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SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE) PROGRAM

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Annual Progress Report (Year 3) October 2011 to September 2012

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Securing Ugandans' Right to Essential Medicines
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About SURE

The US Agency for International Development (USAID)-funded program Securing Ugandans' Right to Essential Medicines (SURE) aims to assist the Government of Uganda's and the Ministry of Health's commitment to strengthen the national pharmaceutical supply system to ensure that Uganda's population has access to good quality essential medicines and health supplies.

SURE Objectives

- Improve Uganda's policy, legal, and regulatory framework to produce pharmaceutical supply chain stability and sustainability
- Improve capacity and performance of central government entities to carry out their supply chain management responsibilities
- Improve capacity and performance of districts, health sub-districts, and implementing partners in their supply chain management roles

The five-year \$39 million cooperative agreement was awarded to Management Sciences for Health in collaboration with Euro Health Group, Fuel Group/Pharmaceutical Healthcare Distributors-RTT, Makerere University, and the Infectious Disease Institute.

By the program's end, the Uganda's supply chain management capacity will have been built from the bottom to the top and its parallel supply systems integrated from side to side. The SURE program will have supported the development of a functional supply chain system serving Uganda's central and local health care levels with the necessary tools, approaches, skills, and coordinating mechanisms that will allow Uganda's government to maintain and expand on these investments.

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ACRONYMS AND ABBREVIATIONS

ACT	Artemisinin-based Combination Therapy
AMFm	Affordable Medicines Facility for malaria
ARVs	Antiretrovirals
CDC	US Centers for Disease Control and Prevention
CPHL	Central Public Health Laboratory
DG	Director General
DHIS2	District Health Information Software 2
DHO	District Health Officer
DSDS	District Supervision Data System
EMHS	Essential Medicines and Health Supplies
EMHSLU	Essential Medicines and Health Supplies List of Uganda
FACTS	Financial and Commodity Tracking System
FY	Fiscal year, Financial Year
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GoU	Government of Uganda
GPP	Good Pharmaceutical Practices
HMIS	Health Management Information System
ICT	Information Communication Technology
JMS	Joint Medical Store
LMIS	Logistics Management Information Systems
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MMS	Medicines Management Supervisors
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSH	Management Sciences for Health
NDA	National Drug Authority
NMCP	National Malaria Control Program
NMS	National Medical Stores
NTLP	National TB and Leprosy Program
PFM	Pharmaceutical financial management
PIP	Pharmaceutical Information Portal
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PNFP	Public not-for-profit [facilities]
POA	Policy Options Analysis
QPPU	Quantification, Planning, and Procurement Unit
RDT	Rapid Diagnostic Test
SCM	Supply Chain Management
SCMgr	Supply Chain Manager

SCMS	Supply Chain Management System
SoW	Scope of work
SPARS	Supervision, Performance Assessment, and Recognition Strategy
STTA	Short-term Technical Assistance
SURE	Securing Ugandans' Right to Essential Medicines [Program]
TB	Tuberculosis
UMTAC	Uganda Medicines Therapeutic Advisory Committee
USAID	US Agency for International Development
VEN	Vital, Essential, and Necessary
WAOS	Web-based ARV Ordering and Reporting System
3PL	Third-party Logistics

EXECUTIVE SUMMARY

The US Agency for International Development (USAID) established the Securing Ugandans' Right to Essential Medicines (SURE) program to support the Government of Uganda's and the Ministry of Health's (MoH) commitment to improve access to essential medicines and health supplies (EMHS),¹ which is an important part of the Uganda Health Sector Strategy Plan II. The five-year, 38 million US dollars program is implemented by Management Sciences for Health and its core partners—Euro Health Group, RTT (previously Fuel Group/PHD), and Makerere University.

To achieve the program's goal of improving access to adequate quantities of good quality EMHS, an extraordinary level of participation, coordination, and collaboration is required on the part of every stakeholder in the pharmaceutical sector, including the MoH technical programs and supporting entities such as the National Medical Stores (NMS), Joint Medical Store (JMS), National Drug Authority (NDA), the Ministry of Finance, Planning and Economic Development, US government implementing partners, and other development partners.

This report is the third consolidated annual progress report for the SURE Program, covering the period from 1st October 2011 to 30st September 2012. This report summarizes progress made in Year 3 and gives examples of program actions taken during this period along with a description of the program's effect on access to medicines. The report also highlights the variety of implementation challenges encountered by SURE. Lastly, the report outlines activities for implementation in the next quarter Q-13 as described in the Year 4 work plan.

There has been significant progress during Year 3 in all targeted program result areas that increase access to and contribution of medicines and health supplies for improved quality of patient care.

Weekly meetings with the MoH Pharmacy Division have continued throughout the year to provide program accountability to the MoH and serve as a forum to resolve challenges, answer questions, and solicit opinions for new ideas for the SURE Program. In addition, SURE has supported the Pharmacy Division staffs' supervision of SURE-supported districts and health facilities to evaluate how capacity building programs are developing and give recommendations that strengthen implementation. Support to the Pharmacy Division has also included the recruitment of a Pharmaceutical Monitoring and Evaluation (M&E) Expert, who is responsible for establishing capacity and systems to manage information from various partners and periodically prepare sector performance reports.

Importantly, all five SURE regional offices became fully functioning in Year 3. Supervision, Performance Assessment, and Recognition Strategy (SPARS) was rolled out to all SURE districts and several implementing partner-supported districts aimed at achieving national coverage. All 146 MMS are now active in all the 45 districts fully implementing the SPARS. SURE strengthened data utilization and data automation with the development of

¹The term EMHS as used in this document includes all medicines listed on the Uganda Essential Drug List and all essential medical and laboratory supplies needed to provide health care services at all levels of the public health care system (primary health care level to central and referral level, including specialist level). EMHS includes those commodities that are essential for implementing public health care programs including HIV/AIDS, tuberculosis, malaria, leprosy, and reproductive health programs, in addition to basic medicines and health supplies required for the minimum health package.

standardized facility, district, and national reports and initiated the development of automated data storage, analysis, and reporting tool for handling initially the SPARS data.

In line with the new USAID supported District Operational Planning, several meetings were held at regional and district level involving district management, District Health Officers (DHOs), Medicines Management Supervisors (MMS), implementing partners, MoH and regional pharmacists and SURE staffs, to strengthen pharmaceutical management in the district and coordinate the roll out of SPARS.

To strengthen storage facilities, SURE implemented a national stores condition assessment and initiated procurement of shelves for 1,300 health facilities in the 45 SURE supported districts.

The innovative quantification procurement planning unit (QPPU) became functional through capacity and system building; harmonization of practices; dissemination of bimonthly stock status and forecasting reports; and it increased collaboration with technical programs, procurement organizations, donors, and other stakeholders. SURE supported Pharmacy Division to strengthen procurement planning centrally with view to ensuring better management, tracking, forecasting and EMHS gap identification. The role of QPPU in the Global Fund to Fight AIDS, Tuberculosis, and Malaria's (GFATM) management and proposal development increased.

SURE progressed on streamlining technical programs, with integration of the management of TB medicines into the mainstream EHMS supply, and finalized plans for optimizing HIV/AIDS medicines supply, introducing one supplier-one facility, with clearly defined Government of Uganda–MoH and donor roles, and increasing the use of the private not-for-profit (PNFP) sector to achieve the greatest health outcomes with the given resources. SURE provided technical assistance to implement national logistic management assessment related to TB and laboratory commodities that will guide the way for technical program support in the coming year with focus on streamlining logistic management, adaptation of the SPARS concept and strengthening information management including monitoring and evaluation.

During all of Year 3, we regrettably saw no implementation of planned information technology-based solutions, including the national-level Pharmaceutical Information Portal (PIP), Financial and Commodity Tracking System (FACTS), and RxSolution facility based logistic management system, as a halt was put on the development by the MoH. Development of information communication technology (ICT) focused in the year on building computer skills among MMS, capturing SPARS performance data, data quality, and analysis.

The MoU between the MoH and SURE was signed in the middle of Year 3; however, the MoU between NMS and SURE is still pending, which prevented NMS from receiving technical support. The lack of NMS collaboration has necessitated the development of an alternative strategy aimed at supporting and strengthening the PNFP supply chain, which has come to play an increasingly important role in ensuring access to EMHS. In Year 3, SURE provided technical assistance to JMS to assess and develop a business process and distribution strategy and improve computerized logistic management based on which a plan for next year's support was detailed.

In Year 3, SURE implemented a number of studies including, an assessment of the pharmaceutical sector and the kit supply. Using the findings from the kit survey, and the example of maternal and child health, a major discrepancy was found between the quantities of vital medicines provided in the EMHS kits and the volumes needed based on estimated incidence in the catchment population and actual demand for services at selected health facilities. While volumes of some vital medicines delivered in kits met only a fraction of the need, some commodities, such as oral rehydration solution, are supplied in surplus but require interventions to increase service demand through community outreach programs.

Implementation of planned support to the NDA was delayed due to shift in NDA management and board. However, a costing study was implemented, guidelines on good distribution practices finalized and implementation of a new certification scheme in public sector facilities assuring implementation of good pharmacy practices was piloted. As an introduction to the public sector certification two NDA inspectors were trained as MMSs and introduced to the performance assessment and data capture/analysis scheme.

To strengthen pharmaceutical management to be part of the pre-service training of all health workers, SURE contracted Makerere University to develop and implement training of tutor's package and an advocacy strategy for inclusion of the package into the curricula. To date, 43 tutors from various schools of health have been trained and numerous advocacy meetings held.

Recognizing that logistics management achievements need to be complemented with strengthened financial management and rational use of medicines to achieve optimal benefits, SURE developed financial management training package, including a 5 days financial training and a pharmaceutical financial manual. To improve rational use of EMHS, SURE, in collaboration with the Uganda Medicines and Therapeutic Advisory Committee (UMTAC), revised and printed EMHS –list of Uganda (EMHSLU) 2012 and updated the Uganda Clinical Guidelines to be printed in year 4. For the first time the EMHSLU included medicines, health supplies and laboratory supplies, classified for level of care and clinical importance, using the Vital, Essential and Necessary (VEN) classification.

With more than half of the project time elapsed, sustainability has been given increasing attention. Involvement of PNFP sector, optimizing and changing systems, ensuring medicines management training be part of the pre-service curricula, ensuring a large pool of skilled public sector pharmaceutical staff and linking and monitoring impact of interventions to the national medicines policy objectives, are some of the steps that were taken in Year 3 to ensure sustainability by 2014, when SURE ends.

The midterm review of the program work plan and strategies, which was initially planned for early 2012, has been rescheduled for end of 2012 or early 2013.

Generally, the SURE Program is progressing according to the objectives and broad targets described in the cooperative agreement and subsequent work plans; however, several challenges remain. These challenges need to be resolved to improve program effectiveness and impact.

These issues include the following:

- The delay in signing the MoU between SURE and MoH stalled program activities. For example, collaboration with NMS was halted, affecting SURE support to NMS as well as resulting in NMS constraints and unwillingness to share information critical for impact assessment and system development.
- While some progress was made to support implementing partners' rollout of SPARS, action by partners has been slowed by funding constraints. SURE supported the MoH to prepare a concept paper and plans for implementing SPARS. We also supported extensive consultations with partners to plan the rollout and training of medicine supervisors and shared detailed and budgeted SPARS implementation plans.
- Many MMS perform below expectations; completing fewer than the recommended 10 facility visits every two months. With the introduction of the district reports that provide district management information of MMS and facility performance it is hoped that performance will increase and become stronger managed by the DHOs taking responsibility for the SPARS facility roll out.
- The now over 10 months delay to authorize the roll out of PIP, FACTS, and RxSolution has left no time for SURE to effectively roll out these programs and ensure proper handover and support to the Ministry of Health.
- The capacity of the Resource Center and in particular the management and maintenance of the DHIS system has been a major challenge. It is hoped that the support provided by other US government partners will resolve the challenges.

The table below summarizes SURE's primary outputs in Year 3.
Annex 1 summarizes progress against planned activities.

Table 1: Outputs during Year 3

R1: Support to improving policy, legal, and regulatory frameworks to provide for longer-term stability and public sector health commodities sustainability

1.1 Government of Uganda demonstrated commitment to improving health commodities financing

FACTS

- Developed data collection tools and guidelines for FACTS data collection for fiscal year (FY) 2009/10 and 2010/11
- Integrated FACTS system development into PIP development; system developer was identified and contract prepared for signing; awaiting MoH final approval
- Developed guidelines to support development of universal item codes for EMHS
- STTA to review FACTS implementation

Health impact and equity

- Undertook a study assessing effectiveness of the kit to increase EMHS availability; collected data for another kit assessment; supported the scale up of priority health interventions
- STTA to evaluate the level of inequities in the allocation of the limited EMHS budget
- Introduces the VEN classification into the essential EMHS list of Uganda

1.2 : Legal, regulatory, and policy framework revised to promote cost-effective, efficient, equitable, appropriate use of available funds and health commodities

Implement Policy Option Analysis recommendations and sign Memoranda of Understanding

- Ministry of Health signed the MoU in May 2012 and terms of reference written for establishment of a steering Committee

R2: Improved capacity and performance of central GoU entities in their supply chain management roles and responsibilities

2.1 Improved capacity at NMS

NMS Support

- Supported the transition from using supply-chain manager system to using a new web-based ARV ordering and reporting system
- Procedures established and tools identified for routine data collection from NMS led by Pharmacy Division
- Involvement of NMS in kit survey and building capacity to implement web based ordering
- Performance assessment indicators developed to monitor performance of central supply units
- National distribution system that provides to the door delivery in process of implementation by NMS and JMS.

2.2 Improved capacity of MoH program managers and technical staff to plan and monitor national EMHS

MoH technical program support

- Successfully integrated the web-based ARV ordering and reporting system into District Health Information Software 2 (DHIS2)
- In partnership with ACP, prepared a strategy to roll out the web-based ARV ordering and reporting system; prepared training materials and conducted system demos for Medical Access Uganda Limited (MAUL), JMS, Pharmacy Division, Resource Center, and other partners
- Trained central medical stores (NMS/JMS/MAUL), implementing partners, regional pharmacist and MoH staff as super users for the Web-based ARV ordering system
- Supported the AIDS Control Program (ACP) by reviewing the Global Fund Round 7 Phase 2 HIV Grant Procurement and Supply Management (PSM) Plan in April and May 2012

- Supported the supply chain rationalization (harmonization) task force
- Collaborated with JMS to assess the availability of ACTs and rapid diagnostic tests at all public not-for-profit facilities (PNFP); trained staff on use of stock cards and order forms to ensure continued product availability
- Compiled and discussed PNFP facility survey report on the availability and stock management of ACTs and rapid diagnostic tests (RDT) with PMI, JMS, and Pharmacy Division and shared with Malaria Control Program
- Supported the NMCP to estimate national requirements of pharmaceuticals to meet the National Malaria Strategic Plan targets in Uganda between 2012 to 2016
- Recruited M&E Advisor for the Central Public Health Laboratory (CPHL); Selected a consultant to undertake a lab logistics system assessment.
- Implemented national laboratory logistic assessment
- Successfully conducted an assessment of the lab logistics; year 4 supported will largely be guided by this assessment
- Provided short-term technical assistance (STTA) to assess the TB logistics systems and support the transition and integration of storage and distribution activities to NMS
- Completed the TB supply chain assessment report that will guide Year 4 support to the TB program
- Supported the ongoing transition and integration of storage and distribution of TB medicines by NMS

Pharmacy Division Support

- Supported MoH's second review of the essential medicines kits for Health Centres II and III and the presentation of findings to stakeholders in December 2011; presented proposals for optimizing the essential medicines kit for Uganda at a stakeholders meeting with NMS and MoH
- Implemented pharmaceutical sector survey in control districts in 2011 and 2012
- Held regular strategy review meeting with Pharmacy Division and weekly coordination meetings
- Held biannual regional pharmacist meeting updating on SURE progress, SPARS, and Pharmacy Division work plans and IT development
- Supported the Pharmacy Division with organizing the 2nd Annual Pharmaceutical Partners Forum on 6th & 7th June 2012
- Supported the Pharmacy Division Team to undertake supervision of districts and health facilities supported by SURE and make recommendations for program quality improvement

NDA support

- Implemented a costing study at NDA
- Procured and handed over TruScan[®] equipment for control of counterfeit and poor quality medicines
- Finalized good distribution practices guidelines
- Implemented and IT assessment to develop an IT strategy
- Installed the VOI on a temporary server pending installation of the VOI server
- Extended contract of IT support secondment and reallocated systems administrator secondment from MOH Resource Centre to NDA
- Piloted the NDA inspection tool for good pharmaceutical practices certification of public health facilities
- Designed study for assessing prevalence and practices of prescribing dispensers and dispensing prescribers; meeting with NDA, professional bodies and organizations held to brief on the planned study
- Supported NDA to attend ICIUM conference to present pharmacovigilance study

Pre-Service training support

- Conducted stakeholder meetings to agree on an advocacy roadmap and held workshops with key training institutions to agree on curricula; designed a baseline assessment tool; conducted baseline assessment
- Trained Makerere University tutors in MMS training and shared MMS training material to form basis for the basic curricula training
- Prepared training material for tutor training
- Trained 43 tutors as part of the training of trainers (ToT) from various health institutions or schools

2.3 Supply chain system cost effectiveness and efficiency improved through innovative approaches

Uganda Medicines Therapeutic Advisory Committee (UMTAC)

- Employed STTA provider to prepare the Uganda Clinical Guidelines for printing; the guidelines now include the essential medicines list
- Employed STTA provider to classify the essential medicines list, essential health supplies list, and essential laboratory commodities list by level of care and VEN; prepared lists for printing
- Essential Health Supplies List for Uganda 2012 completed and harmonized with Uganda Clinical Guidelines

QPPU

- Institutionalized QPPU, which produces bi-monthly stock status reports and assists technical programs in forecasting and harmonizing quantification methods
- Developed QPPU strategy paper, which was reviewed by MoH Pharmacy Division and USAID
- Coordinated the emergency distribution of TB medicines procured under Government of Uganda funding
- Completed the TB single stream funding quantification, procurement, and supply management plan under the Global Fund, which was approved
- Supported the Global Fund's Focal Coordination Office in MoH to complete the Health Systems Strengthening Round 10 Procurement and Supply Management Plan; now approved
- Completed the Malaria Round 10 procurement and supply management plan; approved by the Global Fund
- Supported quantification and supply planning for the national response plan to nodding disease in Northern Uganda
- Supported quantification of supplies for cervical cancer screening
- Recruitment of the new QPPU coordinator and an officer

JMS

- Performance monitoring platform developed for central supply agencies, such as NMS and JMS in collaboration with CDC
 - Procedures and tools established for routine data collection of key performance indicators
 - JMS business processes and efficiency of warehouse operations analyzed and plan for technical support developed
 - Technical support provided to strengthen JMS management information system re-engineering and process mapping, including gap analysis
 - Conducted a procurement process audit and designed improvement strategies and plans
 - Supported JMS conduct an end-to-end supply chain system diagnosis
 - Reviewed the management information system's functional and non-functional requirements based on the end-to-end supply chain system diagnosis
 - JMS supported in development of new system requirement specifications and process mapping
-

- Conducted fortnightly meeting with JMS management to guide implementation and review progress on SURE support
- Completed the warehousing efficiency assessment; developed interventions for improving warehouse operations at JMS
- Commenced work for the JMS logistics network study

PIP/FACTS

- Selected vendor for PIP/FACTS development and finalized financial negotiations; prepared contract ready for signing
- Decision made to forego the development of the PIP in its entirety, because of the halt and subsequent delay in approval from the Director General of Health Services

R3: Improve the capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities

3.1 Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS

Development and implementation of District and facility level support package

- Opened the SURE Southern Region coordinating office in Mbarara worked with the 8 district to appoint all 31 MMS then trained and facilitated them to start implementation of SPARS
- Developed specifications and quantification of health facility shelving requirements; prepared a bid solicitation document in consultation with Ministry of Health Pharmacy and Infrastructure Divisions
- Developed and completed a stores condition assessment tool in consultation with Ministry of Health Pharmacy and Infrastructure Divisions
- Printed and distributed the following tools: EMHS manual (25,000) Supervision book (3,000), Stock Book (5,000), Prescription Dispensing Log (5,000)

SPARS

- Transferred responsibility for the MMS training course to Makerere University, who has so far conducted have trained 113 persons comprising 71 MMS and 42 others including regional pharmacists, IP logistics advisors and MOH program staff
- Trained 73 MMS in defensive motorcycle riding
- MMS Carried out supervision and on-the-job training and made a total of 3474 supervision visits
- Procured five cars to boost supervision capacity of the regional office.
- Held five regional meeting with district management and MMS to review progress and challenges
- Initiated procurement of store shelves for 1,300 health facilities in 45 districts
- Finalized Pharmaceutical Financial Management (PFM) Manual and training materials
- Standardized district EMHS performance reports disseminated to 45 districts
- Supported DHOs to hold district coordination meetings in 33 districts
- Disseminated data quality assurance guidelines and conducted reproducibility survey in four regions Held data quality assurance orientation workshops for all MMS
- Launched reward scheme and distributed first batch to all facilities where baseline was completed

Build capacity of storekeepers

- Trained 152 store keepers and six 23 pharmacists from general hospital stores in EMHS management

New district communication and technology (Netbook/RxSolution)

- Expanded use of electronic data entry forms to facilitate data collections
 - Supported RxSolution pilot sites in maintaining and using the software
 - Presented RxSolution rollout plan at a stakeholder strategic meeting; agreed on a generic work plan
 - Prepared course materials for training of trainers in RxSolution
 - Completed the RxSolution pilot report; rollout strategy approved by MoH; discussed strategy with implementing partners
 - Developed computer training material for MMS to use netbooks
 - Procured 45 personal computers for RxSolution implementation and 147 netbooks for OJTs/data collection in SURE districts with delivery in January or February 2012
 - Prepared course materials for training of trainers in using netbooks for electronic data collection
 - Developed automated District Report and drafted automated National Report
 - Trained 142 MMS to use a netbook and issued a corresponding number of netbooks and modems
 - Developed a support strategy for computerized MMS with possibility for remote support
-

DSDS

- Started the first phase (requirements analysis) of the development of the District Supervision Data System (DSDS)

3.2 Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS

- Support implementing partners and nongovernmental organizations to improve their capacity to manage EMHS
 - Participated in District Operational Plans and Saving Mothers Giving Life project collaboration and coordination initiatives
-

SPARS related to Implementing Partners

- Drafted and reviewed SPARS concept paper
 - MoH endorsed SPARS as a national strategy
 - Supported implementing partners to develop work plans for implementing SPARS in 42 non-SURE districts
 - Provided technical guidance in roll out of SPARS in 11 of the 42 implementing partner-supported districts
 - Trained 22 MMS for STAR-EC , STAR East MMS, STRIDES supported district
 - Filled Pharmaceutical M&E position to assist in managing data from partner supported facilities
 - Presented and discussed SPARS at the Pharmaceutical Partners Forum
 - Presented a review of SURE Program interventions at ICIUM Conference
-

3.3 Overall access to EMHS improved through innovative district level interventions

- NDA inspectors trained as MMS in course and through practical training
 - GPP tools piloted and improved
 - Inspected 24 facilities in the central region using GPP
-

TECHNICAL RESULT AREAS AND ACTIVITIES

This section discusses the status of activity implementation for Results 1, 2, and 3 and list the steps to be taken in the next quarter.

RESULT 1.0: IMPROVED POLICY, LEGAL, AND REGULATORY FRAMEWORK TO PROVIDE FOR LONGER-TERM STABILITY AND PUBLIC SECTOR HEALTH COMMODITIES SUSTAINABILITY

SUB-RESULT 1.1. GOVERNMENT OF UGANDA (GoU) DEMONSTRATED COMMITMENT TO IMPROVING HEALTH COMMODITIES FINANCING

Develop information system for tracking financing and EMHS funding

In the beginning of Year3, FACTS was developing as an integral part of the PIP platform. Once an integrated scope of work (SoW) was approved, a solicitation for bids to develop FACTS/PIP was released, and an evaluation committee appointed by the MoH had forwarded a shortlist of three technically compliant bidders. The necessary local and international resources to oversee the development of FACTS and PIP in Year 3 were mobilized.

The target for Year 3 was to conclude the evaluation of bids, select and award the contract to a vendor, develop FACTS, and collect financial data from GoU and partners to start operating FACTS by close of program Year 3.

While SURE completed evaluations and notified the winning bidder by November 2011, the development of FACTS has been stalled due to re-evaluation requirements of all ICT related projects by the Ministry of Health. In August 2012, SURE in consultation with USAID determined that it was no longer feasible to implement FACTS as it was originally envisaged.

The need for continued implementation of FACTS to track partner and government funds available for EMHS remains important to inform policy and high-level decisions that will generate adequate funds, optimize funds utilization, and improve availability and quality of medicine supplies. Without financial information, the MoH and donors are unable to optimally plan, coordinate, allocate, and utilize public resources. Therefore, it was decided in August 2012 to develop FACTS as a simple paper-based manual system that utilizes priority financial data available in public reports, included in the Budget Speech, Budget performance reports, the Approved National Budget, and the medium term expenditure framework FY 2010/11-2015/16.

To date, financial data sources have been identified and GoU budget and expenditure reports obtained. To support implementation of the revised manual financial tracking system, an international STTA clarified stakeholder information needs, reviewed indicators, and generally supported the set up of a manual system. This system is linked to the Quantification, Planning, and Procurement Unit (QPPU) where financing information is most needed to coordinate the various commodity supply sources.

The key remaining challenge is garnering MoH and stakeholder commitment to provide information needed to test and utilize this system. For example, information on how EMHS funds are allocated and utilized by NMS is not readily available.

Next steps

- Collect partner financial data needed to operate FACTS
- Undertake annual medicines expenditure tracking study
- Support Pharmacy Division and Planning Unit to establish a system for sharing medicines financial data and to prepare the Annual Sector Performance Report with expanded financial indicators
- Set up and test a manual FACTS linked to QPPU

Conduct financial assessment of EMHS Utilization

There have been many attempts to assess EMHS funds utilization as part of SURE's Performance Management Plan indicators, but access to information has been difficult. There was some progress in accessing information on funds available and spent on medicines by the GoU in Quarter 12 after signing the MoU with the Ministry of Health, but funds utilization cannot be monitored without full cooperation from National Medical Stores and development partners. Aggregated information obtained on GoU budget and expenditure reports is not timely and is not sufficient for the analysis of funds utilization.

Next steps

- Develop a strategy and method to enable the MoH to assess and allocate funds under Vote 116 and funds for laboratory supplies to ensure optimal utilization and in regards to horizontal and vertical equity

Health Impact and Equity

During Year 3, SURE supported an exploratory study of medicines financing and distribution that established how funds are prioritized and spent based on national-level priority health outcome goals. Given national priorities for maternal and child health (MCH), SURE used vital medicines that address these priority problems to demonstrate the approach and analytic framework for a detailed study next quarter.

The exploratory study measured the health impact of: a) MoH scale up of select interventions and community-level involvement; and b) elimination of stock outs of select vital medicines and commodities for priority problems.

The study also evaluated the effectiveness of the kit supply system on the availability of vital EMHS and whether kit content was aligned to national health priorities, particularly MCH. Results showed that while the kit increased availability of medicines in general, there was little or no consideration of national priorities in the design of EMHS kits.

The study has attracted high-level attention to health outcomes and prioritizing limited resources. An abstract on this study has been accepted for a poster presentation in the health system strengthening conference in Beijing November 2012, and SURE will participate in the exchange of experiences that can be used to strengthen the pharmaceutical supply system in Uganda. The British Medical Journal has requested authors of the study to submit a full paper, which if accepted will be one important step in documenting the impact of US government support to the Ugandan people.

While volumes of some vital medicines delivered in kits met only a fraction of the need, some commodities, such as oral rehydration solution, was supplied in surplus but require interventions to increase service demand through community outreach programs.

However, without addressing the severe inequities in the allocation of funds for essential medicines, such interventions would produce minimal benefits. Resource distributions to health facilities must take into account both horizontal equity (equal treatment of equal facilities with same patient load) and vertical equity (higher spending for facilities with greater needs). Allocating resources according to historical budgets perpetuates existing inequities. An alternative method is to allocate resources to facilities according to a distribution formula that takes into consideration their expected need using population, patient numbers, epidemiological data and socioeconomic indicators.

VEN Strategy. Classification of all EMHS into vital, essential, and necessary was done as part of the revision of the Essential Medicine and Health Supplies List for Uganda (EMHSLU). This was a critical first step in the implementation and monitoring of the VEN strategy.

Next steps

- Monitor the implementation of the vital, essential, and necessary (VEN) classification at facility and central level

SUB-RESULT 1.2: LEGAL, REGULATORY, AND POLICY FRAMEWORK REVISED TO PROMOTE COST-EFFECTIVE, EFFICIENT, EQUITABLE, APPROPRIATE USE OF AVAILABLE FUNDS AND HEALTH COMMODITIES

Implement Policy Option Analysis recommendations and sign Memoranda of Understanding

SURE's policy option analysis addressed issues related to how policies, laws, and regulations can support recommended interventions in the pharmaceutical sector. SURE in year 3 made good progress in addressing several of these recommendations. For example, the National Medical Store (NMS) has outsourced distribution, a plan to support Joint Medical Store (JMS) is being implemented, technical programs are being streamlined with supply chain management being integrated into the EMHS, the VEN strategy made good progress, the essential medicines concept was extended to also include supplies and laboratory supplies and quantification and procurement planning unit has been established.

The Ministry of Health signed the MoU in May 2012 and the terms of reference for a MOH/SURE program steering committee was drafted and the committee hopefully can be established early in the next year to guide implementation, review progress, and address bottlenecks. Representatives will come from MoH, Pharmacy Division, USAID, and SURE.

Next steps

- Follow up on the establishment of the program steering committee and finalize terms of reference

Result 2.0: Improved capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities

RESULT 2.0: IMPROVED CAPACITY AND PERFORMANCE OF CENTRAL GOVERNMENT OF UGANDA ENTITIES IN THEIR SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES

SUB-RESULT 2.1: IMPROVED CAPACITY OF NMS TO PROCURE, STORE, AND DISTRIBUTE NATIONAL EMHS

Strengthen NMS efficiency and effectiveness

In Year 3, the finalization of a MoU between MoH and SURE paved the way for SURE's support to NMS. However, a separate MoU between SURE and NMS is required by NMS management and its board as starting point for SURE support to NMS. Despite several reminders, NMS only communicated with SURE in mid-June 2012 to suggest collaborating in August to finalize both the NMS MOU and proposed activities plans for SURE's Year 4. It was not possible in Year 3 to have the MoU signed between NMS and SURE.

In spite of the MOU not being signed, SURE collaborated with NMS in specific areas such as quantification, ordering, reporting, and specific assessments or surveys. SURE involved regional NMS staff in data collection to support the periodic review of the EMHS kits and received NMS' request to build capacity of its field staffs that do not have a pharmaceutical background in logistic management. SURE developed a web-based ARV ordering and reporting system to help NMS receive and fill facility ARVs orders efficiently.

In Year 3, NMS contributed significantly to the efforts to streamline technical programs. For example, the supply of TB commodities and vaccines were transitioned to NMS. In addition, a critical step in launching the one-supplier one-facility concept for ARVs was the introduction of the web-based ARV order form. SURE supported the transition of TB medicines, vaccines, and ARVs through capacity building activities and M&E.

Develop an indicator-based performance assessment plan

In Year 3, SURE, through its support to the Pharmacy Division and in collaboration with the US Centers for Disease Control and Prevention, designed indicators and data collection tools to monitor performance of central supply units including NMS and JMS. The indicators were revised from an earlier list to ensure practicality of data collection given the existing constraints with the management information system software at the supply agencies, as well as to comply with changes in national supply system policies. These indicators provide an important input into the M&E plan for assessing performance in the pharmaceutical sector and implementation of the national medicines policy—a key responsibility of the MoH-Pharmacy Division. Data collection from JMS was initiated in Year 3.

Data collection for the financial indicators commenced in the last quarter of Year 3 and details are reflected in the M&E section of the report; however, the remaining indicators await the signing of the MOU.

Improve the national EMHS distribution system

Following implementation of NMS' "last mile" distribution by third-party logistics (3PL) as recommended in the POA and the Transaid report, SURE set out to support improvements in the distribution of EMHS to PNFP and accredited PFP health facilities served by two complementing central supply agencies, JMS and MAUL. Work on a network optimization

study began in the last quarter of Year 3 to suggest options for consolidated distribution involving NMS. This is detailed in section 2.3.

SURE also planned to assist the MOH to assess the effectiveness of this intervention based on recommendations and indicators that arose from the distribution study carried out by Transaid; however, this did not materialize due to difficulty in designing the assessment and obtaining data without involvement of NMS, which required an MOU before collaboration could commence.

Next steps

- Sign MoU with NMS
- Future activities depend on USAID approval of Year 4 activities, availability of funding, and adequacy of time to implement effective and sustainable actions

SUB-RESULT 2.2: IMPROVED CAPACITY OF MOH PROGRAM MANAGERS AND TECHNICAL STAFF TO PLAN AND MONITOR NATIONAL EMHS

Support to MoH technical programs in commodity management

Support to AIDS Control Program

Web-based ARV Ordering System (WAOS). Getting correctly filled-in order and report forms for ARV orders continues to be a challenge. A web-based ARV ordering and reporting system (WAOS) was developed, and tested in Year 3, ready for national implementation. WAOS captures all data from the order forms, curbs the practice of multiple ordering from sites, and makes reports easily accessible via the Internet. Data from the system will contribute to the use of the consumption method of quantification, as required by the Global Fund. Facilities having access to Internet and a computer will submit the web-based order form directly to the MoH-HMIS DHIS2 system that is hosting the WAOS; whereas, other facilities will submit paper orders to the district health office who will submit into the WAOS directly.

Implementation of WAOS was delayed due to the eHealth Technical Working Group's directive to halt all eHealth initiatives. System implementation was later authorized in May 2012 as part of DHIS-2. A national roll out plan was approved by Aids Control Program (ACP), which involved building a pool of 20 or more carefully selected system super-users from ACP, Resource Center, Pharmacy Division, JMS, MAUL, NMS, and implementing partners. The SURE team conducted training for super users, 13 regional pharmacists, and implementing partners. To ensure national coverage of all ARV facilities, each district has been linked to a "parent" (implementing or donor partners, and regional pharmacists).

The regional pharmacists and implementing partners are expected to support and train facility-based staff at ART-accredited sites to implement the new system. These have slowly rolled out the training in their districts of operation. More active follow-up will need to be made during Year 4. The few facilities without computers will continue to send hard copies of the ARV order and report form to their supervisory levels where the report will then be entered and transmitted to the approved supplier (JMS, NMS, or MAUL). Orders for facilities without computers will be entered at the District Health Office.

Result 2.0: Improved capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities

Mapping was conducted to assess computer and internet connectivity for all health facilities and district hospitals. Implementing partners were requested to provide information on computer and internet connectivity at the district and health facilities. The mapping revealed that out of 650 (ART) facilities, over 60% had functional computers, though most of these had difficulty connecting to the internet.

Following the training of super users and the integration of the ARV and PMTCT order forms into one, further enhancements were made on the system by the DHIS2 consultant. These enhancements should be completed before 1st November when the system will officially be in use. Printing of the user manuals developed earlier in the year was halted in order to incorporate the above mentioned changes.

The training and roll-out of the DHIS2 web-based ARV ordering and reporting system (WAOS) is hampered by the frequent down-time of the DHIS2 server as a result of the instable set-up of the ICT–infrastructure at the Resource Center in the MoH. The SURE seconded systems administrator at the Resource Center has produced a security and network audit report in March which highlighted wanting access-security and backups, risk-factors for downtime of servers, and limited availability of systems and internet. Recommendations for improvement were given, which are awaiting implementation. SURE is working with USG funded partners and the Resource Center in assessing the current status of the DHIS2 and identifying the measures to be taken to make the DHIS2 (and WAOS) available at all times. A report is expected to be ready in the first quarter of year 4, which will then be presented to the DG for follow up.

To ensure a well-managed rollout and that the data is used appropriately, SURE has seconded a logistic adviser to the AIDS Control Program and has employed key SURE staff members to support the program in the WAOS and harmonization efforts. Parallel to the WAOS rollout, SURE is supporting the MoH in the nationwide strengthening of supply chain management using the SPARS strategy and trained MMS. Good supply chain management will be important not only for the success of WAOS but also for the much-needed harmonization efforts.

In addition, the SURE team developed ordering and reporting system performance indicators for ACP to review. WAOS use will be monitored at national level, central warehouses, and district/facility levels and the monitoring system will allow for follow up and ensuring implementation by all facilities.

Other support activities to HIV/AIDS commodity management. Pertinent to signing the Global Fund (GF) Round 7 Phase 2 HIV Grant was completing the Procurement and Supply Management (PSM) Plan. The second version of the PSM Plan was written in March 2012; however, it required further review. The SURE Program worked together with the GF Focal Coordination Office (FCO), ACP, and the MoH Pharmacy Division to spearhead the final review of the PSM Plan in April and May 2012. Following this review, the final submission was accepted for grant signing and currently, the country is awaiting the disbursement of the funds for HIV commodities procurement.

Rationalization of ARV supply chains. The web-based system contributes to the implementation of the one-facility-one-supplier system. Overlapping supply chains are inefficient and make national planning for future funding gaps difficult. The SURE program collaborated with the AIDS Control Program, USAID, and other key stakeholders to develop

a strategy on how to support and monitor the supply chain harmonization along with implementation of treatment regime option B+.

Following the need for this supply chain harmonization, a one-supplier-one-facility policy was adopted, and a resolution to remove barriers between the facility level and central level was decided. The SURE Program is a member on the Supply Chain Rationalization Team. SURE will play a pivotal role in monitoring the implementing of the supply chain rationalization.

SURE was part of the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR) quantification team to identify the amount of HIV commodities, condoms, and cotrimoxazole. Consultations with the AIDS Control Program to finalize the condom quantification are ongoing.

Next steps

- Conduct web based ordering and reporting training and refresher for regional and central level NMS staff, respectively, on the use of the system
- Support and follow-up implementing partners roll out and use WAOS through the SURE ACP secondment
- Conduct regional DHO orientation meetings on the Web-based ARV ordering system and clearly define DHO roles
- Printing of revised ART dispensing logs to the SURE-supported districts and all PNFP facilities
- Support regional pharmacists to conduct training of facilities without IP support
- Monitor implementation of the web-based ARV ordering system through the ACP SURE logistics secondment
- Support streamlining of supply chain of HIV commodities (1 supplier – 1 facility)

Support to TB program

In Year 3, the SURE Program supported the NTLP with generation and compilation of stock status updates from different levels of the supply system. This information is one of the key performance benchmarks that the GFATM rate the NTLP on and serves an advocacy tool for increased support to develop a full logistics cycle.

Following MoH efforts to include anti TB medicines into the national budget for essential, the SURE Program supported the NTLP to generate a quantification of needs to justify allocation of funds in September 2011. This quantification was later used as a basis to procure medicines under the GoU funding mechanism to cover a nationwide shortage.

SURE helped develop an allocation list of TB medicines to allow NMS to address the stock out situation. Working with NMS, the SURE team supported the development of new order and reporting procedures.

In an effort to sustain efficiency and effectiveness in supply chain, the parallel structures related to supply of TB medicines, were integrated with the EMHS system and key functions of procurement, storage, and distribution taken over by National Medical Stores (NMS). The NTLP requested SURE to assess the TB supply system and recommend ways to optimize supply chain and information management at all levels. The findings were presented to key

Result 2.0: Improved capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities

stakeholders providing recommendations to guide the NTLP in redesigning key roles and information utilization across all levels of the supply chain system.

A transition period was agreed upon to ensure smooth handover to NMS. In the new set up, NMS will be responsible for commodity procurement, warehousing, order fulfillment, and distribution; while the TB Program retains responsibility of increasing access to care, ensuring rational use of TB medicines, and information management. SURE supported the TB program and NMS during this transition period by providing technical support in planning and coordinating goods receipt, forecasting, warehousing, storage and integrating of TB commodities with that of EMHS. The SURE secondment has played a pivotal role in the transition, and in ensuring timely order processing, monitoring supply and sharing of information to assure an uninterrupted flow of TB commodities.

The SURE team has vigorously supported and coordinated stakeholder meetings to establish a logistics transition framework with essential controls and initial performance measures that will be critical to successfully synchronize the entire supply chain. Through the SURE-supported assessments, the SURE team has assisted in problem analysis of the TB supply-chain, and the transition framework includes critical milestones on the path toward resolving barriers and synchronizing the supply chain, while creating a common understanding of each party's roles and responsibilities in the process.

There is now a good understanding by all stakeholders of the changes that are taking place and the expected outcome and the support needed. Early discussions on the adaptation of the SPARS concept to the TB commodity management situation have taken place and new roles for the NTLP, District TB and Leprosy Supervisors, and Zonal and Leprosy Supervisors (ZTLS) are being considered.

The SURE Program was part of the technical group that recommended changing the treatment regime from Ethambutol Isoniazide to Rifampicin Isoniazide for continuation phase of treatment, putting the NTLP Program in line with global TB practices. The SURE Program will continue to work with the TB Program to coordinate the quantification efforts and align the QPPU with the current changes.

The STOP TB partnership was re-vamped; it brings together all partners involved in TB control across the country. The SURE Program is a member of this body and belongs to the technical working group focused on supply chain management in country. The partnership provides the best platform for partner intervention as the system rapidly changes.

Next steps

- Complete quantification review, taking into account changes in the treatment regimen
- Coordinate the establishment of the M&E Unit for the TB Program
- Complete work on the M&E framework to guide monitoring of supplies management for the TB Program
- Hold monthly coordination meeting
- Disseminate SCM assessment report and recommendations to support transfer of logistics operations to NMS
- Develop SPARS for zonal TB supervisors

Support to Central Laboratory program

SURE's main achievement from supporting CPHL is CPHL's adoption of the essential medicines concept. SURE has contributed to the development of a vital, essential, and necessary categorizing list of lab commodities for Uganda. This classification will help optimize resources available to procure lab items. The final list also introduced the idea of combining lab commodities into kits to reduce cases where essential tests could not be performed because one item was not available. These changes have reduced the essential list of lab commodities from over 400 items to fewer than 150 items, which will ease inventory management at all levels. However, these changes will take several months to yield benefits after ongoing framework contracts at NMS expire and existing lab inventories have been used.

SURE also supported CPHL in implementing the quantification of lab commodities under the credit line (discussed under the QPPU section).

From 14th May 2012, the SURE Program has supported a full time M&E seconded Advisor at CPHL. Among other roles, the staff is responsible for strengthening the information management system to meet CPHL M&E requirements and provide technical guidance to streamline the lab logistics information system, including the development of standard report formats, strengthening performance assessment, and ensuring that they are aligned with other MoH interventions in supply chain.

SURE in end of Year 3 supported the development of an assessment on the national lab commodity supply chain system, which concluded with a presentation of results at a stakeholders meeting on 27th September 2012. The assessment identified key problems and proposed interventions to strengthen lab commodity management.



Some of the participants that attended the stakeholders meeting in a group discussion; September 2012

Next steps

- Dissemination of lab logistic assessment report
- Refine the lab logistics M&E plan and collect baseline data on approved indicators
- Support CPHL to implement activities to strengthen lab commodity management, focusing on systems harmonization, strengthening information systems and financial management, and strengthening supervision and capacity building (SPARS)
- Support periodic coordination meetings

Support to Malaria Control Program

Presidential Malaria Initiative (PMI) and DFID increased donation of malaria commodities - Artemisinin-based Combination Therapy (ACT) and Rapid Diagnostic Test kits (RDT) to address stock outs at PNFP facilities. However, uptake of malaria commodities remained low with only 20% of PNFP facilities making one or more re-supply request in the six months period following the improved supply situation. SURE supervisory visits to PNFP facilities found the order quality (completeness and accuracy in calculating order quantity) poor and a significant proportion of facilities did not keep or update stock cards, maintain proper inventory, and accounted appropriately for the donated stock. To strengthen supply chain management and increase accountability, SURE in collaboration with the medical bureaus implemented a combined facility survey and supervisory visit to 474 PNFP facilities in November 2011. The supervision was implemented by trained MMS who assessed availability, established factors underlying the low uptake of ACTs/RDTs, and mentored in stock card use and reporting/ordering. As a result of the mentoring, improved distribution and awareness of the supply option, uptake of ACT and RDTs by PNFP facilities increased threefold.

Results from this survey showed that only 37% of all PNFP facilities had a stock card that was correctly updated, and documented the urgent need to strengthen SCM at PNFP nationwide. It was recommended to implement SPARS in collaboration the Diocesan Health Coordinators and with support from the SURE program. SURE developed a format and reported regularly on the stock status of ACTs and RDTs for PNFPs at JMS. This information is used in supply planning of donated ACTs at JMS.

SURE was requested by USAID/PMI to support the quantification of national pharmaceutical requirements to meet the National Malaria Strategic Plan targets between 2012 to 2016 in public and PNFP sectors. The quantification was intended to identify funding gaps and prepare supply plans for the same period.

A consultative meeting was held between SURE and the National Malaria Control Program (NMCP) team to agree on priority problems that can be solved with technical support from SURE. A work plan was developed to schedule delivery of technical support activities.

Next steps

- Continue supporting JMS in stock analysis of ACTs and RDTs to PNFPs
- Engage stakeholders to support implementation of actions recommended in the PNFP survey report
- Present and discuss the malaria support work plan with NMCP staff

- Develop a strategy to track commodity consumption at facility level as required by GFATM (link to the stock status report)
- Establish a supply chain performance monitoring system for malaria commodities
- Develop SPARS for PNF facilities

Support and strengthen the Pharmacy Division

SURE's positive collaboration with the Pharmacy Division continues with weekly meetings. Staff from the CPHL, the Reproductive Health Program, CDC, and the World Health Organization now also attend. Frequent meetings ensure good coordination, allow for strategy discussions, and facilitate a high degree of information sharing. This is critical because the Pharmacy Division will take over many SURE activities at the end of the program.

SURE provided support to several supervisory visits and surveys, including the design and implementation of the second and third review of the essential medicines kits for Health Centers II and III. The findings were presented at a stakeholder meeting and have contributed to the revision and optimization of the essential medicines kit for Uganda.

In December, the second pharmaceutical sector survey (2011) was carried out in 15 non-SURE supported districts. The survey not only provides a comparison control for the SPARS intervention but also characterizes the present status of medicines management in Uganda. In end of Year 3 the 2012 pharmaceutical sector survey was initiated.

On 9 March, SURE and the Pharmacy Division staff held a strategy review meeting to discuss program progress and implementation challenges. To facilitate continuous improvement and build capacity, SURE supported the Pharmacy Division to make several field visits to districts and health facilities to identify actions that stakeholders can take to enhance program impact.

SURE continued the support to logistic secondments to pharmacy division and employed two more secondments to work with the QPPU and one to strengthen M&E functions at the Pharmacy Division. Regional pharmacists have come to play a significant role in the SPARS roll out but also in ensuring sustainability at facility interventions and much efforts were put into involving and capacitating the regional pharmacists in SPARS, data utilization and reporting.

SURE supported the bi-annual regional pharmacists meeting in February 2012, which implementing partners also attended. The meeting objective was to update regional pharmacists on PD and SURE activities, clarify the role of partners and regional pharmacists, strengthen coordination, and share ideas on how improve program implementation.

SURE also assisted the MoH to organize the 2nd Annual Pharmaceutical Partners Forum on 6th and 7th June 2012. The meeting assessed progress made since the first meeting, particularly regarding SPARS' national roll out. Among other key resolutions, the majority of partners agreed to harmonize supply-chain training and medicine management supervision approaches.

SURE also supported for Pharmacy Division to attend the ICIUM conference in Turkey in early Year 3.

Result 2.0: Improved capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities

Next steps

- Continue supporting Pharmacy Division quarterly visits to district and health facilities
- Support biannual regional/district staff meetings and weekly coordination meetings
- International conference or training for selected Pharmacy Division staff to share best practices in pharmaceutical management with other countries
- Support orientation of general hospital pharmacists
- Collaborate with the Pharmacy Division, NMS, and district health authorities to develop a strategy and approach to transition from a push (kit) supply system to a pull (order-based) system
- Continue supporting and building capacity of the regional pharmacists in M&E, Finance and SPARS data utilisation

Support and strengthen NDA

A well-functioning National Drug Authority (NDA) is vital to exclude substandard and counterfeit medicine from both the private and public health drug outlets in Uganda. In Year 3, SURE supported NDA by:

- Strengthening NDA functional self-sufficiency and cost-effectiveness through costing NDA services
- Strengthening quality assurance and quality control functions through procurement of medicine testing equipment
- Computerizing the verification of imports and optimizing ICT systems
- Developing good distribution practices guidelines and division of wholesaler and pharmacy responsibilities
- GPP certifying public and private not for profit drug outlets (see result area 3.3)
- Strengthening drug information activities to increase patient safety through studies on dispensing doctors and prescribing pharmacists

Generally, implementation of several planned activities was delayed. NDA experienced shifts in the top management and the board, influencing daily operations, especially related to new employments due to staff resignations. Delayed filling of existing positions particularly in the Inspectorate and Information and technology department has resulted in understaffing; receiving necessary input from NDA staff to finish activities has been difficult.

Strengthen NDA functional self-sufficiency and cost-effectiveness. Critical to NDA's viability is a realistic fee structure reflecting actual costs. A consultant identified the services offered by NDA, costed them, and compared the costs with the fees currently charged. The report will make it possible for NDA to properly value their services. There were several problems with the performance of the consultant and lack of agreement on methodology for the exercise, which resulted in delayed submission of the report. Further, the report did not include strong recommendations for improved fee structure and increased work efficiency. The report did become available in Quarter 11.

Strengthening quality assurance and quality control strategy. In Year 2, SURE procured a vehicle and supplied two Minilab[®] test kits to the National Drug Quality Control Laboratory to strengthen the quality assurance of medicines, particularly anti-malarials in Uganda.

Procurement of a TruScan[®] spectrophotometer to strengthen testing of medicine in outlets and at ports of entry further strengthened NDA's medicine testing activities in Year 3. The TruScan[®] will only be fully functioning when the TruScan[®] library is updated with necessary references. Updating the library is in progress and the activity will end in Year 4. Generally, NDA was unable to provide regular reports on their quality assurance and control progress. In Year 4, more SURE support will be given to these areas.



Sister Antonia Nakomya (NDA) checks the two Minilab test kits the SURE program procured for spot checks on counterfeit; March 2011



Birna Trap, SURE Chief of Party prepares to handover the TruScan[®] device to Gordon Sematiko, NDA's executive secretary; April 2012

Good distribution guidelines and division of wholesaler and pharmacy responsibilities.

Division of the pharmacy and wholesaler functions will strengthen EMHS quality assurance among wholesalers that will be tasked to implement quality assurance activities in their new role, including batch documentation control and sales tracking. As a way to separate the responsibilities of pharmacies and wholesalers, SURE supported NDA in the revision of guidelines on good distribution practices (GDP) by incorporating the European Communities GDP guidelines into the Ugandan equivalent. The guidelines clarify the roles of wholesalers and pharmacies; wholesalers play the crucial role of ensuring the quality of imported items and sell the assured quality supplies to the pharmacies. Implementation of the revised guidelines will eventually increase traceability and reduce the possibility of pharmacies procuring and selling substandard medicines.

The Verification of Imports System (VOI) was installed on a temporary server and tested at NDA headquarters. Staff attrition is hampering final implementation. SURE provided two data entrants to enter the base tables and is further supporting NDA with technical assistance in the roll-out. Because of the delay of the NDA board to approve recruitment of the replacement of the systems administrator who resigned in April, SURE has seconded the current systems administrator of the Resource Centre on part-time basis to NDA. His task was mainly the establishment of the VPN connections with the regional offices to facilitate the roll out of the VOI. He will also be trained in the administration of the VOI blade server which is pending installation. SURE provided the NDA management team with a report detailing and costing the various options for IT Support (comparing in-house and outsourcing), based on the IT strategy that was signed off by NDA. The NDA secondment has been extended for 6 months.

Strengthen drug information activities in pharmacies and clinics. In Uganda, prescribing and dispensing are strictly regulated but not well enforced in the private sector. Therefore, most prescribers dispense medicines and most dispensers prescribe medicines, resulting in poly-pharmacy guided more by profit than by patient safety. In Year 3, NDA, SURE, and Makerere University collaborated on a study to determine the extent of pharmacists prescribing and doctors dispensing in Uganda. Two Makerere University students have been identified to conduct the studies. SURE supported the students in writing study designs and additionally, NDA and SURE co-sponsored a meeting with representatives from professional bodies to comment and agree on the study designs for the two studies.

Next steps

- Work with consultant and NDA to utilize the costing findings for revision of fee structure and identification of redundant procedures
- Support NDA in updating the TruScan[®] library and providing regular reports on testing
- Work further with students to conduct the studies on dispensing doctors and prescribing pharmacists
- Make decision on placement of the server and facilitate its installation at NDA or alternative at external host
- Install verification of imports system on to the server and begin utilizing of VOI data
- Finalize contract for NDA support to GPP implementation in public sector (See 3.3)

Support a pre-service training program for health workers

To strengthen medicines management, SURE follows a two-track strategy: Support in-service training through SPARS implementation and support pre-service training. Pre-service training is important to ensure sustainability so that newly trained health workers will already have the necessary skills before reporting to the field and the SPARS Program can shift to maintaining rather than developing the skills.

According to Ugandan law, the curriculum for pre-service training of health professionals is largely influenced by training institutions that seek program accreditation from the Uganda National Council for Higher Education. To change the curricula for health workers to include a stronger medicines management component, advocacy is needed not only for training institutions but also for institutions that provide policy direction, such as professional councils and the accreditation body.

SURE contracted with Makerere University to develop an advocacy strategy and a two-level training of tutors' package for pre-service training of all health workers. Advocacy activities progressed well with Makerere University mapping institutions that are critical to influencing the required curriculum changes and gaining consensus on the minimum competencies for each level of healthcare cadres. Also, Makerere University engaged top leadership of major institutions to present proposals for curricula change; these have been well received.

To date, 43 tutors have been trained in three courses for institutions in Western, Central, and Northern Uganda. This training has been well received and it is now agreed that inclusion of pharmaceutical training does not depend completely on revising the full curriculum. Instead, training has been fast tracked as an addendum to the existing curricula by individual

institutions. A baseline assessment of competencies and skills of tutors and health workers was conducted to inform future evaluation of the effectiveness of the pre-service training.

Next steps

- Finalize baseline assessment report
- Publication and dissemination of the minimum skills package for different professional cadres
- Implement tutors training
- Disseminate EMHS manual to training institutions

SUB-RESULT 2.3. SUPPLY CHAIN SYSTEM COST EFFECTIVENESS AND EFFICIENCY IMPROVED THROUGH INNOVATIVE APPROACHES

Support Uganda Medicines and Therapeutic Advisory Committee and appropriate use of medicines

The Uganda Medicine and Therapeutic Advisory Committee (UMTAC) is a committee set up within the Ministry of Health (MoH) with the objective of improving availability and rational use of medicine, especially in the public sector. All of SURE's activities related to rational use of medicine is through UMTAC.

Prior to the final establishment and appointment (in Year 2), the members of the original UMTAC participated in meetings in their own capacity and out of personal interest and enthusiasms. In these initial meeting, the strategy and goal for UMTAC were discussed. However, the final composition of UMTAC was changed and new members appointed by the MoH, who also decided to introduce sitting allowance for attending meetings. Since the formal establishment of UMTAC, very few meetings have been held due to lack of funding for sitting allowances and when meetings are scheduled, only a few members attend. Meetings are only called when the UMTAC secretariat needs approval of work by the UMTAC members. Due to a weak performing UMTAC, the appropriate medicine use strengthening activities including setting up UMTAC website and planning for appropriate medicine use training of health workers were postponed.

Update and development of EMHS List for Uganda and Uganda Clinical Guidelines. To promote rational use of medicines SURE supported UMTAC in updating the essential medicine list and expanding it to also include health supplies and laboratory commodities, becoming the Essential Medicines and Health Supplies List for Uganda 2012. SURE also supported the revise and update the Uganda Clinical Guidelines (UCG). The work on updating both the EMHS List for Uganda (EMHSLU) and UCG began in Year 2 with the support from consultants in a workshop for UMTAC members, health workers, and wide representation of medical specialists. Following the workshop and with much technical assistance from consultants, CPHL, pharmacy division and SURE the EMHSLU was made ready for printing, listing all essential items, classified by level of care and by clinical importance into Vital, Essential and Necessary classification. The list was printed mid 2012.

Revision and update of Uganda Clinical Guidelines. During Year 3, several consultants worked on the UCG. First, a consultant worked on including the proposed changes in treatment guidelines that were decided upon through consultation with specialists and workshop attendants (held in Year 2). The consultant also wrote introductory sections and

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included an index. Harmonization of medicine in the UCG and EMHSLU is important to ensure that health care workers can identify key medicines and know how to use the medicines. The inability of both consultants to deliver work of expected quality delayed the process and resulted in SURE staff and additional consultants completing the guidelines. An English-speaking editor edited the entire book, and a layout editor completely changed the layout completely for the proper book size and added conditions and medicines indices. All headings were also standardized. Initially, only a revision of the UCG 2010 was planned but by the end of Year 3, the MoH decided to make a full update to the UCG 2012 by changing the introduction and making the UCG more user-friendly. The UCG was print-ready in September 2012, and 20 copies were printed for the joint health review meeting. However, a final read-through revealed that medicine and doses were still missing in the treatment section for several conditions. Therefore, it was decided to include this missing information before printing 5,000 copies for use in the SURE-supported health facilities.

Next steps

- Include missing medicine and doses in the UCG 2012
- Print UCG 2012
- Launch EMHSLU 2012 and UCG 2012
- Start development of a rational medicine use training course

Support to the Quantification, Procurement, and Planning Unit

Quantification & Procurement planning

By start of Year 3, the Quantification, Procurement, and Planning Unit (QPPU) was established at the MoH Pharmacy Division. The overall aim of the QPPU is to ensure the optimum use of available financing for pharmaceutical products by providing a single system within the MoH for projecting and quantifying national requirements for EMHS.

The SURE Program has continued supporting the Pharmacy Division's QPPU, which provides strategic information on EMHS quantification, procurement, and financing for EMHS such as antiretrovirals (ARV), TB, malaria drugs, and laboratory reagents. In Year 3, the QPPU was effectively institutionalized and recognized by stakeholders as most resourceful on quantification, financing, and supply-planning for EMHS. A QPPU strategy paper was discussed by stakeholders, revised, and approved.

Since the QPPU was established, it has been instrumental in supporting the Focal Coordination Office to update and align procurement and supply management plans for Global Fund grant disbursement requests. The QPPU led the revision of the procurement and supply management plans for TB, malaria, and health systems strengthening grants for Round 10, as well as responded to procurement and supply management-related queries from the Global Fund prior to signing the grants. Recognizing the role that the QPPU is playing, the Global Fund has approved the recruitment of an additional staff person to support the QPPU under the health systems strengthening grant. Furthermore, the Clinton Health Access Initiative began funding a part-time staff person for the QPPU.

The QPPU has led the forecasting and quantification activities for lab commodities, Reproductive health items, TB medicines, ARVs and ACTs. For example, the unit coordinated the emergency distribution of TB medicines procured under Government of Uganda funding. This also involved production of an allocation list, management of

communications, and quantification of stock for replenishment. In addition, the TB single stream funding quantification, procurement, and supply management plan for the Global Fund was completed by the QPPU with SURE support.

The QPPU supported the Global Fund's Focal Coordination Office in MoH to complete the Health Systems Strengthening Round 10 Procurement and Supply Management Plan that was eventually approved. In addition, the QPPU completed the Malaria Round 10 Procurement and Supply Management Plan, which was approved by the Global Fund.

The unit assisted the MoH quantify the national response plan for nodding disease in Northern Uganda. The unit worked closely with NMS to draft a pharmaceutical supply and distribution plan to the facilities. The unit also supported quantification for cervical cancer screening commodities in Ngora District as part of the presidential directive in February 2012.

These achievements show that the QPPU is increasingly instrumental in supporting the Global Fund and the Ministry of Health at large. To further strengthen the Unit, a second staff was recruited as the work load.

Comprehensive stock status reports

SURE, through the QPPU, supports the production of MoH bimonthly stock status reports. The reports were expanded in Year3 to include tracer lab items (HIV test kits, CD4 reagents, Rapid Plasma Reagin (RPR) test, malaria rapid diagnostic tests, field stain A, methylene blue, and carbo-fuchsin). The reports contributed to discussions that resulted in a government commitment of two billion Uganda Shillings to procure TB medicines in FY2011/12. Timely production of the reports continues to be hindered by delays in accessing data from NMS, but this has improved in recent months.

The stock status report is a standing agenda for the Technical Working Group, Pharmacy Division, technical programs, and Ministry of Health senior management that address supply-chain problems for key health commodities. This report is intended to improve access to supply chain data and to support timely decision-making that prevents stock outs and expiries of high spend vital commodities. The data in the bi-monthly stock status report is sufficiently utilized.

One recent outcome of the report has been the strengthening of alternative distribution channels to increase uptake and prevent waste of reproductive health commodities.

Next steps

- Continue production of bimonthly stock status report
- Capacity building of the QPPU Team and technical program logistics staff
- Develop quantification calendar and support its implementation
- Capacity building of the regional pharmacists in procurement planning

Support Joint Medical Store (JMS)

The role of the Joint Medical Store (JMS) in supplying EMHS has continued to become more significant, especially with increasing EMHS funding by USAID and the appointment of

Result 2.0: Improved capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities

TASO as a second recipient for GTATM commodities that will be supplied to PNFP by JMS. This is despite the Government of Uganda's unavailability of PNFP support.

SURE has continued to support JMS as it fulfills its capacity needs, boost its business with regular clients for long time sustainability, and ensure that its business processes and systems are harmonized with the national pharmaceutical supply system. In Year 3, SURE continued to support JMS to strengthen its operational efficiency through a series of interventions in warehousing, distribution, and information systems. A detailed implementation and program performance monitoring plan formed the basis for the support, and regular meetings between SURE and JMS continued to be held to guide and monitor implementation.

JMS project coordination. In Year 3, biweekly program management meetings were conducted with JMS to guide ongoing interventions and coordinate STTA activities. SURE supported an end-to-end supply chain diagnosis and made recommendations covering all aspects of JMS' in-house supply chain processes to improve service. This included a business process transformation training course for all JMS process owners, followed by a business process transformation exercise to identify and remove processes that do not add value. This resulted in a 72% decrease in time spent on non-value adding activities for all primary processes and the creation of new customer-responsive processes.

Next steps

- Conduct monthly program review meetings
- Conduct weekly activity review meetings

Support JMS in development of an M&E function. SURE supported JMS to build an M&E function for monitoring systems strengthening interventions and to ensure performance monitoring by hiring an M&E staff person in Year 4. SURE supported JMS to develop performance indicators, indicator reference sheets, and data collection and analysis tools. In addition, SURE performed a baseline study on system improvement interventions.

Next steps

- Recruit an M&E staff to JMS
- Recruit a data management assistant to JMS
- Develop an M&E plan
- Develop an M&E framework to monitor recommended interventions
- Finalize indicators to monitor recommended interventions and collect baseline data

Improve procurement processes. SURE supported JMS as it audited its procurement processes and identified optimal process flows, functions, and tools to increase efficiency in JMS' procurement process. This included aligning the stock-holding policy with procurement lead times and source of items, as well as identifying key performance monitoring indicators for the procurement function. The need for automation of forecasting processes was also evaluated. This would reduce at least 67% of the manual effort and allow the procurement department to incorporate frequent forecasting updates into JMS' sales and operational planning process. The support reduced manual labor by 34%.

Next step

- Develop SoW for procurement process improvement support

Support the improvement of JMS' management of third-party distributors. JMS has continued to be a largely cash-and-carry supply agency that allows clients to pick up their supplies or pay for delivery using JMS' third-party private sector suppliers. However, JMS management has slowly realized that the existing distribution system is inefficient due to unreliable lead times, which are costly to some clients and results in substantial loss of business to more expensive private pharmacies that are either able to deliver quicker or are in close proximity to clients. This affects the timely availability of EMHS, particularly ARVs and artemisinin-based combination therapy.

In Year 2, a distribution study was conducted to assess JMS' capacity to manage 3PL contracts and address the observed gaps. This included potential monitoring indicators and processes to best measure the performance of 3PL. The assessment revealed that JMS' warehouse operations were not designed to support door-to-door delivery and that inadequate storage space would prevent orders for pick-up to increase. However, though JMS' lack of transportation hindered business, other constraints remained. Specifically, while JMS is intended to be the first source of medicines procurement for private not-for-profit (PNFP) health facilities, many spend only a small proportion of their EMHS budget at JMS.

A second assessment was conducted. The assessment revealed that that the scope of client needs and preferences was much wider and that building a door-to-door delivery capacity alone would not yield the projected levels of business growth. This activity was therefore postponed to Year 4 to follow a client network study and development of a logistics network strategy.

In Year 3, in order to ensure that such distribution is optimally achieved, a logistics network study for JMS clients was planned; however, work did not commence until the last quarter of Year 3 due to difficulty finding the right consultant. SURE supported JMS to procure a team of consultants to conduct the logistics and customer network study, which began in the last quarter of Year 3 with data collection from JMS' client network and analysis. The work is expected to be completed in the first quarter of Year 4.

Next steps

- Finalize network optimization study
- Start implementation of key network optimization recommendations

Improve warehouse operations. A diagnosis was carried out to identify opportunities for warehouse operations improvement. Warehouse process challenges were evaluated by mapping the current sequence of activities required to complete tasks, such as order picking, stock taking, and receiving of goods, and determining which steps were essential, non-essential, valuable, and invaluable to JMS' business. The diagnosis identified improvement areas in many processes, including order picking, which has several hand-offs and non-value adding activities.

There is a possibility to contract a third-party transport service provider. Three options were presented to JMS management to manage the proposed expansion of JMS operations, and

Result 2.0: Improved capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities

additional of direct delivery. One option recommends increasing the warehousing space by 145% to address JMS's needs over the next 20 years.

Next steps

- Support procurement of warehouse management equipment for JMS
- Support JMS to strengthen warehouse management subject matter expertise in warehouse management best practices

Strengthen the management information system at JMS. Continuing from work done in Year 2, SURE supported JMS to finalize system specifications for functional and non-functional requirements necessary to run JMS' business optimally.

SURE provided technical assistance to JMS to manage the bidding process for a vendor to carry out the implementation of a new software solution for JMS' MIS and design tender documents. SURE also helped develop vendor evaluation criteria, a project monitoring plan, risk mitigation strategies, project monitoring for the new MIS including development of system change monitoring indicators, evaluation and short listing of vendors, and checklist to verify vendor demo claims through site visits and technical assistance.

Next steps

- Support acquisition, installation, and implementation of MIS hardware
- Continue supporting the acquisition, installation, and implementation of MIS software
- Employ long-term consultant to support JMS project management team
- Support ERP Project set-up and initiation
- Support development of ERP implementation strategy

Strengthen JMS viability. In Year 3 to further assure the availability of EMHS for PNFP facilities, SURE assisted JMS in quantifying and monitoring the supply of ACTs and RDTs to the PNFP sector that were then funded by DFID and the Presidential Malaria Initiative (PMI). In addition, SURE assisted with coordinating in-country processes, such as NDA verification and quality testing of ACTs and RDTs. SURE supported PMI/USAID to collect information for routine reporting and quantification of requirements for the PMI donation to PNFP facilities.

Next step

- Develop terms of reference to assess the impact of the changed role of EPI and other public health commodities distribution to NMS

Pharmaceutical Information Portal (PIP)

In the first quarter of Year 3, the financial negotiations and contract development with the selected software development company were finalized and PIP development was planned to start early January 2012.



On 12 December, however, the Director General (DG) of Health Services issued a directive to stop all partners' information and communication technology (ICT)-related activities until further notice. Concerns of duplication and unclear MoH priorities prompted the re-assessment of ICT support.

The ICT Harmonization Technical Working Group (TWG) was established to advise the DG, who must directly approve beginning and continuing ICT initiatives. Approval has not been received as of the 4th quarter of Year 3, thus SURE, USAID, and the MoH Pharmacy Division has decided to terminate PIP's development.

The Systems Administrator seconded to the Resource Centre was therefore reassigned to support DHIS2, NDA, and the development of the District Supervision Data System.

The Data Warehouse Architect has resigned his position. The position will not be filled.

RESULT 3.0: IMPROVED CAPACITY AND PERFORMANCE OF TARGET DISTRICTS AND USAID IMPLEMENTING PARTNERS IN SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES

SUB-RESULT 3.1: IMPROVED CAPACITY OF TARGET DISTRICTS AND HEALTH FACILITIES IN PLANNING, DISTRIBUTION, MANAGING, AND MONITORING EMHS

Develop and implement a district and facility level support package

Management and Coordination. SURE established the last of the 5 regional offices in Year 3 and had implemented the Supervision, Performance Assessment and Recognition Strategy (SPARS) in all the 45 Districts by the end of the first quarter. One hundred forty-six Medicines Management Supervisors (MMS) were active and carrying out on-the-job training of health facility workers and performance assessments during every supervisory visit.

During this year, MMS began transitioning from paper-based to electronic-based performance assessment tools. The computerized system eventually spread to all regions and helped shift the focus to improving the quality of data. Reproducibility surveys by SURE data quality teams revealed gaps in data quality that were addressed through supervision and orientation programs for MMS.

In last quarter of the year the District Health Officers (DHO) and the MMS were supported to hold district EMHS coordination meetings to discuss quarterly district performance reports with stakeholders. The enthusiasm shown in the coordination meetings underlined the importance of data in planning and decision-making, which is one of the pillars in SPARS.

Build facility-level supply chain management capacity. SURE finalized and printed EMHS tools, which includes 3,000 copies of the supervision book, 5,000 copies of the stock book, 5,000 copies of the prescription dispensing log, and 25,000 copies of the EMHS manual. The tools were distributed to all facilities by MMS during supervision visits for facility staff training.

SURE and Makerere University signed a contract giving Makerere the responsibility to conduct all future MMS training. Makerere is to train 220 MMS, including those from

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

districts supported by other implementing partners. In total, 113 persons were trained in Year 3. These include 71 MMS; 13 regional pharmacists; 8 logistics advisors from implementing partner organizations, the Ministry of Health TB and AIDS Control Programs; and 11 SURE staff. Following the workshop based MMS training, SURE supported a five-day practical training for the MMS.

Regional Meetings. The five regional field offices organized two-day regional meetings that brought together District Health Officers (DHOs), MMS, MoH regional pharmacists, and logistics advisors for implementing partners operating in the region. Participants shared experiences and discussed the achievements of SPARS, as well as challenges and bottlenecks that are hindering full progress. It was generally acknowledged that there was visible improvement in EMHS management at facility level, and MMS provided the DHO with timely updates on the medicines and supply situation in their districts, which facilitated timely redistributing of overstocked items.

The main challenges raised included more political leadership involvement for increased visibility, lack of or poor stores infrastructure, delays in processing fuel and safari day allowances for MMS, and MMS' requests for increased remuneration. SURE approached the Strengthening Decentralization for Sustainability Program, urging them on behalf of all IPs to initiate the review process of the Safari Daily Allowances and explore how other payments made to district staff can be standardized to reduce disparities among IPs.

District Coordination Meetings. SURE followed up regional meetings by assisting DHOs to hold coordination meetings with all stakeholders interested in health commodities management. The meetings took place in 33 out of the 45 districts. The main agenda item



Peter Okot, District medicines management supervisor for Masaka district addresses participants during the official launch of the district performance report held in September 2012

was the District Quarterly Performance Report based on performance assessment data collected by MMS. One of the meetings in Masaka District served as a launch for the District Quarterly Performance Report.

The report generated much interest and discussion, particularly among members of the district health teams and the representatives of political leadership. The main areas of concern were slow improvement of some

facilities even after several supervision visits; consequences of the standard kit delivered to HC II and III, such as over stocking in some facilities and stock out in others; need for wider circulation of the quarterly report to district leadership, poor stores infrastructure; and need for more visits by the district leadership to health facilities.

District Operational Plan and Saving Mothers Giving Life Initiatives. SURE participated in collaborative initiatives and activities with implementing partners in several districts. The

District Operational Plan (DOP) for USAID implementing partners was officially endorsed at a signing ceremony in Ibanda, Kasese, Isingiro, Oyam, Mayuge, and Kapchorwa Districts.

Activities to coordinate support to four districts under the Saving Mothers Giving Life (SMGL) Initiative continued, and joint reports with other U.S. government partners have been submitted to the MOH. SURE has shared activity plans and reports for the individual districts with partners and has promoted implementation of SPARS as a comprehensive and holistic approach to improving EMHS management

Pharmaceutical financial management training

The pharmaceutical financial management manual was updated and the training materials drafted with STTA support. The STTA will participate in a pilot training before finalizing the manuals for print.

The target in Year 3 was to train all 45 district MMS to introduce PFM to hospital and HCIV stores and pharmacy staff using the familiar SPARS model. However, this was not achieved as many facilities did not attain good pharmacy practice (GPP) standards certification by the National Drug Authority. District MMS will be eligible for PFM training after having at least one facility under their care GPP-certified. It is anticipated that PFM implementation will begin next year.

Next steps

- Makerere to train 44 MMS mostly from IP-supported districts
- Pilot PFM training for selected persons; then update PFM manual and training materials
- Hold a district coordination meeting in 12 remaining districts
- Hold five regional DHO/MMS meetings to review SPARS implementation
- Participate in DOP and SMGL meetings and reviews

Implement the Supervision, Performance, and Reward Strategy (SPARS)

Train MMS in motorcycle use. This year, SURE trained 73 MMS in defensive motorcycle riding, which completed training for all 146 MMS in the 45 districts. Management and supervision of the motorcycles require regular checks by SURE's Regional Administration Team to ensure that guidelines are adhered to and service is carried out promptly. To facilitate this process, SURE procured a second vehicle and recruited a driver for each of the five regional offices. In addition, 146 sets of additional riding gear were procured for the MMS after observing that riding suits deteriorate after 18 months of use. Distribution of the gear will be pegged to achieving certain levels of performance.

Implement supervision and performance assessment. MMS continued to supervise facilities in all 45 districts, focusing on medicines and health supplies management. A total of 3,474 supervision visits were carried out, which exceeded the Year 3 target of 3,000 supervisory visits. SPARS has now been introduced in 1400 facilities out of more than 1,700 public and PNFP facilities in the 45 districts. During the visits, the MMS mentor and coach health facility staff in addition to completing performance assessments on 25 EMHS indicators.

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

While the general trend shows improvement in the indicators (see M&E section), there is large variation in MMS performance. The SURE Monitoring and Evaluation Team will further analyze supervision data and identify specific areas of weakness so that facilities and MMS can be given targeted support.

Some MMS have not met their targets for number of visits due to their normal and other pressing duties. The DHOs pledged to pay more attention following the release of the quarterly reports that also highlight MMS performance. This year, five MMS were replaced by DHO request due to retirement, transfer to other districts, and poor performance.

Data Quality Assurance. A data quality survey conducted in the first quarter this year revealed several challenges with reproducibility of the health facility performance assessment data collected by MMS. The exercise provided useful insights into different ways some data on indicators are collected and interpreted. The main quality problems were recording of findings and calculation of scores, as well interpretation of results.

The Data Quality Assurance Team finalized data quality survey guidelines with a step-by-step process on how to carry out on-the-job support to help improve data collection, analysis, and interpretation. The team planned a roll out strategy for the regional office. In the second and third quarter, all the 146 MMS took part in a one-day orientation exercise.

The regional field coordinators will support district MMS, and the process will cascade down with district MMS supporting health sub-district MMS. This year, 45 district MMS were supervised, assessed, and trained. See the M&E section for additional reporting on data quality assurance.

Assure Sustainability of SPARS. The SPARS strategy document was developed and discussed by SURE, the Pharmacy Division, and regional pharmacists at the regional pharmacist meeting. The strategy describes roles of the Pharmacy Division, regional pharmacists, and MMS. It also maps the country to clarify IP support, as well as shows how regional pharmacists and IPs take responsibility for districts in the SPARS implementation process and the start up and running costs. SPARS was eventually endorsed as a national strategy at a stakeholders meeting organized by the Pharmacy Division to review the status of logistics management in the country. The two-day workshop brought together partners from funding and implementing agencies with significant support to health commodities logistics. The participants discussed and recommended strategies to strengthen the following areas: Implementation and national roll out of SPARS, M&E and EMHS data utilization capacity, human resources, and rational use of medicines.

The Pharmacy Division conducted visits to districts in four regions where SURE operates, and it reported that SPARS has been well received and is already showing positive impact on EMHS management in facilities visited. Two main bottlenecks were cited: The overwhelming number of responsibilities given to MMS and the poor response from health facility staff. It was recommended that steps to enhance a sense of district ownership of SPARS needs to be implemented.

As part of the SPARS sustainability strategy, 13 regional pharmacists were trained in supply chain management and given laptops and modems by SURE. This year, regional pharmacists were involved in the regional and district coordination meetings, kit survey, national stores

assessment, and training of hospital and HCIV storekeepers. It is envisaged that current roles of the SURE regional field officers will be increasingly transferred to regional pharmacists in Year 4.

The decision by the MOH to recruit pharmacists from district hospitals was a positive step towards SPARS sustainability if the pharmacists remain at the hospitals and eventually take on the role of district MMS. SURE and the Pharmacy Division agreed on the modular approach for capacitating the general hospital pharmacists. The first training focused on the skills needed for stock and storage management, and the pharmacists joined the already existing storekeepers training. In Year 4, pharmacists will be trained in performance assessment, monitoring and evaluation, and data utilization.

Establish the reward scheme. A comprehensive reward/recognition scheme was developed and implemented for health facility staff, MMS, and DHO. Rewards are given for small improvements and should have an overall motivating effect on health workers to strive for better performance.

Procurement of most of the reward items was completed this year, and the first batch items for health facilities were delivered. These include stock books, prescription/dispensing logs, pens, sugar, and tea leaves. The MMS have received netbooks, modems, printers, paper, toner, telephone time, and safari day allowance for each facility visited plus a fee of 15,000 Ugandan Shillings (UGX) per month if targets are met and reports presented in time.



Health workers at Akaboi health centre II in Eastern Uganda receive tea leaves and sugar items which are part of the recognition strategy; June 2012

In order to expedite transition to electronic data collection and transmission, a fee of 5,000 UGX per form correctly entered and submitted by MMS will be in effect next year. The DHO have received telephone time, modems, and a facilitation fee to join supervision visits and organize district coordination workshops. Discussions on the proposal to hand over ownership to the good performing MMSs of their motorcycles and the netbooks as rewards did not take off and is now planned for Year 4.

Next steps

- MMS to carry out supervision and on the job training in 700 facilities
- Conduct reproducibility surveys in three regions and update data quality training materials
- Hold orientation meetings on data quality for all 146 MMS
- Support supervision by regional field office/regional pharmacists to 45 DMMS
- Hold PD, Regional Pharmacists, and SURE meeting
- Implement batch rewards for health facilities, MMS, and DHO
- Finalize procurement of shelves and draw a distribution plan

Build capacity of storekeepers

SURE and the Pharmacy Division identified the pivotal role of storekeepers in ordering and management of EMHS, particularly at HCIV and hospital levels, and agreed to provide special training. A five-day training curriculum was developed based on the MMS training but emphasized the essential medicines concept and stores and stock management. Two lecturers from the Kampala International and Makerere Universities were employed to provide short-term technical assistance as lead trainers in the course. The training team included a regional pharmacist and well-performing MMS. This year, 152 storekeepers have been trained out of the 200 planned. Twenty-three general pharmacists also benefitted from this program.

Next steps

- Makerere will train MMS from IP-supported districts in SCM
- STTA will train 24 store keepers and three general pharmacists

Improve storeroom infrastructure

During this period, SURE supported the Pharmacy Division to assess the condition of health facility stores in all health facilities across the country. This assessment followed findings in the field, which showed that store infrastructure was poor in many facilities and a major hindrance to implementation of best practices in stores and stock management. SURE recruited an STTA who worked with MoH to assess the medicine stores conditions in more than 3,400 facilities. The STTA estimated the investment required to bring all health facility stores to an adequate state of repair, which would enable them to apply good practices in store and stock management.

The lack of appropriate store shelving was most noticeable and a major constraint to improving storage practices, such as properly organizing items, using stock cards, and labeling storage areas. Therefore, parallel to the national assessment of the stores conditions, SURE's expert collaborated with the Ministry of Health to develop specifications and quantify shelving needs appropriate for each level of care in 45 districts. The expert prepared bid solicitation documents that include contract conditions, detailed approved shelf specifications, quantities required, and delivery schedules. To date, the assessment is completed, and the report is due early in the next quarter. Also, the evaluation of bids to supply 2,645 shelves with cubage of two meters each is complete, and the contract should be awarded in October 2012.

The prospect of providing store shelves has generated excitement at health facilities and districts supported by SURE. In addition, the stores interventions will enable many facilities to reach targets for GPP accreditation faster.

Next steps

- Support distribution of shelves and evaluate effect on performance indicators
- Present store conditions report to stakeholders and advocate for partner support to improved store facilities

New district communication and technology (netbook and RxSolution)

Electronic data collection

In the beginning of Year 3, SURE developed and finalized an electronic system that will automatically aggregate performance data sent online by MMS from health facilities,. The system differs from manual and other electronic data collection systems because MMS in the field can complete electronic *pdf* forms offline and then send them when he or she gets online.



Some of the participants that attended the training on using laptops and netbooks for information sharing

User training of MMS in all SURE-supported districts took place in mid-Year 3. By the end of Year 3, SURE has begun receiving electronic reports from the MMS directly to the regional offices. The regional offices share the data with the M&E Team using DropBox, and after cleaning and merging the data, it is used to generate the semi-automated District Report.

By end of Year 3, SURE developed a draft national report, which includes SPARS performance data from more than 2,000 visits/on-the job-trainings. This report will be circulated in the first quarter of Year 4 to all stakeholders. SURE has engaged the Pharmacy Division and the Resource Center to develop a strategy for hardware and software support and to select a vendor to provide this support at facility level. Due to halting implementation of the electronic solution in health, there has been no further progress of establishing a national support solution for MoH. After the current consultant finalizes the eHealth strategy for the MoH, then SURE will participate in discussions to include the district computerization interventions into the plan.

SURE has expanded the use of the electronic data collection in Year 3 to capture data from:

1. KIT review survey (48 forms)
2. Control baseline data collection (63 forms)
3. Stores assessment survey (3,000 forms)
4. Entering backlog of the MMS Routine Tool (2,000 forms)

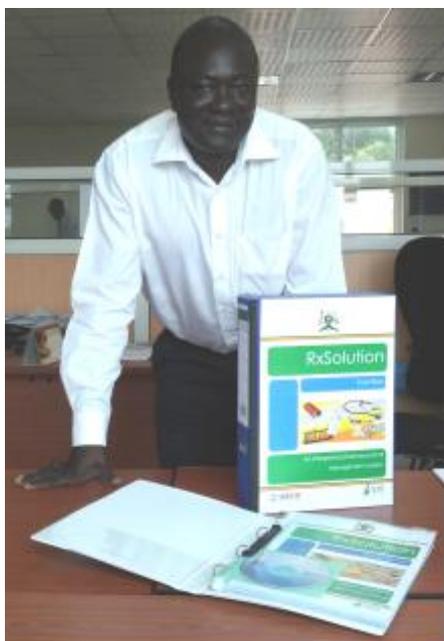
Following collection, the data was aggregated and made available for analysis by the SURE M&E Team and other relevant stakeholders.

Further, in Year 3, all DHOs have been supplied with modems to facilitate communication via email, as well as printers to print reports for district-level meetings.

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

RxSolution

Hospitals, as major consumers of EHMS, are keen to implement new technology that can facilitate and support commodity management at their stores and pharmacies. In Year 2, SURE helped the Pharmacy Division select and test RxSolution software and develop a national plan to computerize hospitals. RxSolution supports supply chain management by tracking budget and price information, commodity availability, consumption, and inventory management functions, such as determining reorder levels. Hospitals will be able to order online with NMS or JMS when they develop online capacity.



District Computerization Officer Tom Opio with the RxSolution Tool Box

During Year 3, SURE supported the use of an electronic medicines management information system (RxSolution) at three hospitals – Butabika, Masaka and Kayunga – and promoted report generation from the system. SURE held a workshop early in Year 3 to generate a national strategy for roll out of RxSolution to hospitals in all districts by collaborating with various IPs within the health sector. In the second quarter of Year 3, the MoH completed halted implementation of all eHealth-related interventions. SURE was thus limited to implementing RxSolution as a training tool for hospital staff within SURE supported districts. The Rx Tool Box has successfully been handed over to MoH Pharmacy Division, which has requested more. The continuous support to all three pilot sites has been extended, and information on trouble shooting and solutions are being collected.

The effect of the delayed approval of RxSolution roll out is unknown, but it will undoubtedly impact data utilization and analytical tool development and implementation for hospitals over the coming years.

Next steps

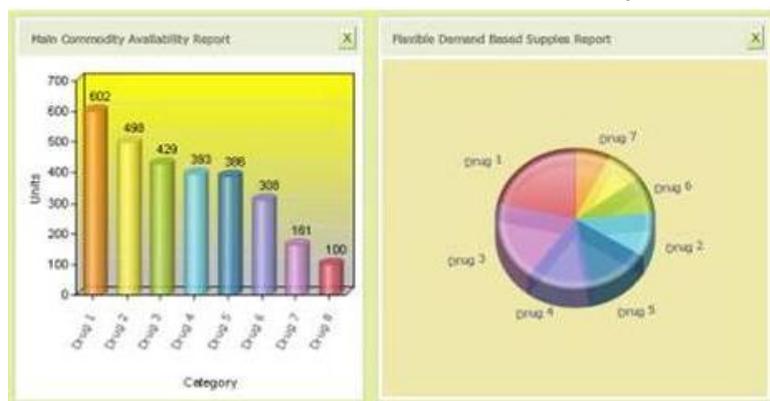
- Conduct second round of netbook trainings (13 trainings)
- Finalize the National Report and publish to stakeholders, SURE, and MoH homepages
- Finalize financial performance assessment tool and corresponding electronic form
- Engage the South Africa RxSolution Team to benefit from their experiences on support training and more
- Develop reporting structure for computerized hospitals
- Conclude production of 210 RxSolution Tool Boxes
- Engage MAUL to develop a work plan to train PNFP hospitals in use of RxSolution
- Setup all 45 desktop computer with RxSolution
- Conduct training of MoH and IPs in use of the RxSolution Tool Box
- Conduct training of users in RxSolution
- Make routine visits to RxSolution pilot sites
- Finalize RxSolution indicator manual based on WHO template

- Develop a knowledge database for easy troubleshooting and solving of issues related to RxSolution

District Supervision Data (Management) System (DSDS)

Currently, SURE’s M&E Team/District Computerization Team produces the national and district reports, which are disseminated to DHO, Regional Pharmacists, MMS, MoH officials, and implementing partners. This process is laborious and time-consuming, and it maximizes Excel data analyzing capabilities. District and central-level staffs are unable to analyze the data further.

To alleviate these constraints and allow for data analyzation at all levels, SURE is designing the District Supervision Data System (DSDS) to generate reports automatically. The system will have extensive built-in data quality and validation checking procedures. The SPARS data will also be available for online access and analysis. Each user will also have a portal to



generate data in areas of personal interest.

A sample of Portal functionality, showing graphs and high level overviews of data of interest to the user

The type of data available depends on each cadre’s level; for example, facility data is

available to facility health workers and MMS, district data is available to district MMS and the DHO, and national data is available to the MoH (Pharmacy Division). Online analytical processing will be used for decision-making at district and central level, giving users the opportunity to dynamically analyze the data further and presenting it in a spatial format.

A team of Technobrain (U) Ltd, MoH Pharmacy Division, and SURE staff is setting up the system and will work together for the project duration to ensure that MoH can continue to maintain the system. Sustainability is an integrated part of the development, and MoH is taking part and later responsibility for discussing and finalizing the plans for hardware replacement, training, system maintenance and upgrades, and data utilization.

Next step

- Complete the SRS document describing the requirements for the system

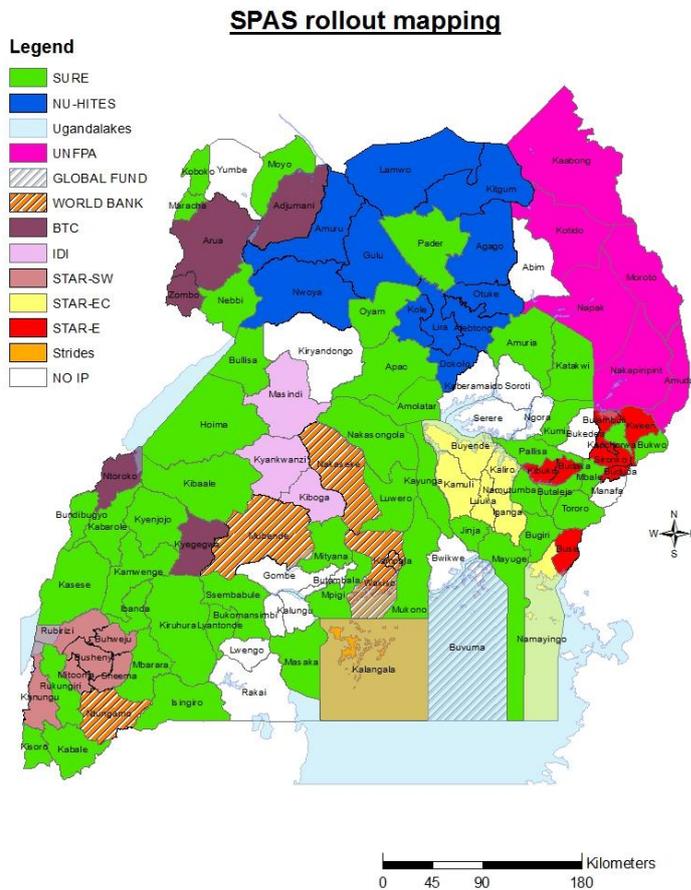


Birna Trap, Martin Oteba Olowo, and Leur Girma from Technobrain (U) Ltd at the kick off of the DSDS

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

SUB-RESULT 3.2. IMPROVED CAPACITY OF SELECTED IMPLEMENTING PARTNERS IN QUANTIFYING, MANAGING, AND MONITORING EMHS

Roll out MMS/SPARS to implementing partners



A number of implementing partners and organizations are working with districts to build capacity in health commodity supply chain management with support from USAID, US Centers for Disease Control and Prevention (CDC), UK's Department for International Development, Belgium Technical Collaboration, and the World Bank. While some of the organizations take a holistic approach to supply chain systems strengthening, the majority focus on specific commodities or groups of commodities such as ARVs, laboratory-related commodities, and TB medicines. The targeted support means that only facilities offering specific services receive assistance. Furthermore, some districts have two to four partners funding supply chain strengthening activities, which raises concerns of duplication and waste of resources.

SURE and the Pharmacy Division held several meetings with implementing partners. It was agreed that the best way forward was to map out the country and engage partners in conceptualizing and subsequently implementing the SPARS in all district aimed at achieving national coverage. The main challenge has been convincing implementing partners to allocate sufficient resources to implement SPARS in all facilities in the district. A MoH concept paper has been developed that details the SPARS roll out strategy, including a detailed roll out plan, the cost of implementation and mapping IP district responsibility. The MoH and partners approved the paper in September 2011.

SURE has progressed well as it supports MoH implementing partners in rolling out SPARS to new districts. SURE trained implementing partner-supported MMS and helped the implementing partners engage the districts and implement supervision activities.

Three partners (STAR-E, STRIDES, and STAR-EC) are now implementing supervision activities in 13 districts. In Year 3, eight implementing partners, including the Belgian Development Agency, World Bank, Strengthening TB and AIDS Response-Eastern Region (STAR-E), STAR-EC, STAR-SW, STRIDES for Family Health, SUSTAIN, the UK Department for International Development, and the Health Care Improvement project agreed to implement SPARS in 42 districts outside of the 45 SURE districts. The Pharmacy Division

is discussing coverage for an additional 37 districts with support from the Global Fund, World Bank, and other partners.

Implementing partners are sharing their proposals on essential modifications to SPARS to meet their project objectives and address unique aspects of managing specialized program commodities. While SURE recognizes the needs for specializing the performance assessment to specific areas of focus such as AIDS, TB, and malaria, it is also important that medicines management indicators continue being standardized nationwide. Thus, SURE's technical programs are continuing development of program-specific performance assessment indicators. These indicators that can be focused on together with a set of core medicines management indicators by IP. Two individuals have been chosen to lead the development of performance indicators: A SPARS coordinator and M&E expert within the Pharmacy Division.

The recent PNFP facility survey report recommended strengthening medicines management at PNFP facilities and the roll out of SPARS to PNFP facilities as a good option to achieve this goal. Key stakeholders reviewed the report and agreed to the roll out of SPARS to build capacity of PNFP facilities.

To strengthen the management of SPARS implementation, a tracking matrix has been developed and shared with the Pharmacy Division. The matrix includes all IP and stakeholders involved.

Next steps

- Support IPs to increase SPARS coverage
- Support PNFPs to implement SPARS
- Support MOH to develop work plan for SPARS implementation in World Bank, MAUL, DFID, and NU HITES-supported districts
- Develop strategy for SPARS implementation in districts without IP or donor identified support to ensure national coverage

SUB-RESULT 3.3. OVERALL ACCESS TO EMHS IMPROVED THROUGH INNOVATIVE DISTRICT-LEVEL INTERVENTIONS

Institute good pharmacy practices and good financial management certification

Good pharmacy practices (GPP) certification. As part of the GPP certification implementation strategy, two NDA inspectors attended the MMS training to learn how to conduct a comprehensive performance assessment, which is the basis for certification. The two MMS-trained NDA inspectors have since been the lead personnel to update the NDA inspection tool and participate in pilots.

SURE supports NDA in the implementation of the GPP certification of the public and PNFP health facility drug outlets. This includes preparation for the inspections, such as tool development, orientation and practical training of NDA inspectors, and preparation of guidelines needed for rollout. SURE will further provide lists of health facilities ready for inspection, support report writing, and give general support to NDA, while NDA will carry out all inspections. SURE will fund inspectors' and drivers' per diem and transportation costs for all inspections, while NDA will fund the inspection fee and provide vehicle and driver.

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

SURE's financial contribution to the GPP inspections will be given through a fixed-price grant. The contract was developed in Year 3 and is currently awaiting approval from USAID.

In Year 3, the inspection tool used for private drug outlets was changed to include more objective and detailed indicators to allow for better reproducibility of the inspections. Additionally, the tool was updated to include several indicators from the SPARS routine tool. The tool was piloted twice; first in six health facilities by NDA inspectors, MMS, and SURE technical staff and then in 24 health facilities by NDA inspectors with support from MMS. The first pilot showed that NDA inspectors were uncomfortable in using the new tool without any support. The second pilot further specified training requirements for NDA inspectors, assessed sufficiency of estimated inspection costs, identified necessary tool changes, and determined certification criteria.

The target to GPP certify 80 health facilities was not reached during Year 3 mainly due to the contract not yet receiving USAID approval. During this time, final discussions of tool changes, training requirement for NDA inspectors, and other findings from the pilots are ongoing. As soon as the contract is finalized and signed, all health facilities that have received five supervisory visits from an MMS in a SURE-supported district will be inspected by the NDA.

SURE is using GPP certification of health facilities as an opportunity to engage and discuss medicines issues with the community in the facilities' catchment areas. Initially, a consultant was hired to develop the GPP Information, Education, and Communication (IEC) strategy and implementation plan, but the consultant was unable to fulfill the deliverables. A public relation (PR) company has been hired as a replacement. The objective of the PR campaign is to make the community appreciate the service improvement at the health facility, which is achieved by extra efforts of health workers, and to increase the community members' use of public sector health facilities.

Next steps

- Approve the GPP certification grant by USAID and get it signed by NDA
- Employment of staff to coordinate implementation of GPP certification activities
- Final discussions of the second pilot on training needs, tool updates, and certification criteria
- GPP certification of SURE-supported health facilities that have received five supervisory visits by MMS
- PR company to finalize the IEC strategy for implementation plan
- Sign contract with PR company
- PR company to develop material for PR campaign and implement the campaign

Innovative District Interventions

Recognize district and facility performance. There was little activity in this area because the criteria for selecting the best district and facility had not been finalized. Further, SPARS implementation began at different times in the districts, and grading of performance if established would have favored those who started earlier. In the next period, coverage will be substantial in all districts. Criteria to determine the best facility per district will also be developed, and facility performance recognition could be linked to the Good Pharmacy Practice (GPP) certification program to take advantage of the comprehensive IEC plan.

Institute good financial practices certification. The good financial practices (GFP) certification strategy was not implemented due to the delay in implementing of GFP training and supervision. The certification plan will mirror the GPP in many aspects, which will be used to expedite implementation in Year 4.

Establish public cash-and-carry pharmacies. This innovation sought to improve access to affordable medicines by establishing a two-tier system in public facilities where vital medicines are provided free of charge and clients pay a more affordable fee for essential and necessary medicines than what private outlets charge. SURE did not progress on this activity.

Next steps

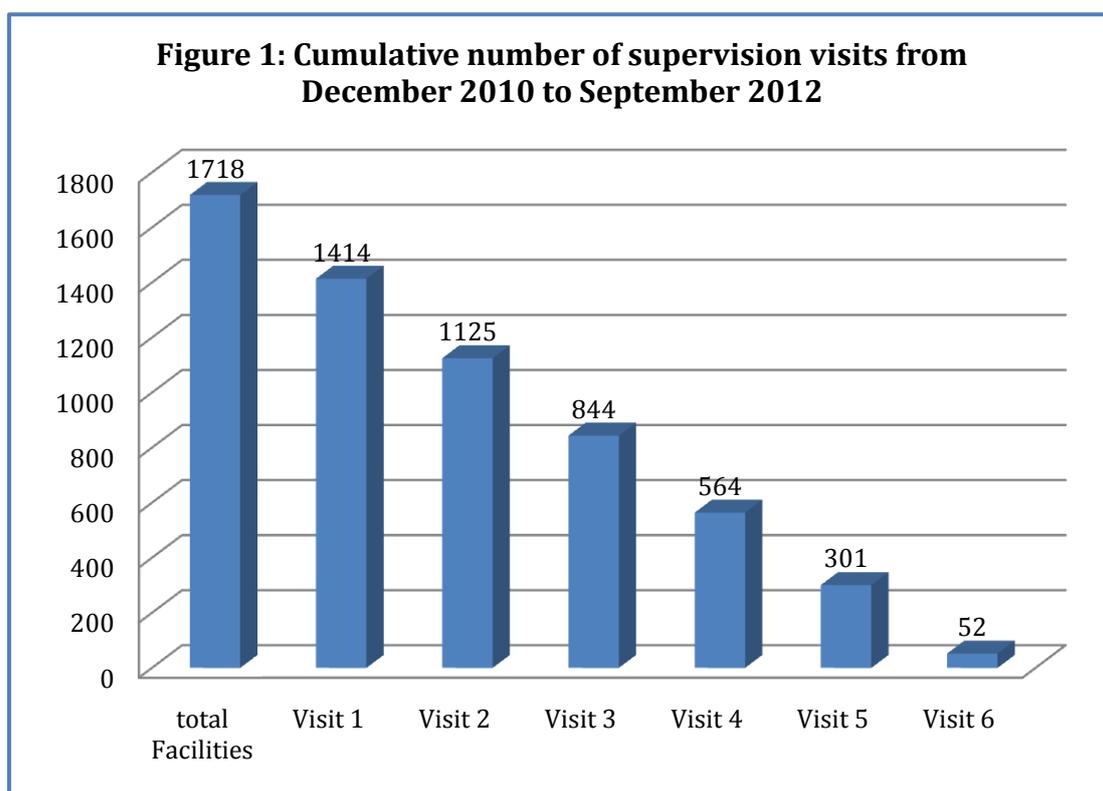
- Develop criteria to select best district and best facility
- Outline the nature of rewards

MONITORING AND EVALUATION

M&E Performance monitoring

In Year 4, the M&E team focused on data management, quality and utilization of the SPARS data that is continuously collected by the MMS. Additionally, several studies were conducted by the M&E team, preparations for the coming M&E training were initiated, further support to the central supply chain agencies was provided, and data collection for the performance monitoring plan (PMP) continuously took place.

Management of SPARS district data. One of the major activities undertaken by the SURE M&E team is the management of SPARS data. By the end of Year 3, SPARS had been rolled out to all the 45 SURE-supported districts, which tremendously increased the volume of data generated by the program. Figure 1 below shows that a total of 4300 visits were done cumulatively from December 2010 to September 2012 with 82% of the facilities having completed the baseline assessment.

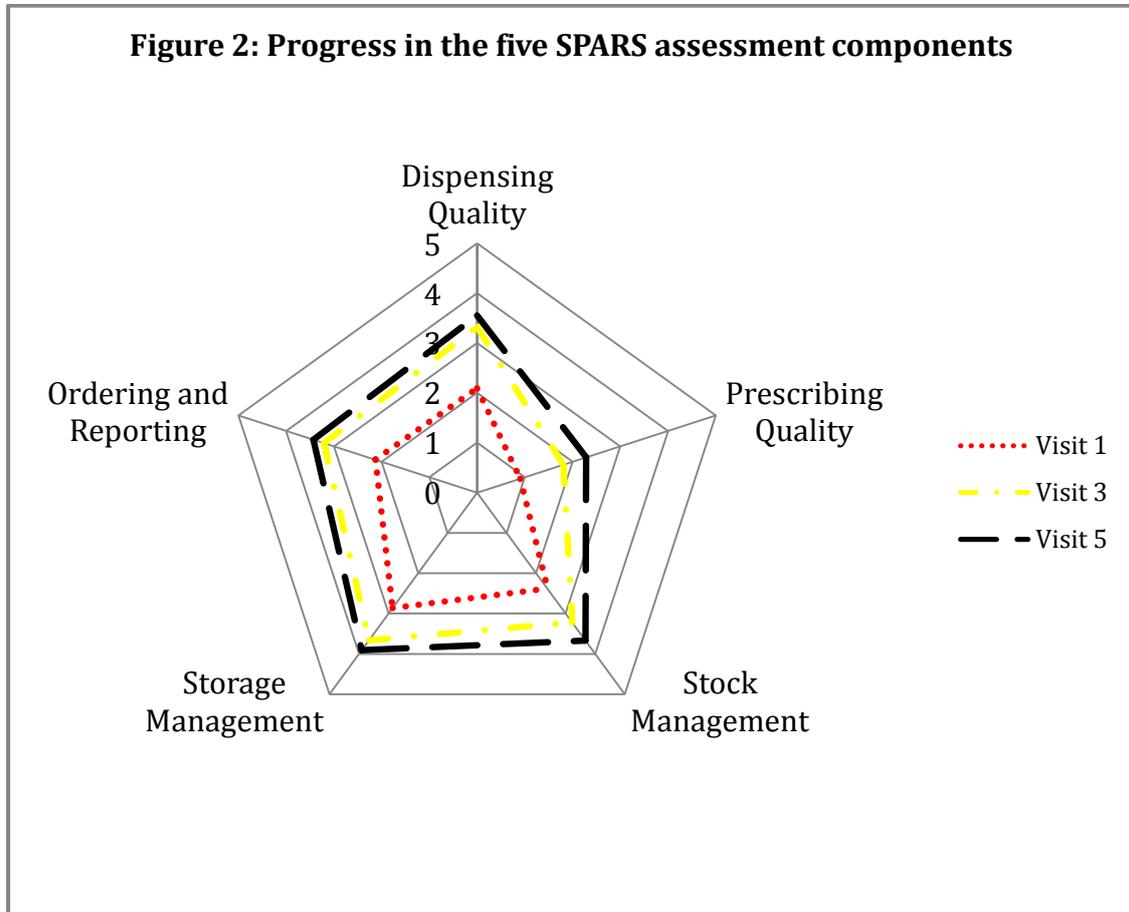


Data gathered during SPARS implementation is entered into an adobe database and later transferred to excel and Stata for further analysis. By September 2012, over 95% of the data collection tools had been entered into the system. The increase in data collected from the health facilities created a huge backlog of un-entered data, yet MMS were not yet ready to enter the data. As a result, SURE hired 5 data entrants who supported in clearing the backlog.

SPARS focuses on medicines management challenges identified and documented in the performance assessments. The key aspects assessed include supply chain management (stock management, storage management and ordering and reporting), and rational drug use (prescribing and dispensing quality). SPARS data was analyzed to show the effect of SPARS

implementation and results are displayed below. All data that has been collected since inception of SPARS till September 2012 was used in the analysis.

SPARS findings. Figure 2 below shows that there is improvement in all the five components from visit 1 to visit 5. Each of the five components has sub indicators that are further analyzed in figure 3 below.



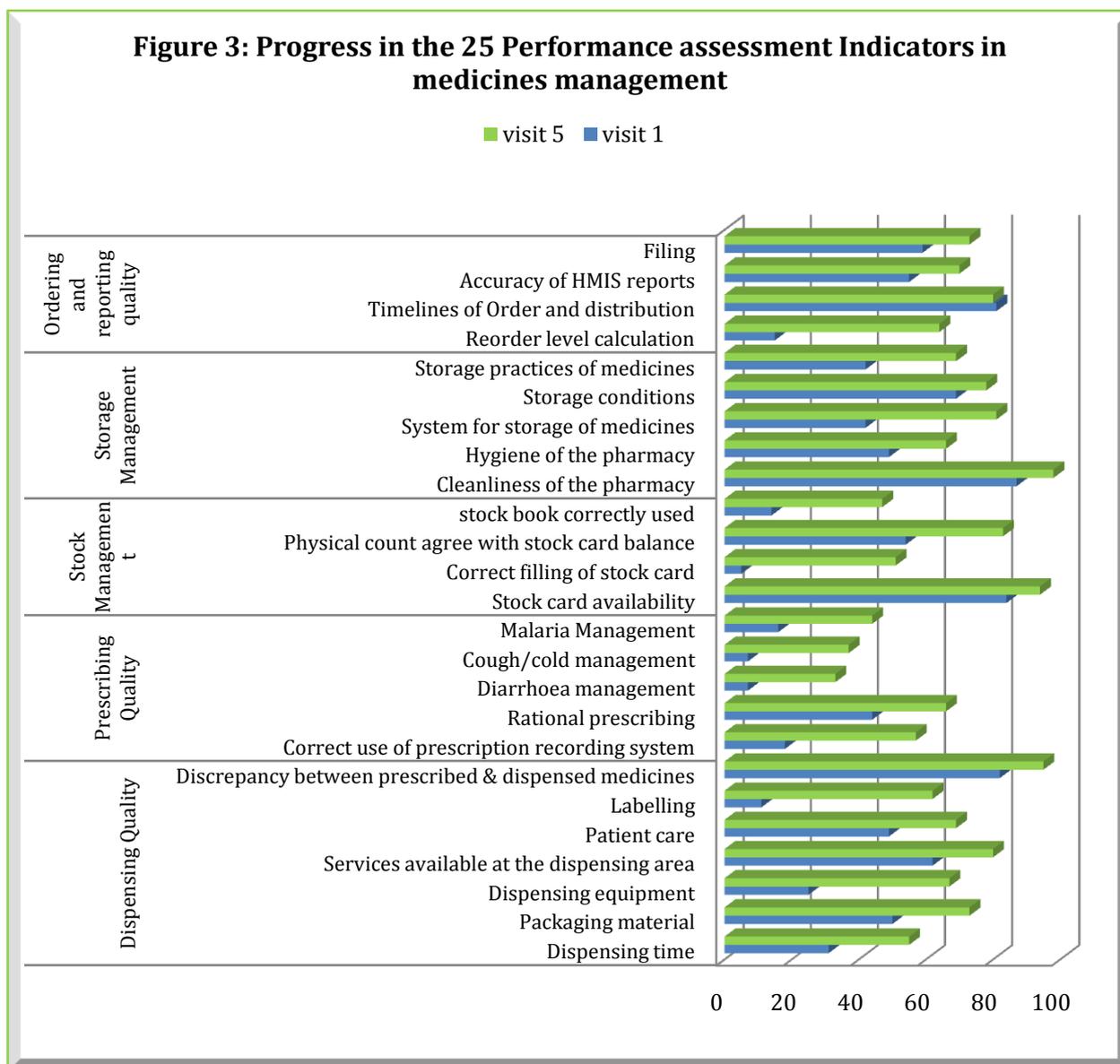


Figure 3 above shows a comparison of indicator progress at baseline visit (visit 1) and at the 5th visit. The data used

Dispensing quality

Good dispensing practices require that the correct medicine is dispensed to the right patient, in the correct strength and quantity, with clear instructions and in an appropriate package that maintains the potency of the medicine. Figure 1 shows overall improvement in dispensing quality from score 2.1 to 3.6 (on a scale of 0-5). Figure 2 further shows that there were improvements in all the seven dispensing quality indicators with major changes in

- Appropriate labeling of medicines. After visit 5, 98% of labeling included dose, 70% date, 65% name of medicine and 65% patient name.
- From visit 1 to visit 5, improved use of appropriate dispensing equipment were observed including a reduction in counting of medicine with bare hands from 31% to 81%.

- Patient care which assesses patients' understanding of how and why they should take the medicine. Patients were found to be more knowledgeable about how much to take (94%) and how often to take the dispensed medicines (89%).

Prescribing Quality

The overall measure of prescribing quality includes five indicators; use of injections, use of antibiotics, and the prescribing in accordance with clinical guidelines and recording of diagnosis.

- Adherence to standard treatment guidelines increased from 7% to 33% for diarrhea (without blood), 7% - 37% for cough/cold, and 16% to 44% for uncomplicated malaria. The increases were seen from visit 1 to visit 5. Rational prescribing improved from visit 1 to visit 5. An increase from 62% to 87% for percentage of medicines prescribed by generic name and a reduction from 15% to 12% for percentage of patients prescribed with injections were the major changes observed

Stock Management

Good stock management is measured by the ability to correctly monitor stock, quantify needs, and prepare orders. From visit 1 to visit 5 (refer to Figure 2) there is

- Improved correct filling of stock cards from 5% to 51%
- Improved accuracy of stock card data from 54% to 83% measured as stock card balance equal to physical count

Storage Management

Proper storage management requires that items are stored in a way that reduces waste and does not affect their quality. Large changes were observed for the following indicators

- System for storage has greatly improved. After visit 5, 75% of facilities arrange medicines in a systematic manner and 86% adhere to first expiry first out (FEFO) compared to only 32% and 56% of facilities after visit 1 respectively.
- In the dispensary, labeling of opened bottles with the date of opening improved from 9% to 43% from visit 1 to 5 and lid were put on 93% of opened tins or bottles compared to 70% after visit 1

Ordering and reporting

Ordering and reporting quality involves ensuring adherence to the order schedules, timeliness and accuracy of reporting.

- More facility staff are now able to quantify how much to order. An increase from 14% to 48% from visit 1 to visit 5 is seen
- Improved knowledge of VEN classification and vital items with increases of 8% to 70% and 34% to 75% from visit 1 to visit 5 respectively

SPARS data utilization. During the year, majority of the SURE supported facilities had received at least 3 visits, which required summarization of SPARS results to enable sharing with both the implementers and the higher level decision makers. SURE in collaboration with MoH established two information sharing tools i.e. district report and the national report, each targeting different audiences. The district report aimed at improving medicines management within the district focusing on performance of the MMS, facilities and improvements in the five assessment components. All the 45 districts received copies of their respective reports and these were also shared with Pharmacy Division and regional pharmacists. These reports were presented in district medicines management meetings that were organized by SURE. In addition, the district report was officially launched during a

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

district meeting in Masaka. To facilitate utilization of the report even after the district meetings, guidelines on utilization of this report were developed and widely shared to ease users in understanding the report content.

The national report was developed to highlight areas that needed national focus. The report is still in draft stages and the first report is expected to come out in the next quarter.

Data Quality Control and Assurance. Quality improvement of SPARS data was a key activity during the year. During the year, SURE established a quality assurance system including a number of activities to ensure that SPARS data is usable for decision making purposes. SURE data assurance system includes

- Establishment of standard operating procedures for all regions and MMS.
- Standardization of the routine data collection tool "Health Facility Supervisor's Monitoring and Reporting Tool" to ensure consistency in data collection. Any changes to the routine tool were quickly communicated to all SURE regional staff for further communication to the MMS.
- Data validation which was done for both manual forms and within the data entry system. The first data validation involves validation of all hard copies before data entry. This is done by trained M&E staff to ensure that the right responses are recorded and proper calculations have been made. This is backed up by inbuilt validation checks within the adobe data entry screen and the system can now reject unexpected responses.
- Data cleaning is done after data entry and especially focus on exclusion of unexpected responses.
- Routine data quality assessments (DQAs) were done; one per region to assess the level of indicator reproducibility for SPARS data and to identify MMS who needed further support in SPARS data collection. During the year, five DQAs were undertaken and results showed that close to three quarters (72%) of the indicators were reproducible or had limited data quality issues. Data reproducibility will be improved by having regional data quality review meetings with the MMS where a number of exercises will be done. These are aimed at standardizing observational issues, reducing calculation errors and emphasizing data quality assurance in general. The data collection tool has been revised to strengthen the instructions that were previously unclear. Problematic MMS will be followed up by the PFCs.

M&E Support to Central supply chain agencies and technical programs. The central supply chain agencies i.e. National Medical Stores and Joint Medical Stores were supported in developing performance measures for their business processes. This involved development of key performance indicators for procurement and supply planning performance, warehousing and inventory management, Customer Service performance, and financial management. These indicators were shared with MoH and CDC. The data collection process for these indicators commenced with JMS providing data for the past 3 years.

M&E training. During the year, SURE with support from a consultant started the process of developing an M&E training module targeting both the higher level managers (Advanced training) and the implementers (Basic training). This training will equip participants including MoH central staff, regional pharmacists, with knowledge on how to monitor the implementation of programs and policies and to assess performance at central level and of

stakeholders and facilities. The training material will be finalized and implemented in the coming year.

Special surveys and studies

Two surveys were conducted during the year i.e. the Kit assessment III and the Annual pharmaceutical sector survey 2012.

Three kit assessments have been conducted so far (I, II, III). The second kit assessment was conducted in 2011 and published during 2012. Data collection for the third Kit was done during this year and the report will be shared in next quarter.

The annual pharmaceutical sector survey for 2012 was conducted in August 2012 and report writing is ongoing. The 2010 report was shared during the year and the 2011 will be finalised in the next quarter.

USAID/Uganda in collaboration with CDC are currently supporting a program entitled " Saving Mothers Giving Life" (SMGL) in four districts of western Uganda (Kamwenge, Kibaale, Kyenjojo and Kabarole). These districts are also SURE supported districts. SURE supports SMGL program with data collection related to availability of maternal health medicines and health supplies that are necessary for emergency obstetric and new born care. Monthly reports were generated and shared with the USAID and the Western regional office.

USAID Performance Management Plan

As part of performance monitoring, SURE has a performance monitoring plan (PMP) that details the result areas and performance indicators that are used to measure each result area of the SURE program. During the year, the PMP underwent a series of revisions due to difficulties in collecting data for some indicators, changes in policies within MoH and clarifications by external reviewers of the PMP to exclude targets for indicators outside SURE's control. A summary of the PMP changes is availed in Annex 2. The updated PMP has a total of 17 indicators that has been discussed below:

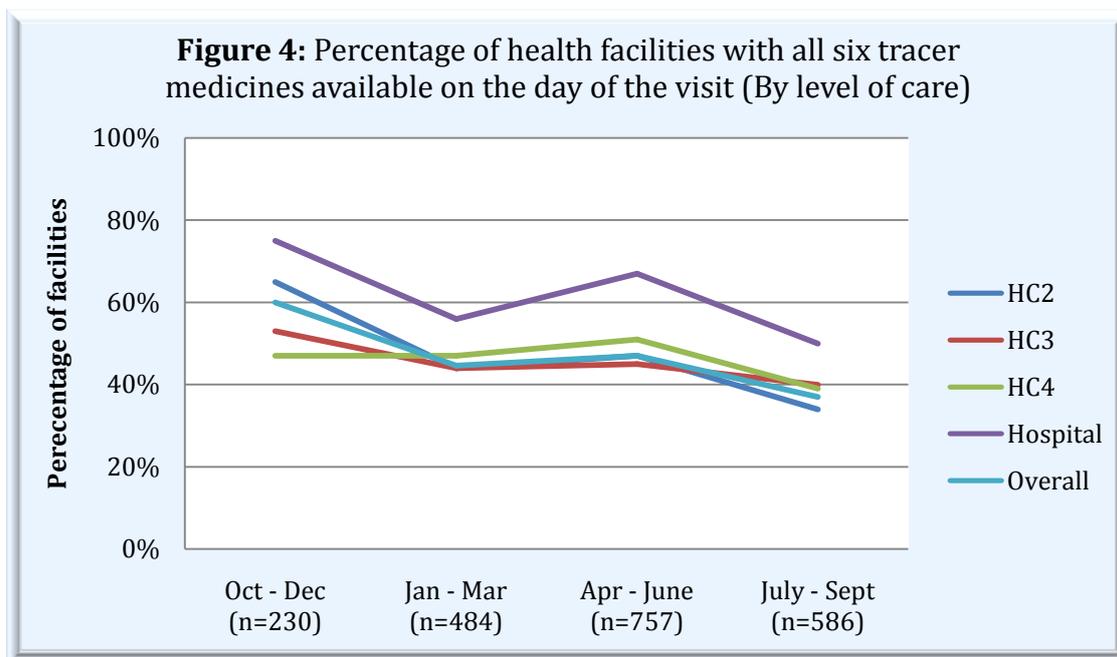
Strategic Objective: To ensure that Uganda's population has access to adequate quantities of good essential medicines and health supplies

Three indicators are used to measure the program objective and their details are given below.

Indicator 1.00: Percentage of health facilities with ALL six tracer medicines available on the day of visit.

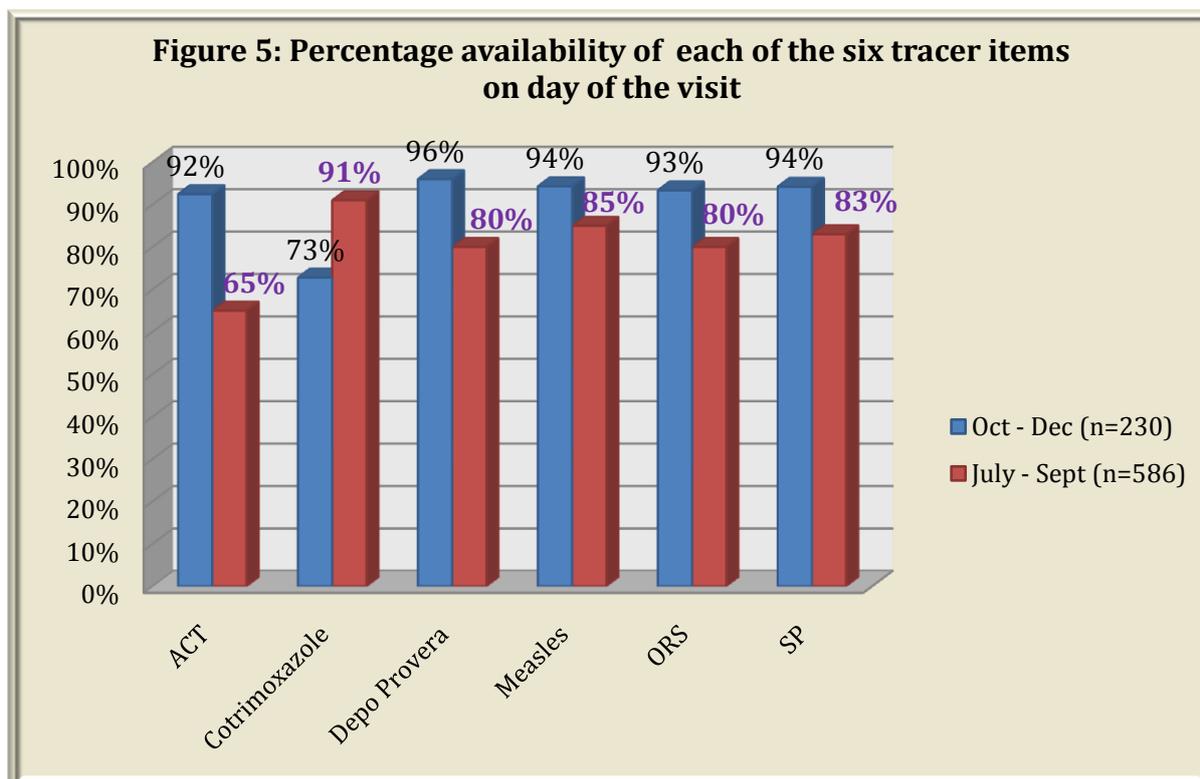
The basket of the 6 vital essential medicines and supplies includes: Artemether Lumefantrine (ACT) - for youngest age band, Cotrimoxazole 480mg, Measles vaccine, Oral Rehydration Solution (ORS), Depo-Provera Injectable and Sulphadoxine Pyrimethamine (SP). A total of 586 visits were used in the analyzing data for the fourth quarter and on average, less than half of the facilities (**37%**) had all the six tracer medicines available on the day of visit during quarter4. Results in figure 3 below show a declining trend in availability of ALL six tracer medicines, which is evident at all levels of care. Both the ordering facilities and those that receive the kits experience a decline in availability of all six tracer medicines.

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities



Indicator 1.01: Percentage availability of basket of six tracer items on day of the visit

This indicator throws more light on the tracer medicine that contributed to the decline in availability of the six tracer medicines. On average, more than three quarters (80%) of the medicines were available at the facilities on the day of the visit. Figure 4 below shows availability of each of the tracer medicines in quarter 1 (Oct - Dec 2011), and quarter 4 (July - Sept 2012). Availability of five of the six medicines has declined in comparison with the first quarter. Cotrimoxazole availability improved from 73% to 91%. The low availability of ACT(65%) contributed to the overall decline in availability.



Indicator 1.03: Percent increase in sales of EMHS at JMS

In comparison with the previous year, JMS achieved an 11% increase in sales of Essential Medicines and Health Supplies (EMHS). This was mainly due to increased number of private pharmacies procuring from JMS. JMS provides better prices for EMHS compared to private suppliers such as Abacus Pharmaceutical and therefore attracts more customers.

Result Area 1: Improved policy, legal and regulatory framework that provides longer term stability and sustainability of the public sector health commodities

There are two indicators under this result area i.e.

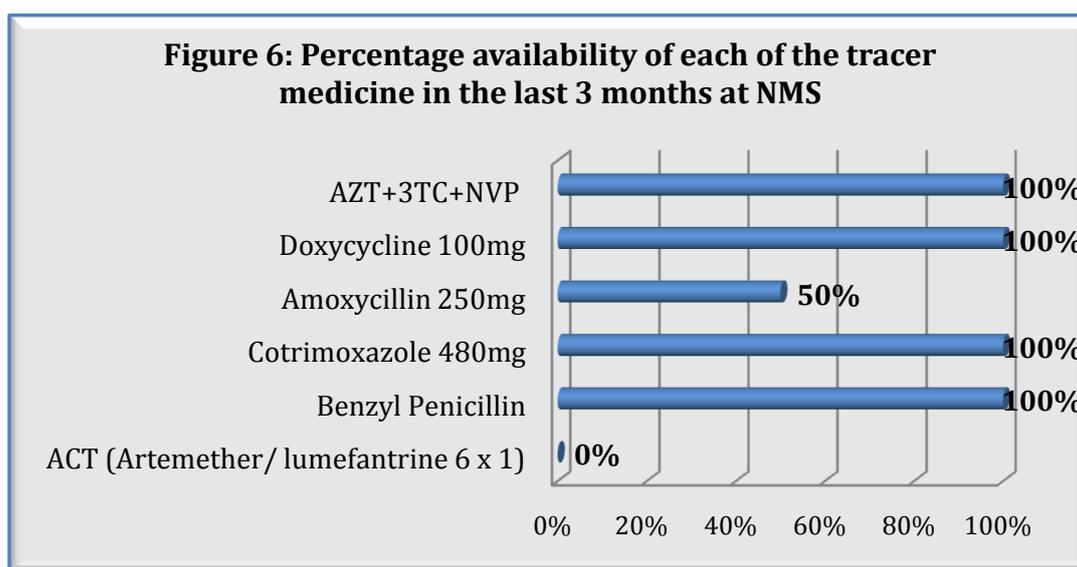
- i. Indicator 1.11: Percentage of GOU funds allocated for credit line EMHS distributed to health facilities (excluding ARVs and ACTs)
- ii. Indicator 1.12: Percentage of GoU funds released for EMHS out of the total health sector release for the financial year (excluding ARVs and ACTs)

It has not been possible to collect data for these two indicators. Establishment of the FACTS system will make it easier to get data in this area. Until FACTS is functioning, data for these two indicators must be identified from the annual budget performance framework paper, which is only expected to be released in November/December 2012.

Result Area 2: Improved capacity and performance of central government of Uganda entities in their supply chain management roles and responsibilities

Indicator 2.11: Percent availability of 6 tracer vital medicines (Basket) measured over a period of 3 months at National Medical Stores.

The 6 tracer vital medicines measured at NMS include ACT (for youngest age band), Benzyl Penicillin, Cotrimoxazole, Amoxicillin, Doxycillin and ARV (AZT+3TC+NVP). Results for FY3 show that on 75% of items in the basket were available in the last 3 months (July, August, September 2012) at NMS. Figure 5 below shows that availability of Artemether/lumefantrine(ACT) was 0%. Low availability of ACT at the national stores explains the low availability at the facilities under indicator 1.01.



Indicator 2.21: Number of individuals trained in supply chain management and/or pharmaceutical leadership and management

SURE organized three types of supply chain management trainings in i.e. Stores management, Medicines Management, and Pre-Service training. In these trainings, a total of 331 individuals were trained. SURE also held training in net book training (computer training), motorcycle defensive riding training , TruScan[®] training and training in the use of the web based ARV ordering system.

Table 1. Number of individuals trained by SURE in Year 3

No.	Type of Training	No of trainings	No of trainees
1	Store Management	8	175
2	MMS Training	5	113
3	Pre-service training of trainers	3	43
			331
4	ARV Web Ordering	5	145
5	Net book Training	13	147
6	Motorcycle defensive riding	5	73
7	Truscan Training	1	18

Indicator 2.22: Percentage of sampled essential medicines failing NDA quality tests

Data for this indicator was not available. The NDA database crashed and they were unable to provide results for this indicator.

Indicator 2.23: Percentage of sampled anti-malaria medicines failing NDA quality tests

Results from the NDA quality monitoring report dated April 2012, show that 2.71% of the sampled anti-malarial medicines failed NDA quality tests. The tests focused on anti-malarial preparations of solid dosage forms namely Artemether/Lumefantrine (ACT), Amodiaquine/Artesunate, Quinine Sulphate, Chloroquine Phosphate and Sulfadoxine/Pyrimethamine (SP) preparations. All failed samples were monotherapies (SP, Chloroquine, Quinine and Amodiaquine).

Indicator 2.31: Average lead time from ordering to delivery at facility level.

Lead time from ordering to delivery includes the time it takes for the order to be approved by the district health officer to the time the order arrives at NMS, ordered EMHS are packed and delivered to the district and distributed to the health facilities by the third party distributor. During quarter 4, it took 53 days (range: 34-105 days) from order approval to delivery of the order to the health facility. The NMS order cycle is bi-monthly (i.e. deliveries every two months), therefore the average lead time observed during year 3 will ensure constant availability of medicine (if medicine is ordered and delivered in right quantities). However, it is quite important to note that there are facilities with a lead time of close to 105 days, which is much greater than the 60 days of the order cycle and will lead to stock out of medicine in those facilities.

Indicator 2.32: Percentage of orders placed that are fully filled at NMS

According to the current supply system at NMS, only higher level facilities (HCIV and hospital) order for the items they need. According to the recent results in the annual pharmaceutical sector survey (2012), half (50%) of the ordered items were delivered in the ordered quantities. See table below.

Table 2. Nil lines and adjustment of items ordered

Facility Level	Nil Lines	No Adjustment	Upward Adjustment	Downward Adjustment
Hospital (n=955)	31%	64%	1%	5%
HC IV (n=710)	55%	36%	2%	7%
Average (n=1665)	43%	50%	1%	6%

The remaining half of the items were either not delivered (recorded as nil lines) or adjusted up or down. In addition to the ordered medicine, extra non-ordered items were also delivered (7% of the total number of delivered items, n=1758). The problems of fulfilling orders were higher in HC4 compared to hospitals.

Result Area 3: Improved capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities.

Indicator 3.11: Number of public health facilities supported with technical assistance for pharmaceutical supply chain management.

During the year, a total of 1230 facilities were visited and these are disaggregated in table 3 below. These facilities were visited by trained MMS during the year.

Table 3. Facilities provided with TA in pharmaceutical supply chain management

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

Region	HCII	HCIII	HCIV	Hospital	Total
central	148	100	15	6	269
Eastern	212	120	14	16	362
Northern	105	68	10	8	191
South western	115	59	26	8	208
Western	96	79	17	8	200
	676	426	82	46	1230

Indicator 3.12: Percentage of facility credit line orders submitted on time as per NMS schedule

Based on the SPARS data, it was found out in the last quarter, 89% of the facilities (HCIV and Hospitals) had submitted their orders on time. All hospitals were timely in submitting their orders and 85% HCIV were timely.

Indicator 3.21: Percentage agreement between balance on hand and stock card balance

Accuracy in stock management is assessed through checking if stock card balance is equal to physical count. The SPARS data assessed accuracy of stock card data for 15 items. Results show that on average 79% of the stock cards had accurate data.

Table 4: Accuracy of stock card data by facility

Accurate Stock Cards	Hospital	HC IV	HC III	HC II	Average
	78	75	80	79	79

Indicator 3.31: Number of public sector pharmacies accredited in regard to Good Pharmacy Practices (GPP)

A total of 16 facilities were certified during the year. The overall target of certifying 80 facilities was not achieved due to delays by NDA to finalize the pilot report, and also the delayed USAID approval of the fixed price contract for NDA to undertake the certification process.

Next Steps

- Produce PMP progress reports
- Finalize M&E training materials
- Conduct data quality assurance review meetings
- Collect data necessary for the SPARS studies
- Mid term evaluation

PROGRAM MANAGEMENT

Progress

The SURE Program's year 3 of implementation has witnessed five fully staffed and equipped regional offices. During this year, the Program Management Unit has been able to fulfill all procurement needs for operational and technical activities, which have ramped up program implementation significantly.

Procurement and delivery of 5 four-wheel drive Ford pick-up trucks have improved transportation at the regional level to visit and continue on-the-job SPARS mentoring and training efforts. SURE now owns ten vehicles, which has aided roll out of the SPARS rewards distribution program in Year 3.

To date, the majority of Batch 1 district reward items have been procured and distributed to the five regional offices. Almost all 1,686 facilities have received the Batch 1 rewards package, which includes: sugar, tea, and data collection tools (including supervision books, stock books, prescription and dispensing logs, and the EMHS manual).

Procurement for Batch 2, 3, 4, and 5 have been initiated and have almost been fully procured. These batches include rewards items, such as notice boards, performance displaying white boards, counter books for recording expiries, borrow and lend logs, temperature thermometers, and mugs and tumblers. The distribution of these rewards items will commence when appropriate and in line with facility performance improvement.

The Program Management Unit has instituted vehicle inspection of the 146 motorcycles provided to MMS. Inspection reports from October 2011 to June 2012 identified irregular motorcycle operations that need further investigation and monitoring. This activity will be on-going for the remaining part of the program life, and STTA support is envisioned for the activity.

Quarterly staff meetings and bimonthly regional operations meetings teams have been held regularly to discuss and work through program implementation issues. This is an important forum for staff to share experiences, receive additional training, and share emerging implementation trends.

In Year 3, the SURE Program has also been able to continue with communication efforts. Weekly management team meetings with partners, orientation meetings with USAID Agreement Officer Representatives (AOR), and meetings with MPM technical working group and MoH central level program staff are ongoing. Other communication efforts include:

- A website (www.sure.ug) that has been established and regularly updated
- A biannual newsletter (*The Value Chain*)
- The submittal of success stories regularly to USAID
- Branding of rewards items for District Strengthening activities and SURE vehicles.

Finally, a detailed work plan has been developed for SURE Program Year 4 activities. The work plan, STTA plan, and budget were submitted on 1 September 2012 to USAID for review. After initial feedback, the SURE Program resubmitted the Year 4 work plan, STTA

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

plan, and budget to the Agreement Officer Representative on 14 October 2012. SURE is awaiting comments and approval of this latest submission.

Challenges

The Program had four new motorcycles stolen in November 2011; they were replaced by way of insurance compensation and negotiation with the KK Security company. Several laptops were also stolen from staff, and the insurance company has compensated for them. These events triggered a rigorous security concern across all regions with an emphasis on the safety and security of program equipment and tools.

Vinh Nguyen, SURE Program Finance Manager, will be leaving the SURE Program in October 2012. This will be a loss to the program; however, he has trained staff and systems in financial and operational compliance. MSH Uganda and Headquarters have worked closely with Mr. Nguyen in this transition and have identified a well-qualified replacement. MSH has nominated this person to USAID for approval. To mitigate the gap in program operations, the SURE team will receive support from MSH headquarters and MSH Uganda Country Operation Management Unit.

Next Steps

- Continue working with operational teams to ensure financial and operational compliance to MSH and USAID rules and regulations
- Initiate the procurement plan for Program Year 4 in order to ensure timely, quality delivery.
- Finalize pending and critical procurements of utility rack shelves and the GPP public relations campaign
- Garner USAID approval for the NDA GPP Accreditation Simplified Grant
- Closely monitor budget variances for the remaining 24 program months by regularly reviewing technical activities against the annual budget, subcontracts, and procurements
- Closely monitor scheduled STTAs against plan

Visibility and communication

The implementation of the SURE visibility strategy among partners and SURE-supported communities has progressed well. The program continues to update its website (www.sure.ug) with the latest program information and achievements, success stories, reports and other publications, and job adverts.

Successful events to promote SURE visibility during this period include:



Birna Trap, SURE Chief of Party (Green T shirt) addressing NDA officials, implementing partners and the media during a half day event organized by NDA to receive the Truscan device; April 2012

- Half-day media event organized by NDA to receive a Tru-scan device procured by SURE for detection of counterfeit medicines at NDA
- Launch of the District Performance report in Masaka
- Distribution of program promotional materials including newsletters, success stories, factsheets, brochures, banners, and branded materials under SURE’s recognition scheme (clocks, mugs, pens, t-shirts/caps, water drinking stainless cups, notice boards, and spider graphs)
- Using SURE supported public events, particularly workshops, to promote SURE approaches
- Appropriate branding of the widely distributed HMIS tools (stock books, dispensing and prescription log, EMHS manual) printed with SURE’s logo
- Development of a documentary on SURE Program activities, which is used at workshops and training events
- Regular success stories submissions to USAID, which have been featured in USAID and MSH publications

The SURE Program also held staff meetings and a retreat, weekly management team meetings, meetings with USAID, and meetings with MoH technical working groups and others to promote coordination with MoH central-level programs.

A set of cameras were procured for the five regional offices to continue capturing moments that indicate program success.

Moving forward, major public relations and IEC-related activities are planned for Year4 on GPP accreditation of public health facilities. Given the volume and importance of future activities, a vendor was competitively selected during this reporting period to undertake media and advertising management for GPP-related activities.

Next Steps

- Production and distribution of IEC materials on Good Pharmacy Practices
- Development of radio adverts, talk shows, jingles, and theme song on GPP
- Development of newspaper supplements
- Development of documentary on certification
- Organizing press site visits to good performing facilities

Staffing and Short-Term Technical Assistance

Staffing. There have been several changes in the SURE organizational structure over the past year. New jobs have been created, while others have been combined into one position. A new organization chart is being developed and will be finalized by December 30, 2012 once staffing has been determined.

Table 2: Table reflecting actual and planned staff for the SURE program.

Time Period	31-Dec-09 (Actual)	30-Sep-10 (Actual)	30-Sep-11 (Actual)	30-Sep-12 (Actual)	30 Dec-12 (Planned)
Staff #	10	33	54	72	81

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

The staff numbers rose from 54 to 72 in September 2011 primarily due to hiring ten interns. SURE is currently recruiting for nine open positions. The positions below are all newly created with exception of the Logistics Officer:

1. Logistics Officer
2. M&E Specialist (JMS)
3. District Computerization Intern
4. Health Systems Strengthening Specialist
5. MIS Project Manager (JMS)
6. Senior Regulation Specialist
7. Senior Harmonization Associate
8. ACP Logistics Officer
9. Senior Data Coordinator (JMS)

Five staff resigned in Year 3: the Logistics Coordinator, Logistics Officer- Malaria Support, QPPU Coordinator, Assistant Pharmaceutical Field Coordinator- Fort Portal location, and Data Warehouse Architect. SURE has decided not to fill the Data Warehouse Architect position due to halting PIP implementation.

The yearly staff Performance, Planning, Review, and Development (PPRD) exercise was completed between April and May. The PPRD will be followed in late 2012 with additional activities to strengthen the performance appraisal process and incorporate work plan objectives for FY 13 and feedback training for supervisors.

Short Term Technical Assistance. A number of STTAs were mobilized per the updated STTA plan. As SURE begins Year 4, the program will closely monitor planned international trips against actual trips taken.

Table 3: List of International STTAs in the last quarter

Last Name	First Name	Title/Counterpart	LOE	Scope of Work
Larsen	Christoph	Lab Logistics Consultant/CPHL	6 weeks	Continue TB Logistics System assessment
Duarte	Kyle	MIS Specialist/ JMS	2 weeks	Vendor evaluation (JMS)
Remedios	Valerie	Mentorship, Capacity Building - Vertical Programs	5 weeks	Support supply-chain systems strengthening, harmonization, and system change
Suraratdecha	Chutima	Pharmaceutical Financing Consultant	3 weeks	Public sector medicines financing
Konings	Elke	M&E Consultant	1 week	M&E support
Johnson	Keith	SURE Project Support Manager	2 weeks	Work planning support
Helge	Lars	DHIS Consultant	2 weeks	ARV medicines order form and patient report improvement
Delamare	Phillip	Network Optimization Study Consultant	3 weeks	Development of a Ugandan Logistics Network Strategy
JMS Vendor site visits	Saul K., Ben A. & Edgar M. of JMS	Vendor Sites Visits	2 weeks	Visits to vendor clients to establish capacity for MIS Software implementation

Finance

The SURE Program has spent 87% (\$14,222,972) of its current obligation (\$16,352,719) on September 30, 2012. The SURE Program has operated for 39 months (since July 2009) and on average, has a monthly burn rate of \$364,692. With the hiring of additional staff, continued rollout of the SPARS, interventions related to GPP inspection and Public Health Facility Stores Shelving, SURE expects the burn rate to increase in Year 4.

Table 4: Summary of disbursements against the Work Plan Budget - Cumulative Program for 39 Months

As of Sept 30, 2012

		Actuals Yr 1 & Yr 2 (27 mos)	Year 3 Work Plan Budgeted (12 mo)	Total Budget Year 3 - Cumulative	Spent to date (39 months)	
	Line Item	17-Jul-09 to 30- Sep-11	1-Oct-11 to 30- Sep-12		17-Jul-09 to 31- Sept -2012*	Balance
I.	Salaries and Wages	\$ 2,367,298	\$ 2,055,489	\$ 4,422,787	\$ 3,950,363	\$ 472,424
II.	Consultants	\$ 90,981	\$ 302,050	\$ 393,031	\$ 231,426	\$ 161,605
III.	Overhead	\$ 1,210,368	\$ 530,954	\$ 1,741,322	\$ 2,005,520	\$ (264,198)
IV.	Travel and Transportation	\$ 361,950	\$ 754,047	\$ 1,115,997	\$ 898,773	\$ 217,224
V.	Allowances	\$ 446,136	\$ 251,296	\$ 697,432	\$ 633,893	\$ 63,539
VI.	Subcontracts	\$ 950,703	\$ 1,905,465	\$ 2,856,168	\$ 2,117,863	\$ 738,305
VII.	Training	\$ 463,267	\$ 1,104,122	\$ 1,567,389	\$ 593,055	\$ 974,334
VIII.	Equipment	\$ 629,215	\$ 1,507,550	\$ 2,136,765	\$ 1,137,461	\$ 999,304
IX.	Other Direct Costs	\$ 1,070,015	\$ 2,361,518	\$ 3,431,533	\$ 2,654,619	\$ 776,914
	Subtotal I. through IX.	\$ 7,589,933	\$ 10,772,490	\$ 18,362,423	\$ 14,222,972	\$ 4,139,452
	Cost Share Contribution**		\$ 1,134,979	\$ 1,134,979	\$ 1,069,934	\$ 65,045
	Grand Total + Cost-Sharing	\$ 7,589,933	\$ 11,907,469	\$ 19,497,402	\$ 15,292,906	\$ 4,204,497
Obligation Summary						
	Obligation to date:				\$ 16,352,719	%
	Disbursed to date:				\$ 14,222,972	87%
	Obligation remaining:				\$ 2,129,747	13%

* July 17, 2009 to Aug 31, 2012 figures are actual and Sept 30, 2012 Amounts are estimated.

** Cost Share Amounts as of June 30, 2012; total Cost Share required for the SURE program is \$1,134,979.

Progress:

- Accruals for September 30, 2012 were submitted on September 14, 2012
- In February 2012, SURE had an intensive internal audit. The final results were published in June 2012 and confirmed the initial positive feedback with no significant areas of risk identified.
- The Program Management Unit has continued to support in-house training and capacity building sessions for staff as recommended by the internal audit in June 2010. Administration teams took a refresher course on procurement procedures and similar trainings and various operational policy and procedures are planned for December 2012.

Next Step

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

- Continued roll out of June 2012 Audit recommendations

Annexes

Annex 1: Table of planned activities versus progress in Year 3

Finalized: ✓ ✓; Progressed: ✓; No action taken: 0

Result 1: Improved policy, legal, and regulatory framework to provide for longer-term stability and public sector health commodities sustainability

Sub-Result 1.1: Government of Uganda (GoU) Demonstrated Commitment to Improving Health Commodities Financing

Monitor and evaluate pharmaceutical financing

Planned:	Progress:
<ul style="list-style-type: none"> Develop, utilize and maintain FACTS ✓ Financial assessment of EMHS utilization ✓ Prioritize resources for greater health impact ✓ 	<ul style="list-style-type: none"> System process mapping done, requirements done, vendor competitively procured but implementation halted by MoH. Financial data collection a challenge. STTA procured to design and undertake equity study A study assessing effectiveness of the kit to increase EMHS availability and scale up of priority health interventions done, results presented to MoH and USAID

Sub-Result 1.2: Legal, regulatory, and policy framework revised to promote cost-effective, efficient, equitable, appropriate use of available funds and health commodities

Develop an options analysis for policy, legal, and regulatory reforms, financing/funding gaps, and supply chain solution

Planned:	Progress:
<ul style="list-style-type: none"> Implement Policy Option Analysis recommendations and Sign memoranda of understanding ✓ 	<ul style="list-style-type: none"> MoU between MOH and SURE signed and TOR for implementation steering committee agreed.

Result 2: Improved capacity and performance of central GoU entities in their supply chain management roles and responsibilities

Sub-result 2.1: Improved capacity of NMS and JMS to procure, store, and distribute nation'sal EMHS

Support NMS

Planned:	Progress:
<ul style="list-style-type: none"> Performance monitoring ✓ Sign a Memorandum of understanding 0 Support conducting annual procurement audit for NMS 0 Support NMS to obtain PPDA accreditation 0 Long term technical assistance to streamline the procurement processes 0 Conduct organizational assessment to determine cost drivers 0 	<ul style="list-style-type: none"> Performance monitoring platform developed for NMS and JMS in collaboration with CDC Progress in support to NMS has stalled both because of diminished needs and delayed signing of MOU.

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

- Support procurement of equipment for warehouse and shipment management 0
- Support implementation of electronic ordering for EMHS 0
- Support warehouse efficiency and control 0
- Harmonise and improve cost effective distribution ✓
- Support capacity building in key business processes ✓
- Support review of SOPs and develop SOPs as needed 0
- Build leadership and governance capacity of Key NMS Managers ✓
- Continued support to the current MACS and SAGE system to support on-going operations and mission critical activities 0
- Explore alternative MIS solutions 0
- Assessment of public sector distribution was conducted and recommendations on cost effective means of distribution presented. Recommendation supported outsourcing and strengthening in house distribution management. Recommendations have started being implemented by distribution to facility level using 3PL
- Supported one middle management staff to gain skills in warehousing and distribution management
- Trained NMS staff to use the supply chain manager software to generate reports
- A detailed implementation plan was made for providing support to NMS based on POA and STTA support – however the plan was not implemented
- Instituted practices and tools for routine data collection at NMS to be lead by pharmacy division

Support to JMS

Planned:

- Implement an alternative strategy to supplement NMS's procurement, storage and distribution role to the public sector ✓✓
- Harmonize and improve cost effective distribution ✓
- Long term technical assistance to streamline the procurement processes 0
- Support procurement of equipment for warehouse and shipment management 0
- Support implementation of electronic ordering for EMHS 0
- Support warehouse efficiency and control 0
- Build leadership and governance capacity of Key NMS Managers ✓

Progress:

- Strategy to support JMS as an alternative supply system developed and approved.
- TOR developed for technical assistance to build 3PL management capacity
- Assessment of JMS' capacity to support 3PL distribution assessed.
- JMS' business processes and efficiency of the warehouse operations analyzed and plan for technical support developed
- Supported one middle management staff to gain skills in warehousing and distribution

- | | |
|---|---|
| <ul style="list-style-type: none"> • Continued support to the current MACS and SAGE system to support on-going operations and mission critical activities ✓ • Explore alternative MIS solutions ✓ | <p>management</p> <ul style="list-style-type: none"> • Support provided for post implementation review for the MACS and SAGE system functionality to make JMS more efficient • Technical support provided for MIS system re-engineering and gap analysis • JMS supported in development of new system requirements specifications and process mapping • Performance monitoring platform developed for NMS and JMS in collaboration with CDC • Established a steering group to meet on a regular basis. |
|---|---|

Sub-result 2.2: Improved capacity of MoH program managers and technical staff to plan and monitor national EMHS

<p>Planned:</p> <ul style="list-style-type: none"> • Conduct logistics management refresher trainings towards improving logistics reporting on TB and HIV/AIDS commodities - ✓✓ • Produce the regular user-friendly Comprehensive Stock Status report on EMHS supplies available at NMS and JMS on a bimonthly basis – ✓✓ • Development of national roll out plan for the Web-based ARV Ordering System (WAOS) ✓✓ • Training of WAOS super users ✓✓ • Second an M&E specialist to the Pharmacy Division to collect, analyze, and disseminate strategic logistics information– ✓✓ • Assessment of the TB supply chain logistics system ✓✓ <p>Activities that developed in the course of the year</p> <ul style="list-style-type: none"> • Prepare national quantification for antiretroviral (ARV) commodities, malaria and tuberculosis (TB) commodities – ✓✓ • Carry out a problem analysis of the laboratory logistics system and develop an improvement strategy – ✓✓ • Support to PNFP sector facilities to ensure continuous availability of ACTs and RDTs for malaria– ✓✓ 	<p>Progress:</p> <ul style="list-style-type: none"> • Conducted one-day regional trainings in 5 regions for ART logistics, as well as trainings in Northern, Eastern and South Western Uganda for TB logistics • Report format has been improved, and reports produced regularly since October 2011 • The National roll out plan was approved by Ministry of Health AIDS Control Programme • Implementing partners, regional pharmacists and central warehouses (NMS/JMS/MAUL) were trained <p>STTA assessed the TB supply chain system. The report will guide Year 4 support to the TB program</p> <ul style="list-style-type: none"> • Provided technical assistance for the supply chain management plan of TB and malaria commodities under the Global Fund applications and disbursement request • STTA did the laboratory logistics system analysis; assessment report pending • SURE supported USAID/PMI procurement process, developed a logistics reporting tool to aid ordering and reporting by health facilities and recruited a logistics officer dedicated to this sector
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Support to National Drug Authority

<p>Planned:</p> <ul style="list-style-type: none"> • Assist in development of a long term NDA-IT strategy -✓ 	<p>Progress:</p> <ul style="list-style-type: none"> • STTA selected to produce an IT strategy aligned to the business strategy
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Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

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| <ul style="list-style-type: none"> • Make sure data related to verification of exports is computerized and fed into the PIP - ✓ • Fund secondment for IT support-✓✓ • Install, train and ensure use of GIS-✓ • Strengthen NDA functional self-sufficiency through costing NDA services- ✓✓ • Procure TruScan® to strengthen testing of medicine-✓✓ • Strengthen GDP to clarify roles of wholesalers and pharmacies-✓ • Study issues related to weak implementation of the law with prescribing pharmacists (PP) and dispensing doctors (DD) ✓ • Amend the National Drug Policy and Authority Act- 0 • Increased NDA visibility- 0 | <ul style="list-style-type: none"> • Specification for server to host NDA import verification system developed and quotations requested • Verification of imports application completed and signed off pending deployment on the server • STTA selected to produce costing study, report was submitted in June • TruScan® procured and handed over to NDA • GDP revised • Meetings with students to undertake PP and DD studies took place as well as a stakeholder meeting to agree on study designs • Amendment of Act activities removed from work plan according to agreement between NDA and SURE • NDA visibility will be included in the GPP IEC in Year 4 |
|--|---|

Pre service training program

Planned:

- Development of training material ✓✓
- Implementation of pharmaceutical training ✓
- Advocate for revision of Curricula for health professionals to include pharmacy training✓

Progress:

- 43 tutors trained using materials developed by Makerere mainly adapted from MMS training materials
- Makerere contracted to carry advocacy for revision of curriculum of training schools to include SCM
- Stakeholders meeting held and agree to including SCM as addendum to existing curriculum

Establish and support UMTAC

Planned:

- Update/develop essential medicines, supplies and laboratory lists-✓✓
- Disseminate lists -0
- Revision and update of Uganda Clinical Guidelines
- Adapt the UCG 2010 according to suggested changes-✓
- Support UMTAC in strengthening AMU-✓

Progress:

- Updated and printed Essential Medicine and Health Supplies List for Uganda 2012
- Dissemination delayed to Year 4 where a combined launch including dissemination with UCG is planned
- A complete revision of UCG 2010 to 2012 was decided. Several STTA worked on the UCG but were unable to deliver high quality UCG
- AMU strengthening activities including setting up UMTAC website and AMU training were not implemented due to a weak UMTAC sitting only for a few meetings

Support quantification and procurement planning in MoH

Planned:

Progress:

- Institutionalize the Quantification and Procurement Planning Unit within the Pharmacy Division/MoH ✓ ✓
- Build capacity in quantification and procurement planning at central level ✓

Support to MoH programs in developing Global Fund grant PSM plans for TB, HIV and Malaria ✓ ✓

- QPP strategy paper discussed and approved by MoH.
- QPPU staff recruited
- Central level quantifications of EMHS needs for HIV, TB, Malaria, lab, and RH coordinated through QPPU and using harmonized guidelines
- Quantifications and forecasts managed in a team effort to ensure capacity building of counterparts

Supported the review of PSM plans for various HIV, TB and Malaria grant

Result 3: Improved capacity performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

Sub-result 3.1: Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS

Develop and Implement a district and facility level support package

Planned:

- Finalize and Print EMHS manual ✓ ✓
- Print Trainer and trainee guides ✓ ✓
- Develop pharmaceutical financial management manual ✓
- Train MMS in supply chain management ✓ ✓
- Train MMS in pharmaceutical financial management 0
- Promote coordination and collaboration with MMS ✓ ✓
- Implement training on motorcycle use ✓ ✓
- Procurement of motorbikes, helmets and other accessories e.g. chains, riding suit, boots, gloves ✓ ✓
- MMS riding license and delivery of motorbikes ✓ ✓
- Implement supervision and performance assessment ✓ ✓
- Establish and implement reward scheme ✓ ✓
- Bi-annual Planning and team building meeting for SURE, PD and regional pharmacists ✓ ✓
- MMS training for Regional pharmacists ✓ ✓
- Field Orientation for regional pharmacists by Pharmaceutical field coordinators ✓ ✓
- M&E/data analysis/GIS training for regional pharmacists and Pharmacy Division 0
- District logistics planning and coordination meetings - bi-monthly ✓ ✓
- Regional DHO, MMS, SURE, PD SPARS review meetings- bi annual ✓

Progress:

- Manuals Finalized and printed
- Trainer and trainee guides finalized and printed
- PFM materials finalized yet to be piloted
- Training of MMS done by Makerere 133 trained
- Not implemented
- District Coordination meetings done in 33 districts
- 73 MMS trained in defensive riding
- Procured motorcycles and accessories for all 146 MMS. Second set of riding boots and suits procured.
- 3474 supervisory visits
- Reward scheme established and implemented for HF, MMS, DHO
- Team building meetings and collaboration with pharmacy division continued
- 13 Regional pharmacists trained and given computers
- Regional pharmacists given practical orientation in the field
- There was no progress in M and E training
- Meetings held with DHO and MMS in all the 5 regions

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

- Training in M&E/ data analysis and reporting/PIP for DHO and MMS 0
- Administration support to DHO ✓✓
- Airtime, modem printer and paper provided to DHO
- Improve stores Infrastructure in selected facilities
- Assessment of stores infrastructural needs and costing ✓
- Assessment done report awaited from SST
- Minor repairs/ infrastructure support on Medicines stores in selected facilities ✓
- Process for procurement of shelves started other infrastructure support to be agreed upon after survey report

Implement new communication and information technology

Planned:

- Roll out pdf form to all SURE supported districts ✓✓
- Issue netbooks to all MMS ✓✓
- Training of all MMS in using the pdf form ✓✓
- Collaborate with MoH/RC, WHO and UNICEF to establish shared service for hardware support ✓
- Expand use of electronic data collection ✓✓
- Strengthen reporting at district and central level ✓
- RxSolution implemented at 10 hospitals
- Train staff in using RxSolution
- RxSolution online ordering interface developed ✓
- RxBox finalized for hospitals outside of SURE supported districts ✓✓
- Support sites with RxSolution ✓

Progress:

- Collect data electronically from MMS
- Issued netbooks to all MMS
- All MMS trained in using the electronic form
- Meetings held but stagnant due to eHealth moratorium
- Pdf design used for several surveys including KIT, Control baseline and store assessment.
- Generated District Report and draft National Report
- eHealth moratorium halted RxSolution progress
- Order form exported in .xml format for import in to NMS system
- Finalized RxBox
- Supported pilot Rx sites

Sub-result 3.2: Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS

Roll out MMS/SPARS strategy to implementing partners

Planned:

- Develop implementing partner strategy to streamline and harmonize practices and procedures
 - Support IPs to Conceptualize Supervision and Performance assessment reward strategy (SPARS) ✓✓
 - National SPARS strategy review and coordination ✓✓
 - Organize coordination meetings (IP/COP/Logistic exp) ✓✓
- Strengthen implementing partners and other nongovernmental organizations' capacity at facility level in commodity management
 - Support IPs to develop work plans for implementation of SPARS non-

Progress:

- Strategy developed and disseminated and IPs assisted to start implementation of SPARS
- IP (STAR E, STAR EC and BTC) supported to develop work plans. IP Logistics advisors trained. MMS for STARS EC and STAR E trained in SCM and practical training conducted

- SURE districts ✓✓
- Undertake MMS training in non-SURE districts as selected by IPs ✓✓
- IP logistics advisors trained to support MMS
- MMS training for IP logistics advisors ✓✓
- Practical training of IP logistics advisors ✓✓

Build Capacity of Storekeeper

Planned:

- Develop a curriculum and training materials for in-service training of storekeepers ✓✓

Progress:

Training done of 152 storekeeper

Sub-result 3.3: Overall access to EMHS improved through innovative district-level interventions

Establish accreditation certification system for GPP and GFP

Planned:

- Develop GPP accreditation criteria and orientate NDA inspectors- ✓
- GPP inspection of public health facilities
Develop campaign to recognize
- Performance of health workers in achieving GPP certification-✓
- Recognize district and facility performance. 0
- Institute good financial practices certification.0
- Establish public cash-and-carry pharmacies. 0

Progress:

- Strategy and criteria's for GPP accreditation has been drafted, orientation meeting was held and selected NDA inspectors received practical training to use the updated comprehensive inspection tool
- Progress in this activity has not been as fast as expected. 24 health facilities were inspected, Speed up of implementation when contract approved by USAID and signed by NDA
- PR company identified to develop PR campaign
- Best district and best facility rewards -criteria not developed
- No progress with GFP certification
- No Progress with PCCP
-

MONITORING AND EVALUATION

Performance Monitoring plan

Planned:

- Review and implement PMP
- Revise SURE program PMP, and update indicators reference sheets ✓✓
- Conduct data collection for PMP indicators from stakeholders ✓✓
- Review data collection tools for PMP related data ✓✓
- Review and implement a schedule for data collection ✓✓
- Review and implement a schedule for data collection ✓✓

Progress:

- PMP revised, 2 indicators were deleted and 1 was added. Targets were removed for indicators outside SURE's control. PMP data collection tools were also revised and the data collection schedule was developed and implemented.

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

- Design and implement the SURE program monitoring indicators database. ✓✓
- Compile Monthly summaries, Quarterly reports and annual reports on progress. ✓✓
- Collaborate with UMEMS / MEEPP
- Update partner reporting systems i.e. UMEMS and MEEPP . ✓✓
- Participate in partner M&E meetings and share data with other Programs . ✓✓
- Prepare and disseminate data requests . ✓✓
- UMEMS and MEEPP databases were updated with quantitative and qualitative reports respectively.

Process Monitoring

Planned:

- Monitor SURE program implementation
- Develop process indicators and milestones for the SURE annual work plan ✓✓
- Support team leaders to conduct data collection on process indicators and milestones 0
- Conduct Mock midterm review of program performance in preparation for actual midterm evaluations ✓
- Review of PY3 performance and development of PY4 annual plans ✓✓
- Annual stakeholders performance dissemination conference ✓
- Conduct reproducibility / quality assurance of SPARS data ✓✓

Progress:

- Indicators were developed and some were monitored as part of the SURE PMP. Others were also monitored in and reported in quarterly reports.
- Went through the SURE cooperative agreement, and assessed progress on each of the expected results.
- Year 3 report was written and PY4 work plan developed.
- Conference for SPARS was held with regional pharmacists and IPs.
- Five DQAs done for the five regions, report was written and shared with stakeholders.

Results documentation

Planned:

- Evaluate Impact 0
- Document and disseminate lessons learnt 0

Progress:

- None of the planned studies was ready for assessment. Implementation was still in progress.

M&E Capacity Building

Planned:

- Conduct M&E training
- Conduct M&E training for SURE, Pharmacy Division and other MoH staff ✓
- Organize course on how to write scientific articles to strengthen health system research and build local capacity 0
- Establish M&E system
- Support NMS in developing M&E

Progress:

- Terms of reference for the consultant to develop M&E training course were developed and consultant was hired.
- NMS indicators were developed.

performance indicators

- Support JMS in developing M&E performance indicators
- Develop JMS strategic M&E plans
- Carry out information management and data utilization
- Collection and analysis performance data from NMS, JMS, NDA ✓
- Develop tools for collections of JMS monitoring data ✓✓
- Provide TA to JMS to analyze and report M&E data 0
- JMS indicators were developed. JMS was supported to recruit and M&E specialist and this will be finalized the following year.
- JMS data for the past three years was collected. With the M&E person on board, progress in writing the report will continue.
- JMS and NMS data collection tools were developed.

Result 3.0: Improved capacity and performance of target districts and USAID implementing partners in supply chain management roles and responsibilities

Annex 2: PMP changes

Indicator	Change	Reason
Strategic Objective: To ensure that Uganda’s population has access to adequate quantities of good essential medicines and health supplies		
<i>Indicator 1.02</i> Percent out of pocket spending on EMHS out of total expenditure on EMHS in private and public sector pharmacies	Removed	Difficulties in getting the data.
Result Area 1: Improved policy, legal and regulatory framework that provides longer term stability and sustainability of the public sector health commodities		
<p><i>Indicator 1.11</i> Average percentage of disbursed GoU funds to USAID supported districts expended on credit line medicines and laboratory supplies</p> <p>NEW: Percentage of GOU funds allocated for credit line EMHS distributed to health facilities. (Excluding ARVs and ACTs)</p>	New indicator was designed.	Change in policy. There’s no more disbursement of funds to the districts. These funds are channelled through NMS. Indicator changed to track what NMS delivers to the health facilities in comparison to the amount that was allocated for the EMHS. We did not consider this indicator for only USAID supported districts because the overall aim is to ensure that funds for EMHS are appropriately utilized in order to increase access to these essential medicines and health supplies for all Ugandans.
<p><i>Indicator 1.12</i> Percent of GoU funds disbursed to health sector that are spent on all types of EMHS</p> <p>NEW: Percentage of GoU funds released for EMHS out of the total health sector release for the financial year (Excluding ARVs and ACTs)</p>	New indicator was designed.	Tracking of EMHS expenditure is a big challenge because part of the PHC funds are released to PNFPs who don’t necessarily buy from JMS. We therefore assume that all funds released for EMHS are actually spent. Therefore releases for EMHS are used as a proxy for expenditure on EMHS.
Result Area 2: Improved capacity and performance of central government of Uganda entities in their supply chain management roles and responsibilities		
<i>Indicator 2.12</i> Percent of audited NMS medicine procurement transactions ranked as high-risk	Removed	Difficulties in obtaining data from NMS.
<i>Indicator 2.13</i> Percent of average international	Removed	Indicator has been tracked

Indicator	Change	Reason
price paid by NMS for the procured essential medicines	but will be tracked.	for two years now and it is evident that NMS prices are good compared to the international prices.
Indicator 2.33 Percentage of orders placed that are fully filled at JMS	To be added	To measure JMS efficiency and availability indirectly. This is because SURE is providing a lot of support to JMS in improving their business processes and USAID support to JMS is also progressively increasing. It is important that they are able to fill the orders.