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## **SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE) PROGRAM**

**COOPERATIVE AGREEMENT AID-617-A-00-09-00003-00**

### **Annual Report Year 1 September 1, 2009 to September 30, 2010**

October 2010



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This report is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID), under the terms of cooperative agreement number AID-617-A-00-09-00003. The contents are the responsibility of

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## ABOUT SURE

The U. S. 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, especially the National Medical Stores, 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, Makerere University, and the Infectious Disease Institute.

By the program's end, the supply chain management capacity will have been built from the bottom of Uganda's health system 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.

## ACRONYMS

ARVs	Antiretroviral drugs
CDC	U.S. Centers for Disease Control and Prevention
CPHL	Central Public Health Laboratory
EMHS	Essential medicines and health supplies
eMMIS	Electronic medicines management information system
GIS	Geographical information system
HMIS	Health management information system
JMS	Joint Medical Stores
LMIS	Logistics management information system
M&E	Monitoring and evaluation
MOH	Ministry of Health
MOU	Memorandum of understanding
MPM TWG	Medicines Procurement and Management Technical Working Group
MSH	Management Sciences for Health
NDA	National Drug Authority
NMS	National Medical Stores
NTLP	National TB & Leprosy Program
PIP	Pharmaceutical information portal
POA	Policy options analysis
PPDA	Public Procurement and Disposal of Public Assets Authority
QPP	Quantification procurement and planning
SCMS	Supply Chain Management System [project]
SPS	Strengthening Pharmaceutical Systems [program]
STAR–E	Strengthening AIDS and TB Response in Eastern Uganda
SURE	Securing Ugandans’ Right to Essential Medicines [program]
TB	Tuberculosis
UMTAC	Uganda Medicines Therapeutic Advisory Committee
USAID	U.S. Agency for International Development
VEN	Vital–essential–necessary

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## EXECUTIVE SUMMARY

This report highlights the implementation progress of the Securing Ugandans' Rights to Essential Medicines (SURE) program over the first-year period from September 1, 2009 to October 1, 2010. The report presents progress in the implementation of planned activities related to the three technical result areas, monitoring and evaluation, and program management including staffing and finance. The report outlines achievement, specific challenges, and next steps for the next quarter, October 1, 2010 to January 1, 2011.

The Year 1 plan was ambitious, and several targets were met later than planned, including support to NMS, computerization of NMS/JMS, and start-up in the districts. However, we see important progress in all three results areas, and the activities of Year 1 provide a strong platform for further program progress. SURE is ready to roll out approved strategies and innovative interventions that build on performance assessment, reward schemes with community involvement, financial management activities, and improving management and planning through the development of appropriate information systems.

SURE has established a collaborative relationship with the Pharmacy Division from central to facility level, and with Ministry of Health vertical programs such as the National AIDS Control Program, the National Tuberculosis and Leprosy Control Program (NTLP), National Malaria Control Program, Reproductive Health Program, Central Public Health Laboratories (CPHL), the Ministry of Health (MOH) Resource Center, National Drug Authority (NDA). In addition, we are coordinating with other important stakeholders such as Joint Medical Stores (JMS), Makerere University, and implementing partners and other donors including the U.S. Centers for Disease Control and Prevention (CDC), Clinton HIV/AIDS Initiative, and the World Health Organization.

SURE takes active part in pharmacy-related technical working groups and has been instrumental in the establishment of new technical groups and committees such as the Uganda Medicines Therapeutic Advisory Committee (UMTAC), pharmaceutical information portal (PIP), Electronic Medicines Management Information System (eMMIS), and the National Medical Stores (NMS)/Joint Medical Stores (JMS) computerization group. SURE has regular meetings in place with the Pharmacy Division, NMS, and NDA, which facilitate transparency and collaboration—paramount for SURE's success.

The Year 2 implementation plan has been drafted and designed to dovetail with the National Pharmaceutical Sector Strategic Plan II in collaboration with NMS and the Pharmacy Division.

Major constraints include—

- The drawback in functionality of the MACS/SAGE system implemented at NMS and JMS. A well-functioning logistic and finance system at NMS and JMS is not only critical for the operations at these two institutions, but for the planned PIP. These problems must be resolved to ensure long-term sustainable solutions.

- The push-based kit system in lower level facilities might not provide a sufficient foundation and motivation to implement SURE’s logistics management capacity-building strategy.
- Insufficient funding for essential medicines and supplies especially joined with high donor dependency may become the most critical factor to resolve to improve the availability of essential health supplies; however, it is a factor out of the SURE program’s control.

During the first year, the SURE program—

- Drafted a policy options analysis (POA) that proposes innovative strategies to improve Uganda’s supply chain and hosted a stakeholder consensus workshop
- Assessed NMS operations and drafted performance indicators for NMS and JMS monitoring plan
- Evaluated cost-effectiveness of existing distribution system
- Instituted of bi-monthly stock status reports
- Re-established the UMTAC to revise the essential medicines list
- Made progress on the development of a pharmaceutical information portal and eMMIS
- Revised and unified health management information system (HMIS) tools
- Drafted and presented a concept paper detailing the formation of a quantification procurement and planning unit
- Developed a draft VEN classification the existing essential medicines list for Uganda on the basis of Uganda clinical guidelines 2010
- Selected and oriented 45 districts in program implementation
- Drafted a facility level medicines manual and revised it using the Delphi method
- Conducted training for implementing partners, NMS, JMS, and others
- Conducted a baseline assessment for most SURE program performance monitoring plan indicators



*Khalid Mohammed outlines SURE district support at SURE launch on September 21, 2010*

## INTRODUCTION

This report highlights the SURE program's progress over its first year from September 1, 2009 to October 1, 2010. We present progress in the implementation of planned activities related to the three technical result areas, plus monitoring and evaluation and program management including staffing and finance. The report outlines achievements, specific challenges, and next steps for the next quarter, October 1, 2010 to January 1, 2011.

The SURE program has established common ground and sensitized key stakeholders. SURE has initiated the program at district level. The harmonization of tools and procedures is progressing, and the streamlining of ordering, reporting, and information systems is beginning to take shape. We have experienced strong and active support not only from Martin Oteba and his Pharmacy Division team, and Rebecca Copeland at USAID but from other MOH programs, implementing partners, JMS, and NDA, a support which is fundamental to program progress.

Provision of quality of health care depends on availability of essential medicines and supplies (EMHS). The policy option analysis meeting held in April 2009 highlighted the lack of sufficient funds available to meet the most basic medicine and supply needs. Quality and timely financial information to ensure optimal and best use of the limited resources available is critical, and importantly, we have taken steps to establish a financial tracking system.

In Year 1, SURE took initial steps to build capacity at district health level including sharing the concept of a performance-based reward strategy, which will be implemented by district supervisors. The concept was well received and accepted at all levels.

Our plans for strengthening NMS supply chain functions progressed slower than planned. Major challenges resulted from the setback in implementing the MACS (warehouse) and SAGE (financial management) systems and in developing plans for the best way forward.

Harmonization, streamlining, planning, and sharing of information is needed to make Uganda's EMHS supply chain as effective and efficient as possible. The districts cannot wait—the patients cannot wait.



David Lee MSH/CPM, Rebecca Copeland AOTR/USAID, and SURE team members at SURE launch

## PROGRESS

The table below summarizes major accomplishments in Year 1 and next steps, followed by a summary narrative organized by result and sub-result areas.

<b>Result 1: Improved policy, legal, and regulatory framework to provide for longer-term stability and public sector health commodities sustainability</b>	
<b>Sub-Result 1.1: Government of Uganda demonstrated commitment to improving health commodities financing</b>	
<b><i>Monitor and evaluate pharmaceutical financing</i></b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• POA implemented and identified need for financial tracking system as part of data input to quantification procurement and planning (QPP) and PIP</li> <li>• International and national short-term technical assistance started the design of a Ugandan financial and commodity tracking system</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Develop and approve financial tracking system implementation work plan</li> <li>• Have Medicines Procurement and Management Technical Working Group (MPM TWG) approve financial management tracking strategy</li> <li>• Establish financial tracking system working group</li> <li>• Collect data for development of system requirement</li> </ul>
<b>Sub-Result 1.2: Legal, regulatory and policy framework revised to promote cost-effective, efficient, equitable, appropriate use of available funds and health commodities</b>	
<b><i>Develop an options analysis for policy, legal, and regulatory reforms, financing/funding gaps, and supply chain solution</i></b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• POA proposed innovative strategies for improving the supply chain in Uganda</li> <li>• Policy, legal, and regulatory reforms identified to initiate new strategies related to Public Procurement and Disposal of Public Assets Authority (PPDA) certification, cost recovery, private wing, and accreditation of public sector pharmacies</li> <li>• MOU for NMS/JMS and MOH drafted</li> </ul>	<p>Next steps</p> <ul style="list-style-type: none"> <li>• Finalize and sign memorandum of understanding with NMS, JMS, MOH and districts including indicator based monitoring and evaluation plan with agreed targets</li> <li>• Finalize and disseminate the POA report</li> <li>• Develop concept related to good pharmacy practices accreditation, one supplier–one facility and QPP unit</li> </ul>
<b>Result 2: Improved capacity and performance of central government of Uganda entities in their supply chain management roles and responsibilities</b>	
<b>Sub-result 2.1: Improved capacity of NMS to procure, store, and distribute national EMHS</b>	
<b><i>Develop indicator based performance assessment plan</i></b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• NMS performance assessed as part of POA</li> <li>• NMS / JMS performance indicators drafted as part of the PMP and for monitoring progress</li> <li>• International short-term technical assistance developed long term plan to strengthen NMS</li> <li>• Alternative strategy developed as part of POA</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Carry out baseline assessment for NMS performance monitoring</li> <li>• Implement a system for regular performance monitoring at NMS and JMS</li> <li>• Develop a comprehensive alternative plan to supplement NMS's role in provision of EMHS that includes the strengthening of JMS</li> <li>• Procure short-term technical assistance to carry out a financial viability analysis and recommend interventions</li> <li>• Procure short-term technical assistance to undertake baseline assessment of JMS and develop detailed plan for strengthening JMS</li> </ul>

<b><i>Support procurement processes and ordering processes</i></b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Progress has been weak</li> <li>• Plan to support NMS drafted but not yet implemented</li> <li>• NMS recognizing and initiated development of a business plan</li> <li>• Secondment for NMS appointed and initially posted with SURE team.</li> <li>• Kit system introduced by NMS with most limited consultation</li> <li>• Support provided for JMS/NMS staff training</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Carry out an independent procurement audit if agreed to by NMS</li> <li>• Assess kit system</li> <li>• Identify short-term technical assistance for PPDA accreditation support</li> <li>• Support business planning if needed</li> </ul>
<b><i>Support warehouse operations and storage</i></b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• POA and international short-term technical assistance identified areas for support and developed support plan</li> <li>• Post implementation review of MACS/ SAGE implemented by Supply Chain Management System (SCMS) project and system stabilized but not optimal</li> <li>• Technical taskforce instituted during review</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Organize joint technical meeting</li> <li>• Undertake process mapping</li> <li>• Provide SAGE resources to support NMS/JMS</li> <li>• Support procurement of key warehousing and quality assurance equipment</li> </ul>
<b><i>Improve distribution</i></b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Cost-effectiveness of existing distribution arrangement has been evaluated and alternative solutions need to be explored.</li> <li>• Statement of work developed for distribution study looking at streamlining, to-the-door delivery, and distribution management at NMS/ JMS</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Implement transportation/ distribution study</li> <li>• Develop SOW to provide technical assistance to implement recommendations from distribution study</li> </ul>
<b>Sub-result 2.2: Improved capacity of MOH program managers and technical staff to plan and monitor national EMHS</b>	
<b><i>Support MOH programs</i></b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• SURE introduced to MOH programs</li> <li>• Mapping of all commodities and information flows completed</li> <li>• Support on quantification and procurement provided on a regular and ad hoc basis (i.e. Global Fund Round 10)</li> <li>• Bi-monthly stock status reports generated</li> <li>• Longer-term strategy developed involving the establishment of QPP unit</li> <li>• Secondments to MOH programs provided to strengthen logistics capacity</li> <li>• Logistics training in ARV ordering and reporting</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Finalize MOU for secondments</li> <li>• Improve reporting quality and timeliness and design system specification for the ARV ordering and reporting system</li> <li>• Work with NMS and JMS to improve quality of bi-monthly stock status reporting.</li> <li>• Incorporate EMHS tracer medicines in stock status reports</li> <li>• Continue logistic training for laboratory and TB commodities</li> <li>• Develop logistic strengthening plans for IP starting with laboratory supplies in collaboration with CPHL and CDC</li> </ul>
<b><i>Support and strengthen Pharmacy Division</i></b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Regular meetings established with Pharmacy Division</li> <li>• Combined planning completed for Pharmacy Division and SURE for the National Pharmaceutical Sector</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Appoint UMTAC members; establish UMTAC website</li> <li>• Initiate VEN classified essential lists for</li> </ul>

<p>Strategic Plan II and SURE Year 2 plan</p> <ul style="list-style-type: none"> <li>• Logistics support seconded to Pharmacy Division</li> <li>• UMTAC established with terms of reference and presented at MPM TWG</li> <li>• Good progress in the development of PIP to be housed at the resource center and technical and functional architecture decided</li> <li>• Resource center secondment employed to assist with PIP implementation</li> <li>• GIS software procured to be introduced as analysis tool</li> <li>• Makerere, MOH, and SURE staff trained as trainers for leadership and management training</li> <li>• Team building session implemented for regional pharmacists in connection with bi-annual pharmacy staff meeting.</li> </ul>	<p>medicines, supplies, and laboratory supplies.</p> <ul style="list-style-type: none"> <li>• Finalize the requirements document for the PIP, including vertical programs and financial tracking</li> <li>• Finalize the decision for the GIS solution for the PIP</li> <li>• Create a statement of work and request for proposals for outsourcing of the development of the PIP</li> <li>• Determine the architecture and develop the web based ARV ordering and reporting application</li> <li>• Assess the possibility for connecting the CPHL to the MOH after they move to Luzira</li> <li>• Train SURE staff in use of ArcGIS</li> <li>• Fill the System Developer/Database Associate secondment positions at the MOH Resource Center</li> <li>• Strengthen internet connectivity within the MOH</li> <li>• Plan next pharmacist planning and team building activity</li> <li>• In collaboration with the Capacity Project, Makerere University and MOH/Pharmacy Division, develop a more detailed leadership and management implementation plan</li> </ul>
<p><b>Support MOH stakeholders and donor coordination activities</b></p>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• SURE participation in technical working groups</li> <li>• Detailed 5-year plan for NDA support developed and approved</li> <li>• Regular NDA coordination meetings held</li> <li>• NDA information technology secondment to focus on importation and exportation system development</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Increase SURE support to technical working groups</li> <li>• Procure vehicle, Minilab reagents, etc for NDA</li> <li>• Assess the integration of NDA hardware and software requirements and specifications</li> </ul>
<p><b>Sub-result 2.3: Supply chain system effectiveness and efficiency improved through innovative approaches</b></p>	
<p><b>Harmonize ARV supply chain system</b></p>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• POA illustrated the need for simplifying and harmonizing the supply chain, tools and practices</li> <li>• HMIS tools including stock card, stock book, dispensing log, order form etc revised and unified</li> <li>• Concept paper developed for streamlining ARV supply chain developed on the basis of one supplier one facility.</li> </ul>	<p>Next step:</p> <ul style="list-style-type: none"> <li>• Finalize the concept of “one supplier–one facility” that involves streamlining/ unifying procurement, distribution, and data management</li> <li>• Pilot revised logistic forms in the districts</li> <li>• Assess performance of third party district-to-facility distribution</li> </ul>
<p><b>Establish a single quantification and procurement planning unit</b></p>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Based on experience from 5-year rolling procurement planning and POA, centralized QPP was recommended</li> <li>• Visit tour to Kenya to see their QPP unit undertaken</li> <li>• Concept paper initiated for QPP unit to be established;</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Develop statement of work for QPP technical assistance/secondment</li> <li>• Finalize and further detail the QPP concept</li> <li>• Develop detailed indicator based</li> </ul>

paper presented at MPM TWG	implementation plan for the establishment and function of the QPP
<b>Result 3: Improved capacity performance of target districts and USAID implementing partners in supply chain management roles and responsibilities</b>	
<b>Sub-result 3.1: Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS</b>	
<b>Select districts</b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>45 Districts selected and orientation meetings held and MOU drafted.</li> <li>Launch held and MOU signed by 9 districts</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>Launch district and MOU signings in 12 more districts (Mbale)</li> </ul>
<b>Establish regional support offices</b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>Central regional office established and sites for other regional offices decided (Mbale, Fort Portal, Mbarara, Lira)</li> <li>Staffing of regional offices changed to strengthen pharmaceutical capacity</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>Establish Mbale office</li> <li>Recruit two field coordinators per office for initially three regional offices</li> </ul>
<b>District level support package</b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>Medicines manual drafted and further developed through Delphi method</li> <li>Training and trainers material prepared for piloting</li> <li>Logistic tools updated</li> <li>District supervisors identified by central regional districts</li> <li>First medicines management supervision training started</li> <li>Study to assess existing financial tools undertaken</li> <li>Local short-term technical assistance employed to start draft of financial management manual</li> <li>Specification for motorbikes procurement prepared</li> <li>Regional field office team established with 4 staff members</li> <li>District performance study drafted</li> <li>Baseline data collection tools developed and data collectors trained</li> <li>Baseline assessment undertaken in control districts</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>Finalize first training of Medicines Management Supervisors ready for piloting in 9 districts</li> <li>Update training material (session and trainer guides)</li> <li>Implement second Medicines Management Supervisors training course</li> <li>Finalize the Medicines and Health supplies management manual following second training</li> <li>Develop reward strategy and district support package</li> <li>Procure motorbikes</li> <li>Finalize supervisory and assessment tools</li> <li>Print manuals and logistic tools (stock cards, stock books, dispensing logs) to pilot material in initial 9 districts</li> <li>Begin drafting the pharmaceutical financial management manual</li> <li>Develop supervisory tools: indicator-based performance analysis and reporting tools</li> <li>Finalize district performance assessment intervention study</li> <li>Finalize data analysis and baseline report</li> <li>Develop tools for regular performance reporting from sentinel sites</li> <li>Initiate implementation of baseline in intervention districts</li> <li>Training of Sure regional staff in M&amp;E including data collection</li> </ul>
<b>Introduce new communication and information technology</b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>eMMIS system requirements developed and 15</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>Pilot RxSolution at four district hospitals</li> </ul>

<p>systems included in the analysis</p> <ul style="list-style-type: none"> <li>• Study tour implemented to see RxSolution in South Africa</li> <li>• RxSolution selected as most feasible system</li> <li>• Decision made to initially focus on supply/ logistics management</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate procurement of hardware and software</li> <li>• Undertake super user training</li> </ul>
<p><b>Sub-result 3.2: Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS</b></p>	
<p><b><i>Assess capacity, procedures, and practices in supply management of selected U.S. government partners</i></b></p>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Initial meeting with implementing partners to introduce SURE undertaken</li> <li>• Implementing partners are onboard with the streamlining and establishment of a QPP unit.</li> <li>• SURE has responded to specific requests and undertaken training of staff from selected IPs</li> <li>• On the job training undertaken at NMS/ JMS for data inputting of implementing partner orders and report forms using Supply Chain Manager software</li> <li>• Implemented ARV logistic and reporting training</li> <li>• Bi-monthly stock status reports prepared and presented at MPM TWG</li> <li>• Agreement to establish online ordering</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Collaborate with implementing partners to develop individual strategies for strengthening supply chain management; identify the best approach for central and district levels, taking partner and district differences into consideration</li> <li>• Develop a quarterly training calendar</li> <li>• Support implementing partners in building staff capacity supply chain management</li> <li>• Support development of web-based ARV ordering and reporting</li> <li>• Post stock status reports on the MOH web page</li> </ul>
<p><b>Sub-result 3.3: Overall access to EMHS improved through innovative district-level interventions</b></p>	
<p><b><i>Establish accreditation system for good pharmacy practices</i></b></p>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Good pharmacy practice accreditation agreed to and part of NDA plan of action.</li> <li>• International good pharmacy practice criteria tested as part of baseline</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Develop modality for licensing funded by NDA with SURE covering assessment cost</li> <li>• Develop good pharmacy practice assessment tools and accreditation criteria,</li> <li>• Train NDA inspectors and District Assistant Drug Inspector and implement in public sector pharmacy.</li> </ul>
<p><b>4. Monitoring and evaluation</b></p>	
<p><b><i>Develop SURE performance monitoring plan</i></b></p>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• PMP developed and approved</li> <li>• Regular reporting on indicators started being implemented</li> <li>• Baseline assessment for most PMP indicators</li> <li>• EUV survey implemented trying data submission via mobile phones</li> <li>• Training impact study designed and started implementation</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Finalize end user verification survey report</li> <li>• Finalize baseline report from control districts facilities</li> <li>• Develop the Medicines Management Supervisors regular assessment tool</li> <li>• Develop data analysis tools for capturing and analyzing regular sentinel sites data</li> <li>• Initiate literature review</li> <li>• Initiate reproducibility assessment</li> </ul>
<p><b><i>Improve capacity in M&amp;E of key stakeholder programs</i></b></p>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Assisted in the development of the National Pharmaceutical Sector Strategic Plan II plan including development of M&amp;E framework</li> <li>• Following international technical assistance NMS/JMS</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Implement baseline for NMS/JMS performance indicators</li> <li>• Assist in regular M&amp;E support to Pharmacy Division</li> </ul>

performance indicators agreed to (See 2.1)	
<b>5. Program management</b>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Program administration and management is progressing well.</li> <li>• Internal SOPs have been developed, vehicles and supplies procured and the organization has developed in line with requirements.</li> <li>• Program launched and web page established</li> <li>• Regional offices in process of establishment</li> <li>• Year 2 work plan drafted</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Establish Mbale and Fort Portal regional offices</li> <li>• Finalize Year 2 SURE implementation plan</li> <li>• Prepared for district implementation in 29 districts</li> <li>• Continue staff recruitment</li> <li>• Employ short-term technical assistance as per agreed work plan</li> <li>• Introduce new financial management software</li> <li>• Issue employer handbook</li> </ul>

## **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 Demonstrated Commitment to Improving Health Commodities Financing**

#### *Design and implement a financial and commodity tracking system*

##### Progress

In Year 1, the SURE program gathered financial information on Government of Uganda and donor allocations and expenditures on public sector pharmaceutical commodities as part of its policy options analysis. The exercise revealed a high level of donor dependence, a considerable financial gap in funding for EMHS, and difficulties in gathering financial data in a systematic manner. With help from national and international technical expertise, a roadmap for the development of a financial tracking system has been developed and presented to key stakeholders, and we have started drafting an implementation plan. The financial and commodity tracking system linkage to the PIP will provide financial data critical for the success of the planned quantification and procurement planning (QPP) unit.

##### Next steps

- Finalize financial tracking system implementation plan
- Present concept and strategy for the development of a financial tracking system to the Medicines Procurement and Management Technical Working Group (MPM TWG)
- Collect data on system requirements
- Develop scope of work for Year 2 short-term technical assistance
- Establish a financial and commodity tracking work group

**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 POA recommendations and initiate reform of the policy, legal, and regulatory requirements**

Progress

In Year 1 SURE completed the POA, which combined cost analysis with performance measurement and identified a number of best options to strengthen a future supply system. Stakeholders agreed to a number of recommendations, and with international and local short-term technical support, we developed concept papers to explore how to increase NMS sustainability and viability, strengthen JMS, outsource distribution, streamline and harmonize, improve quantification and procurement planning, and increase access to quality medicines through accreditation and cost-recovery initiatives. The POA report was drafted.

SURE identified policy, legislative, and regulatory reforms needed to implement these new approaches related to the Public Procurement and Disposal of Public Assets Authority (PPDA), cost recovery schemes, unification of private wings, and the accreditation of public sector pharmacies. In Year 2 these reforms will be detailed, piloted, evaluated, and when feasible, implemented.

We have drafted MOUs with NMS, JMS, and MOH that are needed to initiate the NMS and JMS strengthening activities.

Next steps

- Finalize and sign MOUs with NMS, JMS, MOH, and districts that include indicator-based monitoring and evaluation plans with agreed targets (see 2.1)
- Finalize and disseminate the POA report
- Present at the MPM TWG and finalize concept papers on the QPP unit and “one supplier one facility” (See 2.2)
- Work with NDA to set the accreditation criteria for good pharmacy practices (see 3.1)
- Mobilize short-term technical assistance for the PPDA review (see 2.1)

**Result 2: 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**

An important part of the POA was to assess NMS strengths and weaknesses. SURE in collaboration with NMS collected data for performance indicators related to financial viability and management, procurement, warehousing, inventory management, and distribution. Malcolm Clark, a logistician from Management Sciences for Health (MSH), drafted a detailed plan to strengthen NMS and ensure increased access to EMHC. NMS and SURE have instituted regular

management meetings and are finalizing an MOU as an initial step in implementing NMS activities. Described below is the progress in these areas.

Next steps;

***Develop an indicator-based performance assessment plan***

Progress

We developed a performance monitoring plan and indicators for NMS and JMS. Many of the indicators were measured as part of the POA.

Next Steps

- Carry out baseline assessment for NMS performance monitoring
- Implement a system for regular performance monitoring at NMS and JMS
- Develop a comprehensive alternative plan to supplement NMS's role in providing EMHS that includes strengthening of JMS
- Procure technical assistance to analyze financial viability analysis and recommend interventions
- Procure technical assistance to carry out a baseline assessment of JMS and develop a detailed plan to strengthen JMS

***Support procurement and ordering processes***

Progress

Progress in this area has been slow. SURE assessed procurement performance as part of the POA and proposed a plan to strengthen procurement processes at NMS. The POA recommended assessing the PPDA regulation to ensure that it does not constrain NMS from using framework contracting of more than 12 months or from increasing procurement efficiency by applying restricted tendering procedures for small-value pharmaceutical procurements without jeopardizing good governance and procurement practices. In December 2010 or January 2011, we will bring in outside technical assistance to support PPDA accreditation and analysis of legal and regulatory reforms related to the PPDA.

NMS is developing a business plan using its own resources that will detail how it can best strengthen its efficiency and effectiveness. The plan will identify areas for NMS/SURE collaboration. Following the introduction of the kit system for health center levels III and II, SURE was tasked with assessing the feasibility of the kit system. An NMS secondment was recruited to support the management information systems at NMS, but NMS and SURE agreed that the secondment will instead support the implementation of RxSolution at hospital level.

A staff member from NMS and JMS participated in an international course in procurement, warehousing, inventory management, and distribution. The two will support in-house training at both institutions to improve processes in the next quarter.

The POA clearly documented a funding gap for EMHS; therefore, prioritization in procurement at all levels becomes paramount. SURE revitalized the UMTAC and is supporting its revision of Uganda's essential medicines policy to classify essential medicines in regard to importance

(Section 2.2). SURE will introduce the vital, essential, and necessary (VEN) classification for medicines, essential supplies, and laboratory equipment. NMS fully supports the concept.

### Next Steps

- Carry out an independent procurement audit
- Assess the kit system
- Employ short-term technical assistance for PPDA accreditation support
- Support NMS business planning, if needed

### *Support warehouse operations and storage*

### Progress

In collaboration with the Supply Chain Management System (SCMS) project, SURE carried out a five-week post implementation review of the MACS/SAGE software operations at NMS and JMS. The objectives of the assignment were to—

- Prepare both organizations for audit compliance after issues arose that distorted the accounting systems
- Map business process flows and finalize requirements for a system to meet the current and future business needs of both NMS and JMS
- Institute a consistent and comprehensive issues management process that allows for testing and validation of changes before going live

Unfortunately, because the users did not fully describe the problems, we spent a lot of time on root cause analysis, which left no time to perform a gap analysis and on what solutions MACS/SAGE can provide. Business process mapping will require more technical assistance. NMS and JMS agreed on the post implementation review, issues resolution, and transition plan from SCMS to SURE. Service level agreements between the clients and the vendor will be drafted and signed in Year 2. Both JMS and NMS carried out the year-end activities without any problems. However, cost of sales issues need to be resolved. Despite all this, the systems at both NMS and JMS have been stabilized to a point where they have not experienced down time since the post implementation review and issues resolution three months ago.

NMS's MACS system problems affect SURE's strategy of designing management information system enhancements. The current solution will need to change to meet NMS's immediate needs. The current system is inadequate to support financial, purchasing, and sales processes. Upgrades will require substantial investment that SURE has not planned for before now. However, the situation gives SURE an opportunity to influence the required improvements.

To manage the current problems and to ensure an appropriate long-term solution, we instituted a technical task force to review and streamline the implementation of the management information system at NMS and JMS. We developed a long-term plan to solve the problem based on a transition plan from SCMS. Preliminary discussions with NMS show that they want to handle the identification of requirements in-house. SURE will hold a joint meeting in November with NMS and JMS to re-align priorities.

The POA identified the need to support warehouse operations, and SURE developed a statement of work for international warehouse management support.

Next steps

- Finalize process mapping and identification of functional, technical, and strategic requirements for long-term solution for NMS and JMS management information systems
- Support procurement of warehousing and quality assurance equipment that will improve NMS's performance in medicines storage and supply.

*Improve distribution*

Progress

Among POA findings was the need to strengthen NMS's transportation management capacity and explore the feasibility of outsourcing the transport function to improve efficiency and expand to facility-level distribution. In collaboration with NMS and JMS, SURE developed a scope of work for distribution support and a request for proposals to develop a detailed distribution plan that includes last-mile distribution and in-house distribution management. Transaid, a nongovernmental organization that previously worked with NMS, will begin work on these activities at the end of 2010. Simultaneously, NMS initiated a tender process to outsource the distribution of EMHS from district to health facility level

Next steps

- Implement transportation/distribution study

**Sub-Result 2.2. Improved capacity of MOH program managers and technical staff to plan and monitor national EMHS**

*Support MOH programs*

Progress

SURE made considerable progress on this component during the first year of implementation. Building on DELIVER and SCMS support provided to MOH programs, SURE has established collaborative relationships with MOH programs, developed bi-monthly national stock status reports, drafted a concept paper on how to harmonize quantification and procurement planning (see 2.3), and developed tailor-made quantifications for Global Fund applications and to meet MOH or implementing partners' specific needs for reproductive health, HIV/AIDS, tuberculosis (TB), laboratory, and malaria control commodities. Staff has been seconded to NTLP, CPHL, and the Pharmacy Division to strengthen logistics capacity and help develop longer-term solutions.

SURE conducted a comprehensive assessment of all MOH programs at the beginning of Year 1. The assessment involved mapping commodity and information flows and assessing reporting, information systems, forecasting and quantification needs and mechanisms, and tools and practices. Among the key findings were weaknesses in logistics data collection and management, poor quality of reporting, and duplication of effort in the delivery of antiretrovirals (ARVs) to

health facilities. In response, two secondments (Bernard Baitwababu and Shaquille Sekala) were employed at CPHL and NTLP to strengthen logistics data management for laboratory and TB commodities. We also conducted regional antiretroviral therapy logistics workshops to improve quality of reports and facility reporting rates.

SURE, in collaboration with respective MOH programs and the Pharmacy Division, developed five-year projections of public sector and private not-for profit commodity needs for malaria, TB, HIV/AIDS, and contraceptives. SURE also helped the programs develop procurement and supply management plans for Global Fund Round 10 proposals, and for reprogramming for existing grants. The program's participatory approach will ensure that the quantifications will be accepted by all stakeholders.

Furthermore, SURE compiled three comprehensive stock status reports. The report provides timely information to MOH and stakeholders on the country's stock levels to make and implement appropriate logistics decisions. It also highlights challenges, bottlenecks, and potential solutions to mitigate stock-outs and expiries of ARVs, HIV test kits, artemisinin-based combination therapies, anti-TB medicines, reproductive health commodities, and selected medicines for opportunistic infections. Availability of this strategic logistics information will also strengthen decision making in the MPM TWG meetings. However, a challenge lies with obtaining timely information from the Global Fund, NMS, JMS (due to inefficiencies with MACS), and NTLP on stock status and quantities received and issued. It is also difficult to interpret average market consumption because of rationing and stock outs.

SURE took initial steps to develop a web-based ARV ordering and reporting tool. The SURE team is working with the MOH Resource Center to assure that the tool fits into the technical and functional architecture of the Resource Center's health management information system (HMIS) processing. A PIP task force has been asked to draft a proposal for the architecture. The stock status reports are posted on the MOH and SURE websites and were presented at the MPM TWG meetings to assure recognition and use.

#### Next Steps

- Finalize MOUs for secondments
- Build capacity within MOH programs and implementing partners through engagement in problem analysis and development of concept notes and implementation plans
- Improve reporting quality and timeliness and design system specifications for the ARV ordering and reporting system
- Work with NMS and JMS to improve the quality of bi-monthly stock status reporting.
- Incorporate EMHS in stock status reports
- Continue logistics training for laboratory and TB commodities

## ***Support and strengthen the Pharmacy Division***

### Progress

*Coordination and collaboration.* SURE has established strong and effective collaborations with several partners, which are fundamental to program success. A particularly valuable relationship was formed with the Pharmacy Division in Year 1, including weekly management meetings and shared planning. One staff member was seconded to the Pharmacy Division and another secondment is expected early in Year 2.

*Uganda Medicines and Therapeutic Advisory Committee.* Stakeholders recognized the importance of introducing the VEN classification for all EMHS, and SURE drafted a VEN classification of EMHS. The UMTAC was re-established to update Uganda's essential medicines list and to officially adopt the classification into the list. MOH will appoint the members in the beginning of Year 2.

*Pharmaceutical information portal.* A major activity to help MOH programs improve commodity management is the design of the PIP, formerly known as the pharmaceutical management information system. The PIP will be located at the MOH Resource Center to provide information for decision-making at all levels, including the central level (MOH, NMS, JMS, NDA, implementing partners, and donors), districts (district health office and pharmaceutical staff) and health facilities. A team comprising staff from the Resource Center, Makerere University Faculty of Technology, CDC, and SURE agreed on the high-level functional architecture for the PIP. The PIP will be based on the data warehousing architecture using a Microsoft SQL Server 2008 R2 Enterprise Edition. The data will be extracted from the various source systems (NMS and JMS, and if available, NDA and HMIS) and imported into a dimensional model. The data in the data warehouse will be accessed and disseminated by standard reports, dashboards, and by OLAP (online analytical processing) tools. The ability of the PIP to combine data from different sources and the richness and flexibility of reporting (including slice and dice, drill down, and spatial representation) has been received with enthusiasm. We are still collecting the detailed requirements, notably the requirements of the vertical programs, and financial tracking has to be more detailed.

SURE seconded staff to the Resource Center, and established a PIP team to ensure transparent, participatory, and coordinated PIP implementation. To evaluate source systems, SURE determined how to import NMS and JMS data into the PIP through an automated scheduled batch process, and then analyzed trial extracts. Challenges include different coding dimensions (items and facilities) at NMS, JMS, and NDA and the fact NMS does not enter orders as-is.

SURE selected and installed geographic information system (GIS) software (ArcGIS from Environment Systems Research Institute) at MSH offices.

*Leadership development course.* In Year 1, MOH, Makerere University, and SURE staff participated in a training of trainers course in leadership and management. Initial discussions have been held with Makerere University to develop a detailed implementation plan and scope of work to conduct leadership training at central and district levels. We identified two groups to build a regional and district cadre of leaders and managers in the area of pharmaceuticals: staff from the Pharmacy Division and the regional pharmacist for central level and for district and health sub district supervisors for district level.

*Team building activities with central and regional pharmacists.* SURE supported a three-day regional planning and team building meeting with one day programmed for a SURE briefing and team building. These bi-annual meetings will continue in Year 2, and team-building activities for Pharmacy Division staff and regional pharmacists will be implemented through these meetings.

#### Next Steps

- Appoint UMTAC members and hold regular meetings; update the implementation plan and initiate an update of the medicine lists
- Initiate establishment of a UMTAC website
- Finalize the requirements for the PIP, including vertical programs and financial tracking
- Finalize the GIS solution for the PIP
- Create a statement of work and request for proposals to outsource PIP development
- Determine the architecture and develop the web-based ARV ordering and reporting application
- Assess the possibility of connecting the CPHL to the MOH after their move to Luzira
- Train SURE staff to use ArcGIS
- Fill the System Developer/Database Associate secondment position at the MOH Resource Center
- Ensure internet connectivity within the MOH
- Plan the next pharmacist planning and team building activity
- Investigate the use of using MS Project for the SURE work plan
- Collaborate with the Capacity Project, Makerere University, and the Pharmacy Division to develop a more detailed leadership and management implementation plan

#### *Support MOH stakeholders/donor coordination activities*

#### Progress

In Year 1, SURE became active in several MOH technical working groups including the MPM TWG, malaria case management group, maternal and child health cluster technical working group, ART logistics subcommittee, laboratory logistics committee, and others. In Year 2, the team will work to improve the regularity and effectiveness of these meetings, starting with the MPM TWG.

SURE began collaborating with NDA resulting in a detailed four-year work plan that includes President's Malaria Initiative support. The activities aim to strengthen computerization with focus on the import and export system, quality control and use of Minilabs, inspection including establishment of good pharmacy practices' accreditation criteria, pharmacovigilance, fee structure, and the role of wholesalers. SURE has seconded an employee to NDA to provide information technology support. Implementation of the four-year plan will continue in Year 2.

#### Next Steps

- Increase SURE support to technical working groups
- Procure vehicle, Minilab reagents, etc. for NDA
- Assess the integration of NDA hardware and software requirements and specifications

### **Sub result 2.3. Supply chain system cost effectiveness and efficiency improved through innovative approaches**

#### *Harmonize the ARV supply chain system*

##### Progress

Although in general, parallel supply systems should be avoided, some sensitive products (e.g., ARVs, TB and malaria drugs, lab commodities) cannot be reliably supplied using Uganda's weak EMHS supply chain. In line with its goal to build capacity in the EMHS supply chain, SURE works with stakeholders to develop integrated, harmonized, and streamlined supply chain processes, such as quantification, procurement, storage, distribution, reporting, and appropriate drug use. This year, progress was seen in quantification and procurement planning (see next section); whereas, more discussion, testing, and collaboration is needed to start harmonization in other areas. NMS initiated a request for proposals for third-party distribution from district to facility level, and depending on the quality and capability of the selected suppliers, the NMS initiative can provide the platform for distribution harmonization.

As part of revision of HMIS forms, SURE harmonized supply chain tools such as stock cards, stock books, dispensing logs, and order forms. In collaboration with USAID, CDC, Medical Access, JMS, AIDS Control Program, and other partners, SURE drafted a concept paper on how to streamline the ARV supply chain—from quantification and procurement to distribution—building on the idea of one procurement plan, one distribution system, and one information system. A key point in the strategy is to develop a system based on the concept of “one supplier–one facility.”

##### Next steps

- Finalize the concept of one supplier–one facility that involves streamlining and unifying procurement, distribution, and data management
- Pilot revised HMIS logistics forms in five initial districts
- Assess the performance of the third party district-to-facility distributor

#### *Establish a single quantification and procurement planning unit*

##### Progress

Following the POA, SURE worked towards strengthening EMHS quantification. The bi-monthly stock status reports have been well received. SURE has supported MOH programs in logistics management through technical assistance and secondment and SURE has used its logistics expertise to carry out quantifications for vertical program commodities. Based on an assessment of the centralized national quantification process in Kenya, SURE developed a concept paper for the establishment of a QPP unit which was approved by the MPM TWG. However, unsolved issues need further discussion, including the need for a physical unit with full staffing, where to place the unit, the best way to input online data, and how to link QPP information to the planned financial tracking system, PIP, etc. SURE will second a full time staff person to develop and implement the QPP unit at MOH.

##### Next steps

- Develop statement of work for QPP secondment

- Finalize the QPP concept
- Develop an indicator-based implementation plan
- Conduct a stakeholders meeting on the development of a QPP unit

### **Result 3: Improved capacity and performance of targeted districts and health facilities in planning, distribution, managing and monitoring of EMHS**

#### **Sub result 3.1. Improved capacity of target districts and health facilities in planning, distribution, managing and monitoring EMHS**

##### *Select districts to receive support*

###### Progress

In Year 1, 45 districts were selected based on a national expression of interest with a response rate of 79%. SURE held five regional meetings to introduce the program and presented the planned interventions to selected districts. SURE has signed MOUs with nine central regional districts, who also nominated district and health sub-district Medicines Management Supervisors. The district supervisors will be responsible for implementing the SURE program in the district, and health sub-district supervisors will supervise the lower level health units and monitor performance in those facilities. All supervisors will receive rigorous training followed by an exam to ensure that they are capable of supervising effectively.

###### Next steps

- SURE will sign MOUs with 12 districts in the eastern region and begin program implementation in central region districts

##### *Establish regional support offices*

###### Progress

SURE identified the sites for all five regional offices (Kampala, Mbale, Mbarara, Fort Portal, and Lira) and established the central region office. To help implement activities in the districts and better supervise the district supervisors, SURE decided to employ two Pharmaceutical Field Coordinators for each regional office (one supporting the district supervisor and the other supporting the health sub-district supervisors). Pharmaceutical Field Coordinators and Monitoring and Evaluation/Logistics Management Information System (M&E/LMIS) Coordinators have been recruited for two field offices. Four regional staff members were hired in Year 1.

SURE negotiated the sharing of office space with our sister implementing partner, STAR-E, in the eastern region office in Mbale town. Similar arrangements have been discussed and agreed upon with STRIDES for office accommodation in Fort Portal for the western region staff.

### Next steps

- Launch SURE activities in the eastern region
- Establish the Mbale office
- Recruit two field coordinators per office for three regional offices

### *Develop district level support package.*

### Progress

The first draft of the Medicines and Health Supplies Management Manual was developed and reviewed by stakeholders including users from the health facility level. Because the process coincided with the review of the HMIS tools, SURE and the Pharmacy Division used the opportunity to propose changes to existing HMIS medicines management tools. SURE held consultation workshops and meetings with stakeholders whose consensus led to the harmonization, unification, and simplification of logistics management tools. The new HMIS tools and procedures will act as reference to health workers at facility level and to Medicines Management Supervisors. In a three-day workshop, 12 users from all levels of health care critically reviewed the draft manual using the Delphi method. We will pilot the draft in the central region districts, and SURE will use comments from supervisors and health facility staff to update the manual. A second round of reviews will be carried out before the manual is finalized and distributed.

SURE drafted trainer guides and session guides for the Medicines Management Supervisor training, which included 21 supervisors from the central region. The training includes information on supply management and rational drug use and is designed to provide participants with skills to carry out supportive supervision, coaching, and mentoring. The training emphasized how to measure performance at health facility level using pharmaceutical management indicators. It also included supervisory planning and management including work plan development. SURE staff members are initially serving as trainers until sufficient capacity has been built within MOH staff at central, regional, and district levels.

SURE carried out a preliminary assessment of the tools, guidelines, and procedures used in financial management related to pharmaceuticals and health supplies.

We developed data collection tools for baseline and performance assessment of supply chain management, financial management, service level, and rational drug use. Using selected control districts, trained data collectors from districts, the Pharmacy Division and SURE staff collected baseline data from 15 districts and 63 facilities representing all levels of care.

### Next steps

- Update and finalize training materials (session and trainer guides) for Medicines Management Supervisors
- Implement second Medicines Management Supervisor training course
- Finalize the medicines and health supplies management manual
- Develop a reward strategy and district support package
- Procure motorbikes

- Print manuals and logistics tools (stock cards, stock books, dispensing logs) to pilot material in initial nine districts
- Begin drafting of pharmaceutical financial management manual
- Develop supervisory tools (indicator-based performance analysis and reporting tools)
- Finalize data analysis and baseline report
- Initiate implementation of baseline data collection and supervision in intervention districts
- Develop tools for regular performance reporting from sentinel sites
- Train SURE field staff in M&E, including data collection

***Introduce new communication and information technology***

Progress

In Year 1, SURE conducted a data needs assessment of existing systems looking at commodity and information flows and determining the feasibility of computerizing the logistics systems at hospitals to improve medicines management, ordering, and reporting. A project technical team comprised of MOH, Makerere University, district, and SURE staff was established to manage the information technology development process. The team decided to pilot a logistics management information system at selected hospitals, while recognizing challenges such as lack of human resources skilled in supply chain management, information systems, and computer use at district level.

To determine the system requirement specifications for the electronic Medicines Management System (eMMIS) at hospitals, the technical team used stakeholder meetings, focus groups discussions, on-site visits, and interviews with end-users and officials at MOH. In addition, the team evaluated business processes and reviewed user manuals, organizational charts, process models, and systems and process specifications.

Based on the requirements specifications, the project technical team selected RxSolution as the most viable tool for district and hospital computerization. RxSolution is an integrated pharmaceutical management system that runs on a MS SQL server database with multi-user capabilities. The tool components include product stock management, deliveries, supplies, requisitions, online ordering, receipts, budgets, stock-taking, dispensing, patient management, and extensive reporting functionality. A web-based front end is also under development. RxSolution, which was developed by MSH, is a generic system with no license fees and a large user base of over 90 current sites in South Africa, Namibia, Lesotho, and Swaziland.

Next steps

- Initiate procurement of hardware and software
- Roll out pilot systems in three hospitals (Butabika, Masaka, Kayunga) in the last quarter of 2010
- Train super users including regional pharmacists, district supervisors, and staff from MOH, hospitals, and SURE

**Sub-Result 3.2. Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS**

*Assess and strengthen capacity, procedures, and practices in supply chain management of selected U.S. government partners*

Progress

SURE met with implementing partners to assess their needs and brief them on the SURE capacity building strategy. Capacity building and support to partners, including development of a collaboration strategy, will move further when tools, forms, standard operating procedures, and training materials are finalized. SURE-trained supervisors will train implementing partners in SURE districts, enabling partners to expand supply chain capacity to the non-SURE districts.

SURE has started briefing implementing partners on the strategy to strengthen national quantification through the establishment of a quantification and procurement planning unit and the institution of the bi-monthly stock status report.

We will undertake capacity building of implementing partners in supply chain management as part of district activities and through participation in supervisory training. In Year 1, following specific requests, SURE trained implementing partner staff members; for example, the SURE team supported STAR-E in creating a database for their sites and trained the logistics officer in using Supply Chain Manager software manage their ARV ordering and stock allocations to health facilities. This was followed by on-job mentorship for one week focused on supervision of site-level logistics activities. SURE also helped STAR-E train logistics trainers in the project's supported districts.

SURE also provided on-the-job training to NMS and JMS staff. SURE has received more ad hoc requests for supply chain management training than anticipated, so we will need to strengthen our ability to respond to requests from implementing partners, MOH programs, and districts outside our established 45 districts. To better plan and optimize responsiveness to such training requests, SURE hired a training coordinator for logistics training and capacity building and will develop a quarterly training calendar.

We share bi-monthly stock status reports with implementing partners and MOH programs, and we have taken initial steps to increase reporting quality by establishing web-based ARV ordering.

Next steps

- Collaborate with implementing partners to develop individual strategies for strengthening supply chain management; identify the best approach for central and district levels taking partner and district differences into consideration
- Develop a quarterly training calendar
- Help build capacity in supply chain management in MOH programs and implementing partners
- Support development of online, web-based ARV ordering and reporting

### **Sub Result 3.3. Overall access to EMHS improved through innovative district level interventions**

#### *Establish accreditation system for good pharmacy practice*

##### Progress

Good pharmacy practice is attained when a pharmacy or drug outlet meets standards agreed upon by professional bodies or regulatory agencies. The NDA, through annual inspection and licensing, aims at assuring good pharmacy practices in private-sector outlets. Pharmacies and drug outlets in the public sector are not subject to inspection and licensing by NDA. SURE and NDA have held discussions on how this can be achieved; the parties agreed NDA will initially fund licensing with SURE covering assessment cost.

International good pharmacy practice criteria has been tested in Uganda previously and has also been included as part of SURE baseline. SURE published an article including the data collection tool, assessment methods, and findings.<sup>1</sup>

In the next year, SURE will focus on setting up criteria for good pharmacy practice accreditation of public facilities and development of assessment tools. Thereafter, NDA inspectors will be oriented in inspecting public facilities for good pharmacy practices. Good pharmacy practice accreditation is part of the overall performance and reward strategy designed to motivate health workers. Thus, accreditation of health facilities will be accompanied by accreditation ceremonies involving the community, which gives health workers deserved recognition.

##### Next steps

- Develop good pharmacy practice assessment tools and accreditation criteria
- Train NDA inspectors and District Assistant Drug Inspectors
- Implement inspections in public sector pharmacies

### **4. Monitoring and Evaluation**

#### **Develop SURE performance monitoring plan**

##### Progress

During Year 1, SURE has made considerable progress in monitoring and evaluation. The SURE performance monitoring plan was finalized and approved and initial baseline monitoring undertaken for 17 out of 18 indicators. Regular reporting is in place to the Uganda Monitoring and Evaluation Management Services and the Monitoring and Evaluation of Emergency Plan databases. The indicators are aligned to SURE's three results and intermediate results areas. Four indicators measure progress toward the overall strategic objective, and two indicators under result 1 monitor Government of Uganda commitment to financing essential medicines and supplies. Under result 2, eight indicators measure improved capacity and performance at NMS, NDA, MOH, and the efficiency of the supply chain systems. Indicators under result 3 largely monitor capacity and performance of partner districts and health facilities related to planning, managing, quantifying, and monitoring EMHS. SURE will contribute data on five indicators of

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<sup>1</sup> <http://www.southernmedreview.org/index.php/smr/article/view/57/25>

the revised USAID Strategic Objective 8 result framework indicators. Annex 1 includes the SURE program performance monitoring indicators with the status of the first year.

The SURE team and the Pharmacy Division also implemented an end user verification survey at 20 health facilities in 4 districts related to malaria medicines and commodities management and use. Data was obtained by use of mobile phones and sent via internet to a web-based database ([www.episurveyor.org](http://www.episurveyor.org)). The database is automated to perform basic (univariate) data analysis by click of a button; further analysis involving multivariate levels is done using Excel and SPSS. Results of the end user verification survey will be shared with PMI, SPS, and MOH's malaria control program in early Year 2.

To monitor the impact of SURE's strategy to increase ARV reporting rates and accuracy based on training, performance assessment, and feedback, we designed an impact study using a pre and post intervention design, to be implemented in year 2.

To monitor the effect of the proposed supervisory-based performance and assessment strategy to be implemented in the 45 SURE-supported districts, we have designed an intervention strategy in collaboration with Makerere University using a controlled, pre/post intervention design that measures impact of supervision, financial management capacity, computerization, and accreditation/reward schemes on outcomes such as supply chain management, financial management, and rational use.

To assess district performance (see 3.3), a data collection tool was developed, MOH/SURE data collectors were trained, and control data was collected from 63 health facilities (9 hospital, 9 health center IV, 27 health center III, and 18 health center II).

In Year 2, performance monitoring plan assessments will continue to measure progress toward our targets. We will present the baseline results obtained from control facilities at the November 2010 MPM TWG meeting. Trained supervisors will carry out routine data collection and analysis from the intervention facilities. In addition, we will continue to design and implement studies to evaluate program interventions.

#### Next steps

- Finalize end user verification survey report
- Finalize baseline report from control districts facilities
- Develop the Medicines Management Supervisors regular assessment tool
- Develop data analysis tools for capturing and analyzing regular sentinel sites data
- Initiate literature review for intervention studies
- Initiate method reliability assessment

#### **Improve M&E capacity of key stakeholders**

#### Progress

In the first year, SURE helped the Pharmacy Division develop the National Pharmaceutical Sector Strategic Plan II, including its M&E framework. In addition, SURE collaborated with CDC Entebbe and prepared a set of indicators to assess NMS and JMS performance. These

indicators are aligned to NMS/JMS key operations, including; procurement, warehousing and inventory management, order management, and distribution of supplies to districts and health facilities.

#### Next steps

- Implement baseline assessment for NMS/JMS performance indicators
- Provide regular M&E support to Pharmacy Division

## **5. Program Management**

### **Program start up, implementation, and staff recruitment**

#### Progress

The SURE program start-up was marked by the successful program launch with over 130 participants at Butabika Hospital on September 21, 2010. The day's activities featured entertainment from African dance troops, a skit from local performers, an exhibition of SURE implementing partners, and a symbolic MOU signing between USAID and MSH/SURE as well as between SURE and the nine districts of the central region office (Jinja, Kayunga, Luwero, Masaka, Mityana, Mpigi, Mukono, Sembabule, and Nakasongola). Moreover, the festivities included by speeches from the following—

- Guest of Honor, Dr. Isaac Ezati, who represented the Minister of Health USAID Deputy Mission Director, John Mark Winfield
- Executive Director Butabika Hospital, Dr Fred Kigozi
- MSH Center for Pharmaceutical Management Technical Manager and Program Support Leader, Dr. David Lee
- SURE Program Chief of Party, Dr. Birna Trap

MSH President and Chief Executive Officer, Dr. Jonathon Quick, sent a congratulatory message to the group via a video message, and the Guest of Honor, Dr. Isaac Ezati, enthusiastically launched the SURE program website.

We have identified regional office spaces in Mbale and Fort Portal and they are under renovation to make them ready for occupancy by December 31, 2010. SURE program officers and administration staff are still searching for these suitable co-location opportunities with implementing partners in Lira and Mbarara; however, because programmatic work is experiencing delays, regional office set-up and occupancy for these locations have been pushed to June 2011.

SURE program branding progresses smoothly. The Communications Support Assistant hired last quarter has built relationships with the media to help communicate SURE program activities. As mentioned, the SURE program website ([www.sure.ug](http://www.sure.ug)) was launched in September 2010. The SURE co-branding plan is currently at USAID for approval.

We developed detailed work plans for SURE program Year 2 activities for each result area. These plans were coordinated with MOH counterparts and implementing partners and submitted

by the August 31, 2010 due date. The Agreement Officer Technical Representative has reviewed and commented on the SURE program Year 2 work plan, short-term technical assistance plan, and budget. She asked for resubmission in October 2010.

Finally, we continue our monthly staff meetings, weekly management team meetings, and regular orientation meetings with USAID representatives.

#### Next steps

- Continue office set-up in Mbale and Fort Portal; identify suitable locations for regional offices in Mbarara and Lira.
- Refine and resubmit program Year 2 work plan in October 2010
- Prepare for district implementation of the SURE program in 29 districts

#### **Staffing**

##### Progress

A SURE organizational chart has been drawn up and is revised regularly to reflect changes and staff expansion. Annex 2 includes the latest organization chart, updated on September 30, 2010.

The SURE program continues to grow as planned during this quarter. The number of full time staff increased from 10 to 33 people between December 31, 2009 and September 30, 2010. By September 2011, SURE full time staff is planned to be 49.

Annex 3 presents an update on staffing status at the end of September 2010. Actual and planned full time staff recruitment by the SURE program is summarized in the table below.

<b>Time Period</b>	<b>31-Dec-09 (actual)</b>	<b>31-Mar-10 (actual)</b>	<b>30-Jun-10 (actual)</b>	<b>30-Sep-10 (actual)</b>	<b>31-Dec-10 (planned)</b>	<b>30-Sep-11 (planned)</b>
<b># Staff</b>	10	22	28	33	41	49

#### Next steps

- Continue to recruit staff to December 2010. Annex 4 presents a summary of positions that are planned to be filled through September 30, 2011.

#### **Short-term technical assistance**

##### Progress

This quarter, short-term technical assistance supported pharmaceutical finance and support to NMS.

Pito Jjemba, Cissy Kirambaire, and Frans Stobbelaar worked in pharmaceutical finance; Malcolm Clark provided assistance to NMS; Paschal Mujasi provided technical assistance in quantification for reproductive health, HIV/AIDS, and other essential commodities; Dr. Moses Muwonge continued his consultancy in the area of systems change. The table below illustrates the consultants that were hired and a brief description of their tasks.

Last Name	First Name	Title/Counterpart	Level of effort	Scope of Work
Jjemba	Pito	Pharmaceutical Financial Advisor/ MOH, NMS	3 weeks Jun '10 - Sep '10	Pharmaceutical finance – pharmaceutical financial manual, financial tracking system
Kirambaire	Cissy	Financial Advisor/MOH, NMS, and Implementing Partners	3 weeks in Jun '10 - Sep '10	Pharmaceutical finance – pharmaceutical financial manual
Stobbelaar	Frans	Pharmaceutical Finance Consultant	3 weeks Sep '10 – Oct '10	Pharmaceutical finance
Muwonge	Moses	Medicines Supply Chain System Change Specialist/MOH and Implementing Partners	12 weeks, Jun '10 -Sep '10	Systems change
Clark	Malcolm	MSH	3 weeks – Sept '10 – Oct '10	Assistance to NMS; implement an alternative strategy to supplement NMS procurement, storage and distribution role; PPDA corrective action plan
Mujasi	Paschal	Logistics Management Consultant	June 29 2010 to September 28 2010	Technical assistance in quantification for reproductive health, HIV/AIDS, and other essential commodity needs for five year planning

## Finance

The SURE program had spent about 57% (\$2,936,754) of its current obligation (\$5,151,157) as of September 30, 2010. The 15-month Year 1 work plan submitted assumes a significant ramp up in work in the first program year (ending September 30, 2010), and associated expenditures support this. We expect the project burn rate to steadily increase with the continued arrival of new staff and the scale-up of technical activities.

Following is a summary of spending against the work plan budget for Program Year 1.

## As of September 30, 2010

		Year 1 Work Plan Budgeted (15 mo)	Spent to date (14.5 mo)	
	Line Item	17-Jul-09 to 16- Oct-10	17-Jul-09 to 30- Sep-10	Balance
I.	Salaries and Wages	\$ 1,440,356	\$ 1,041,773	\$ 398,583
II.	Consultants	\$ 77,376	\$ 47,639	\$ 29,737
III.	Overhead	\$ 711,377	\$ 600,248	\$ 111,129
IV.	Travel and Transportation	\$ 412,943	\$ 176,166	\$ 236,777
V.	Allowances	\$ 263,437	\$ 196,743	\$ 66,694
VI.	Subcontracts	\$ 1,162,814	\$ 282,702	\$ 880,112
VII.	Training	\$ 275,156	\$ 73,444	\$ 201,712
VIII.	Equipment	\$ 434,430	\$ 171,689	\$ 262,741
X.	Other Direct Costs	\$ 583,245	\$ 346,349	\$ 236,896
Subtotal I. through X.		\$ 5,361,134	\$ 2,936,754	\$ 2,424,380
Cost Share Contribution*		\$ -	\$ 241,225	\$ 241,225
Grand Total + Cost-Sharing		\$ 5,361,134	\$ 3,177,979	\$ 2,665,606
<b>Obligation Summary</b>				
Obligation to date:			\$ 5,151,157	%
Disbursed to date:			\$ 2,936,754	57%
Obligation remaining:			\$ 2,214,403	43%

\* Cost Share amounts as of July 31, 2010

### Progress

MSH worldwide migration of financial management software from QuickBooks and Solomon to Serenic Navigator started during third quarter. As part of this transition, members of the MSH Uganda finance staff including the SURE program Accountant and Finance Manager were trained on this new system in Nairobi, Kenya in September 2010. The finance team brought back a wealth of information which was shared with the larger MSH team in Uganda. Although still early, preliminary signs indicate that will be a smooth transition to the new accounting system.

### Next steps

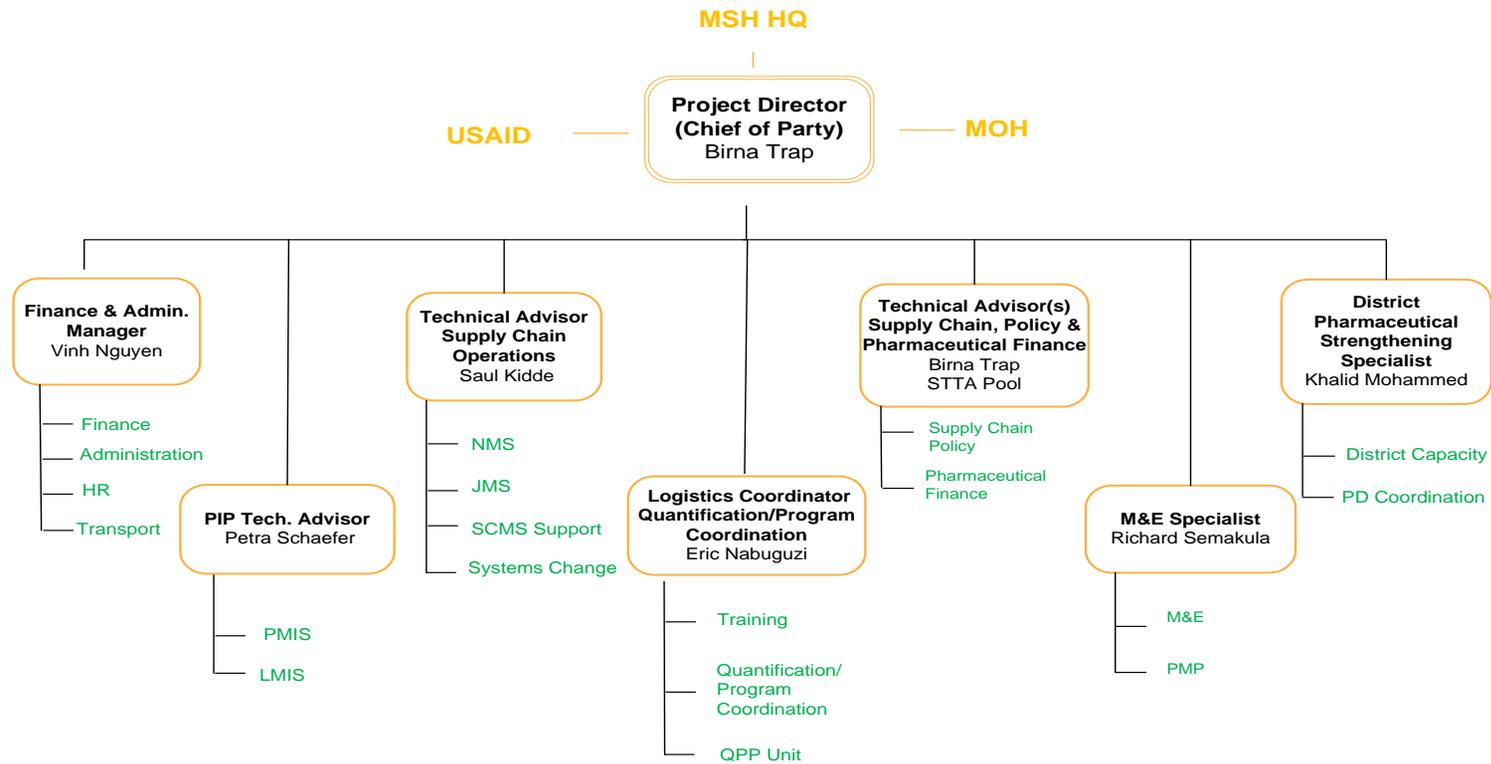
- Originally planned for June 2010, the publication of the employee handbook is planned for November 2010. It will incorporate best practices learned in MSH worldwide conference in Accra, Ghana in late June 2010 and the regional MSH finance trainings that occurred in September 2010.

**Annex 1: Progress measured by SURE program performance monitoring plan indicators**

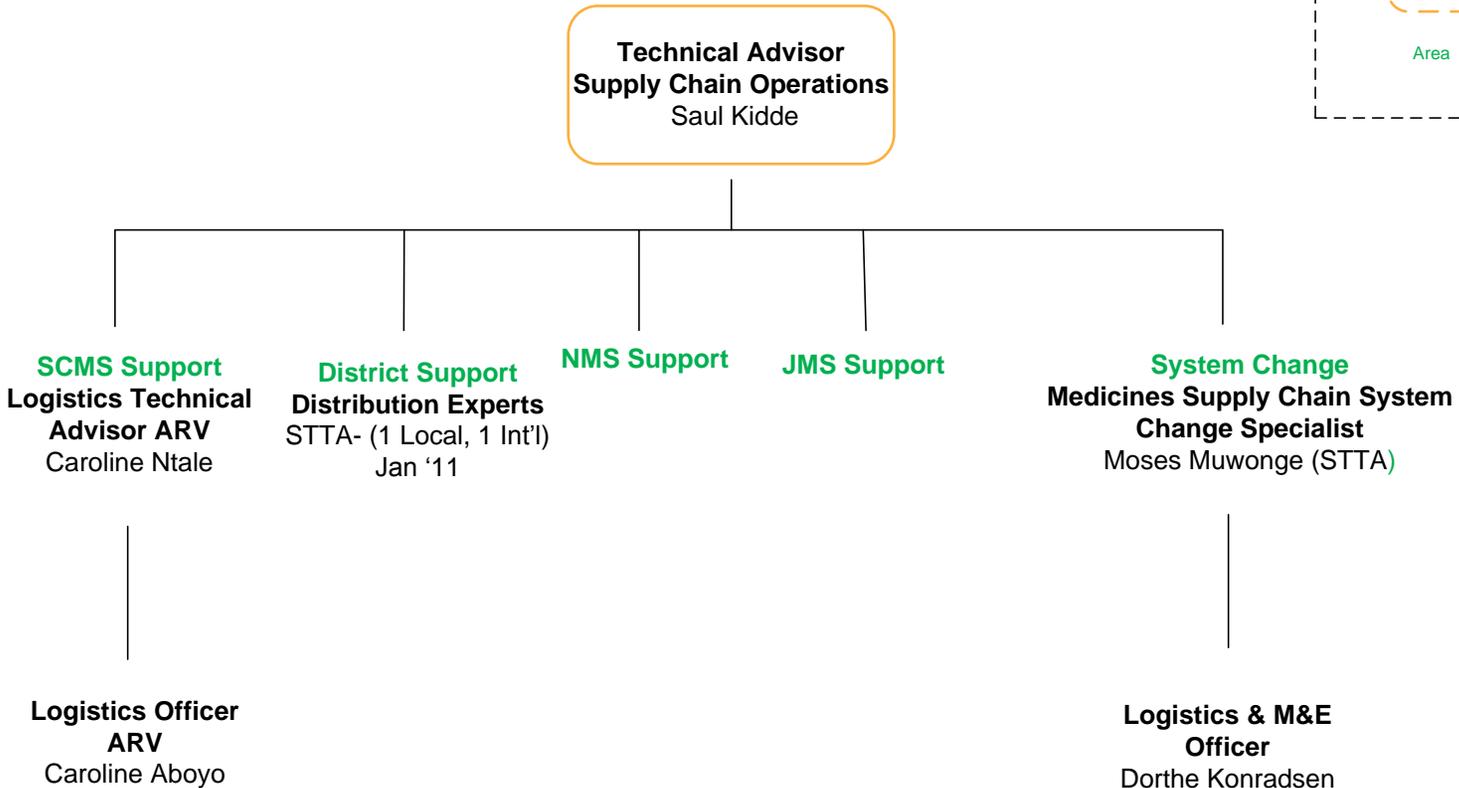
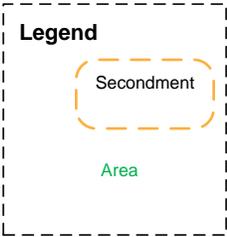
Indicator No.	Indicator	Data source	Tools used	Baseline April 2010	Annual 2009/10	Target 2009/11
<b>Strategic Objective:</b>						
<b>To ensure that Uganda's population has access to adequate quantities of good essential medicines and health supplies</b>						
1.00 SO8	Percentage of health facilities with all 6 tracer vital essential medicines available on the day of survey	SURE facility survey	Baseline survey tool	69%	6%	70%
1.01	Percent availability of basket of 6 vital essential medicines on the day of the visit at the surveyed service delivery point.	SURE facility survey	Baseline survey tool		57%	70%
1.02	Percent out of pocket spending on EMHS out of total expenditure on EMHS in private and public sector pharmacies	Min of Finance	Expenditure analysis Report	50%	50%	45%
1.03 SO8	Percent increase in total sales of EMHS at JMS	JMS	Annual JMS reports	18%	1% 2008/09 to 09/10	20%
<b>Result Area 1:</b>						
<b>Improved policy, legal and regulatory framework that provides longer term stability and sustainability of the public sector health commodities</b>						
1.11 SO8	Average percentage of disbursed GoU funds to USAID supported districts expended on credit line medicines and laboratory supplies	NMS	NMS Expenditure analysis Report		Overall: 69% Lab supplies: 69% EMHS: 79%	
1.12	Percent of GoU funds disbursed to health sector that are spent on all types of EMHS	MoFEP	Financial analysis Report	26%	26%	27%
<b>Result Area 2:</b>						
<b>Improved capacity and performance of central government of Uganda entities in their supply chain management roles and responsibilities</b>						
2.11 SO8	Percent availability of 6 tracer vital medicines (basket) measured over a period of 3 month at National Medical Stores	NMS	NMS monitoring report		67%	
2.12 SO8	Percent of audited NMS medicine procurement transactions ranked as high-risk	Audit report	NMS Procurement audit 2005/6 - 06/07	61%	67%	50%
2.13	Percent of average international price paid by NMS for the procured essential medicines	NMS, HACI, MSH		77%	77%	< 77%
2.21 SO8	Number of individuals trained in supply chain management and/or pharmaceutical leadership and management	Activity Managers			Female: 49 Male: 31 Total: 79	25
2.22	Percent of sampled medicines failing NDA quality tests	NDA	NDA Quality test report	18%	11%	15%
2.23	Percent of sampled anti-malarial medicines failing NDA quality tests	NDA	NDA Quality test report	26%	7%	20%
2.31	Average lead time for order processing from receipt to completion at NMS	NMS	NMS monitoring report	5 Days Hosptal 30 days HC IV	Overall: 38 Hosptal: 32 HC IV: 44	
2.32	Percentage of orders placed that are fully filled by NMS.	NMS	NMS monitoring report	69%	Overall: 52% Hosptal: 50% HC IV: 54%	75%
<b>Result Area 3:</b>						
<b>Improved capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities.</b>						
3.11	Number of public health facilities supported with technical assistance for pharmaceutical supply chain management	District supervisors	Supervision reports,	0	0	30%
3.12	Percent of facility credit line orders submitted on time as per NMS schedule	NMS	NMS monitoring report		42%	
3.21	Accuracy of logistics data for inventory management	Health facilities	SURE facility survey	Ref Hosp 71% HCIV 69% Hosp 70%	54%	
3.31 SO8	Number of public sector pharmacies/drug outlets accredited in regard to Good Pharmacy Practices (GPP)	District supervisors	Supervision reports,	0	0	0

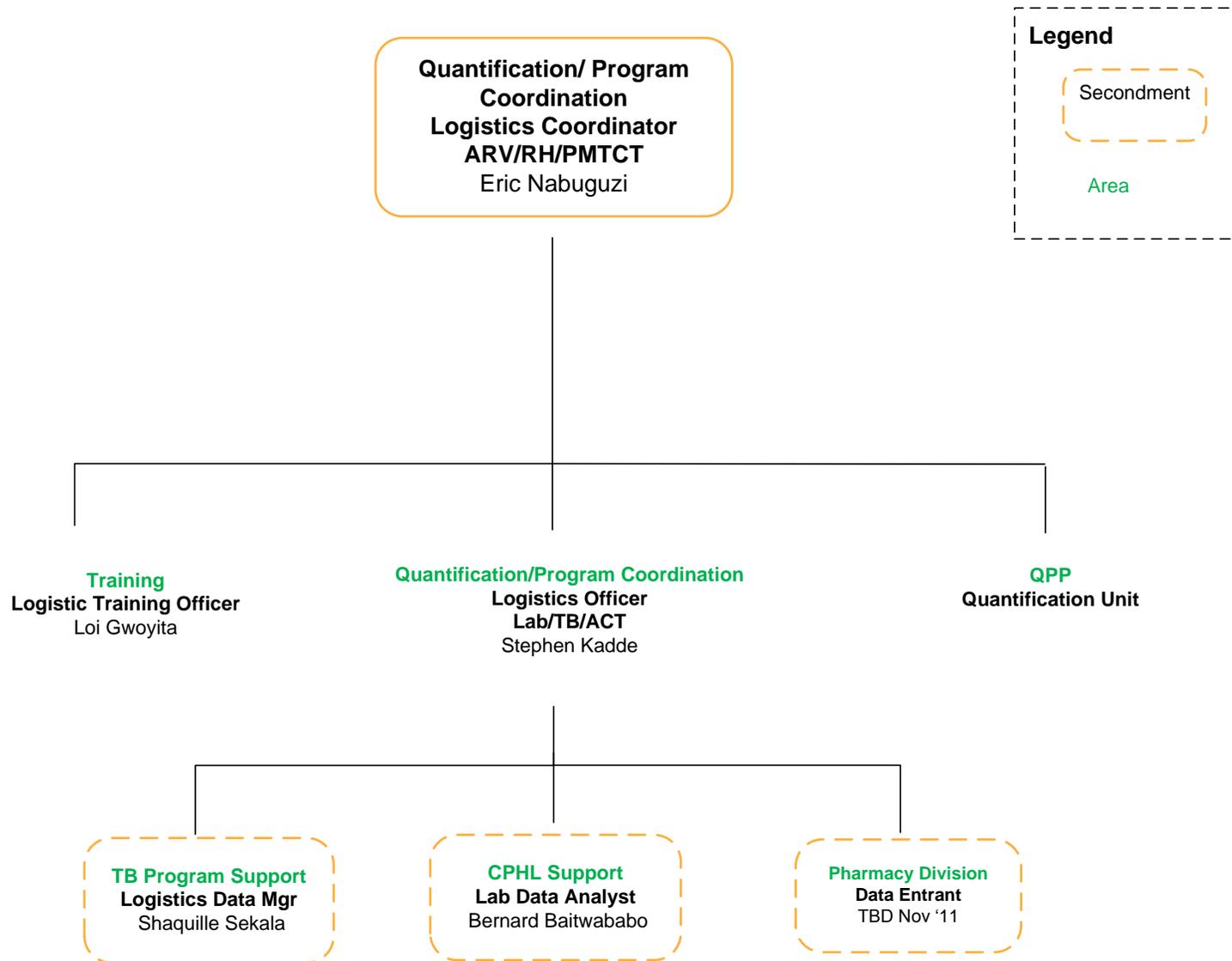
Annex 2: SURE organizational chart updated 30 September 2010

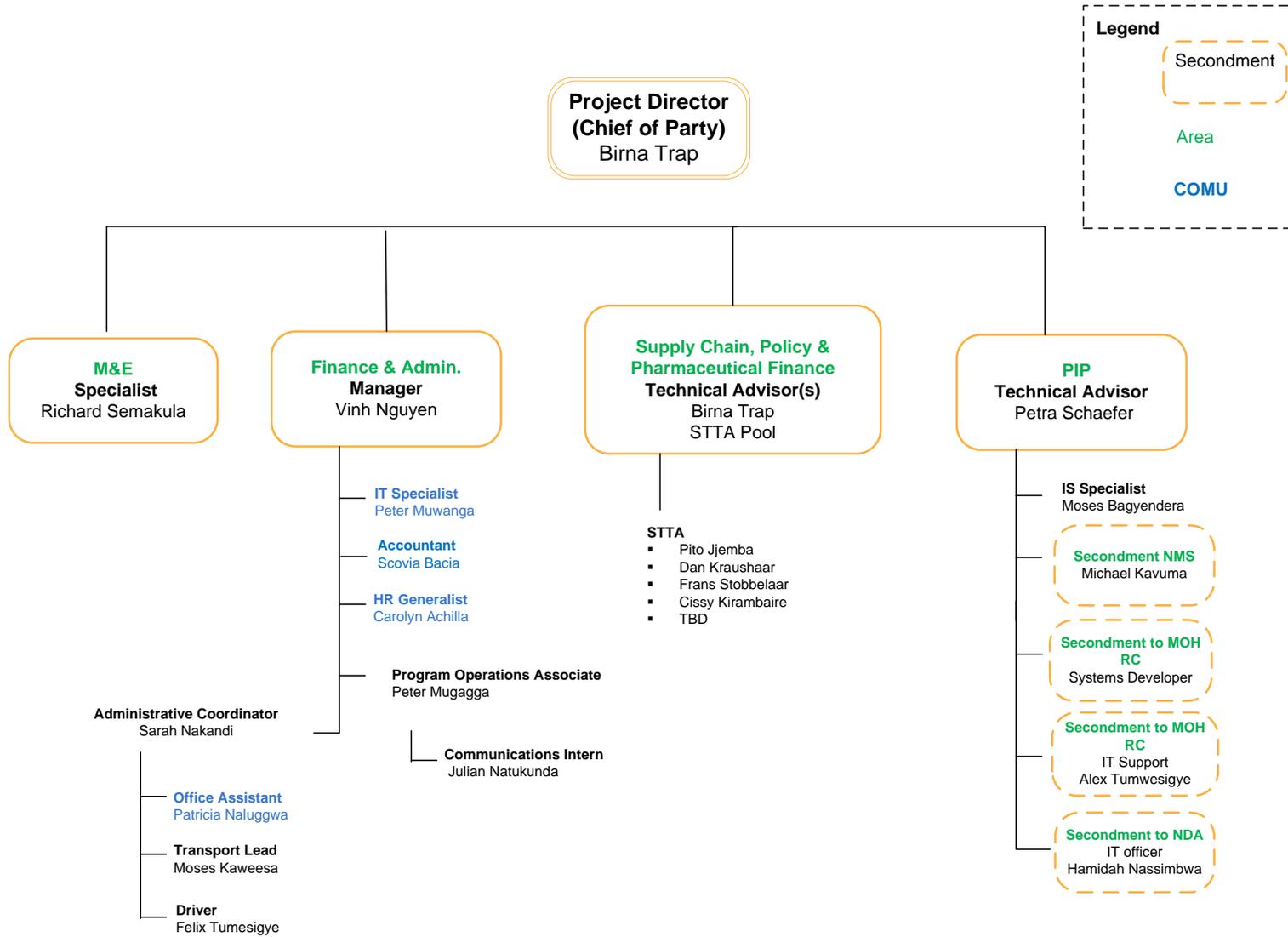
## Uganda SURE Organization Chart

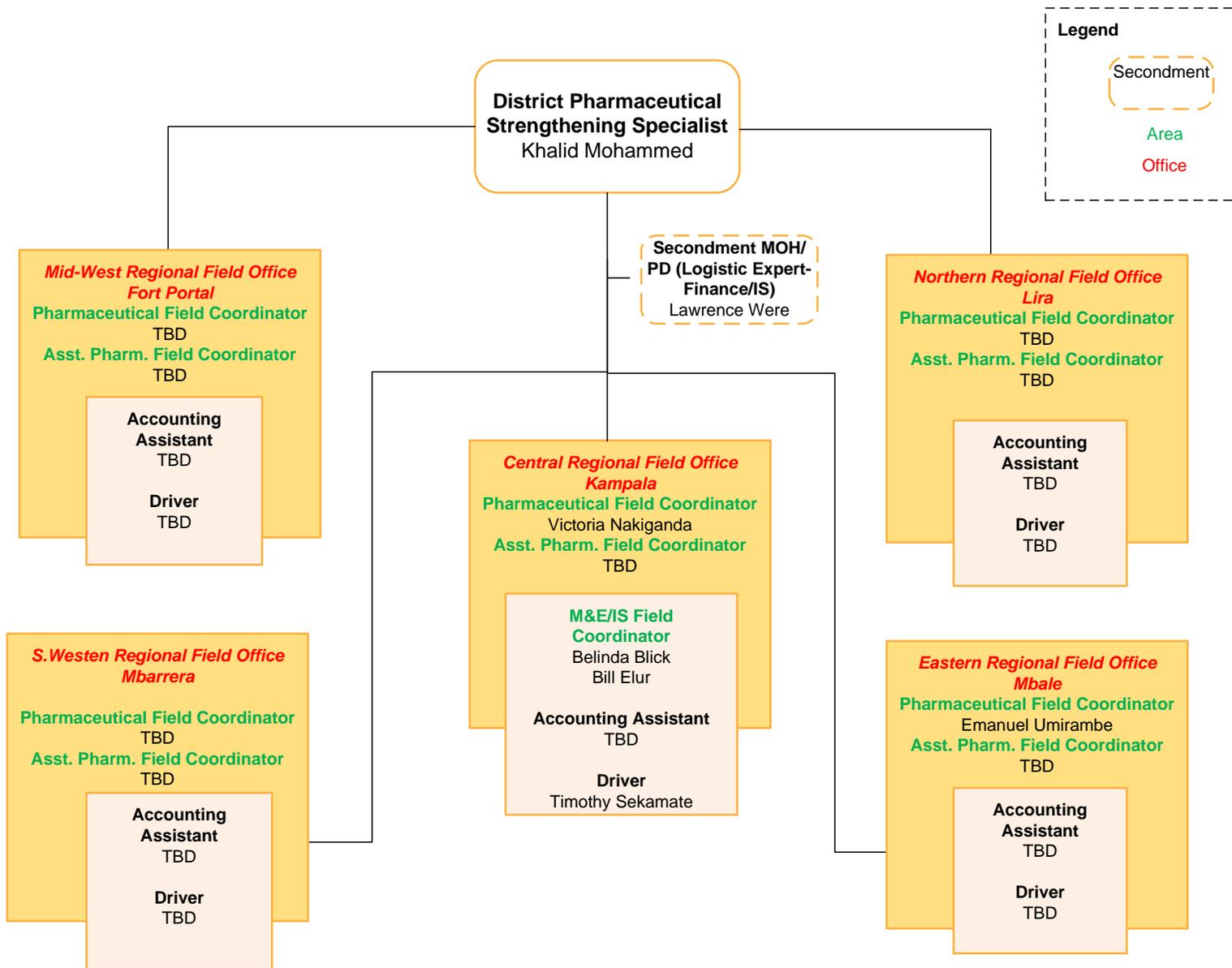


Updated 30 September 10









**Annex 3: Summary of SURE staffing status as of September 30, 2010**

#	Job Title	Last Name	First Name	Hire dates	Comments
1	Office Assistant	Naluggwa	Patricia	1-Aug-09	
2	Chief of Party	Trap	Birna	1-Sep-09	
3	Tech. Advisor – Supply Chain Operations	Kidde	Saul	1-Sep-09	
4	SCMS Change Officer	Gwoyita	Loi	1-Sep-09	
5	ARV Procurement Advisor	Ntale	Caroline	1-Sep-09	100% charged to SCMS
6	Administrative Coordinator	Nakandi	Sarah	1-Sep-09	
7	Transport Lead	Kaweesa	Moses	18-Sep-09	
8	Pharmaceutical Field Coordinator	Nakiganda	Victoria	14-Oct-09	
9	District Pharmaceutical Strengthening Specialist	Mohammed	Khalid	2-Nov-09	
10	M&E/LMIS Coordinator	Blick	Belinda	30-Nov-09	
11	Accountant	Bacia	Scovia	4-Jan-10	
12	Finance and Admin. Mgr.	Nguyen	Vinh	1-Feb-10	
13	PMIS Tech. Advisor	Schaefer	Petra	1-Feb-10	
14	Lab Data Analyst - Secondment to CPHL	Baitwababo	Bernard	8-Feb-10	
15	Driver - Central Regional Office	Sekamate	Timothy	8-Feb-10	
16	Logistics Data Manager -Secondment to NTLP	Sekala	Shaquille	15-Feb-10	
17	ARV Procurement Officer	Aboyo	Caroline	1-Mar-10	100% charged to SCMS
18	HR Generalist	Achilla	Carolyn	1-Mar-10	
19	M&E Specialist	Semakula	Richard	3-Mar-10	
20	LMIS Specialist	Bagyendera	Moses	3-Mar-10	
21	LMIS Coordinator	Nabuguzi	Eric	22-Mar-10	
22	Logistic Officer	Kadde	Stephen	22-Mar-10	
23	Logistic Expert - Finance/LMIS; MOH Secondment	Were	Lawrence	15-Apr-10	
24	Driver - Kampala HQ	Tumwesigye	Felix	10-May-10	
25	Training/Logistics Officer	Konradsen	Dorthe	1-May-10	
26	LMIS Officer - Secondment to NMS	Kavuma	Michael	1-Jun-10	
27	Programs Operations Associate	Mugagga	Peter	1-Jun-10	
28	Communications Intern	Natukunda	Julian	14-Jun-10	
29	M&E/LMIS Coordinator - Kampala	Elur	Bill	7-Jul-10	
30	IT Specialist	Muwanga	Peter	7-Jul-10	
31	Pharm. Field Coordinator - Mbale	Umirambe	Emmanuel	7-Jul-10	
32	IT Officer - seconded to National Drug Authority	Nassimbwa	Hamidah	21-Jul-10	
33	Systems Administrator - seconded to Resource Centre	Tumwesigye	Alex	23-Aug-2010	

**Annex 4: Summary of full-time positions planned**

#	Job Title	Last Name	First Name	Planned hire dates	Comments
1	Assistant Accountant - Mbale	TBD	TBD	1-Nov-10	Candidate identified
2	Driver Mbale	TBD	TBD	1-Nov-10	Candidate identified
3	Assistant Pharmaceutical Field Coordinator - Fort Portal	TBD	TBD	1-Nov-10	Interviews planned for October 19 <sup>th</sup> 2010
4	Pharm. Field Coordinator - Fort Portal	TBD	TBD	1-Nov-10	Candidate identified
5	Assistant Accountant. - Fort Portal	TBD	TBD	1-Nov-10	Short listing ongoing
6	Driver - Fort Portal	TBD	TBD	1-Nov-10	Candidate identified
7	Systems Developer – seconded to MOH RC	TBD		1-Dec-10	Recruitment ongoing
8	Data entrant – seconded to the Pharmacy Division	TBD	TBD	1-Dec-10	Recruitment ongoing
<b>Total Full Time Staff to be hired by 31 December 2010</b>				<b>8</b>	
1	Pharm. Field Coordinator - Mbarara	TBD	TBD	1-Jun-11	Recruitment ongoing
2	Assistant Pharmaceutical Field Coordinator - Mbarara	TBD	TBD	1-Jun-11	
3	Assistant Accountant - Mbarara	TBD	TBD	1-Jun-11	
4	Driver - Mbarara	TBD	TBD	1-Jun-11	
5	Pharm. Field Coordinator - Lira	TBD	TBD	1-Jun-11	
6	Assistant Pharmaceutical Field Coordinator - Lira	TBD	TBD	1-Jun-11	
7	Assistant Accountant. - Lira	TBD	TBD	1-Jun-11	
8	Driver - Lira	TBD	TBD	1-Jun-11	
<b>Total Full Time Staff to be hired by end of year 2 (September 2011)</b>				<b>8</b>	