steps and the report was finally approved.

**Barriers to Progress:** Lack of adherence to the SSM schedule by the MOHSW team impacts negatively on the indicators.

**Next Steps:** Continue to provide support to the central level MOHSW staff on SSM, obtain 3 quotations for printing the antibiotic use study, print, and disseminate.

**Activity Title:** Support implementation of APMR

**Activity Lead:** Hoohlo-Khotle, **Activity #:** 7 **Task:** A040 **Subtask:** XXLS1007  
Nomaphuthi

**Activity Description:** Implement APMR in seventeen ART sites and provide ongoing technical support.

**Budget:** \$62,946.00 **Start Date:** Nov 2010 **End Date:** Sep 2011

**Products Planned:** Trip reports.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Continuous site support on the upgraded RxSolution dispensing module was provided to facilities. A rapid survey to verify ART data was undertaken with the Disease Control Directorate's ART department at every public sector hospital, which includes government and Christian Health Association of Lesotho hospitals. The report of this exercise is still being finalized.

**Barriers to Progress:** The major constraint for this activity is the ongoing facility refurbishment that is being undertaken through the MCA-L health project. This is delaying the roll-out and disrupting RxSolution use at some of the implementation sites. This jeopardizes data quality as it leads to inconsistent use of the system.

**Next Steps:** Continue to provide close support for use of RxSolution at facilities, liaise closely with MOHSW and MCA-L regarding the refurbishment schedule, and continue the roll-out process.

**Activity Title:** Strengthen procurement practices at NDSO and Facilities

**Activity Lead:** Hoohlo-Khotle, **Activity #:** 9 **Task:** A040 **Subtask:** XXLS1009  
Nomaphuthi

**Activity Description:** SPS will provide mentoring and supportive supervision assistance to 8 hospitals and 8 DHMTs. Monthly stock status reports will be produced with RxSolution and analyzed to monitor inventory management. Supervisory reports will be produced for each trip. SPS will implement the RxSolution tender module at NDSO, which will ensure that the tendering process complies with international standards and enables monitoring of supplier performance. SPS will purchase 1 Minilab for NDSO for quality assurance of pharmaceuticals during the procurement process. Training for two NDSO staff will be conducted on the use of the Minilab. SPS will also provide training for NDSO staff, focusing on logistics management, quality assurance systems, and procurement practices.

**Budget:** \$155,202.00 **Start Date:** Jan 2011 **End Date:** June 2011

**Products Planned:** Trip reports. Bulletin.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Nine participants from NDSO, MOHSW, NUL and NHTC were trained on the Minilab. A STTA from the Namibia SPS office provided support for this activity. A framework for monitoring product quality using the minilab was developed after the training by the STTA and the trainees. This framework will provide an important tool for ensuring sustainability of this intervention. The SSM manual was revised to incorporate the other clinical service areas as per the request of the MOHSW and submitted to the MOHSW for inputs, which are still expected. One NDSO logistics/warehouse staff member was trained in warehouse operations management through RTT and PEPFAR's DELIVER project. The training took place in South Africa.

**Barriers to Progress:** Challenges still exist at hospitals with inconsistent use of RxSolution, leading to unreliable data.

**Next Steps:** Continue to support implementation of RxSolution at hospitals and at the central-level. Continue to retrieve back-up data from RxSolution at hospitals for preparation of PMIS reports and continue to advocate for the MoHSW to take the lead in information management and implementation of RxSolution, through the Pharmaceuticals Directorate. Complete development of the tender module for NDSO and implement it. Provide support for the implementation of the requisition module.

**Activity Title:** Develop data management system at pharmaceutical directorate

**Activity Lead:** Hoohlo-Khotle, **Activity #:** 12 **Task:** A040 **Subtask:** XXLS1012  
Nomaphuthi

**Activity Description:** Engage a short-term technical assistant to develop a data management system for the pharmaceutical directorate, in order to manage and optimally use the information generated from analysis of the PMIS data.

**Budget:** \$24,378.00 **Start Date:** Feb 2011 **End Date:** March 2011

**Products Planned:** Technical reports. Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS continued to provide TA and encouragement to the Pharmaceuticals Directorate (PD) in use of the PMIS reporting system SPS has developed for them.

**Barriers to Progress:** Slow uptake of the PMIS reporting tool by the PD.

**Next Steps:** Continue to encourage PD to use the PMIS reporting tool for tracking the DSM system's performance.

**Activity Title:** Strengthen HMIS at national level

**Activity Lead:** Hoohlo-Khotle, **Activity #:** 13 **Task:** A040 **Subtask:** XXLS1013  
Nomaphuthi

**Activity Description:** Engage a management information systems program associate and second the staff to the HMIS department in the MoHSW to provide technical assistance to the ministry in

data management and production of PMIS reports using RxSolution data.

**Budget:** \$13,643.00    **Start Date:** Dec 2010    **End Date:** Sep 2011

**Products Planned:** Trip reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Advocacy for improving use of the tool continued.

**Barriers to Progress:** Slow uptake by the MOHSW of the intervention.

**Next Steps:** Continue to provide close support to the ministry's health management information systems (HMIS) unit. This will improve response time to queries related to use of RxSolution at facilities and improve consistency in use the system. Also continue to provide support to PD on the use of the system.

**Activity Title:** Monitoring program results and documentation

**Activity Lead:** Hoohlo-Khotle,    **Activity #:** 15    **Task:** A040    **Subtask:** XXLS1015  
Nomaphuthi

**Activity Description:** Activities include: a work planning workshop, weekly office meetings, quarterly bulletins for the Pharmaceuticals Directorate, monthly reporting to the MoHSW, monthly activity coordination meetings with USAID, progress reports, participation in different technical working groups within the country for enhancement of coordination amongst development partners and implementing partners of the MOHSW, and a team building camp.

**Budget:** \$8,548.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Progress reports. Trip reports. Ad hoc technical meeting minutes.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS Lesotho's Annual Progress Report was submitted to USAID and PEPFAR on time. Monthly finance reports were submitted. A trip report for the annual work planning meeting was also finalized. An activity coordination meeting was held with the USAID activity manager. Meetings were held with the Director of Pharmaceuticals for coordination of activities and TA. SPS was invited to join the Health Development Partners Forum, a UN and USAID-led effort to coordinate health development support to the GOL. SPS also attended the Supply Chain Management Technical Working Group meeting. Staff produced and filed minutes of meetings and trip reports.

**Barriers to Progress:** None.

**Next Steps:** Continue to participate in all relevant meetings and continue to regularly meet with the USAID's activity manager and the MOHSW's Director (DCD) and Pharmaceuticals.

**Activity Title:** TA to local training institutions

**Activity Lead:** Hoohlo-Khotle,    **Activity #:** 16    **Task:** A040    **Subtask:** XXLS1016  
Nomaphuthi

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**Activity Description:** Continue working with health training institutions in the country and the Pharmaceutical Society of Lesotho (PSL) to review existing curricula. This support will include incorporation of SPS curricula into existing institutional curricula and a curriculum relevance study.

**Budget:** \$38,413.00    **Start Date:** Dec 2010    **End Date:** July 2011

**Products Planned:** Technical report. Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A letter from the National Health training College (NHTC) requesting technical assistance on their curriculum review was received. This request was forwarded to HQ through the country program manager for TA mobilization. There has still not been any significant progress with the indicator. The survey monkey survey that was developed and sent out last quarter did not have an encouraging response rate, however, an alternative model still has not been agreed upon.

**Barriers to Progress:** None.

**Next Steps:** Continue to provide TA for curriculum review at NHTC.

**Activity Title:** TA for pharmacovigilance and medicine information

**Activity Lead:** Hoohlo-Khotle,    **Activity #:** 17    **Task:** A040    **Subtask:** XXLS1017  
Nomaphuthi

**Activity Description:** Increase the capacity of local institutions and networks to provide pharmaceutical management technical assistance in medicine safety. A training of trainers (TOT) program on pharmacovigilance and medicines information will be implemented at the National University of Lesotho (NUL).

**Budget:** \$52,793.00    **Start Date:** Jan 2011    **End Date:** March 2011

**Products Planned:** Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A pharmacovigilance course offered in the Netherlands was identified by SPS and an invitation sent to MOHSW and NUL for the organizations to nominate people to attend.

**Barriers to Progress:** MOHSW did not respond on time and with full documentation, as such, SPS could not assist them to attend the course. The NUL staff who had been nominated by their department did not respond at all.

**Next Steps:** Continue to encourage the PSL to participate in activities aimed at strengthening pharmaceutical professional development. Continue to search for appropriate courses and events on patient safety and pharmacovigilance for local staff at MoHSW, training institutions and PSL.

**Activity Title:** Office Management

**Activity Lead:** Hoohlo-Khotle,    **Activity #:** 18    **Task:** A040    **Subtask:** XXLS100M  
Nomaphuthi

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**Activity Description:** This activity includes provisions for local office rental, running and management costs.

**Budget:** \$148,093.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** This quarter, SPS paid suppliers, managed office finances (petty cash and the main bank account), prepared the Lesotho payroll, submitted PAYE to the Lesotho Revenue Authority, and submitted fund requisition forms to the Cambridge office. Logistics for BLC staff and consultants to go to the field were arranged. Payments of BLC consultants were effected, and finance and operations orientation for new BLC and SPS staff were conducted. Submitted Quick Books monthly report to corporate with all reconciliations. Attended audit queries for Head Quarters. SPS meetings were held. Arranged for office vehicles to be registered locally.

**Barriers to Progress:** None.

**Next Steps:** Continue to provide administrative support to the SPS program and BLC project.

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## Liberia

**Work plan:** Liberia PMI    **Year** 2010

**Funding Level:** \$830,000.00

### Work plan Background

Since 2007, Management Sciences for Health's Strengthening Pharmaceutical System (SPS) Program has been receiving funding from PMI to help strengthen the pharmaceutical supply system in Liberia. Since then, many activities have been conducted in close collaboration with stakeholders and implementing partners in different countries. SPS priorities were first focused on capacity and skills-building activities at all levels. These included revising the School of Pharmacy's curriculum to allow the inclusion of professional courses (clinical pharmacy, pharmaceutical management) into the pharmaceutical program. SPS also conducted pharmaceutical management training targeting staffs responsible for managing medicines and related commodities at health services delivery point (SDP) and depots in a number of counties

During FY09 SPS continued to build on the previous year's activities and commenced work on strategies to increase access to ACTs through the private sector. In early 2010, the Liberia MoHSW requested SPS's support in supporting rational use activities including revision of three key policy documents: National Formulary (NF), National Therapeutics Guidelines (NTG), and Essentials Medicine List (EML) that were dated to 1986. This work plan covers a period of 18 months from April 2010 to September 2011. During this period, SPS will use FY09 and FY10 funds to carry-out the following activities: (1) develop a policy paper for ACT distribution through the private sector and phase out Chloroquine and other monotherapies from the market. (2) Provide support to ongoing quantification to National Malaria Control Program and others partners. (3) Support the Rational Use of Medicine Program. (4) Update three policy documents including the NF, the NTG, and the EML. (4) Support NMCP to design a comprehensive monitoring and supervision system, including EUV tool implementation for monitoring purposes.

<b>Activity Title:</b>	Technical Activity Coordination and Monitoring		
<b>Activity Lead:</b>	Doumbia, Seydou	<b>Activity #:</b> 1	<b>Task:</b> A040 <b>Subtask:</b> PMLR10TC
<b>Activity Description:</b>	This activity includes work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners and collaborators.		
<b>Budget:</b> \$59,755.00	<b>Start Date:</b> Apr 2010	<b>End Date:</b> Sep 2011	
<b>Products Planned:</b>	Work plans. Trip reports.		

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Participated in a number of meetings, including a meeting hosted to by the NMCP to discuss the 2012 Malaria Operation plan for Roll Back Malaria, a meeting hosted by the SCMU to develop a strategic plan to roll-out LMIS tools, and weekly meetings with the mission. Participated in the PMI/USAID Data Quality Assessment for the SPS project in Liberia (December 4-10). The assessment aimed to validate activities implemented in Bong, Nimba and Lofa counties, and assess work in improving the health system. In each county, interviews were conducted with officials of the CHT

and two health facilities were visited. The USAID Data Quality Team will disseminate the final report.

**Barriers to Progress:** None.

**Next Steps:** Under SIAPS, implement recommendations from the assessment.

**Activity Title:** Develop a policy paper for distribution of ACTs through private sector

**Activity Lead:** Mwansasu, **Activity #:** 3 **Task:** A040 **Subtask:** PMLR1003  
Andwele

**Activity Description:** SPS will work with USAID, the NMCP, NDS, the MoHSW and other stakeholders to develop a concept paper on the distribution of ACTs in the private sector. SPS will use experience in Tanzania, where subsidized ACTs are being distributed through accredited drug dispensing outlets. The Liberia MoHSW has already issued a statement banning the importation of Chloroquine and other monotherapies into the country. To execute the ban and eliminate monotherapies in the market, the following activities will be implemented in conjunction with activities related to the distribution of subsidized ACTs through private sector: Include in the ACT distribution policy document an MOU to ban the importation of Chloroquine and other monotherapies by participating private pharmaceutical importers/wholesalers, quantify the stock of Antimalarial monotherapies on the market, and give a grace period to wholesalers that would allow the phasing out of existing Chloroquine and other monotherapies on hand.

**Budget:** \$103,795.00 **Start Date:** Apr 2010 **End Date:** Sep 2011

**Products Planned:** Concept paper for distributing ACTs in the private sector. Situational Analysis Report. Stakeholders Report. TOT report.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS continued to work on the technical details of designing a tampered-proof sticker that will be used on private sector ACTs. The sticker specification has been finalized and sample has been produced and tested, and plans are on the way for final copy to be produced for use. NMCP has requested SANOFI for approval to put the sticker on blister. SPS provided technical assistance to the ACT private sector Technical Working Group in the private sector. Key issues during this quarter included, designing stickers for the products, pricing, monitoring and supervision, training, and IEC/BCC strategy. Members of the working group include NMCP, Global Fund, SCMU, DELIVER, MENTOR Initiative, RBHS, and NDU.

**Barriers to Progress:** It took a significant amount of time to design stickers and find a reliable vendor to print the stickers.

**Next Steps:** Awaiting approval from SANOFI.

**Activity Title:** Monitoring and supervision systems for malaria commodities

**Activity Lead:** Doumbia, **Activity #:** 4 **Task:** A040 **Subtask:** PMLR1002  
Seydou

**Activity Description:** Specific activities include: support NMCP to design a comprehensive monitoring and

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supervision system for antimalarials and related commodities, participating in support supervision visits, and implementation of the End Use Verification tool for monitoring malaria commodities.

**Budget:** \$118,785.00 **Start Date:** Apr 2010 **End Date:** Sep 2011

**Products Planned:** Monitoring and supervision reports. EUV report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Another EUV was conducted during this quarter (October 16-22, 2011) in Grand Bassa and River Cess counties. A total of 24 facilities were visited including: 4 hospitals, 1 county depot and 19 clinics. Overall treatment guidelines for the FD-AS/AQ were available at 78% of the facilities and approximately 84% of the health workers are adhering to the treatment protocol for uncomplicated malaria. However, data show poor record keeping at facilities (records not updated). Many health facilities including the county depot in Grand Bassa were stocked-out of AS/AQ 100mg/270 mg (children 6-13 years/18-35kg). In River Cess County, over 90% of visited health facilities visited had low stock levels of RDTs (indicating potential stock out). The Supply Chain Management Unit (SCMU) was informed of the stock-outs and an emergency requisition was placed.

**Barriers to Progress:** None.

**Next Steps:** Discuss with the NMCP and plan for the next EUV.

**Activity Title:** Provide support to MoHSW to define Rational Use of Medicine interventions

**Activity Lead:** Doumbia, **Activity #:** 5 **Task:** A040 **Subtask:** PMLR1004  
Seydou

**Activity Description:** SPS Liberia country program, with technical guidance and support from SPS Antimicrobial Resistance (AMR) portfolio, will assist Liberia's MoHSW to revise STGs and complete an options analysis for rational use.

**Budget:** \$348,090.00 **Start Date:** Apr 2010 **End Date:** Sep 2011

**Products Planned:** STGs. Trip reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** 5,000 copies of the Standard Treatment Guideline (STG) and the Essential Medicine Listing (EML) for the Republic of Liberia were printed, shipped, and presented to the Chief Pharmacist and the Chief Medical officer of the Ministry of Health and Social Welfare. At the formal presentation meeting, SIAPS disclosed the countrywide dissemination strategy and plans to conduct training to service provider at health facility across the country on the proper use of the STG and the EML.

**Barriers to Progress:** None.

**Next Steps:** Officially launch the documents and continue to work on the dissemination plan.

**Activity Title:** Development of job aids.

**Activity Lead:** Sumo, David **Activity #:** 6 **Task:** A040 **Subtask:** PMLR1006

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**Activity Description:** SPS will support the MoHSW to develop job aids for county pharmacist to improve their decision making and strategic planning capabilities.

**Budget:** \$19,502.00    **Start Date:** Apr 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** During this quarter, SPS continued to revise the job aids.

**Barriers to Progress:** Conflicting priorities caused delays.

**Next Steps:** Finalize a draft for editing.

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## Southern Sudan

### *Southern Sudan Malaria*

**Work plan:** Southern Sudan Malaria    **Year** 2010

**Funding Level:** \$2,249,999.00

#### **Work plan Background**

USAID is one of the major partners supporting the Government of Southern Sudan to rebuild the institutional, technical and organizational capacity of the health sector and public health programs. In 2006, the USAID Sudan Field Office (SFO) mandated the MSH/Rational Pharmaceutical Management Plus (RPM Plus) Program, to provide support to the Ministry of Health (MoH) to establish a functional National Malaria Control Program (NMCP) and strengthen the national pharmaceutical management systems. In 2007, the Strengthening Pharmaceutical System (SPS) program, a follow on to RPM Plus, continued to support the MoH to build the organizational, technical, and programmatic capacities of NMCP and the Directorate of Pharmaceutical Services (DPS). In 2010, SPS was requested to support the MoH in strengthening the national Expanded Program on Immunization (EPI). Initial focus of support has consisted of setting up the policy and strategic framework, drafting operational guidelines and tools, and ensuring coordinated implementation and monitoring of program interventions. SPS has also played a critical role in supporting the MoH to mobilize financial resources (from GFATM and other partners) for scaling-up effective interventions. There is already evidence of progress in intervention coverage for the three program areas receiving assistance from SPS. However, major challenges remain. Under FY 2010, the USAID mission requested SPS support to ensure more consistent availability of essential medicines at the health facility-level. SPS will work with the MoH to strengthen procurement and distribution systems, introduce inventory management systems, and operationalize the Pharmaceutical/Logistics Management Information System (PMIS/LMIS). SPS will also continue to support the MoH to strengthen the pharmaceutical sector governance and regulatory frameworks, and improve the planning, coordination and monitoring of malaria control activities at state and county levels. Malaria support will also include introduction of a new Rapid Diagnostic Test (RDT) for malaria and establishment of a system for monitoring the efficacy of antimalarial medicines. Activities proposed under FY2010 are consistent with the USAID result areas for the SPS program.

**Activity Title:** Support MoH in product selection, quantification, forecasting and procurement of essential and other program medicines

**Activity Lead:** Azairwe, Robert    **Activity #:** 1    **Task:** A040    **Subtask:** MASD10

**Activity Description:** SPS will support the Directorate of Pharmaceuticals & Equipment to: (1) Review and update the current MoH essential medicines kits and supply list to include program products and make it more responsive to the health needs. (2) Quantify the essential medicines and supplies requirements, including program medicines such as malaria and family planning. (3) Prepare and review tender documents and procurement plans for the next (2012) public procurement and supplementary procurement (if any) for essential medicines and medical supplies. (4) Support MoH to track orders and implement a supplier performance monitoring system for pharmaceutical suppliers and contracted service providers. (5) Develop TOR and set up a procurement and

logistics management unit/committee in the MoH. (6) Convene monthly procurement and logistics management unit/committee meetings to ensure harmonized and timely procurements and distribution of essential medicines, program products and medical supplies. (7) Collate data on planned procurements by different partners as well as consumption rates, service delivery, demographics, current stock on hand and distribution capacity. This will be used to, and undertake quarterly reviews of stock status, delivery plans and logistics system/capacity to determine potential supply gaps and distribution bottlenecks and initiate corrective actions as required. When required, SPS will provide technical assistance to the MoH and PSI, the Principal Recipient of GFATM round 10 malaria grant, to develop a procurement plan for ACTs and RDTs. The ongoing process of securing supplemental supplies of malaria commodities from other partners such as UNITAID will continue to be supported. Specific activities in this regard will include: gap and pipeline analyses, quantification, supply planning, and follow-up with prospective providers of products.

**USG Sub-element:** Malaria  
**Budget:** \$577,441.00 **Start Date:** Oct 2010 **End Date:** Sep 2011  
**Products Planned:** Terms of Reference for procurement and logistics management unit/committee. Reports of monthly procurement and logistics management unit/committee meetings.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS worked with the Directorate of Pharmaceuticals and Equipment on a 6-month supplementary procurement, which involved reviewing products and quantities. SPS supported the MoH to prepare the bidding documents. At the state-level, EES MoH was supported to quantify three month of essential medicines requirements for 15 PHCCs and 91 PHCC health facilities that are supported by the Norwegian Peoples Agency (NPA). Central Equatoria State: NPA was supported to quantify requirements for essential medicines, medical supplies, and equipment for the state. SPS was also consulted by NPA in selection of an appropriate procurement method to employ. Torit State Hospital was also supported to receive and inspect medicine donations from Norwegian Church Aid, UNICEF, and UNMISS.

**Barriers to Progress:** Lack of skilled workforce at all levels.

**Next Steps:** Continue to provide the MoH with necessary support.

**Activity Title:** Strengthen MoH distribution system for essential medicines.

**Activity Lead:** Azairwe, Robert **Activity #:** 3 **Task:** A040 **Subtask:** MASD10

**Activity Description:** Sub-activities include: (1) Regularly update the list of health facilities that CMS will use for distribution planning. (2) Prepare/update quarterly distribution plans for malaria, other program commodities and essential drug kits. (3) Coordinate transportation/delivery of malaria (ACTs and RDTs) and other program drugs, and facilitate deliveries to health facilities in the 5 SHTP-II counties. (4) Provide technical assistance to expedite timely contracting and deployment of transporters. (5) Assist the MoH to harmonize vertical procurement and supply chain management. (6) Develop detailed distribution plans in 5 SHTP II counties. (7) Facilitate county-level meetings. (8) Make improvements in storage conditions and practices.

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**USG Sub-element:** Malaria

**Budget:** \$577,441.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** SOW for designing a new logistics system. Report of a stakeholders' consensus workshop. Document elaborating new logistics system. Updated list of health facilities. Quarterly distribution plans. Detailed distribution plans for 5 SHTP II counties. Reports of meetings in 5 SHTP II counties.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS worked with CMS to coordinate the emergency distribution of antimalarials and mobilize transportation. CMS was supported to update the 4th quarter distribution plan for essential medicines kits. This was used to contract transporters. SPS coordinated the retrieval and redistribution of medicines and sundries in health facilities in Eastern Equatoria State. SPS also facilitated distribution of medicines to Aweil South and Kajokeji Counties through NGO support. SPS facilitated re-distribution of short-dated ACTs withdrawn from facilities in Juba County, CES. To improve monitoring of storage conditions and strengthen dispensing practices, SPS provided indoor/outdoor thermometers and dispensing trays to several health facilities in EES and WES. To meet the GF requirements, SPS worked with the PR to design a model for managing malaria commodities and ensure consistent availability of consumption data. The PSM plan was updated accordingly. SPS worked with the MoH to inspect a warehouse that the MoH intended to hire for storage of pharmaceuticals and essential medicines, and shared findings/concerns with the DG for Pharmaceuticals and Equipment at the MoH.

**Barriers to Progress:** It is not clear which pharmaceutical model South Sudan would like to establish.

**Next Steps:** Provide needed support.

**Activity Title:** Strengthen inventory management and logistics management information systems (LMIS).

**Activity Lead:** Azairwe, Robert **Activity #:** 4 **Task:** A040 **Subtask:** MASD10

**Activity Description:** Activities will include: (1) Review and update LMIS tools for various levels. (2) Review/update prescription forms and patient medication registers. (3) Review the existing inventory management Software at CMS and recommend/initiate future actions. (4) Support the production and dissemination of appropriate LMIS and related tools. (5) Support capacity building/training. (6) Coordinate with other partners to ensure harmony in the use of tools in facilities. (7) Establish and regularly update a central database on stock availability. (8) SPS will recruit one Logistics Advisor to provide continuous technical assistance in pharmaceutical logistics management.

**USG Sub-element:** Malaria

**Budget:** \$577,441.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** LMIS/PMIS tools for various levels. Reviewed/updated prescription forms and patient medication registers. Report on steps to make Software at CMS operational. Monthly/quarterly stock status reports.

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<b>Reporting Period:</b>	1 October 2011-31 December 2011
<b>Activity Progress:</b>	SPS worked with selected vendor to review and edit draft samples of PMIS/LMIS tools prior to granting final approval for printing. SPS supported the WHO to quantify the national needs for PMIS/LMIS tools, which WHO plans to support to print. SPS visited Yambio State Hospital to review the weekly issuing of medicines. SPS conducted supportive supervision to Yambio PHCC and facilitated the re-arrangement of medicines on the newly installed shelves in the dispensary. SPS conducted supportive supervision to Yei County and collected data on medicine consumption from a number of facilities. Later SPS supported CMS to deliver medicines and malaria diagnostics to the county. Supportive supervision visits to four health centers in Juba County were conducted to support the staff at the facilities in collecting monthly medicine consumption data. SPS worked with staff at Juba teaching Hospital to conduct a physical inventory of the stock at the hospital pharmacy. The possibility of repairing internal telephone network to increase functionality of the drug information center was discussed. Supportive supervision was conducted to Kajo-Keji County Health Department medical store, physical inventory was completed, the store was cleaned up, and inventory management tools were introduced. SPS supported the MoH to compile medicine consumption data from a number of facilities country wide. The data was collected during supportive supervision visits conducted by SPS. SPS carried-out supportive supervision to Kapoeta South County and visited eight health facilities.
<b>Barriers to Progress:</b>	Lack of an appropriately skilled work force. Dysfunctional information systems.
<b>Next Steps:</b>	Conduct TOT for pharmaceutical management supervisors in focal counties.
<b>Activity Title:</b>	Human capacity and systems building for strengthening supply chain.
<b>Activity Lead:</b>	Azairwe, Robert <b>Activity #:</b> 5 <b>Task:</b> A040 <b>Subtask:</b> MASD10
<b>Activity Description:</b>	Sub-activities will include: (1) Development of one modular public sector training manual on concepts of pharmaceutical management. (2) Training of Trainers (TOT) workshops for SHTP-II sub-contracting partners, SMOH directors of pharmaceutical services and county health officers in SHTP-II counties. (3) Conduct state or county-level workshops to train about 140 health personnel in the pharmaceutical sector. (4) Supply filing cabinets and stationery for proper filing and safe keeping of all records at the supported facilities. (5) Conduct quarterly supportive supervision visits.
<b>USG Sub-element:</b>	Malaria
<b>Budget:</b> \$250,138.00	<b>Start Date:</b> Oct 2010 <b>End Date:</b> Sep 2011
<b>Products Planned:</b>	One modular public sector training manual. Training of Trainers (TOT) workshops report. List of trainees by category and source. Report on state or county level workshops. List of filing cabinets and stationery provided by quantity and location. Supportive supervision reports.
<b>Reporting Period:</b>	1 October 2011-31 December 2011
<b>Activity Progress:</b>	One SPS staff participated in a course on "Procurement and Supply Management". SPS supported UNDP to facilitate pharmaceutical management training (14

participants) in Eastern Equatoria state. One SPS staff member participated in an international training on rational medicine management with focus on HIV/AIDS, TB and Malaria commodities. SPS facilitated an ARC/SUHA-funded pharmaceutical management workshop in Kajo-Keji (40 health workers:7 female, 33 male). SPS staff also facilitated sessions on pharmaceutical management and rational use of medicines in a training organized by Catholic Diocese of Torit (17 participants: 6 female, 11 male).

**Barriers to Progress:** None.

**Next Steps:** Convert knowledge to action.

**Activity Title:** Promote rational medicine use interventions with focus at Juba teaching hospital and supported SHTP-II health facilities as a start.

**Activity Lead:** Azairwe, Robert **Activity #:** 6 **Task:** A040 **Subtask:** MASD10

**Activity Description:** Sub-activities include: (1) Produce and supply Standard Treatment Guidelines. (2) Develop standardized prescription books, including for narcotics/restricted drugs. (3) Develop and print IEC materials categorized to target prescriber, dispensers, and patients/consumers. (4) Develop terms of reference and establish DTCs at Juba Teaching Hospital. (5) Adapt RMU training materials and train DTC members. (6) Identify and provide key reference materials for updating knowledge of DTC members of the medical team.

**USG Sub-element:** Malaria

**Budget:** \$184,415.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Report of RMU assessment STGs for Juba teaching hospital and selected facilities. Standardized prescription forms. IEC materials for RMU. Terms of Reference for DTCs in the teaching hospital. RMU training materials adapted for DTCs. Report of DTC training.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** In collaboration with the MoH Pharmaceutical Directorate, SPS conducted a five day Drug and Therapeutic Committee (DTC) training for 25 health personnel from Juba teaching hospital, Yambio hospital, Torit hospital, Bor hospital, and Al Sabah pediatric hospital, based on actual problems of irrational drug use at the hospitals. An ABC/VEN analysis exercise was done. SPS held discussions with the hospital administration on how to resolve key issues, such as shortage of oxygen valves at Juba Teaching hospital. SPS conducted a DTC orientation meeting for 12 key personnel at Torit Civil Hospital, in Eastern Equatoria state. A draft action plan was developed and the next steps in establishing the DTC were agreed upon. Baseline data was collected on drug use, prescription and dispensing practices (from patient/dispensary registers), and a sample of exit interviews (as part of setting up the Torit Hospital DTC). Findings will be shared.

SPS conducted a DTC orientation meeting at Yambio state hospital. 25 staff was oriented on DTC roles and functions and a draft action plan was prepared. Baseline data was collected on drug use focusing on the prescription and dispensing practices

at Yambio State hospital (in patient, OPD and dispensary registers and exit interviews). Report to be shared. In Eastern Equatoria, SPS participated in inspection of private health sector outlets in Torit Town initiated by the Specialized Committee for Health, HIV/AIDS and Youth and Sport, Eastern Equatoria Legislative Assembly. SPS provided 4 dispensing trays and 6 thermometers to the state and oriented pharmacy staff at Torit State Hospital and Nyong PHCC on use.

**Barriers to Progress:** None.

**Next Steps:** Continue to support the DTCs.

**Activity Title:** Update malaria treatment guidelines and train in-service health workers in correct management of malaria.

**Activity Lead:** Azairwe, Robert **Activity #:** 7 **Task:** A040 **Subtask:** MASD10

**Activity Description:** Sub-activities will include: (1) Facilitating malaria Technical Working Group meetings to update guidelines. (2) Finalization and printing of the malaria treatment guidelines. (3) Producing job aids and educational materials. (4) Assessing malaria case management training needs in Central, East and West Equatoria (CES, EES, WES), and Jonglei states, with focus on SHTP II counties. (5) Conduct state or county-level training workshops for in-service health workers. (6) Follow-up of at least 30 trained health workers as part of supportive supervision.

**USG Sub-element:** Malaria

**Budget:** \$184,415.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Updated malaria treatment guidelines. Job aides and educational materials. Reports of training workshops for in-service health workers. Reports of follow-up on trained health workers.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS developed malaria dosage charts recommended first and second-line antimalarials in response to a malaria outbreak. SPS printed malaria dosage charts (1000 copies for first-line and 1000 copies for second-line). SPS produced 500 copies of the malaria treatment guidelines, and facilitated the distribution of 500 copies of malaria treatment guidelines to all 10 states. SPS continued to support the NMCP to update the malaria treatment guidelines based on the most recent WHO guidelines.

**Barriers to Progress:** None.

**Next Steps:** Complete updating the malaria treatment guideline.

**Activity Title:** Support MoH/NMCP to monitor efficacy of antimalarial medicines.

**Activity Lead:** Azairwe, Robert **Activity #:** 8 **Task:** A040 **Subtask:** MASD10

**Activity Description:** SPS will: (1) Develop a SOW and hire a consultant(s) to support NMCP. (2) Develop/adapt WHO drug efficacy monitoring protocols. (3) Identify, train staff and equip one sentinel site for efficacy monitoring. (4) Conduct one drug efficacy study. (5) Data management, report writing and dissemination/publication of findings.

**USG Sub-element:** Malaria

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**Budget:** \$184,415.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** SOW for monitoring efficacy of antimalarials. Efficacy monitoring plan. Adapted Southern Sudan drug efficacy monitoring protocol. Drug efficacy study report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** NMCP was supported to finalize adaptation of the WHO therapeutic efficacy testing protocol to the South Sudan context. The draft protocol was circulated and comments from WHO and other technical partners incorporated.

**Barriers to Progress:** None.

**Next Steps:** Finalize and implement.

**Activity Title:** Support MoH to draft a pharmaceutical master plan and provide TA for establishment of a drug regulatory body.

**Activity Lead:** Azairwe, Robert    **Activity #:** 9    **Task:** A040    **Subtask:** MASD10

**Activity Description:** Sub-activities include: (1) Developing SOW/terms of reference for the trips, selecting suitable countries to be visited, and identifying participants for the trips. (2) Organizing meetings/interactions with key informants and authorities in the host country. (3) Obtaining contact details and establish lines of communication for future collaborative consultations, (4) Organizing consensus workshop(s) to present draft master plan and incorporation of inputs. (5) Provide TA for reviewing and designing the structures of departments of pharmaceutical services.

**USG Sub-element:** Malaria

**Budget:** \$279,764.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** SOW for drafting the pharmaceutical master plan. Report of consensus workshop(s) to present draft master plan. Pharmaceutical master plan. Structures for Food and Drug Authority, MoH pharmaceutical directorate, central medical stores and SMOH departments of pharmaceutical services. SOW for study tours. Reports of debriefing meeting/workshop upon return from visits.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS organized observational study tours for officials of the South Sudan MoH to the pharmaceutical systems of Uganda and Tanzania. Four MoH officials and one SPS staff member went to Uganda. Similarly, a team of 3 MoH pharmaceutical counterparts and 2 SPS staff visited the MoH and related institutions of the Republic of Tanzania on an observational study tour of their pharmaceutical systems. A debriefing meeting was held with the MoH and stakeholders of countries visited before departing.

The Directorate of Pharmaceuticals and Equipment (DPE) was supported to prepare and present experiences and lessons learned from all SPS-facilitated observational study tours (Ethiopia, Uganda and Tanzania) to MoH senior management. The DPE was also supported to prepare a presentation to the Minister of Health on activities implemented jointly by SPS and the department in Juba teaching hospital. The South

Sudan Food & Drug Control Authority Bill was passed by the Council of Ministers.

**Barriers to Progress:** It's not clear which pharmaceutical supply management model South Sudan would like to establish.

**Next Steps:** Conduct baseline assessment/desk review and convene review/consultative meeting for pharmaceutical sector master plan and logistics systems design.

**Activity Title:** Support existing Minilab® testing sites to carry out basic quality control testing.

**Activity Lead:** Azairwe, Robert **Activity #:** 10 **Task:** A040 **Subtask:** MASD10

**Activity Description:** Sub-activities will include: (1) Providing office furniture and supplies for the Minilab® premises at CMS, Juba. (2) Continue providing support and TA to the existing site at Kaya. (3) Replenishing reagents and reference standards for the Minilab® sites. (4) Facilitating quarterly supportive supervision and on-the-job training/mentoring. (5) Supporting MoH to manage Minilab® data. (6) Reviewing SOPs and Minilab data management tools, and orientation on their use. (7) Conducting one-day sensitization workshops on pharmaceutical regulations and quality assurance for clearing agents/stakeholders in Juba and Kaya.

**USG Sub-element:** Malaria

**Budget:** \$279,764.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Reports of supportive supervision visits to Minilab® sites. Database of Minilab® data. Updated SOPs and Minilab data management tools. Report of sensitization workshops.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS followed-up on procurement and clearance of lab reagents and other items (e.g. furniture) required for operation of minilabs. The CMS minilab will be made functional in the next quarter.

**Barriers to Progress:** None.

**Next Steps:** Ensure the CMS minilab is operational/functional.

**Activity Title:** Support MoH to strengthen planning and coordination of malaria control activities at the central, state and county-level.

**Activity Lead:** Azairwe, Robert **Activity #:** 11 **Task:** A040 **Subtask:** MASD10

**Activity Description:** SPS will focus on building capacity for state and country-level planning, updating malaria treatment guidelines and IEC materials, training of health personnel in correct diagnosis and management of malaria, introducing the new malaria RDT kits and, strengthening monitoring and evaluation systems, including monitoring efficacy of antimalarials drugs.

**Budget:** \$171,334.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Final planning guide and tools. Reports of state-level malaria review and planning meetings. State and county malaria implementation plans. Joint 2011 NMCP implementation plan. 2011 Malaria Newsletter Minutes of Malaria Technical Working Group (TWG) meetings. Reports/presentations at key malaria planning or

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coordination meetings.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS coordinated the East Africa Roll Back Malaria mission to South Sudan. As part of the mission, SPS prepared and made presentations. SPS participated jointly with the EARN mission team in a field visit to Terekeka County and visited 3 health facilities. SPS supported the CCM, NMCP and PSI (the PR) to prepare for the Global Fund meeting held in Geneva to negotiate and sign the malaria grant. The NMCP/MoH was supported to draft justifications and provide clarifications for issues raised by the GFATM secretariat. One SPS staff was nominated by the South Sudan CCM to participate in the Geneva GFATM negotiation meeting. The CCM/NMCP was supported to work out budget breakdowns for NMCP researches proposed in the round 7 and 10 GFATM malaria grant. SPS participated in a meeting between NMCP and PSI to discuss ITN specifications and in NMCP and Malaria Consortium meeting for planning the continuous ITN distribution pilot. NMCP was supported to update the South Sudan EARN road map, later uploaded onto the RBM website. SPS worked with NMCP to organize an orientation workshop for state malaria coordinators and M&E/surveillance officers from 8 states. The orientation workshop covered training on developing malaria action plans for all the states. SPS helped to orient the National Malaria Program Manager on all key elements of the South Sudan malaria program including critical issues related management of GFATM malaria grants. SPS worked with the MoH to draft a contract for the new Program Manager.

**Barriers to Progress:** Dysfunctional information systems.

**Next Steps:** Work with PSI and NMCP to develop a MOU for GFATM malaria activities to be implemented by NMCP.

**Activity Title:** Pilot First-Response Malaria RDTs in selected counties.

**Activity Lead:** Azairwe, Robert **Activity #:** 12 **Task:** A040 **Subtask:** MASD10

**Activity Description:** SPS will support the MoH/NMCP to deploy and document the performance of the First-Response Malaria RDTs. SPS will also develop a concept paper on effective deployment of First-Response Malaria RDTs, coordinate the lot testing of the RDTs, adapt and produce appropriate training materials, job aids and monitoring tools, hold a central-level planning meeting for key stakeholders, and distribute RDTs to pilot counties. SPS will train laboratory staff and health personnel in the pilot counties, monitor performance of RDTs (field results against expert microscopy), conduct regular supportive supervision, and draft and share the RDT pilot report.

**USG Sub-element:** Malaria

**Budget:** \$171,334.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Concept paper on RDT deployment. Lot testing results. Training materials, job aids and monitoring tools. Report of stakeholders' planning meeting. RDT Distribution plan. Report of training health personnel RDT performance data and discordant rates. Supportive supervision reports RDT pilot report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS continued to receive and update the malaria RDT database for the RDT pilot counties of Yei, Terekeka and Kajo Keji. Enough samples of the RDTs and corresponding blood smears have been collected and are being analyzed by expert microscopists at Juba teaching hospital.

**Barriers to Progress:** None.

**Next Steps:** Review First Response RDT pilot findings.

**Activity Title:** Support the MoH to strengthen malaria M&E systems at central and state levels.

**Activity Lead:** Azairwe, Robert **Activity #:** 13 **Task:** A040 **Subtask:** MASD10

**Activity Description:** Sub-activities will include: (1) Supporting NMCP to finalize, print and disseminate the 2009 Malaria Indicator Survey (MIS) report and findings. (2) Facilitating support supervision to state, county and health facility levels. (3) Conducting post-training follow-up on malaria case management. (4) Expanding the malaria indicator surveillance system to additional 15 health facilities. (5) Supporting the MoH/NMCP to draft the 2010 annual malaria program report.

**USG Sub-element:** Malaria

**Budget:** \$171,334.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Support supervision reports. Reports of post-training follow-up. Data from 15 new surveillance sites NMCP 2010 annual malaria program report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS supported NMCP to print 1,000 copies of the 2009 Malaria Indicator Survey (MIS) report and distribution of the reports was initiated. NMCP was supported to disseminate the MIS findings at different fora. Supportive supervision was conducted jointly with the Central Equatoria state MoH in all 5 counties of the state, including RDT pilot sites. A total of 24 health facilities were supervised and follow-up after training (case management and first response RDTs) was conducted for 44 trained health workers at the health facilities using standardized checklists. The MoH was supported to review 2 operations research proposals related to malaria. SPS continued to manage data collected from malaria sentinel sites and supportive supervision visits and compiled appropriate reports. Together with NMCP, SPS held discussions with WHO South Sudan on how to expand malaria sentinel surveillance through linkage with the Integrated Disease Surveillance System (IDSR). NMCP will be supported to develop a simple reporting tool to be introduced at the hospital-level as part of IDSR.

**Barriers to Progress:** Lack of appropriately skilled workforce. Dysfunctional information systems.

**Next Steps:** Expand malaria sentinel surveillance through linkage with IDSR.

**Activity Title:** Technical activity coordination, monitoring and reporting.

**Activity Lead:** Azairwe, Robert **Activity #:** 14 **Task:** A040 **Subtask:** MASD10

**Activity Description:** This includes activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings with partners and HQ, and communications with partners and HQ.

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**USG Sub-element:** Malaria  
**Budget:** \$157,731.00 **Start Date:** Oct 2010 **End Date:** Sep 2011  
**Products Planned:** Reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS technical staff met with the new USAID/Juba Senior Health Team Leadership to discuss FY10 SPS work plan implementation and priorities for inclusion under the FY11 SIAPS work plans. Finalized drafting of the FY11 SPS/SIAPS pharmaceutical/malaria and EPI work plans and shared the drafts with SIAPS HQ technical team for review and input. SPS staff participated in one MSH meetings to discuss the operational and technical aspects of the projects. A two-day retreat/meeting was held for all SPS staff to orient them on the new project SIAPS. In addition: (1) SPS participated in the Central Equatoria state Health coordination meeting. (2) SPS participated in a meeting organized by USAID for dissemination of the initial findings from the pharmaceutical logistics assessment conducted by GH Tech. (3) SPS met with the Global fund LFA team to discuss the risks of unaccounted for medicine in national drug supply system, main challenge being lack of mechanisms to track the flow of medicines along the supply chain. MoH was supported to compile the malaria section of the progress report for the RSS President's 100 days. In Eastern Equatoria state, SPS participated in the state MoH weekly meetings to discuss restructuring of the ministry and payroll management. SPS participated in discussions between the State MoH, Eastern Equatoria and the Episcopal Church of Sudan regarding implementation of primary health care programs and assisted to review a draft MOU. As requested by the Deputy Minister of Health, SPS assisted NMCP to estimate the cost for conducting Indoor Residual Spraying (IRS) in Juba city, including discussions with a team from Zimbabwe. SPS met with SHTP-II team to discuss implementation of misoprostol for control of post partum hemorrhage. SPS worked with the MoH and CDOT to identify health workers for a 3-month pharmacy course in Uganda. SPS drafted a technical presentation for the MoH delegation to Amman, Jordan.

**Barriers to Progress:** None.

**Next Steps:** Strengthen coordination.

**Activity Title:** Office management and program support operations.

**Activity Lead:** Azairwe, Robert **Activity #:** 15 **Task:** A040 **Subtask:** MASD10

**Activity Description:** Under FY2010 SPS Sudan will continue to meet the office management needs of the National Malaria Control Program. Specific activities will include: Provision of office supplies and stationery, managing transport requirements for SPS staff and consultants, renovation of office structure, and installation of an intercom system and teleconference facilities.

**USG Sub-element:** Malaria  
**Budget:** \$638,176.00 **Start Date:** Oct 2010 **End Date:** Sep 2011  
**Products Planned:** Reports (quarterly, semi-annual, annual). Program and financial reports.

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<b>Reporting Period:</b>	1 October 2011-31 December 2011
<b>Activity Progress:</b>	SPS continued to meet program operations for SPS and NMCP offices. SPS contributed to cost sharing arrangements with SHTP II, including office utilities (internet, stationery) and other overhead. SPS worked jointly with the MoH (Central and CES State) to evaluate bids and select a vendor for renovation of the Central Equatoria state medical stores. SPS furnished the prefab office erected at MoH to provide additional office space for the SPS team.
<b>Barriers to Progress:</b>	None.
<b>Next Steps:</b>	Commence renovation of CMS. Continue to meet program operations and cost sharing arrangements.

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### ***Southern Sudan MCH***

**Work plan:** Southern Sudan MCH    **Year** 2010

**Funding Level:** \$750,000.00

#### **Work plan Background**

Following the conclusion of the Comprehensive Peace Agreement (CPA) on January 9th, 2005, and the subsequent ending of the decades-long civil war, post-conflict reconstruction is well underway in Southern Sudan. The institutional, technical, and organizational capacity of the health sector and public health programs is now being built with assistance from technical partners such as USAID, WHO, UNICEF, and multiple NGOs. The Government of Southern Sudan (GoSS) prepared a policy document to guide the development of a national health care system: the Health Policy for the Government of Southern Sudan, 2007-2011. In this policy, the Ministry of Health (MoH) clearly defined the Basic Package of Health Services for Southern Sudan and articulates the importance of immunization services as a basic child health and survival strategy. Based on the Health Policy, the MoH prepared the "Comprehensive Multi-Year Plan (cMYP) for the Expanded Program on Immunization (2007-2011)" to define the road map for development of the National Routine immunization services delivery system throughout the country. Over the last three years, GoSS and routine immunization partners (mainly UNICEF, WHO and NGOs) worked closely to implement and strengthen the routine immunization services delivery system. The MoH/EPI and partners continue to face major strategic and operational challenges to the establishment and expansion of a sustainable routine immunization system. There is shortage of trained and experienced EPI staff at all levels. The MoH does not have a cold chain system and the one in place is run by UNICEF and is inadequate. Transport for EPI products and staff is hampered by lack of dedicated vehicles for the program. Monitoring, supervision, and EPI information system is weak at all levels. The state/county vaccination coverage for all antigens is disproportionate. The absence of a strategy for introduction of new antigens (such hepatitis B and pneumococcal vaccines) has prevented Southern Sudan from benefiting from such technologies. The USAID Sudan Field Office (SFO) has mandated the MSH/Strengthening Pharmaceutical Systems (SPS) program to provide support to the MoH to strengthen the national EPI Program. Over the last 6 months, SPS has provided significant technical support to the EPI program of Ministry of Health of the Government of Southern Sudan. A Long Term Technical Advisor has

been placed in the program to work closely with and mentor national counterparts in various aspects of EPI programming. There is already evidence of improved planning, coordination and conceptualization of EPI issues, as a result of SPS support.

**Activity Title:** Develop an Integrated EPI work plan for South Sudan

**Activity Lead:** Azairwe, Robert **Activity #:** 1 **Task:** A040 **Subtask:** MHSD10

**Activity Description:** SPS will : Provide technical assistance to the EPI Program Manager, the Directorate of PHC, and partners to develop a comprehensive and integrated annual departmental work plan for 2011.

**USG Sub-element:** Maternal and Child Health

**Budget:** \$216,319.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Annual EPI work plan. Quarterly EPI reports. Annual EPI reports (GAVI annual progress report and WHO/UNICEF Joint Reporting formats).

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS coordinated the logistical and technical aspects related to the in-depth program review for immunization in South Sudan. A one-day planning meeting was conducted, and SPS coordinated and participated, including the field work phase of the review. SPS supported the collation of state-specific mission reports, coordinated, and facilitated the EPI review feedback meeting from all the 10 states. SPS supported the MoH to finalize the EPI review report for South Sudan. SPS facilitated the EPI review debriefing meeting for the MoH top management.

**Barriers to Progress:** Lack of appropriately skilled workforce and dysfunctional information systems.

**Next Steps:** Strengthen EPI activities.

**Activity Title:** Support 6 of the 13 SHTP II counties in micro-planning for EPI delivery.

**Activity Lead:** Azairwe, Robert **Activity #:** 3 **Task:** A040 **Subtask:** MHSD10

**Activity Description:** SPS will finance implementation of routine EPI sessions micro-plans development.

**USG Sub-element:** Maternal and Child Health

**Budget:** \$216,319.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Six county level operational EPI micro-plans.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Technical support was provided to MSF-France in development of a proposal to revitalize routine immunization services in Northern Bahr El Ghazaal State.

**Barriers to Progress:** None.

**Next Steps:** EPI capacity building, including performance monitoring.

**Activity Title:** Support EPI technical coordination

**Activity Lead:** Azairwe, Robert **Activity #:** 4 **Task:** A040 **Subtask:** MHSD10

**Activity Description:** SPS will support the EPI Program Manager to call for and hold monthly EPI

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Technical Working Group/ICC meetings.  
**USG Sub-element:** Maternal and Child Health  
**Budget:** \$216,319.00 **Start Date:** Oct 2010 **End Date:** Sep 2011  
**Products Planned:** Quarterly ICC.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** SPS supported preparations for the inter-agency coordination committee (briefing notes and presentation) held on December 22, 2011. SPS also supported the development of scripts and recordings for promotional radio announcements for routine EPI in South Sudan.

**Barriers to Progress:** None.  
**Next Steps:** Support EPI coordination.

**Activity Title:** Dissemination of the National EPI policy for South Sudan

**Activity Lead:** Azairwe, Robert **Activity #:** 8 **Task:** A040 **Subtask:** MHSD10  
**Activity Description:** SPS will continue to support the EPI program to disseminate the EPI Policy and perform a national launching that will involve all stakeholders and the media.

**USG Sub-element:** Maternal and Child Health  
**Budget:** \$49,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011  
**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** SPS provided focused technical advice to the EPI team in South Sudan, regarding introduction of Rubella vaccines.

**Barriers to Progress:** Lack of appropriately skilled work force.  
**Next Steps:** EPI capacity building.

**Activity Title:** Support printing and dissemination of immunization policy implementation guidelines

**Activity Lead:** Azairwe, Robert **Activity #:** 9 **Task:** A040 **Subtask:** MHSD10  
**Activity Description:** SPS will disseminate the EPI policy to county health departments, mainly through the monitoring and support supervision visits, and the EPI policy implementation guidelines/tools. Staff will print and disseminate the EPI standards for monitoring and supervision of EPI and the adapted WHO immunization in practice manual for Southern Sudan.

**USG Sub-element:** Maternal and Child Health  
**Budget:** \$49,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011  
**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011  
**Activity Progress:** SPS supported the launching of the EPI policy implementation guidelines and the

launching of the EPI review report. Staff also drafted the Immunization Practice Handbook for vaccinators as an abridged version of the Immunization Practice Manual for South Sudan.

**Barriers to Progress:** None.

**Next Steps:** EPI capacity building, including performance monitoring.

**Activity Title:** Support immunization in practice trainings.

**Activity Lead:** Azairwe, Robert **Activity #:** 10 **Task:** A040 **Subtask:** MHSD10

**Activity Description:** SPS will support the MoH and EPI Program to roll-out capacity building initiatives by organizing training courses on the different aspects of EPI, at central, state and county levels, with a special focus on Immunization-in-Practice training.

**USG Sub-element:** Maternal and Child Health

**Budget:** \$57,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Training reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS helped to audit preparatory activities for the November round of NIDs, justifying the postponement of implementation dates to November 8-11, 2011. SPS supported the MoH EPI to launch the Polio/NIDs for November round at Kimu Health Centre in Gudele (drafted the launching message for the Minister of Health/RSS). SPS finalized preparations and conducted training of 15 trainers for immunization practice in Upper Nile State. The training of 25 vaccinators was completed in Upper Nile State.

**Next Steps:** EPI capacity building including performance monitoring

**Activity Title:** Quarterly EPI performance monitoring report/feedback to all the states

**Activity Lead:** Azairwe, Robert **Activity #:** 14 **Task:** A040 **Subtask:** MHSD10

**Activity Description:** SPS will support the EPI program to provide feedback on support supervision findings through a bi-annual EPI newsletter.

**USG Sub-element:** Maternal and Child Health  
Maternal and Child Health

**Budget:** \$118,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Cumulative EPI monitoring curves for all 10 states.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS developed and disseminated the EPI performance monitoring feedback to all 10 states. SPS participated in the South Sudan Household Survey Technical Working Group meeting and documented the presentation of EPI findings. SPS drafted the EPI/Tetanus protection at birth sections of the South Sudan Household Survey Report. Staff also participated in review of the mid-term evaluation report for IDSR implementation in South Sudan.

**Barriers to Progress:** Dysfunctional information systems.

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**Next Steps:** EPI capacity building.

**Activity Title:** National EPI coverage verification survey

**Activity Lead:** Azairwe, Robert **Activity #:** 15 **Task:** A040 **Subtask:** MHSD10

**Activity Description:** SPS will support the EPI program to build national capacity to verify administratively reported EPI data through the 30x7 cluster survey methodology.

**USG Sub-element:** Maternal and Child Health

**Budget:** \$118,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Coverage Survey Report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS supported two UNICEF-hired consultants to finalize plans and budgets for: the immunization coverage verification surveys for South Sudan, cold chain inventory for South Sudan, and effective vaccine management assessment for South Sudan. SPS facilitated the roll-out training and supervision of immunization coverage surveys in the greater Equatoria region.

**Barriers to Progress:** Lack of appropriately skilled work force.

**Next Steps:** Compile immunization verification coverage survey and disseminate findings.

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## **Swaziland**

**Work plan:** Swaziland PEPFAR    **Year** 2010

**Funding Level:** \$1,210,000.00

### **Work plan Background**

According to the Demographic Health Survey (2007), the largest share of the Swazi burden of disease remains communicable diseases, with HIV/AIDS and TB rates the highest in the world. HIV has a high impact on the health of the population with 26% prevalence among the adult population (15-49 years), with higher prevalence rates among females (31%) compared to males (20%) infected. Some 70,500 people in Swaziland are estimated to be in need of ART treatment. At the end of 2009, about 48,000 people received treatment (68%) in 70 health facilities (out of the total 223 facilities). For TB, the case detection rate and the treatment success rate are both below the WHO targets, but are gradually approaching the targets set. According to the Service Availability Mapping study (SAM, November 2008), the majority of the Swazi population (85%) is within a 8 km range of a health facility. However, there are a variety of reasons to suggest that coverage may be lower than generally assumed. Low coverage may also be attributable to the type of health facility — there are only 5 health centers in the whole country and most clinics provide only out-patient care, with few maternity units or labs. The functionality of these facilities can also limit access, through lack of medicines, staff or maternity beds. With only 45% of health facilities under the public sector (and 23% operated by the private-for-profit sector), equity and accessibility for the (rural) population remain important issues on the policy agenda. The health sector is faced with a severe shortage of human resources across all cadres at all levels of the health system. This shortage in the public sector is further aggravated by competition for qualified health professionals from the private sector and more developed economies such as South Africa, Europe and the United States. In terms of human capacity development for health, there are 3 local training institutions for health professionals mainly nurses and nursing assistants. There are no training facilities for pharmacists or pharmacy technicians. (National Health Sector Strategic Plan, 2008 – 2013).

It was from this background that MSH/SPS support to the government of Swaziland was established. The focus of the support was to strengthen supply chain management of ARV medicines in the country. MSH/SPS has been working with the National Emergency Response Council on HIV&AIDS (NERCHA) to support the procurement, supply and distribution of ARV and TB medicines through Global Fund grant. The support to the government of Swaziland was initiated through the RPM plus project in 2006. Following this initial support to supply chain management, MSH/SPS was further requested by the Ministry of Health (MoH) to provide support on pharmaceutical policy and governance issues in the country. At this time, SPS began supporting the MoH in the development of the country's essential medicines list, pharmacy and medicine control legislation, standard operating procedures and tools for supporting the supply chain management system from facility to the central medical stores. In addition to addressing pharmaceutical systems gaps to the HIV/AIDS program, MSH/SPS addresses key laboratory commodity priority areas. Under FY10 funding, MSH/SPS will work to support the implementation of the five year goal for care and treatment of the PEPFAR/Government of the Kingdom of Swaziland Partnership Framework: decentralize and improve the quality of HIV care and treatment services to increase access and improve outcomes for PLWHA. This plan delineates the activities that have been planned for Swaziland, in consultation with key partners.

<b>Activity Title:</b>	Implement a treatment adherence program for patients on TB and HIV medicines at 22 facilities.
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**Activity Lead:** Matshotyana, Kidwell      **Activity #:** 6    **Task:** A040    **Subtask:** XXSZ1006

**Activity Description:** MSH/SPS will implement the adherence monitoring tool that was developed by MSH/SPS in the four regions of the country. Currently the ARV program is only using the pill count method to monitor adherence to therapy. The adherence monitoring tool is using four different methods to monitor adherence (pill recognition and pill count, visual analogue scale, self reporting, and refill dates).

**Budget:** \$83,095.00    **Start Date:** Jan 2011    **End Date:** Sep 2011

**Products Planned:** Technical report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS provided a technical supportive visit to Raleigh Fitkin Hospital and King Sobhuza II Public Health Unit to support the utilization of RxPMIS for patient treatment outcomes monitoring. On-site support and mentorship was provided to nurses at these health facilities. In response to a concern for the rising number of clients on second-line ARVs, the National AIDS Program requested SPS to provide guidance on the options of introducing an Atazanavir containing regimen as an alternative second-line. SPS searched through SPS global to access resources that could assist in providing this guidance. SPS conducted a 2-day TB drug management training in collaboration with the National TB Program (NTP) in December. The trainings were targeted at health care workers providing TB services in the Manzini and Lubombo regions. A total of 27 health care workers were trained (22 nurses, 1 pharmacist and 4 orderlies). 6 facilities are participating in the national Isoniazid Prophylaxis Therapy (IPT). SPS continues to provide advice and guidance in the implementation of the plan by participating in the national TB/HIV coordinating committee meetings.

**Barriers to Progress:** None.

**Next Steps:** Conduct a drug utilization review of second-line ARVs. Support the expansion of the IPT program to reach more clients by improving the distribution from central medical stores.

**Activity Title:** Develop and implement good dispensing practice standards for the ART satellite sites

**Activity Lead:** Matshotyana, Kidwell      **Activity #:** 7    **Task:** A040    **Subtask:** XXSZ1007

**Activity Description:** SPS will develop training material for good dispensing practices and patient counseling skills at satellite facilities for ART decentralization. Once the material is complete, SPS will conduct trainings of 180 pharmacy personnel at satellite sites and continue to ensure satellite sites comply with good dispensing standards. MSH/SPS will continue to strengthen routine monitoring and supervision of facilities through supportive supervisory activities. SPS will conduct training for the 4 regional pharmacists on medicines management to capacitate them with mentorship and supervisory skills. SPS will also conduct training for 120 HCW (including the Regional Health Management Teams) in the 4 regions, on medicines supply management with emphasis on supervisory skills for medicines management. Lastly,

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SPS will support the semi-annual review of results from the support supervision activities during the monthly pharmacists' forum.

**Budget:** \$112,707.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Training report. Technical report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Concerning the standard operating procedure for central medical stores/facilities: a distribution and implementation plan was developed and shared with the MoH. A SOP training module was developed and 27 health workers were trained as part of the TB pharmaceutical management training. SPS conducted supportive supervision to 13 facilities on pharmaceutical services focusing on stock management, dispensing, record keeping, and patient adherence counseling.

**Barriers to Progress:** The selected printing company was unable to print according to set dimensions and specifications, so labels had to be re-designed and sent back to the company.

**Next Steps:** Disseminate ARV dispensing labels and support use. Commence 2nd review of SOPs as per implementation plan. Conduct regional visit to Shiselweni, as part of the quarterly mentoring and support visit. Developed a draft antiretroviral drug chart (job aid) for the ART program to enable health care workers, mainly from NARTIS sites, to understand ART medicines and have a quick reference guide on their use, side effects and common interactions.

**Activity Title:** Support PTCs and improve rational medicines use and mitigate AMR

**Activity Lead:** Matshotyana, **Activity #:** 8 **Task:** A040 **Subtask:** XXSZ1008  
Kidwell

**Activity Description:** PTCs will be re-established and supported in 4 selected hospitals and indicators for internal and external monitoring and evaluation of PTCs will be developed in collaboration with MoH. MSH/SPS will work with the PTCs to improve the reporting and management of adverse events at all facilities providing HIV and TB treatment and care services.

**Budget:** \$154,450.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** Technical report to include minutes of PTC meetings held in the quarter.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS visited Good Shepherd hospital, as part of the site support visits, to assess PTC functionality at the facility. The facility had minutes of the 3 meeting held during the period from April- September 2011. One quality improvement intervention was implemented and documented in the minutes. The intervention focused on the review of health financing mechanisms in the institution (introduction of co-payment). SPS piloted the ADR form in the Hhohho region, the pilot was done to determine appropriateness of the content and ease of completing the ADR form in 8 facilities including the Mbabane Private Clinic. Respondents included 1 surgeon, 5 medical officers, 8 nurses, 4 pharmacists, and 3 pharmacy technicians (8 facilities participated in the pilot). A report of this pilot has been completed. SPS drafted the 1st issue of the

Swaziland Medicines Safety Watch. The newsletter will be developed quarterly and its purpose is to provide information on medicines safety to health workers and also encourage reporting of ADR. Supported the Swaziland Pharmacy Week in collaboration with the Swaziland Pharmaceutical Association. SPS support included the development and printing of posters on the prevention of anti-microbial resistance (AMR), as well as sponsoring a seminar for 60 people (health care professionals and public). SPS presented on the reality of anti-microbial resistance during Swaziland Pharmacy Week.

**Barriers to Progress:** None.

**Next Steps:** Conduct a PTC training workshop for Hlathikulu and Mankayane Hospitals. Conduct one PTC Quality Improvement Intervention at Piggs Peak Government Hospital. Support ongoing MoH infection prevention Control (IPC) activities with partners (PATH).

**Activity Title:** Improve the optimal use of RxSolution at the Central Medical Stores and the National Laboratory Warehouse

**Activity Lead:** Matshotyana,      **Activity #:** 9    **Task:** A040    **Subtask:** XXSZ1009  
Kidwell

**Activity Description:** MSH/SPS will work to improve medicine use and availability at facilities through implementation of RxSolution/RxPMIS at 43 health facilities. This will be an additional 19 facilities from the current 24 that are using the software.

**Budget:** \$48,854.00      **Start Date:** Jan 2011      **End Date:** Sep 2011

**Products Planned:** Reports of RxSolution.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS participated in a meeting with the Association of Public Health Laboratories (APHL)/URC on Laboratory Information Systems implementation by contracted company DISA®. A data matrix requested by APHL/DISA was created from Rx-Solution® data records and shared. SPS provided mentoring and support to laboratory personnel at the national warehouse (2 officers). The mentorship focused on generating necessary reports and system back-up. Staff revised the LMIS inventory report section to have it installed on RxSolution. Four facilities were mentored on generating this LMIS report off RxSolution (FLAS Manzini, Good Shepherd Hospital, National TB Hospital and Dvokolwako Hospital). SPS upgraded the RxSolution at CMS and the Laboratory warehouse. Staff at these two facilities were introduced to the new features of the tool. Ongoing support was provided to CMS personnel: bug fixes and system backup. SPS initiated a complete product catalogue cleanup on the RxSolution at the CMS: main and ARV warehouse. Other support to CMS included: revised the LMIS report, variance by batch report, and a demander returns module. 32 sites (including stores) are now using Rx-Solution® for dispensing and inventory management.

**Barriers to Progress:** The on-going Rx product list cleanup exercise is slow because staff is involved in other work and there is no central source/reference for all products.

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**Next Steps:** Finalize the Rx products list at CMS. Study and design data sets links between e-tools (Pipeline®, Quantimed®, Rx-Solution®, Laboratory Information System), specifically the product list. Expand the Rx product list cleanup exercise at the NLS (National Laboratory Stores) for laboratory products.

**Activity Title:** Improve medicines (including non ARV) stock control at facilities using RxSolution and bin cards

**Activity Lead:** Matshotyana, **Activity #:** 10 **Task:** A040 **Subtask:** XXSZ1010  
Kidwell

**Activity Description:** SPS will implement RxSolution for essential medicines at RFM, PPH, GSH and MGH and provide on-site mentoring on the use of bin cards for stock control (medicines and laboratory commodities). SPS will also develop and implement a national standard prescription form for primary health care facilities.

**Budget:** \$50,223.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

**Products Planned:** Technical Report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS visited Dvokolwako Health Centre and Sappi Usuthu Clinic to support users on the RxSolution software. SPS provided a 2-day training on Rx-Solution® store management to four Sexual Reproductive Health Unit (SRHU) personnel. This was funded by the United Nations Population Fund (UNFPA). The new version of Rx-Solution® [ver. 1.2.5.1] was fixed of a bug and sites that had this version were updated accordingly (Dvokolwako, RFM). Rx-Solution® was upgraded in all sites to version 1.2.5.1. Backups were also made at Matsanjeni Health Centre, Hlathikhulu Hospital, Raleigh Fitkin Memorial Hospital, Pigg's Peak Hospital, and King Sobhuza II Clinic. SPS worked with the Strategic Information Department to conduct supportive visits to 3 health facilities (King Sobhuza II Clinic, FLAS Manzini Clinic and Manzini Wellness Centre). The regional pharmacist (Manzini) joined these visits to the facilities. Stock record cards were distributed and are being used at the facility-level. SPS developed a revised HMIS electronic tool to accommodate the changes made to the manual tools with the assistance of MoH/SID IT personnel.

**Barriers to Progress:** Regular system down-time due to outdated hardware is hampering the efficient operation of the software at facilities.

**Next Steps:** Implementation of the tool at five SRH sites in the country. Provide on-site mentorship on Rx-Solution® to sites: implement Rx-Solution® at Silele Red Cross, in coordination with the MoH. Populate the Rx-Solution® database with sexual and reproductive health products and accommodate them as part of the standard product list. Provide technical guidance to the MoH on hardware system maintenance.

**Activity Title:** Enhance RxPMIS for optimal utilization at 31 facilities

**Activity Lead:** Matshotyana, **Activity #:** 11 **Task:** A040 **Subtask:** XXSZ1011  
Kidwell

**Activity Description:** SPS will engage a consultant to revise the patient screens on RxPMIS to include data on HIV Care, EPI, TB, and HTC. Patient adherence and adverse events monitoring

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will be integrated into the RxPMIS system, and RxPMIS will be integrated with ETR.net for the TB program data needs. SPS will assist the MoH's Strategic Information Department to conduct an assessment/review of electronic systems used in health facilities to identify gaps and develop a strategic guiding document.

**Budget:** \$205,992.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Technical Report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** 17 facilities are now using the patient management software (RxPMIS). SPS held various RxPMIS discussions with consultants, the HQ team, the local office and partners. As part of the LuvIT Solutions Fixed Price contract: (1) staff facilitated the handover of all source code, documentation and any other RxPMIS specific content from LuvIT Solutions to the SPS. (2) Drafted a work plan to assist the continuation of the project in 2012. Under the RxPMIS (new version) testing: (1) Conducted sessions that gave partners a platform to give the RxPMIS a test run and provide feedback which was compiled and shared. (2) PEPFAR partners, CHAI and MoH officials participated in this review. Work with the Commodity Tracking tool: (1) Meetings held to provide input on the Commodity Tracking System (CTS, the Web portal by SoftWorks®) were held with partners, the MoH, and internally. (2) Continuous testing and feedback has been provided to improve the Swaziland Health Product Tracking System, which is under development.

**Barriers to Progress:** Delays in completing the RxPMIS tool on time.

**Next Steps:** Complete the contract close-out on patient MIS and provide guidance on next steps to product/tool completion. Work with Soft-Works® (an STTA) for the Commodity Tracking System (CTS) to correlate all electronic tools for Swaziland. Finalize the work plan activities and timelines to start work on the improvement of the RxPMIS. Write-up the SOW for the developer.

**Activity Title:** Conduct quarterly quantification meetings for pharmaceutical products

**Activity Lead:** Matshotyana,    **Activity #:** 12    **Task:** A040    **Subtask:** XXSZ1012  
Kidwell

**Activity Description:** MSH/SPS will work to ensure that the quantification of pharmaceuticals is an active process with quarterly reviews of estimates and quantities based on consumption information from the facilities. The quantification process will focus on TB medicines, 2nd line TB medicines, ARVs, sexual reproductive health products, and other essential medicines. MSH/SPS will work to establish and support an active quantification and estimates review process. Quarterly quantification and estimates review meetings will be held with all priority program managers (HTC, Medical Male Circumcision, TB, HIV) and partners supporting laboratory activities (PEPFAR, CHAI, WHO). MSH/SPS will also host 2 laboratory technical working group meetings to facilitate this activity.

**Budget:** \$68,630.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Two laboratory forecasting meetings were conducted, in collaboration with CHAI. Training on quantification principles using Quantimed and PipeLine have been conducted for 12 MoH staff (Central Medical Stores, National Clinical Laboratory, Procurement Unit and Partners (CHAI)). SPS facilitated the ART, IPT and cotrimoxazole forecasting for the year 2012/13. Staff facilitated a workshop on the quantification of essential medicines, supplies, nutrition and vaccines for 30 MoH officials in preparation for the 2012/13 supply planning.

**Barriers to Progress:** None.

**Next Steps:** Support the institutionalization of Quantimed and PipeLine. Produce the quantification report from the Quantimed and PipeLine. Produce 12 month supply planning for antiretroviral, cotrimoxazole and isoniazid. Develop standard quantification guidelines.

**Activity Title:** Implement Good Warehousing Practice standards for the medical and laboratory warehouse

**Activity Lead:** Matshotyana, **Activity #:** 13 **Task:** A040 **Subtask:** XXSZ1013  
Kidwell

**Activity Description:** Support will be provided to the warehouses to comply with good warehouse practice standards. The SOPs, developed through the technical assistance of MSH/SPS in FY09, will be implemented at the Central Medical Stores and the Laboratory Warehouse. In FY10, MSH/SPS will adapt these SOPs for the newly established regional warehouses to improve supply chain. Equipment will be procured for these warehouses to improve safe storage of supplies, occupational safety practices, access control, and workflow processes. Equipment to improve the efficient use of storage space at the warehouse will include cabinets, goods trolleys, storage cabinets, safety signage, and Lynbin labels.

**Budget:** \$117,438.00 **Start Date:** Jan 2011 **End Date:** Oct 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Supply Chain Technical Group meetings were held in October and November. The CMS organizational structure was presented to the MoH and Ministry of Public Service. The Laboratory LMIS form was introduced to the regional laboratory supervisors who then scaled it up to all their respective laboratories. 500 copies of the form were distributed to the 17 laboratories in the country. Weekly stock status update meetings were held to monitor stock availability of laboratory commodities. SPS held the first meeting of the laboratory equipment standardization with participation from University Research Council LLC, MoH (National Clinical Laboratory Services and Engineering department).

**Barriers to Progress:** Stock-out of laboratory commodities. The storage capacity at laboratory warehouse is inadequate.

**Next Steps:** Work with NERCHA in the shelving of the laboratory warehouse. Finalize the lab

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warehouse SOP. Coordinate the Supply Chain Technical Working Group. Engage a consultant to rationalize the warehouse and distribution functions at the central-level. Develop work plan for the SCTWG and continue with the standardization process of laboratory equipment.

**Activity Title:** Promote effective procurement practices through the provision of technical assistance at the MoH Procurement Unit

**Activity Lead:** Matshotyana, **Activity #:** 14 **Task:** A040 **Subtask:** XXSZ1014  
Kidwell

**Activity Description:** SPS will conduct training for the procurement unit personnel on supply chain management of both pharmaceuticals and laboratory commodities. SPS will also promote the use of RxSolution in procurement of pharmaceutical and laboratory commodities. Technical assistance will be provided to the MoH procurement unit to improve the efficiency of the tendering process for pharmaceutical and laboratory products.

**Budget:** \$25,054.00 **Start Date:** Jan 2011 **End Date:** Oct 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** 2 MoH (procurement and deputy director for health service) staff participated in Tender Adjudication Training, facilitated by the University of Pretoria, South Africa. A procurement staff member attended a forecasting and supply planning training using PipeLine and Quantimed. SPS supported the recruitment of a Procurement Manager for the MoH. The position was advertised.

**Barriers to Progress:** Slow processes from the MoH. Financial constraint of the government.

**Next Steps:** Development of the procurement procedure manual with the support of STTA. Start utilizing PipeLine to facilitate supply planning. Continue supporting the recruitment of a Procurement Manager.

**Activity Title:** Improve the distribution of pharmaceuticals for priority health programs such as HIV, TB, EID, HTC

**Activity Lead:** Matshotyana, **Activity #:** 15 **Task:** A040 **Subtask:** XXSZ1015  
Kidwell

**Activity Description:** The distribution of commodities from the laboratory warehouse and the CMS will be strengthened through interventions that will seek to improve the integrity of products during transportation, with emphasis on maintaining the cold chain of commodities, preventing pilferage, and promoting speedy delivery of supplies. MSH/SPS will develop a list of “Essential Laboratory Reagents” according to the appropriate laboratory level.

**Budget:** \$23,516.00 **Start Date:** Oct 2010 **End Date:** Oct 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Lab LMIS forms were distributed to facilities and started using them for reporting and ordering products. Training of trainers (TOT) was conducted for 13 participants, including regional pharmacists on supply chain for sexual reproductive health products. Rollout/cascade training are being conducted in all facilities in the 4 regions (70% completion coverage) with UNFPA financial assistance. SPS developed the LMIS form for the reproductive health commodities. SPS also procured computer and network infrastructure for 3 hospital dispensaries to strengthen inventory management.

**Barriers to Progress:** None.

**Next Steps:** Facilitate the printing and distribution of LMIS forms. Provide technical guidance in operationalization at the 9 regional warehouses.

**Activity Title:** Provide advocacy for the enactment of the Pharmacy Bill, the Medicines and Related Substances Bill, STG and SNPP

**Activity Lead:** Matshotyana, Kidwell      **Activity #:** 16      **Task:** A040      **Subtask:** XXSZ1016

**Activity Description:** MSH/SPS will work with the MoH to review the legislative environment and formalize links with SADC/COMESA/SACU regulatory authorities. MSH/SPS will work with the MoH task team to coordinate the development of a STG for pediatric and adult treatment in line with the essential medicines list (EML). The Swaziland National Pharmaceutical Policy of 2008 is still in draft and MSH/SPS will work with the MoH to finalize and launch it during FY10. Through collaboration with WHO, MSH/SPS will work on the Pharmaceutical Service Strategic Plan for the draft National Pharmaceutical Policy.

**Budget:** \$126,978.00      **Start Date:** Jan 2011      **End Date:** Sep 2011

**Products Planned:** Pharmaceutical Policy, 2nd edition.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS received 2 drafts of the Pharmacy Bill from the Ministry of Justice (MoJ), submitted MoH comments on the Pharmacy Bill, and received working draft of Medicines Bill from Ministry of Justice. SPS conducted meetings attended by Medicines Policy Advisor, MoH Senior Pharmacist, Principal Parliamentary Counsel and the Parliamentary Counsel, to facilitate the finalization of the Pharmacy and Medicines Bill. The final draft of Pharmacy Bill was accepted and received approval from MoJ to table the bill before the cabinet. SPS conducted a Swaziland National Pharmaceutical Policy Strategic Plan drafting workshop to produce Swaziland Pharmaceutical Strategic Plan draft. This was attended by 17 stakeholders representing the private sector, government and non-governmental institutions. This was the core team, tasked with drafting the first version of the plan. This workshop was co-funded by the World Health Organization (WHO). A Swaziland Pharmaceutical Strategic Plan (SPSP) stakeholder meeting was held with 28 public and private pharmacists. A first draft has been finalized and the final draft of the STG/EML was submitted to the editorial office at HQ.

**Barriers to Progress:** Delays at the Ministry of Justice in reviewing the bills. Second SPSP stakeholder

meeting had to be postponed to January 2012 because of conflicting activities in the MoH.

**Next Steps:** Launch Swaziland National Pharmaceutical Policy. Finalize SPSP Action Plan (year 1). Advocate for the tabling of the Pharmacy Bill and Medicines Bill before the cabinet. Finalize, adopt, disseminate and implement STG/EML. Continue liaising with the EML/STG task team and editorial team in addressing technical questions and issues from the STG/EML editorial review. Conduct a pre-implementation survey of the STG/EML.

**Activity Title:** Establish a product quality control mini-lab for pharmaceuticals at CMS

**Activity Lead:** Matshotyana, **Activity #:** 17 **Task:** A040 **Subtask:** XXSZ1017  
Kidwell

**Activity Description:** Through partnership and technical assistance from the USP's PQM program, MSH/SPS will establish and build the capacity to conduct product quality testing in the country.

**Budget:** \$20,110.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

**Products Planned:** None.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Mini-lab reagents were released from customs and sent to the central medical stores. The SOP for CMS and facilities allow for procedures to monitor product quality. SPS provided guidance on establishing a QA lab: this was included in the Round 1 Health Systems Strengthening proposal.

**Barriers to Progress:** None.

**Next Steps:** Engage a consultant to train the QA pharmacist on use of the mini-lab. Procure replacement reagents for the QA kit. Draft policies and procedures for the product quality assurance.

**Activity Title:** Review the Pharmacy Technician Training Program

**Activity Lead:** Matshotyana, **Activity #:** 18 **Task:** A040 **Subtask:** XXSZ1018  
Kidwell

**Activity Description:** MSH/SPS will use the experience gained in developing training curriculum in other countries to establish a mid-level cadre for pharmacy in Swaziland. This will include various consultative meetings with stakeholders to establish a training program for pharmacy technicians in Swaziland.

**Budget:** \$70,156.00 **Start Date:** Jan 2011 **End Date:** Sep 2011

**Products Planned:** None.

**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS engaged a consultant to conduct the feasibility assessment of the pharmacy technician/assistant program. Stakeholder consultations were conducted with the MoH, public and private pharmacists, pharmacy and wholesale owners, the medical and dental council, the University of Swaziland, and Southern African Nazrene

University. The project plan with a training implementation plan finalized and shared with relevant stakeholders. Staff developed a SOW and deliverables for the development of a pharmacy assistant training curriculum.

**Barriers to Progress:** None.

**Next Steps:** Conduct stakeholder meetings for consensus on the pharmacy assistant training curriculum. Submit curriculum and updated proposal to UNISWA. Develop orientation and induction program for trainers of pharmacy assistants at UNISWA.

**Activity Title:** Program Monitoring and Reporting

**Activity Lead:** Matshotyana, **Activity #:** 19 **Task:** A040 **Subtask:** XXSZ1019  
Kidwell

**Activity Description:** SPS will compile reports on program implementation, will document lessons learned, identify success stories and ensure their documentation, and identify opportunities for the presentation and dissemination of lessons learned locally, regionally and internationally, as well as to contribute to conceptual publications of global interest. MSH/SPS will provide technical assistance on supply chain management to other PEPFAR partners on PMTCT, HIV care and treatment, HIV counseling and testing, TB, and the Medical Male Circumcision project. MSH/SPS will participate in key technical working groups in the country (Laboratory Service, HIV Care and Treatment, Health Information Systems Coordinating Committee, Supply Chain Management and Procurement) to improve coordination of programs supported. MSH/SPS will provide technical assistance to pharmaceutical services and laboratory commodities for Global Fund (GF) proposal writing and implementation of the GF's proposed work plan.

**Budget:** \$15,500.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** SPS compiled and submitted the Q4 and APR report for FY10 and submitted them to SMS and PEPFAR.

**Barriers to Progress:** None.

**Next Steps:** Continue as outlined in the work plan.

**Activity Title:** Technical Activity coordination and monitoring

**Activity Lead:** Matshotyana, **Activity #:** 1 **Task:** A040 **Subtask:** XXSZ10TC  
Kidwell

**Activity Description:** Ongoing program review will be carried-out with the Washington DC based Country Program Manager and development of the work plan and annual and semi-annual reports.

**Budget:** \$139,626.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

**Products Planned:** None.

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**Reporting Period:** 1 October 2011-31 December 2011

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**Activity Progress:** SPS participated in the development of the Global Fund Round 11 proposal development as a member of the proposal development team and task team working on the HSS component. Staff also participated in the national technical working group for HIV care, treatment and support. SPS continued to provide technical input in the finalization of the WHO-MoH supervision and mentorship framework. SPS participated in the National TB/HIV Coordination Committee meetings to support TB activities and TB/HIV integration. Staff also participated in the Health Information Systems Coordinating Committee (HISCC) meeting on data standard operating procedures, guidelines for tools approval and implementation within the MoH. SPS participated in 3 monthly WHO-MSH technical meetings to review progress on the STG/EML, pharmaceutical policy and strategic plan development. SPS also finalized the appointment of the project accountant.

**Barriers to Progress:** None.

**Next Steps:** Appointment of a Project Support Associate.

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## Vietnam

**Work plan:** Vietnam    **Year** 2010

**Funding Level:** \$837,500.00

### Work plan Background

Although pharmacovigilance (PV) is receiving increasing attention and commitment from the Government of Vietnam and other key stakeholders, a recent WHO-supported national PV capacity assessment has highlighted several deficits, including a lack of well-trained human resources for drug information and PV activities. During FY10 SPS will continue the PV capacity building efforts by specifically focusing on reviewing and reforming pharmacy curricula to address PV topics. A PV framework for Vietnam developed in 2009 during a national consensus meeting included active surveillance as a key method of ADR monitoring. However, no active surveillance methods for PV have so far been implemented in public health programs. SPS will assist national counterparts in implementing a pilot active surveillance activity in the ART program (based on the protocol developed during the FY09 program year).

In addition, lack of clear policies and guidelines is hampering implementation of referral and transfer of laboratory specimens for AFB culture/sensitivity, and other tests. PEPFAR has identified this as a priority area for Vietnam. In FY10, SPS will help develop policies, guidelines, and a methodology for a locally-suitable referral, reporting, and transport system for TB laboratory specimens, and facilitate their implementation by national stakeholders.

<b>Activity Title:</b>	Technical assistance to reform training curricula to integrate appropriate topics on pharmacovigilance
<b>Activity Lead:</b>	Joshi, Mohan <b>Activity #:</b> 1 <b>Task:</b> A040 <b>Subtask:</b> PEVN1003
<b>Activity Description:</b>	SPS will provide technical assistance to HUP to identify and integrate locally relevant pharmacovigilance topics into pharmacy curriculum. SPS will closely collaborate with HUP, as they lead key steps of this activity, thereby strengthening their participation, capacity, and ownership of the entire process.
<b>Budget:</b> \$56,510.00	<b>Start Date:</b> Oct 2010 <b>End Date:</b> Sep 2011
<b>Products Planned:</b>	Pre-service and In-service Pharmacovigilance Curriculum at the Hanoi University of Pharmacy in Vietnam.

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<b>Reporting Period:</b>	1 October 2011-31 December 2011
<b>Activity Progress:</b>	A training and TOT consultant has been hired to help develop a detailed instructor's guide to help implement the newly reformed pre-service and in-service PV curricula. SPS technical staff is collaborating with the consultant to create this detailed guide.
<b>Barriers to Progress:</b>	None.
<b>Next Steps:</b>	Conduct a TA visit to Vietnam in the next quarter to familiarize, discuss, revise (as necessary), finalize and handover the instructor's guide to the national counterparts.

<b>Activity Title:</b>	Support in-country counterparts to implement the pilot active surveillance protocol
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developed for the ART program

**Activity Lead:** Nwokike, Jude    **Activity #:** 2    **Task:** A040    **Subtask:** PEVN1004

**Activity Description:** After formal approval is obtained for implementation of the protocol, SPS will provide on-going technical assistance to help the participating sentinel sites, VAAC, and DI&ADR Centre begin implementing the initial steps of the program. The data collection form will be finalized, necessary guidance documents and SOP developed, and appropriate orientation and practical trainings provided. Data entry and analysis tools suitable for resource-constrained settings will be developed, including simple databases for electronic data management and transmission, and the staff handling data management will be trained on the use of these tools.

**Budget:** \$145,139.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** Trip Reports.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** Following the TOT in September 2011, the sentinel ART sites have started implementing the pilot. The total number of ART patients recruited into SSASSA was 379 by the end of December 2011 from all piloted sites.

**Barriers to Progress:** None.

**Next Steps:** Conduct a TA visit to Vietnam in the next quarter to provide in-country follow-up support during this initial period of implementation (of the active surveillance program).

**Activity Title:** Support the MoH and the laboratory services to develop and implement a pilot referral, reporting and transport system for TB laboratory specimens

**Activity Lead:** Joshi, Mohan    **Activity #:** 4    **Task:** A040    **Subtask:** PEVN1005

**Activity Description:** Activities will include: (1) hiring a local Vietnam-based senior staff member to support this lab-related activity. (2) Work with MoH, USAID and the NTP to select initial pilot project sites. (3) Collect baseline data: current number of specimens referred for LPA/TBC/DST and number of MDR-TB cases identified and numbers started on 2nd line treatment. (4) Review current PMDT guidelines/policies with NTP on identification and management of MDR-TB and discuss/agree on how the development and implementation of the specimen referral system can be incorporated into the implementation of these guidelines. (5) Document how the pilot sites are currently implementing these TB policies/guidelines, identify gaps and need for change/improvements, and capacity building. Work with NTP to assist the pilot sites to implement the guidelines/policies, with particular focus on specimen referral and use of results to guide treatment. (6) Draw-up criteria for specimen referral and SOPs for implementation of guidelines/policies relating to specimen referral and reporting of results. (7) Orient pilot sites and referral labs on proposed referral system and obtain feedback. (8) Work with NTP and other stakeholders to set up and implement the pilot system for specimen collection, storage, transport, delivery and results.

**Budget:** \$600,000.00    **Start Date:** Oct 2010    **End Date:** Sep 2011

**Products Planned:** National policy, guidelines, capacity building mechanism and system for the referral,

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reporting and transport of TB laboratory specimens for diagnosis and management of MDR-TB. Trip report.

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**Reporting Period:** 1 October 2011-31 December 2011

**Activity Progress:** A local consultant experienced in clinical and laboratory management of TB was hired to strengthen and consolidate local support for the implementation of the activity. Preparations started this quarter to conduct three workshops in the next quarter (February and March 2012), one each in HCMC, Hanoi, and Hue City. Each workshop will be attended by TB teams (doctor, nurse, and lab technician) selected by the NTP. These teams will be oriented on all aspects of implementing and using a TB specimen referral system, in line with, and as part of the implementation of the approved PMDT guidelines, in order to diagnose and manage patients with drug-resistant TB.

**Barriers to Progress:** None.

**Next Steps:** Conduct the workshop and provide follow-up support.

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