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

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



## **Annual Progress Report (Year 2) October 2010 to September 2011**

October, 2011

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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.

## ACRONYMS & 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
DHIS2	District Health Information Software 2
EMHS	Essential medicines and health supplies
FACTS	Financial and commodity tracking system
FY	Fiscal year
GFATM	Global Fund against AIDS, Tuberculosis and Malaria
GoU	Government of Uganda
GPP	Good pharmaceutical practices
HMIS	Health management information system
JMS	Joint Medical Store
LMIS	Logistics management information systems
M&E	Monitoring and evaluation
MMS	Medicines management supervisors
MoFPED	Ministry of Finance Planning and Economic Development
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
POA	Policy options analysis
QPP	Quantification, planning, and procurement
RDT	Rapid Diagnostic Test
RFP	Request for proposals
SCM	Supply chain management
SCMgr	Supply Chain Manager

SCMS	Supply chain management system
SDS	Strengthening decentralization for sustainability
SoW	Scope of work
SPARS	Supervision Performance Assessment 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, necessary
VOI	Verification of imports
3PL	Third-party logistics

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## **EXECUTIVE SUMMARY**

The period October 2010 through September 2011 was the second year of program implementation. This was a year characterized by changes in the Ministry of Health (MoH) senior management and not least by the presidential, parliamentary and local elections held in February 2011. These major events caused delays in strategic decision making at national level and this had implications for the overall implementation of the SURE program. Considerable progress was made in the implementation of planned activities, particularly in relation to the Ministry of Health (MoH) technical programs, the Joint Medical Store (JMS), the National Drug Authority (NDA), and the district managed public health facilities. Some activities related to information management, financial management and NMS support were delayed mainly due to overambitious planning and unforeseen implementation challenges, the most notable being the fact that the memorandums of understanding (MoU) with MoH and the National Medical Stores (NMS) have not yet been signed. SURE made good progress in implementing several recommendations made in the policy options analysis. SURE adopted a new strategy of supporting JMS in building supply chain capacity for the alternative national suppliers of Essential Medicines and Health Supplies (EMHS).

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

Sufficient financing for EMHS is critical for ensuring availability at service delivery sites. One of SURE's key interventions was to establish a financial and commodity tracking system (FACTS) to enable the Government of Uganda (GoU) and other stakeholders to monitor the level of actual funding and commodities flowing from multiple parties. In collaboration with MoH, SURE determined that the most efficient strategy to achieve this objective was to develop and implement FACTS as a module within a pharmaceutical information portal (PIP). The MoH established a technical committee to oversee the development and implementation of PIP and FACTS. During Year 2, SURE developed the PIP/FACTS system design, specifications and performance requirements, and a solicitation for technical proposals was issued for the design, development, testing and deployment of PIP/FACTS. These proposals have since been evaluated by Ministry of Health and the award will be made in early Year 3.

The MoH/SURE policy options analysis (POA) report was finalized and SURE started to implement its recommendation to improve the efficiency and cost-effectiveness of the supply chain system. POA activities implemented during the year included classifying all EMHS according to whether they were "vital", "essential", or "necessary" (VEN) in order to guide the prioritization of financing and procurement, and establishing the Quantification and Procurement Planning (QPP) Unit with the intention of providing a single quantification and procurement planning system within the MoH. The overall aim of the QPP Unit is to ensure the optimal use of GoU and donor financing for EMHS by projecting and planning for national requirements for essential medicines, laboratory and other health supplies in Uganda.

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

SURE continued to contribute to capacity development and system change through its support to central procurement and supply agencies, central MoH technical programs, NDA, and other stakeholders.

Support to NMS has stalled. The NMS board cannot release the finalized business plan that will guide SURE support to NMS until the MoU between SURE and NMS is in place. This awaits the signing of the MoU with MoH. The necessary discussions have been initiated by the new director general of MoH.

Assessing and monitoring the performance of NMS and JMS is important for their own management as well as for MoH and other stakeholders. SURE collaborated with the US Centers for Disease Control and Prevention (CDC) to develop an indicator-based monitoring platform for central supply agencies such as NMS and JMS, which will feed data into the SURE performance monitoring plan (PMP) as well as into other performance metrics.

The MoU between JMS and SURE was signed in Year 2. SURE has decided to prioritize JMS as part of an alternative plan to support the central supply system. SURE provided JMS with a support package including technical assistance to improve their warehouse and financial management information systems. SURE also analyzed JMS business processes and its capacity to meet current and future business operations. A logistics officer has been assigned to support JMS in managing and monitoring the distribution of malaria-related commodities donated by the President's Malaria Initiative (PMI). Growth in sales at JMS during the period 2009-10 was a minimal 1%, and in 2010-11 growth shrank to -3%.

SURE procured and supplied two Minilab<sup>®</sup> test kits to the National Drug Authority Quality Control Laboratory to strengthen the quality assurance of medicines and antimalarials.

SURE assisted MoH technical programs in developing the quantification and gap analysis and the procurement and supply management (PSM) plan component for HIV/AIDS, Tuberculosis (TB) and Malaria required for their Global Fund applications. The MoH technical programs were given support to develop and review PSM plans for health system strengthening in preparation for their new Round 10 grant applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria. SURE also supported MoH technical programs in building the logistics management capacity of the National TB and Leprosy Program (NTLP) and the Central Public Health Laboratory (CPHL). SURE supported the development of five-year projections of commodity needs for malaria, tuberculosis (TB) and HIV/AIDS prevention and treatment, and for contraception. SURE assisted the National Malaria Control Program (NMCP) in evaluating the supply chain implications of changing standard treatment regimes, contributed to the five year malaria program review, and helped with a TB medicines quantification related to the Global Fund.

The Uganda Medicines Therapeutic Advisory Committee (UMTAC) was established with SURE's support. UMTAC updated the Uganda Clinical Guidelines, and the Essential

Medicine List in Uganda. The committee drafted Uganda's first Essential Health Supplies List and Essential Laboratory Commodities List. All essential items on the lists have been classified according to their level of care and clinical importance, an important step in a strategy that promotes prioritization in procurement at all levels.

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

Developing the capacity of districts to manage their health commodities is one of the basic pillars of success and one where SURE made considerable progress in Year 2. The rollout in all five regions of the country was completed and SURE regional offices were established for the eastern, northern, western and southwestern regions. SURE conducted a series of six training courses for 133 medicines management supervisors (MMS) from 38 out of the 45 SURE supported districts. The courses focused on stock management, storage management, communication, mentoring, coaching, and data collection for performance monitoring. District-led supervision at health facilities was initiated and was expanded to 507 supervised facilities in the course of the year. Valuable data from routine supervisory visits are now available from an increasing number of facilities. These data are important for monitoring the national availability of essential medicines and the performance of the facilities with regard to stock and storage management, the rational use of medicines, reporting, and other important supply chain management indicators. SURE piloted netbook computers to facilitate easy access to these data. The facility performance scores in supply chain management have risen since the supervisory visits began. The average percentage of the availability of a basket of six tracer items on the day of the survey increased from 78% in the period January-March to 89% in July-September 2011 in the supervised facilities. The proportion of health facilities with all six tracer items available on the day of the survey increased from 26% (n=23) in January-March to 42% (n=110) in July-September 2011.

In addition, EMHS management manuals, training materials and tools, were developed and professionalized and a pharmaceutical financial management manual drafted. The material was handed over to Makerere University's Department of Pharmacology to be used in connection with the development of the curriculum on supply chain management in the health professionals training program. SURE held several meetings with implementing partners to establish the best practices, roles and responsibilities, and to support a package for rolling out the SURE district capacity-building approach to other non-SURE supported districts in order to nationalize the Supervision Performance Assessment Recognition Strategy (SPARS).

#### **Major constraints**

- Following the election held in February 2011 the Ministry of Health (MoH) has had internal changes in its senior management including the appointment of a new Director General for Health Services. As a result of these changes and the overbearing effect of the elections and the inauguration of a new parliament on the public service

operations, many strategic decisions were put on hold and the SURE Program had to re-establish its visibility among the new appointees.

- The signing of the Memorandum of Understanding with the Ministry of Health and with the National Medical Stores (NMS) has been held up in the MOH. This constraint has impacted on implementation of support to MOH Technical Programs and the NMS and it has delayed the installation of the PIP server at the Resource Center.
- Obtaining data from NMS and in a timely manner has proven to be a major challenge. It will be most critical to identify sustainable solutions for data sharing in order to implement the MoH management information strategies- PIP and FACTS.

### Outputs during Year 2:

<b>R1: Support to improving policy, legal, and regulatory framework to provide for longer-term stability and public sector health commodities sustainability</b>
<ul style="list-style-type: none"> <li>• Concept for FACTS and PIP completed and approved by Medicines Procurement &amp; Management -Technical Working Group and MoH senior management team</li> </ul>
<ul style="list-style-type: none"> <li>• Terms of reference for FACTS technical committee prepared, functional requirements for FACTS integrated into PIP and a solicitation for technical proposal issued for the design, development, and testing of PIP/FACTS; three technically compliant vendors identified</li> </ul>
<ul style="list-style-type: none"> <li>• POA finalized, printed and disseminated to stakeholders</li> </ul>
<ul style="list-style-type: none"> <li>• POA recommendations implemented: QPP Unit established, VEN classification of essential medicines list drafted, UMTAC established, distribution study based on third party logistic providers implemented for NMS</li> </ul>
<b>R2: Support to improve the capacity and performance of central GoU entities in their supply chain management roles and responsibilities</b>
<ul style="list-style-type: none"> <li>• NMS staff trained to use supply chain manager software to generate reports and software system reinstalled</li> </ul>
<ul style="list-style-type: none"> <li>• Performance monitoring platform developed for central supply agencies such as NMS and JMS in collaboration with CDC</li> </ul>
<ul style="list-style-type: none"> <li>• Procedures and tools established for routine data collection from NMS led by Pharmacy Division</li> </ul>
<ul style="list-style-type: none"> <li>• MoU between SURE and JMS signed</li> </ul>
<ul style="list-style-type: none"> <li>• JMS supported in development of new system requirement specifications and process mapping</li> </ul>
<ul style="list-style-type: none"> <li>• Support given to post implementation review of JMS’s MACS and SAGE software function,</li> </ul>
<ul style="list-style-type: none"> <li>• JMS business processes and efficiency of warehouse operations analyzed and plan for technical support developed</li> </ul>
<ul style="list-style-type: none"> <li>• Assessment of public sector distribution efficiency conducted and recommendation on cost effective means of distribution presented</li> </ul>
<ul style="list-style-type: none"> <li>• Technical support provided to strengthen JMS management information system re-engineering and process mapping, including gap analysis</li> </ul>
<ul style="list-style-type: none"> <li>• Logistic officer recruited to support JMS’s distribution and ordering of PMI donated ACT and rapid diagnostic kits to almost 600 PNFP sites</li> </ul>
<ul style="list-style-type: none"> <li>• Electronic ordering and reporting system developed for ACT commodities from PNFP</li> </ul>

<ul style="list-style-type: none"> <li>• Support provided for logistics management training for National TB and Leprosy Program and Central Public Health Laboratory</li> </ul>
<ul style="list-style-type: none"> <li>• Assistance given to MoH Technical programs in commodity planning and quantification</li> </ul>
<ul style="list-style-type: none"> <li>• Assistance given to development of quantification and gap analysis and preparation of the PSM plans for Global Fund for AIDS, Tuberculosis and Malaria program application and disbursement request.</li> </ul>
<ul style="list-style-type: none"> <li>• Bimonthly comprehensive stock status reports produced ,</li> </ul>
<ul style="list-style-type: none"> <li>• Five-year projections of commodity needs developed for malaria, tuberculosis (TB) and reproductive health supplies.</li> </ul>
<ul style="list-style-type: none"> <li>• MoH Resource Center equipped with high performance server to host the web-based DHIS2 system and support given to capacity building in use of the system</li> </ul>
<ul style="list-style-type: none"> <li>• Web-based interface developed to replace supply chain manager software used for ARV ordering and reporting as part of the MoH Health Management Information System</li> </ul>
<ul style="list-style-type: none"> <li>• PMI/USAID supported in quantification and procurement planning for specific malaria commodities – ACTs, RDTs, and mosquito nets</li> </ul>
<ul style="list-style-type: none"> <li>• Technical committee for PIP/FACTS proposed and terms of reference drafted</li> </ul>
<ul style="list-style-type: none"> <li>• Vendor identified to provide design, development and testing of PIP/FACTS</li> </ul>
<ul style="list-style-type: none"> <li>• Development of steering committee to coordinate and strengthen collaboration between institutions offering pharmaceutical training (pharmacists and pharmacy technicians)</li> </ul>
<ul style="list-style-type: none"> <li>• Specification for server to host NDA imports verification system developed and quotations requested</li> </ul>
<ul style="list-style-type: none"> <li>• Information obtained by SURE about good distribution practices in Europe to be used as input in drafting good distribution practices for Uganda – initial step in separating roles of wholesalers and pharmacies</li> </ul>
<ul style="list-style-type: none"> <li>• Continued support given to running of QPP Unit in MoH Pharmacy Division and detailed implementation plan for QPP unit strengthening drafted</li> </ul>
<ul style="list-style-type: none"> <li>• Uganda Medicines Therapeutic Advisory Committee (UMTAC) established and 24 members appointed</li> </ul>
<ul style="list-style-type: none"> <li>• Uganda Clinical Guidelines and essential medicines list updated; essential health supplies list and essential laboratory commodities list developed and classified by level of care and VEN</li> </ul>
<p><b>R3: Support to improve the capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities</b></p>
<ul style="list-style-type: none"> <li>• SURE program launched in five regions and 45 districts</li> </ul>
<ul style="list-style-type: none"> <li>• 133 individuals trained in medicines management supervision from 38 districts</li> </ul>
<ul style="list-style-type: none"> <li>• 79 district motorcycles procured and handed over to MMS</li> </ul>
<ul style="list-style-type: none"> <li>• 601 supervisory visits conducted in 38 districts covering 507 facilities and initial supervision supported, and baseline data in 601 health facilities collected</li> </ul>
<ul style="list-style-type: none"> <li>• Pharmaceutical financial management (PFM) manual drafted</li> </ul>
<ul style="list-style-type: none"> <li>• Nine netbook computers distributed to MMS to pilot electronic data collection from health facilities</li> </ul>
<ul style="list-style-type: none"> <li>• Pilot phase of RxSolution evaluated in three hospitals, and ongoing technical support in use and maintenance of software provided</li> </ul>
<ul style="list-style-type: none"> <li>• Wiki/web discussion board for Rx users established</li> </ul>
<ul style="list-style-type: none"> <li>• Supply chain management training provided to MJAP and targeted implementing partners</li> </ul>

(Joint Clinical Research Center) in lab logistics management.
<ul style="list-style-type: none"> <li>• Two NDA inspectors trained in medicines management supervision and GPP accreditation strategy drafted</li> </ul>
<b>Monitoring and Evaluation</b>
<ul style="list-style-type: none"> <li>• Reliability study conducted to investigate the quality and reproducibility of facility data reported by MMS</li> </ul>
<ul style="list-style-type: none"> <li>• Tools developed for data collection at NMS for SURE PMP indicators and handed over to Pharmacy Division</li> </ul>
<ul style="list-style-type: none"> <li>• Results of end-user verification survey presented to Medicines Procurement and Management Technical Working Group</li> </ul>
<ul style="list-style-type: none"> <li>• Scope of Work developed for M&amp;E training to provide M&amp;E skills to Pharmacy Division staff, district MMS, and other MoH partners</li> </ul>
<ul style="list-style-type: none"> <li>• Essential drug kit study implemented and proposals made for its optimization for use in Uganda</li> </ul>

Annex 6 provides a table summarizing progress against planned activities for Year 2

## INTRODUCTION

The SURE program has now been running for 27 months, including the initial start-up period. This report covers the period October 2010 to September 2011 and it presents progress in the implementation of planned activities related to specific program outcomes under the three result areas. The report also includes updates on monitoring and evaluation (M&E) activities and program management, including staffing and finance; and it outlines achievements, specific challenges, and priority areas for the coming year, October 1 2011 to Sept 30, 2012.

Considerable progress was made in Year 2 in the implementation of planned activities, particularly in relation to the Ministry of Health (MoH) technical programs, the Joint Medical Store (JMS), the National Drug Authority (NDA), and in building supply chain capacity at the district and facility level. SURE also made good progress in implementing several recommendations made in the policy options analysis. Availability of essential medicines and health supplies (EMHS) increase, as did the Government of Uganda funding to EMHS. Initial evidence of the impact of the supervision and performance assessment recognition strategy (SPARS) was established and SPARS was transformed into a national strategy that will be roll out nationwide. Other SURE strategies aimed at strengthening management and management information systems, such as PIP/FACTS and the national quantification and procurement planning unit was well accepted by MoH management and a platform has been established for strengthening and streamlining supply chain management involving the MOH technical programs and implementing partners in Year 3.

## PROGRESS

### **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**

In Year 2, the SURE program set out to develop a national financial and commodity tracking system (FACTS) for EMHS in collaboration with the Ministry of Health (MoH). The need for this intervention was informed by the results of the policy option analysis (POA) where limitations in available financial and health commodity data were highlighted.

FACTS will be crucial for planning, coordination, and optimizing resource allocation including identifying gaps. The fact that MoH was unable to keep the three-year rolling procurement plan updated is a testimony to the challenges.

FACTS will provide critical micro level financial data to support the Quantification and Procurement Planning (QPP) Unit in its forecasting and planning for EMHS needs.

The following activities were implemented in collaboration with the Ministry of Health's Pharmacy and Planning Divisions:

- The FACTS conceptual design was developed and approved by Medicines Procurement and Management – Technical Working Group and MoH senior management and the Health Policy Advisory Committee. The design details system specifications and performance requirements.
- The FACTS development project team was established and consultations led to the FACTS development process being fully integrated into that of the pharmaceutical information portal (PIP). This is discussed in detail in section 2.2. It was agreed that FACTS was to be built on a platform that enables the loading of source data and that its reporting capabilities were to be channeled through PIP. Because of this integration, it was proposed that a high level technical committee with well defined terms of reference be set up for PIP/FACTS to oversee the implementation of both FACTS and PIP.
- An integrated scope of work (SoW) for the development of both FACTS and PIP was prepared leading to a formal request for proposals (RFP) in a competitive bidding process. The evaluation committee appointed by the MoH drew up a shortlist of three technically compliant bidders. SURE program has procured the necessary local and international STTA to oversee the development of FACTS within PIP in Year 3.
- SoW for data collection for pharmaceutical finance indicators for FY 2009-10 and 2010-2011 was developed. This data is required for testing PIP/FACTS during the system development phase early in Year 3.
- SoW for how resources for EMHS can be prioritized for greater health impact was developed and STTA identified.

Next steps (October- December 2011):

- Start development of FACTS functional architecture
- Assess what needs to be done in prioritisation of pharmaceutical resources for health priority outcomes.

***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**

The Policy Options Analysis (POA) was concluded and the report disseminated. The POA recommended alternative strategic remedial action aimed at reducing waste and assuring increased access to EMHS. The POA also recommended that action should be taken to increase the sustainability and viability of NMS including investigating in outsourcing distribution services to overcome longstanding problems arising out of NMS' inability to reach health facilities.

In Year 2, SURE made good progress in implementing recommendations in the POA report in collaboration with MoH:

- the development of a VEN classification system for EMHS and the establishment of Uganda medicines therapeutic advisory committee.
- the development of the financial and commodity tracking system (FACTS).
- the development of a strategy for NMS and JMS for outsourcing and managing third party logistic providers developed on the basis of a distribution study
- the establishment and running of the Quantification and Procurement Planning Unit under MoH, Pharmacy Division.
- the development of the approved “One supplier one facility for ARV” concept in order to harmonize and streamline ARV distribution.

The signing of the MoU between SURE and the Ministry of Health has taken much longer than earlier anticipated, one reason being changes in the leadership at MoH. The matter was brought to the attention of the newly appointed Director General for Health Services during the closing days of Year 2 and this has led to renewed interest in the matter and the MOU is expected to be signed in beginning of Year 3 along with the establishment of the SURE program steering committee.

However, the signing of MoUs between the 45 districts and SURE was successfully completed in Year 2, as was the signing of MOU with the Joint Medical Store (JMS). The signing of the MoU between NMS and SURE and NDA and SURE awaits the finalization of the MoU with the MoH.

Next steps (October- December 2011):

- signing of the MoUs between MoH, NMS and NDA, and SURE

**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 and JMS to procure, store, and distribute national EMHS***

**Support to NMS**

SURE’s support to NMS was limited to strengthening the use of Supply Chain Manager software for ARV reporting and conducting a distribution study. In this respect, SURE helped NMS train staff to improve their proficiency to generate and utilize reports from the system as well as matching the distribution zones and reinstalling the software after it had crashed to resume its normal ARV ordering and reporting operations.

Critical administrative delays, particularly the signing of a MoU between SURE and MoH and the release of the NMS business plan, hindered the delivery of support to NMS beyond the named activities. The MoU is still in the hands of MoH awaiting the Permanent Secretary’s signature, while the business plan awaits release approval by the NMS board.

**Develop an indicator-based performance assessment plan.** SURE supported the establishment of practices for data collection at NMS to be led by the Pharmacy Division. With input from SURE, the Pharmacy Division solicited the Permanent Secretary’s approval on a one-off basis to obtain data from NMS. A mechanism for data collection was agreed upon and tools were developed to collect the current data needs for the stock status report and SURE PMP data and communicated to NMS. However, data collection for PMP data was still constrained and delayed by NMS. The ability to collect data from NMS is most critical for the PIP and FACT systems. It will be important in Year 3 to have MoH to seriously address data sharing with NMS.

SURE collaborated with CDC to assist the Pharmacy Division in developing and harmonizing indicators for monitoring the performance of central supply agencies i.e. NMS and JMS. Reference sheet for each indicator with a definition of the indicator and instructions on how to collect and analyze the data were drafted.

**Improve the national EMHS distribution system.** In Year 2, SURE helped review NMS’ distribution system. Two distribution segments were assessed – “NMS to district” and “district to last mile” – to identify various distribution options. To increase efficiency it was recommended that distribution management at NMS should be strengthened, last mile introduced and that the services of third-party logistics (3PL) providers should be engaged as 3PL can adequately support the distribution of pharmaceuticals on behalf of the government and other stakeholders. NMS has taken positive steps to implement the distribution strategy, particularly the option of last mile delivery using 3PL. The study findings were disseminated to key stakeholders that included NMS, JMS, CDC, USAID, Medical Access Uganda Ltd, and Uganda Health Marketing Group.

*Next steps ( October- December 2011):*

- following the release of the NMS business plan, a detailed plan for SURE support will be developed

**Support to JMS**

Realizing that the role of the Joint Medical Store (JMS) in supplying EMHS is increasing and the importance of having complimenting supply systems to NMS, SURE started supporting 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 monthly meetings between SURE and JMS are held to guide and monitor implementation.

**Support the improvement of JMS’s management of third-party distributors.** JMS is largely a cash-and-carry supply agency that allows clients to pick up their supplies or pay for delivery using JMS’s third-party private sector suppliers. The existing distribution system results in unreliable lead times, which may affect the timely availability of EMHS, especially problematic in the case of critically needed ARVs and artemisinin-based combination therapy. The need to identify a more feasible distribution solution was recognized.

In Year 2 a distribution study was conducted to assess JMS’s capacity to manage 3PL contracts and it identified means of addressing the observed gaps including potential monitoring indicators and processes to best measure the performance of 3PL. Mini-assessments were also carried out at Medical Access Uganda Ltd and UHMG to identify what

needed to be strengthened should the MoH and its stakeholders agree to appoint a single agency to manage the distribution of ARVs. A draft RFP to be utilized by JMS to find suitable logistics providers was also developed. To strengthen JMS' internal capacity to manage a 3PL provider SoW was developed and an expert was identified.

**Improve warehouse operations.** At the end of Year 2 SURE initiated an assessment of JMS's existing and future warehouse capacity and processes, inventory management policies and procedures, procurement and sales function. The resulting information will help guide options to ensure that JMS uses space and available funds more efficiently. Work so far completed includes undertaking business process transformation training, determining methodology for demand management, demand and supply analysis for all products within JMS and shrinkage analysis.

**Strengthen the management information system at JMS.** SURE, together with the Supply Chain Management System (SCMS) project, supported a post implementation review of JMS's MACS and SAGE software function. Agreement was also made to identify an alternate enterprise resource planning system because the current solution is not able to handle JMS's current and future needs.

To identify the gap between the current management information system solution and what would suffice for JMS to efficiently carry out its business process in the long term, SURE supported the mapping out of business processes, operations, and functions at JMS related to information systems. Key processes were identified that needed to be streamlined in the warehouse related to the current MACS and Sage system. Interim solutions were designed for better execution of these processes including providing technical assistance to JMS staff to implement those processes. Functional system requirements were partially detailed in this period; however, final specifications will be completed only after the warehouse, procurement and sales functions assessment. Technical assistance was also provided via on the job mentoring for key staff and including development of SOPs to ensure standardization of those processes in sales, and warehousing functions. The SURE supported STTA also defined functional and non-functional requirements necessary to run JMS' business optimally.

Additionally, the systems configurations required to make MACS run into any new system were highlighted. The system definition and process mapping was done generically to fit any new system that would be chosen. Detailed plan of action for how JMS can transition to a new management information system were developed. As part of the support, SURE performed a comprehensive gap analysis while at the same time identified system deficiencies and addressed them where possible.

**Support to the PNFP Sector Facilities:** The end of DANIDA support to JMS & NMS coupled with delays in Global Fund ACT procurements meant shortages in the supply of ACTs and RDTs to the PNFP sector facilities were inevitable. USAID through Presidential Malaria Initiative (PMI) therefore intervened by donating ACTs and Rapid Diagnostics Tests (RDTs) to the PNFP sector through NMS and JMS. SURE supported PMI/USAID in the quantification and procurement planning for these malaria commodities—ACTs, RDTs, and mosquito nets. In addition, SURE assisted with coordinating in-country processes such as NDA verification and quality testing of the above mentioned malaria commodities.

SURE supported PMI/USAID to develop a plan to monitor use of the PMI donation in the PNFP sector and collect information for routine reporting and quantification of requirements. To this end, a report form and associated job aids were developed and disseminated to PNFP facilities that received these commodities. An electronic PDF form was developed to ease on-line reporting and aggregation of requests at the diocese level where internet connectivity exists, however, reporting and ordering rates remain low. Plans and activities for addressing this problem are scheduled for Year-3.

Next steps ( October- December 2011):

- Finalize business Process Transformation (BPT) to improve JMS' key business functions
- Identify areas of enhancement for the current MIS functions and key users skills for efficiency gains
- Finalize plan to introduce new MIS and develop detailed specifications

***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**

The SURE program implemented a number of interventions to support the MoH technical programs in strengthening supply chain management (SCM) during Year 2, including support supervision, conducting national quantifications, supporting Global Fund to Fight AIDS, Tuberculosis and Malaria gap analyses and supply plans for grant applications and disbursement requests, providing logistics trainings, developing a web-based ordering system for ARVs and developing a longer term strategy for capacity building in SCM for the technical programs. As a result of SURE-supported interventions, collaboration between the Pharmacy Division and the technical program management teams has increased. Planning for program pharmaceutical needs is better coordinated and is to a large extent led by the technical team at the Pharmacy Division. A series of discussions were held with the technical programs on how new SCM strategies i.e. SPARS, FACTS and PIP should benefit and strengthen program commodity management and how streamlining of the programs could best be achieved. Priority has initially been given to the development of detailed support plans for the tuberculosis (TB), Malaria and public health laboratory programs.

SURE supported the secondment of two staff members to the Central Public Health Laboratory (CPHL) and National Tuberculosis and Leprosy Program (NTLP) to provide general logistics support and support routine data collection and analysis. The role of the secondments is to be shifted to assist in the planned logistic management assessment and implementation of the SURE support to program activities.

**Support supervision:** SURE also took part in the integrated support supervision of logistics systems for various technical programs organized by MoH together with development partners, the implementing partners and civil society organizations. Several challenges were identified in the logistics systems, ranging from supply shortages, inadequate storage space and conditions, poor data management, and inadequate human resource capacity to support logistics functions, and poor coordination among partners. Similar challenges were

highlighted following the district laboratory coordination meetings in the same period. It has been agreed with the TB and CPHL programs to undertake more in-depth assessment to guide streamlining and capacity building in logistic management.

**Logistics trainings:** In Year 2, SURE conducting refresher logistics training for TB and lab programs in northern, eastern, central, and south western regions of the country. These partners included Makerere – Mbarara Teaching Hospitals Joint AIDS Program (MJAP) and THALAS (for lab logistics trainings), and NUMAT, STAR-E and STAR-EC for TB logistics trainings. A total of 183 health workers were trained in logistic management.

**Support forecasting, quantification and procurement for MoH programs.** In Year 2, the SURE program, in collaboration with the respective MoH programs and the Pharmacy Division, developed five year projections of program commodity needs for the TB, malaria and reproductive health programs. The reports have formed the basis for estimating the country needs and for justifying increased funding for commodity procurement. The contraceptive forecast includes a two-year supply plan which is updated every two months based on information from stock status reports and pipeline data for supply contracts signed by various partners including NMS (through GoU funding under Vote 116), World Bank, USAID and UNFPA.

Furthermore, the SURE program assisted the National Malaria Control Program (NMCP) in preparing the supply chain management component for the malaria program review. The review was undertaken to guide the program's 5 year strategic plan for 2010/11 to 2015/16. SURE also assisted NMCP in a cost analysis for use of intravenous artesunate versus intravenous quinine in the management of severe malaria and developed a plan for the country to transition from using quinine to artesunate. The Medicines Procurement and Management Technical Working Group stopped the implementation of planned interventions until it was established that the only registered manufacturer of artesunate injection in Uganda would be capable of meeting the country's forecasted needs.

**Supply Chain Manager – IT system:** SURE continued to support the functioning of Supply Chain Manager software for the management of orders for ARVs, HIV test kits and PMTCT commodities. SURE trained new users of the system at both JMS and NMS, and assisted them to resolve the technical problems that had led to system down-time. However, there are still system limitations that need to be addressed in the long term, the most notable of which is the fact that it is a stand-alone system that cannot be networked with other computers, and this therefore limits access to the information collected. Furthermore, not all the information from order/report forms is captured in system.

**Web-based ARV ordering:** In Year 2, SURE in collaboration with the AIDS Control Program (ACP) supported the development of a web-based interface to replace Supply Chain Manager software. The web-based system is integrated into the District Health Information System-2 (DHIS2) platform used by MoH to capture health management information system (HMIS) data from facilities. SURE purchased and installed a high-performance server at the MoH Resource Center, improved the DHIS2 system architecture and trained MoH database administrators. The web-based ARV ordering system has major advantages: it transfers data

entry to the lowest level in the system, thereby reducing work load at the center; it captures all the data from the order and report; it makes data accessible to MoH and other partners; and it facilitates the rationalization of the ARV supply system between public and PNFP/PFP sectors.

	Drug Formulation and Strength	Basic Unit	OPENING BALANCE at start of Month Cycle	QUANTITY RECEIVED during 2 Month Cycle	CONSUMPTION during 2 Month Cycle	LOS ADJ (+ / -)
	ADULT - RECOMMENDED FORMULATIONS		A	B	C	D
1	Zidovudine/Lamivudine/Nevirapine (AZT/3TC/NVP) 300mg/150mg/200mg	Pack/60				
2	Zidovudine/Lamivudine (AZT/3TC) 300mg/150mg	Pack/60				
3	Tenofovir/Lamivudine (TDF/3TC) 300mg/300mg	Pack/30				

Figure 1 Screenshot - Data entry screen DHIS2

**Support on Global Fund Grants:** SURE supported the Round 10 GFATM grant applications for Malaria, HIV, TB and Health System Strengthening (HSS). Of these, only the HIV grant application was not successful. SURE was tasked to review and/or develop PSM plans covering, among others, the quantification of needs and the presentation of the gap analysis for commodities under the malaria and TB grant applications.

SURE was instrumental in splitting the funding for commodities between Ministry of Finance, Planning and Economic Development - principal recipient and The AIDS Support Organisation (TASO - second Principal Recipient for the successful Round 10 of the GFATM grant. Furthermore, SURE supported the review of the malaria Round 4 grant to host the Affordable Medicines Facility for malaria (AMFm) where SURE supported the quantification for ACTs and RDTs needs and the costing of the PSM plan. SURE is a member of the task force established to steer the AMFm project and provides the National Malaria Control Program (NMCP) with technical assistance through this forum as well.

SURE also supported the development of disbursement requests for TB Round 6 Phase 2, HIV Round 7 Phase 1 Year 2 and Phase 2. SURE technical staff led the component on ARV quantification and in writing the overall PSM plan for Round 7 Phase 2. SURE participated in sessions with the Global Fund consultancy teams assessing the performance of the country in the different running grants.

Next steps ( October- December 2011):

- SURE will assess the TB and lab logistics supply system and based on the findings develop and implement a detailed plan for SURE support to the programs.
- Testing and roll out of the web-based ARV ordering system.
- Support QPP Unit to update the two –year contraceptive supply plan

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

In Year 2, SURE provide administrative and technical support to ensure the Pharmacy Division's capacity to effectively support implementation of the SURE strategies and the National Pharmaceutical Sector Strategic Plan II (NPSSP II). SURE provided resources for Pharmacy Division to attend a pharmaceutical conference in Spain to share best practices in pharmaceutical management with other countries. SURE participated in and supported Pharmacy Division coordination activities including bi annual regional/district staff meetings, weekly coordination meetings and several meeting with implementing partners to develop SCM strengthening strategies . SURE supported the secondment of two staff members to the Pharmacy Division: one to provide general logistics support and the other to coordinate the Quantification and Procurement Planning Unit activities. SURE also supported the Pharmacy Division in strengthen its role in quantification and logistics data management, and assisted in transforming the SURE developed supply chain strengthening strategies to national strategies i.e. FACTS/PIP, SPARS.

**Coordination and collaboration efforts:** Weekly meeting are held to ensure coordination of SCM activities planned by Pharmacy Division, World Bank and SURE. Moreover, SURE participated in program reviews i.e. malaria and HIV/AIDS program reviews and the pre-joint review mission field visits. SURE supported two meetings that brought together Pharmacy Division, regional pharmacists, implementing partner pharmacists and SURE regional coordinators. The objective was to develop a team approach to planning and implementation of interventions. One major outcome was the conceptualization of the supervision and performance assessment and its adoption as a national roll out strategy for capacity building at district and health facility level. In addition, a mapping process has begun where the regional pharmacists are assigned districts for the effective monitoring of districts.

**Comprehensive stock status reports:** In Year 2, SURE continued to produce bimonthly comprehensive stock status reports, putting the MoH and partners in a better position to review the commodity security situation, provide early warnings and monitor performance. One of the main challenges in the production of the stock status reports was obtaining timely and accurate data for the reports from various stakeholders. This challenge was further escalated following a directive that the collection of any data from NMS had to be approved by the Permanent Secretary's office at MoH. To overcome this challenge and facilitate data collection, the responsibility for data collection and production of the stock status report was taken over by the QPP unit within the Pharmacy Division. The reports are now published on the MoH website ([www.health.go.ug](http://www.health.go.ug)) and SURE website ([www.sure.ug](http://www.sure.ug)). The importance of the stock status report was clearly illustrated when it triggered donations from of about 15 million US Dollars for ACT and ARVs to arrest a risk of stock out in the country. Similarly, several shipments of contraceptives were rescheduled to avoid overstocking at NMS.

**Develop pharmaceutical managers' capacity in leadership and management:** In Year 2, SURE participated in a number of discussions with the Capacity Project, Makerere University, and the SDS project to collaborate on the development of a leadership and management capacity building program for pharmaceutical sector managers. Many

implementing partners programs have in their work plans to develop leadership and management capacity at the district and facility level and need that has also been recognized in the health sector strategic plan. There is thus a need for an overall agreed approach and the SURE activity has been put on a hold awaiting clear guidance from MoH and USAID.

**Assessments and Surveys.** During the year, SURE assisted Pharmacy Division in the design and implementation of a number of specific surveys including an assessment of the pharmaceutical sector and the kit supply system, organized a meeting to develop guidelines for redistribution of supplies and assisted in joint reviews and supervisory visits to assess availability or overstocking at facility level.

A national pharmaceutical sector survey was implemented, with data analysis and reporting finalized at end of year 2. The report provides a baseline for the public sector pharmaceutical supply situation covering areas of stock and storage management, rational use, finance and information systems. The findings confirms the need to strengthen medicines management at all levels and identify and documents issues in almost all areas of the supply chain . The report will be available early year 3.

The essential medicines kit system (push system) was re-introduced in June 2010 to increase availability of EMHS in health facilities (HC2 and HC3) where supply chain management capacity is at its weakest. Facilities receive a kit depending on level of care, and with each facility receiving one kit independent of patient load. The composition of the two kits (HC2 and HC3) is revised every 6 months. To guide the revision and assess the impact of the shift from the pull to the push system, SURE implemented the kit survey in December 2010. The survey showed that the availability of items increased significantly with the introduction of the kit system by reducing stock out days by 75% overall, 30% for medicines in HC2 but 81% for commodities in HC3. The increased availability comes with increased funding for EMHS and severe oversupply of several items. The figure below shows months of stock supplied per kit delivery. Kits are delivered bi-monthly and therefore a two month supply would be adequate.

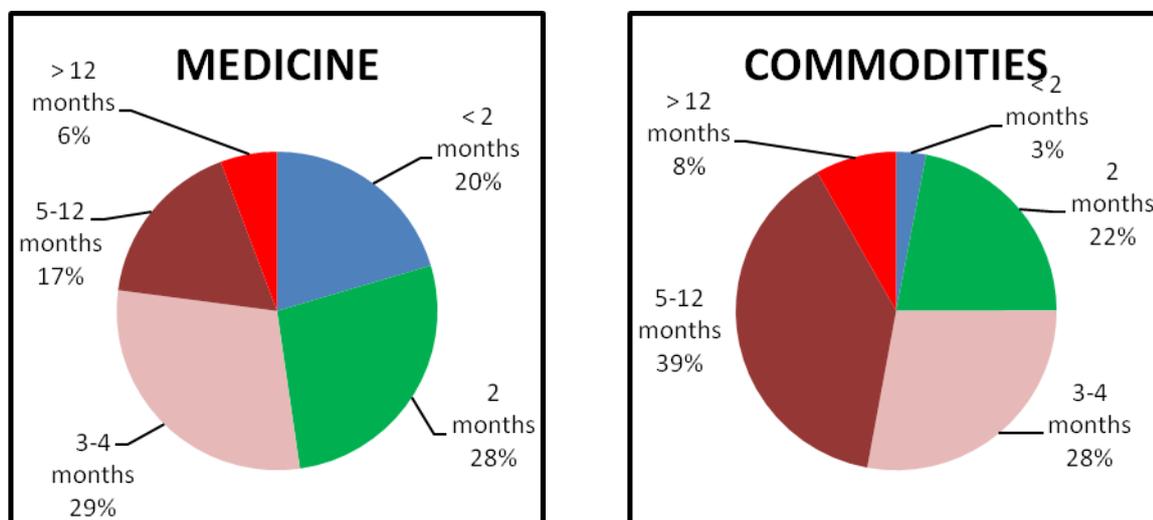


Figure 2: Item supply quantities divided between medicine and commodities.

To address the growing problem of oversupply and high risk of expiry the kit was revised and guidelines for district redistribution developed with assistance from SURE. However, it is well recognized that a kit based supply system is never a “best fit for all”.

Next steps ( October- December 2011):

- SURE will work 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. The transition strategy and implementation plan will be based on MoH/SURE’s kit supply system assessments.
- Print and distribute the pharmaceutical sector survey 2010.
- Implement a second kit survey in November 2011

**Pharmaceutical information portal (PIP)**

Based on the requirements documented for the PIP and the conceptual design of the FACTS, a Request for Proposal (RFP) was developed for the design, development, testing, deployment, training, and maintenance of the PIP and FACTS. A team comprising of representatives of the MoH Pharmacy Division and Resource Centre, Makerere University, MSH and SURE evaluated the ten received technical proposals and the committee unanimously identified their vendor of choice. The vendor team will be situated at the MoH. A technical steering committee composed of members of the MoH Pharmacy Division, Resource Center, Planning Division, MoH Programs, NMS, JMS, NDA, Makerere University, and SURE is agreed upon to oversee development and implementation. SURE procured the required hardware for PIP including a full rack solution of two enterprise servers, switches, KVM console, backup hardware, and heavy duty UPS. The servers were assembled and tested. Pre-requisite electrical installation works in the server room in the MoH Resource Centre were also completed to accommodate the installation of the new PIP hardware. The official handover of this equipment is pending signing of the MOU between SURE and MoH.

To ensure optimal use of the upcoming PIP and FACTS system SURE strengthened MoH’s internet connectivity and local area network by securing a stable 4GB up/down fiber internet link from Orange and supported training of MoH Resource Center and NDA staff in ArcGIS. The skills will be used to present monitoring data using geospatial interfaces.

Next steps (October- December 2011):

- Review training providers for the Microsoft SQL data warehousing/business intelligence training and identify a prospective trainer for the PIP team
- Finalize contract negotiations with the selected vendor
- Institute the PIP/FACTS technical committee
- Assess the possibility of connecting the CPHL to the MoH after its move to Luzira

**Support and strengthen NDA**

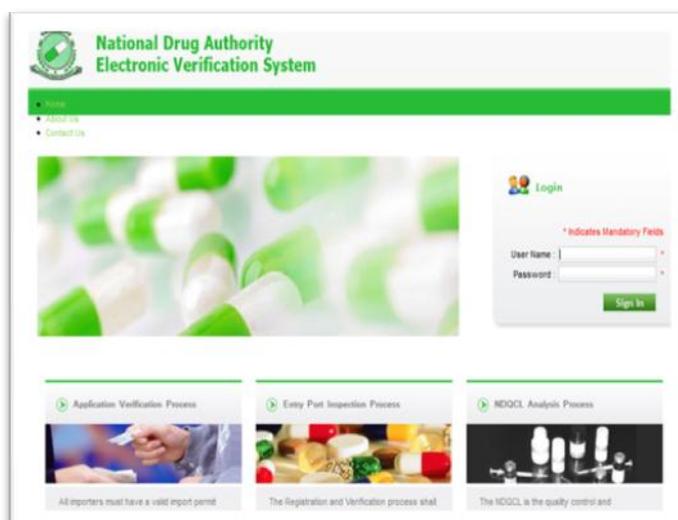
In year 2, NDA was strengthened in medicines control, to ensure better medicines quality, with procurement of vehicle and minilabs to increase the sampling and testing of medicines in the battle against counterfeit. SURE supported the computerization and system development of the verification of importation system that is now ready for implementation on the server to be procured by SURE. Scopes of work for technical assistance in costing of services and development of IT strategy for NDA was developed. First draft of good distribution guidelines were developed and an plan to implement good pharmacy practices in public sector drafted with modalities for implementation agreed to, including the need for applying quantifiable performance assessment to private sector inspection. Monthly meeting were held to guide the implementation of the NDA support plan. SURE continued the secondment to NDA to provide information technology support.

**Strengthening quality assurance:** SURE procured a vehicle and supplied two Minilab<sup>®</sup> test kits to the National Drug Quality Control Laboratory to strengthen the quality assurance of medicines and of anti-malarials in Uganda. Screening for substandard medicines was undertaken using the Minilab<sup>®</sup> kit on 198 samples and 47 samples were found problematic and send for full testing at national quality control laboratory.

To support NDA in the revision of guidelines on good distribution practices, SURE obtained the European Communities guidelines on good distribution practices. The guidelines clarifies the roles of wholesalers and pharmacies whereby 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 increase traceability and reduce the possibility of the pharmacies procuring and selling substandard medicines.

**Verification of imports system:** The development of a verification of imports application for the NDA was outsourced to a local software development firm and successfully delivered and signed off by NDA. Meetings were held to ensure the functionality included the capture of the data required for inclusion in PIP.

The installation of the VOI system and usage awaits the delivery of the server. The purchase request for the server has been generated; quotations from three local vendors have been obtained; and the purchase request is now being processed.



**Figure 3 Menu of the VOI system**

**developed with support from SURE**

Next steps ( October- December 2011):

- Finalize procurement of VOI server

- Implementation of good dispensing guidelines
- Select and engage STTA for NDA IT strategy analysis and development
- Implementation of costing study and finalisation of the information system mapping
- Initiate implementation of GPP certification schemes in public sector pharmacies

**Support a pre-service training program for health workers**

To ensure sustainability in supply chain capacity at facility level, pre-service training in supply chain management will be introduced into the basic training curriculum of all health workers. In Years 2, SURE developed training materials for MMS in supply chain management that will form the basis for developing the pre-service curriculum for all health cadres at universities, nursing schools, and colleges. Makerere University Departments of Pharmacology and Pharmacy, tasked to develop and implement the pre-service training initiated implementation of the agreed work plan including an assessment of the status of pharmaceutical management training in all health training institutions. The curriculum will be tailored to give health professionals at all levels the specific basic understanding of pharmaceutical management including supply chain management, good pharmaceutical practices, rational medicine use, good dispensing practices, national medicines policy, and the essential medicines concept. SURE also established of a steering committee whose objective is to strengthen collaboration between all Ugandan universities to support the education of pharmacists and pharmacy technicians.

**Next steps ( October- December 2011):**

- Implement advocacy meetings to revise the curriculum for health workers are planned in early 2012.
- Implement assessment of status of pharmaceutical management training in all health training institutions
- Finalize training material and implement training of tutors

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

**Establish the Quantification & Procurement Planning Unit**

In Year 2, SURE established the Quantification and Procurement Planning (QPP) Unit within MoH, Pharmacy Division, based on a policy options analysis recommendation. The overall aim of QPP Unit 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 QPP Unit will also strengthen stakeholder collaboration and coordinate procurement and supply planning and quantification. The concept note for QPP UNIT was developed and discussed in the MPM-TWG and subsequently approved for execution. The unit has taken over the production of the bimonthly stock status reports and SURE has seconded staff to support the well functioning of the unit. In order to ensure that national quantifications are generated in time to feed into the national budgeting cycles, a calendar was set up that schedules when the quantification exercises and subsequent reviews have to be carried out. In order to institutionalize the QPP Unit further, it was also agreed to

form a technical committee to guide the unit's operations. The committee's membership comprises representatives of the various MoH technical programs, NMS, JMS, and implementing partners. The terms of reference for the committee have been developed and we anticipate it will be instrumental in guiding the operations of the Quantification and Procurement Planning Unit.

Next steps ( October- December 2011):

- Develop terms of reference for technical committee to guide QPPU activities and nominate members
- Finalise and disseminate the quantification and procurement planning calendar
- Produce and disseminate the next comprehensive stock status report
- Finalise quantification and procurement planning for lab supplies

**Improve appropriate use of essential medicines and health supplies through UMTAC**

In Year 2 SURE supported the establishment of the Uganda Medicine and Therapeutic Advisory Committee (UMTAC) including a detailed implementation plan. UMTAC's main focus has been to update the national clinical guidelines and the essential medicine list, and to develop an essential health supplies list and essential laboratory commodities list. UMTAC members, health workers, and specialists agreed on the levels of care for items in the essential medicine list and applied VEN classification to all the lists. SURE supported the hosting of the UMTAC.ug website and has started populating the website. There have been delays in UMTAC's operations – as a result of not holding the agreed monthly meetings, but regular meetings are now scheduled in the Pharmacy Division annual plan.

Next steps ( October- December 2011):

- Support implementation of the detailed work plan for UMTAC and hold regular meetings
- Facilitate and coordinate printing and dissemination of EMHS lists

**Result 3: 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 & facility level support package**

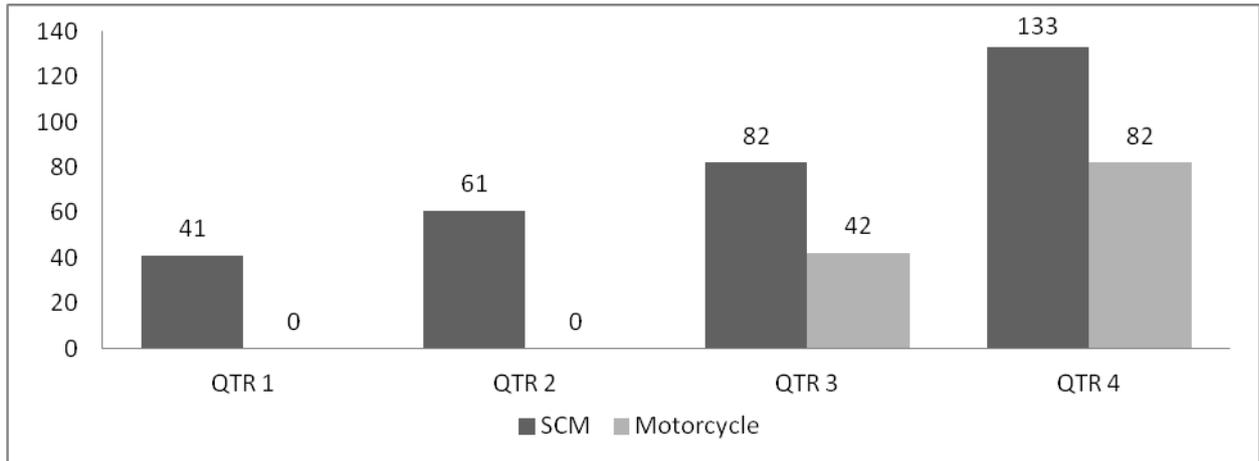
The district and health facility package implemented in Year 2 included; establishment of regional offices, training of medicines management supervisors (MMS) in supply chain management and financial management, defensive motorcycle driving, coaching and mentoring of health facility staff, as well as performance monitoring. SURE rolled out the package step by step, starting with the nine districts in central region and then expanding to the eastern region and subsequently to all five regions. This approach enabled the processes, tools and guidelines for district intervention to be tested and refined while at the same time allowing personnel from other regions to gain ample experience. Annex 3 shows the stage of implementation of the district package in the five regions.

**Establishment of regional support offices:** SURE completed establishing offices in all five regions of the country, with offices established and functioning in Kampala, Mbale, Lira, Fort Portal and Mbarara respectively. MoUs were signed with all 45 SURE supported districts. Each regional office is staffed with one Pharmaceutical field coordinator, one assistant pharmaceutical field coordinator, one driver, and one accounts assistant.

**Supply chain management training:** SURE trained 133 MMS from 38 out of the 45 SURE supported districts in a series of six training courses. The courses focused on stock management, storage management, communication, mentoring, coaching, and data collection for performance monitoring. After conducting five training courses and updating the training materials based on feedback from the participants and facilitators, the trainer and trainee handbooks were sent to MSH headquarters for editing and professionalization. A four day supplementary course was organized for supervisors who had failed the course exams in the earlier courses; five of the nine supervisors who were retrained passed the exams. So far, four supervisors have dropped out. (Three failed and were retired, and one had difficulty in driving a motorcycle, which is a basic requirement.) District health officers were contacted to nominate MMS replacements who will attend subsequent MMS trainings.

**Pharmaceutical financial management training:** SURE developed the first draft of the pharmaceutical financial management (PFM) manual. The manual will serve as a guide for health managers, health facility pharmacy staff, and stores staff on how to monitor and effectively use budgets to purchase health commodities. Simple step by step procedures on how to fill in the tools and understand pharmaceutical financial management practices were included to make the manual an easy to use guide and powerful instrument to better the management of available EMHS funds. Draft PFM manuals were reviewed by stakeholders including MoH staff, the district Chief Administrative Officers, hospital administrators, health facility staff, and a representative of civil society. PFM training will increase awareness of the financial implications of decisions and actions relating to health commodities. The expected outcome is the improved utilization, management, and tracking of EMHS budget and expenditures, and thus an increased availability of and better access to vital lifesaving EMHS. The rollout of PFM will initially involve development of training materials, and the conducting of a training of trainer's course that also serves to pilot the manual.

**Motorcycle training:** SURE have procured 135 motorcycles to be delivered in batches. Seventy nine motorcycles have been delivered and the balance of 56 will be in the country early in Year 3. The estimated need of 135 falls short by 11 as the total number of MMS is 146. In Year 2, 82 supervisors from 29 districts attended a week-long training course in defensive motorcycle driving. The majority of the group passed the test which was conducted by the government vehicle inspector and obtained driving licenses. Following the signing of a comprehensive user's agreement between SURE and the districts, SURE distributed 79 motorcycles to the supervisors. The figure below shows the cumulative number of medicines management supervisors trained over the four quarters of Year 2.

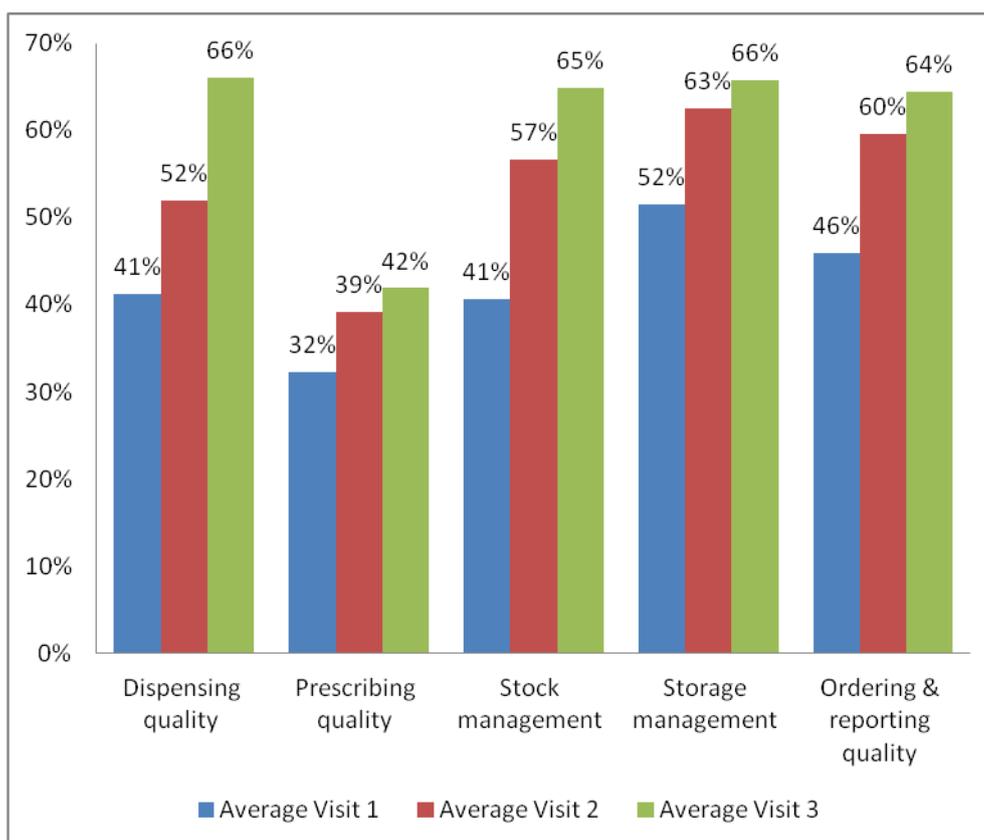


**Figure 4 - Number of MMS trained in SCM and motorcycle driving in cumulative over four quarters in Year 2**

**Supportive supervision visits:** MMS conducted 794 supportive supervision visits to health facilities in 37 districts in Year 2; of these visits, 540 were first (baseline) visits which represent 33% of facilities in the 45 districts. The central region, where the first MMS were trained, is at the forefront: most of the supervisors have been trained and have been given motorcycles to conduct supervision. The MMS started off their supervisory activities by making hands-on practical supervisory training visits to five facilities accompanied by SURE regional staff. This gave the MMS practice before they started out on their own and increased performance assessment reproducibility.

**Performance assessment:** Health facility performance was regularly assessed during supervision visits using the more comprehensive baseline tool on the first visit and the routine tool on subsequent visits. The assessment covers the five main areas of EMHS management namely, stock management, storage management, dispensing quality, prescribing quality, and order and reporting quality. The results of the performance assessment are discussed at the health facility and plans for improving EMHS management are jointly agreed upon by the MMS and facility staff with capacity building through a coaching and mentoring process. As shown in Figure 5 below, positive changes in the indicators have been noted after several visits to the facility.

**Medicines management tools:** In Year 2, SURE participated in the review and piloting of Health management information system (HMIS) tools. The new tools, which are now part of the revised HMIS manual, include the stock book and prescription and dispensing log. Modifications were also made to the EMHS stock card and the order report/forms. A medicines and health supplies management manual, containing standard procedures to guide EMHS management at health facilities, was also finalized and sent to Management Sciences for Health (MSH) for editing and formatting.



**Figure 5 - Average Score on the 5 indicators for three visits to 37 health facilities in the central region**

**Develop and implement electronic data collection tools:** The MMS collected data on their supervisory visits, assessed performance using paper tools, and manually calculated the scores. To automate this process, nine netbooks were procured and piloted together with electronic data collection forms allowing the MMS to directly input supervision data and calculate scores. The supervisors also received Internet modems so that they could transmit the forms electronically to the SURE team for aggregation and analysis. The netbook solution was chosen as it allows for the handling of larger data amounts than, for example, SMS technology. The netbook solution enhances communication via email, data analysis, data presentation, reporting and it builds computer capacity among health staff. SURE assessed the electronic data collection tools available on the market, and decided on Adobe Acrobat Forms as the best choice. The main reasons for choosing Adobe were that it has online as well as offline functionality; resemblance of the electronic tool and the paper version; calculations can be done as the form is filled in; data is aggregated automatically on a central server and data analysis and reports can be shared online.

**Develop pharmaceutical managers' capacity in leadership and management:** In Year 2, SURE participated in a number of discussions with the Capacity Project, Makerere University, and the SDS project to collaborate on the development of a leadership and

management capacity building program for pharmaceutical sector managers. Many implementing partners programs have in their work plans to develop leadership and management capacity at the district and facility level and need that has also been recognized in the health sector strategic plan. There is thus a need for an overall agreed approach and the SURE activity has been put on a hold awaiting clear guidance from MoH and USAID.

Next steps (October- December 2011):

- Printing of EMHS manual, Supervision book and Stock book
- Scale out of use of netbooks among MMS
- Train MMS in SCM and Motorcycle riding.
- Supervision and on the job training in 700 facilities
- SURE/DHO/MMS regional meeting to review implementation of SPARS
- Build storekeepers supply chain management capacity

Implement new communication and information technology

**Implement Rx Solution:** During Year 2, SURE piloted the use of an electronic medicines management information system (RxSolution) at three hospitals – Butabika, Masaka and Kayunga Hospitals. RxSolution was installed on a desktop computer connected to a printer. The staff was trained in using RxSolution for stock management and reporting. The piloting clearly illustrated advantages of RxSolution in facilitating stock management and order generation, reducing expiry and stock outs and generating useful information for management of their supplies. However, many of the challenges related to computerization was also evident as problems related to power supply, considerable need for technical support, communication need between the store and the pharmacy, handling systematic errors and staff retention with need for staff retraining.

A wiki/web discussion board was developed for users to exchange knowledge and get access to online technical support. A strategy for RxSolution roll out in SURE supported and non SURE support district has been drafted. An “RxBox” (a data-DVD with the RxSolution software, various supporting software packages, and a set of manuals for setting up, using, and maintaining the system) has started being developed to support the roll out.

Meetings with the Strengthening Decentralization for Sustainability (SDS) Program and UNICEF were also held to get an understanding of their computerization efforts at district level and experience on support solutions.

Next steps (October- December 2011):

- Evaluate computer hardware needed and draft purchase request for procurement of computers for district hospitals in the 45 SURE districts
- Develop computer training strategy
- Finalize national workplan to support MoH in Rx roll out in non-SURE supported districts
- Work with MoH/IPs/UNICEF to explore national support options

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

***Support implementing partners and NGO to improve their capacity to manage EMHS***

SURE participated in the joint implementing partners' district planning meetings that the Strengthening Decentralization for Sustainability program led. At the meetings, SURE explained the SPARS and identified opportunities for collaboration to strengthen the supply chain system for health commodities at the district level.

A number of implementing partners and organizations are helping districts to build capacity in health commodity supply chain management with support from USAID, Centers for Disease Control and Prevention, 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 about duplication and waste of resources. SURE and the Pharmacy Division have held several meetings with implementing partners and agreed that the best way forward was to map out the country and engage partners in conceptualizing and subsequently implementing the Supervision and Performance Assessment Recognition Strategy (SPARS) nationwide. The expected outcome is that more districts will have comprehensive, structured support and the duplication of efforts will be minimized. The main challenge to implementation is getting partners to allocate sufficient resources to support different aspects of the strategy. To support the rollout of SPARS, SURE has contracted Makerere University to implement the training of MMS and regional pharmacist using the already developed and tested MMS training materials.

Similarly, SURE, in collaboration with STAR-SW, helped NTLP conduct logistics management training for individuals involved in management of TB commodities in facilities in STAR-SW's region of operation. The training targeted weak-performing facilities that were identified based on analyzed reports received at NTLP. This is in line with SURE's implementing partner strategy and will ease the work of MMS because they will find individuals already familiar with logistics management in these facilities.

*Next steps ( October- December 2011):*

- Assist IPs to roll out SPARS in non SURE supported districts
- Implement training of MMS in non SURE supported districts

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

**Establish accreditation certification system for GPP and GFP**

**GPP and GFP accreditation:** In Year 2, SURE together with NDA developed an implementation strategy for certifying public health facilities in good pharmacy practices (GPP) Two NDA inspectors attended the MMS training to learn how to conduct a comprehensive performance assessment which is basis for the certification. Work has started on the development of the GPP assessment tools, setting pass- fail criteria and how the scheme can be implemented in practice.

A similar certification of good financial practice (GFP) has started with the drafting of the performance assessment tool.

**Recognition Scheme:** An important part of the SPARS scheme is recognizing achievement of set targets. In Year 2, SURE detailed its recognition strategy and implementation has started in SURE districts recognizing both MMSs and good performing facilities. The scheme is shown in figure z. For example the MMS who pass exam the recognition is a framed certificates, when five baseline visits are completed the recognition is 20.000 UGX worth of airtime and when MMS's had supervised 10 facilities they are trained in driving a motorcycle and obtain a driving licenses.

**Private wings and public cash and carry Pharmacies:** Little progress was made in the development the concepts. The delay in implementing good pharmaceutical finance practice meant that that the public cash and carry pharmacy (PCCP) concept has been rescheduled to a later period. This is because PCCP builds on the VEN philosophy whereby health facilities ensure the availability of vital items free of charge and use the PCCP to provide essential and necessary medicines at an affordable price. SURE started discussions on a resource allocation assessment for pharmaceuticals including cost recovery options. It is envisaged that the findings will guide the development of the PCCP and the private wing of the PCCP and the private wing strategy.

**Next steps (October- December 2011):**

- Pre-test the NDA GPP assessment tool and finalise the pass fail criteria
- Develop scope of work for STTA to draft the GPP information, education and communication plan

**Monitoring and Evaluation**

***SURE Performance Monitoring Plan***

SURE made progress in measuring the PMP indicators, particularly those with data supplied by the health facilities and NMS. Tools for collecting NMS data for the SURE PMP indicators were developed and handed over to the Pharmacy Division, which is mandated to

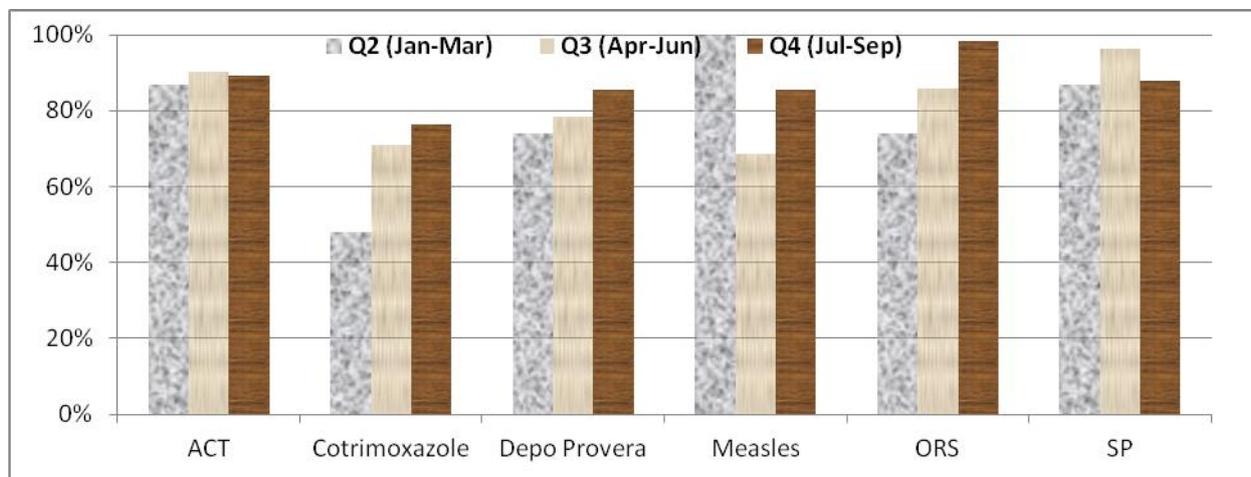
obtain this data. SURE continued to update the output-tracking datasheet using PMP data and data resulting from implementing activities. During the year, the MMS started collecting data from the health facilities during supervision visits, and these were analyzed by SURE to determine the status of the medicines availability indicators. A summary of results for the SURE performance indicators by result areas for PY1 and PY2 period is attached as Annex 7.

**Highlights from the PMP indicators annual results**

**Average availability of basket of six vital essential medicines**

*Average percentage availability of basket of six tracer items on day of survey = **89%***

The average percentage availability of a basket of six tracer items<sup>1</sup> on the day of survey increased from 78% in the period January-March to 89% in July-September 2011 in the supervised facilities with no difference in level of care (83%-89%). The figure below shows the average availability of the individual tracer items on the day the supervised facilities were visited.



**Figure 6:** Average availability of tracer items on day of visit to supervised facilities, (Q2: n=32, Q3: n=134, Q4: n=110)

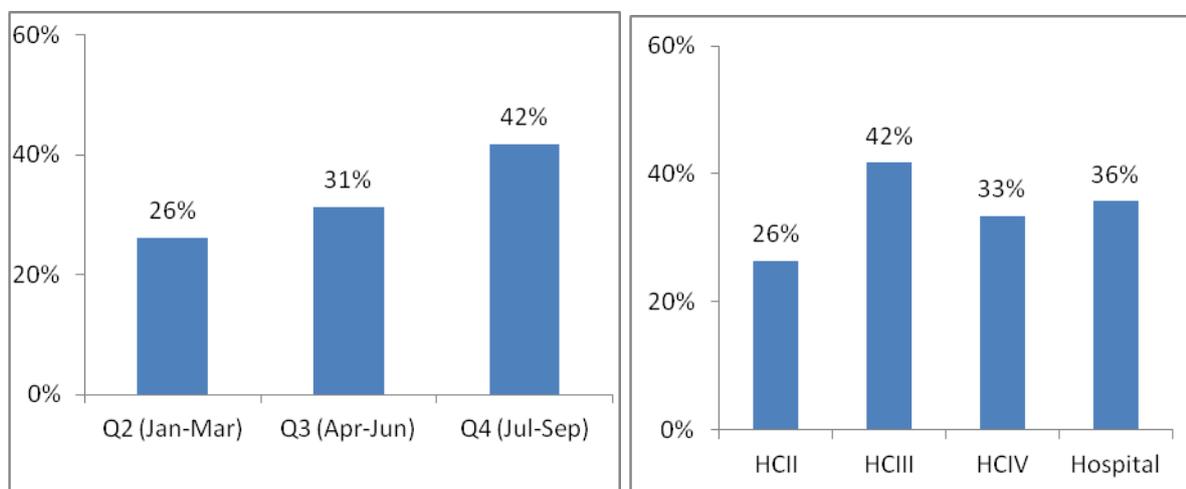
The availability of the antimalarials ACT and sulphadoxine pyramethamine (SP) has consistently remained above 87% throughout the year. Data collected by MMS during routine supervisory visits to facilities in program districts.

**Availability of tracer items in health facilities**

*Percent of health facilities with all six tracer vital essential medicines available on the day of the visit at the surveyed service delivery point = **42%***

<sup>1</sup> The tracer items monitored included ACT (for youngest age band), Cotrimoxazole, measles vaccine, oral rehydration salt, Depo-Provera and Sulfadoxine and Pyrimethamine.

The proportion of health facilities with all six tracer items available on the day of the survey increased from 26% (n=23) in Jan-Mar to 42% (n=110) in Jul-Sept 2011. There was no significant difference in the availability of all six tracer items between health facilities that received the kit and to those that did not. The increased availability is presumably mainly attributed to the increase in available funding for EMHS that came with the introduction of the Kit but also through increased funding for specific items i.e. ACT and ARV



**Figure 7:** Facilities with all tracer items available on day of visit according to facility type and quarter

*Percent increase in total sales of EMHS at Joint Medical Stores = Minus 3%*

The indicators monitor changes or growth in annual sales of EMHS to public not-for-profit facilities that are supplied through JMS. Sales at JMS increased steadily until 2008-09. The sales growth at JMS during the period 2009-10 was a minimal 1%, and in 2010-11 growth retracted to -3%. The table below summarizes sales growth at JMS.

**Table 1:** Trends in JMS sales and percentage change in sales

Sales period	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Sales (Million US\$)	28,729	30,897	35,127	41,353	41,735	40,550
% change in sales		8%	14%	18%	1%	<b>-3%</b>

The decline in sales is attributed to a loss of sales to the government health facility market segment leaving JMS to sell to their traditional market of private not-for-profit facilities. Nevertheless, government hospitals and District health offices continued to buy the hard-to-source items and equipment from JMS. The main reasons for declining growth is competition from the private sector to supply the same clients, a weak distribution system that is unable to reach remote clients, and a lack of credit facilities for clients which is apparently provided by private sector.

### Training in supply chain management

*Number of individuals trained in supply chain management and/or pharmaceutical leadership and management = **female 133, male 267, total 400.***

SURE supported a number of training courses in the pharmaceutical sector including,

- the training of district and health sub-district staff from 38 program districts in MMS training, the use of netbook computers for electronic data collection and the use of RxSolution
- The training of MMS in driving a motorcycle, the training of TB staff and District TB and Leprosy Supervisors in commodities logistics management the training of MoH and NDA staff in the use of the Arc GIS application for GPS, and in novel approaches to pharmaceutical management for TB
- the training of JMS staff in business process transformation

**Table 2:** Number of individuals trained in pharmaceutical and supply chain management by quarter

	Oct—Dec 2010	Jan—March 2011	April—June 2011	Jul—Sept 2011	Total
Female	26	10	42	55	133
Male	58	26	95	88	267
<b>Total</b>	<b>84</b>	<b>36</b>	<b>137</b>	<b>143</b>	<b>400</b>

### Health facility supervision and performance assessment

*Number of public health facilities provided with technical assistance for pharmaceutical supply chain management = **507 health facilities***

SURE started supporting facilities in the program districts during the year and this has progressively increased to 507 facilities. The table below summarizes the distribution by quarter and region. About half of the supported facilities were in the central region, while supervision in the rest of the regions is gaining momentum. The support package included routine medicines management supervision in which supervisors conducted performance assessment and gave feedback to health staff. Follow up visits to the facilities were made every two to three months to review progress and reassess performance. In the course of the year a total of 755 supervision visits were made to the 507 facilities.

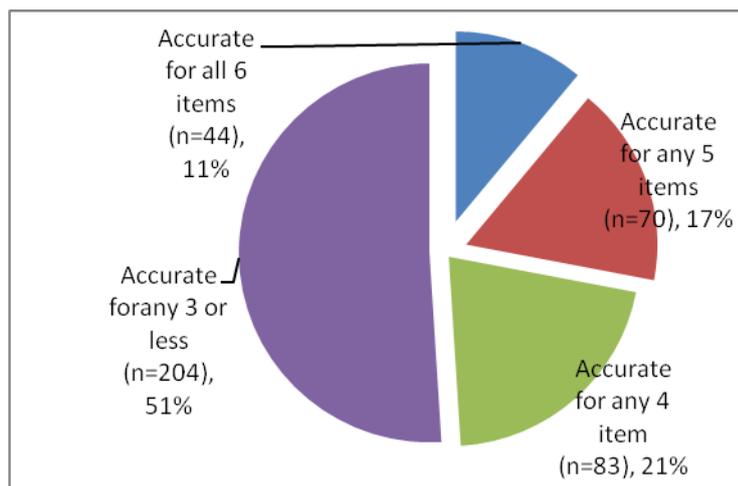
**Table 3 - Number of health facilities supervised -**

Type of facility	Oct-Dec 2010		Jan-March 2011		April-June 2011		Jul-Sept 2011		Total	
	Facilities	Visits	Facilities	Visits	Facilities	Visits	Facilities	Visits	Facilities	Visits
Central	6	6	68	70	110	150	88	256	272	482
Eastern	0	0	12	12	42	42	100	131	154	185
Western	0	0	0	0	21	21	38	45	59	66
Northern	0	0	0	0	0	0	22	22	22	22
S-western	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>6</b>	<b>80</b>	<b>82</b>	<b>173</b>	<b>213</b>	<b>248</b>	<b>454</b>	<b>507</b>	<b>755</b>

### Accuracy of stock management information

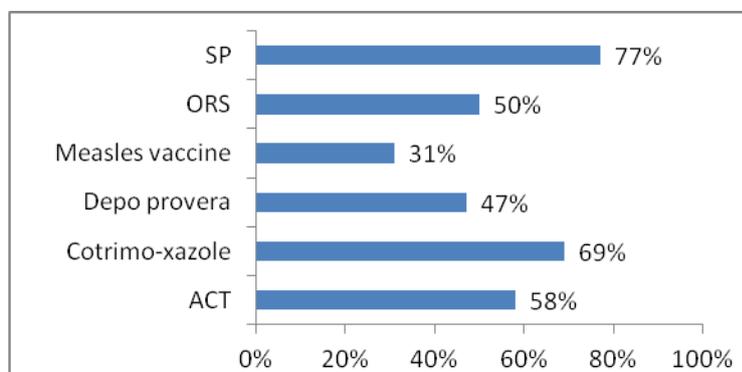
*Percent of health facilities with agreement between stock card record and physical count for tracer items on the day of survey = **11%***

The accuracy of stock card data was assessed by comparing the recorded balance on the stock card with the actual balance found in the store verified through the physical counting of the items. The assessment was done for the six tracer items. The recorded balance and the physical stock count for all six tracer items corresponded in 11% of the facilities on the day of the visit. The accuracy of the inventory management systems varied from 15% for HC2 and hospitals to 9% for HC3 and HC4.



**Figure 8 - Percent of facilities with accurate stock cards balance for a combination of tracer items**

It was found that the facility stock card is updated irregularly. The physical counting of stock is hardly done at all in the facilities. The figure presents the level of accuracy of stock cards for each individual tracer item on the day of the visit.



**Figure 9: Percent of facilities with accurate stock card balance for individual tracer item on the day of the visit**

### Medicine Quality

*Percent of sampled medicines failing NDA quality tests*

*Percent of sampled anti-malarial medicines failing NDA quality tests*

To determine quality, of drugs available in Uganda, the NDA quality control laboratory conducted chemical and pharmaceutical physical test on selected medicines as part of post market surveillance. A total of 675 medicines samples were tested, out of which 68 samples (10.0%) failed. The failure rate for sampled anti-malarial<sup>2</sup> (total 181) that was tested was 21.5%.

**Table 4: Samples of medicines tested at NAD Quality control lab July 2010 to June 2011**

	Total number of samples tested	Passed	Failed	% of failure
All medicines	675	607	68	10%
Anti-malarial	181	142	39	21.5%

### Availability of tracer medicines at NMS

Percent availability of 6 tracer vital medicines (basket) measured over a period of 3 month at National Medical Stores = **61%**

Average availability of the six tracer medicines at NMS increased from 28% during the April/June 2011 period to 61% between July and September 2011. Stock of ACT (6x1) and Doxycycline was maintained at above minimum stock throughout the three month period. Availability of Cotrimoxazole was below minimum stock level for three months, while the stock for Amoxicillin was declining steadily. Stock of AZT+3TC+NVP increased from 0.6 to 8.5 months of stock.

Tracer medicines	Estimated Average monthly consumption	Stock Status at end of each month			Months of stock at end of each month			Average availability
		July	August	Sept	July	August	Sept	
1 ACT (6 x 1)	41,352	93,309	239,444	198,092	2.3	5.8	4.8	100%
2 Benzyl Penicillin	38,560	41,649	108,595	138,149	1.1	2.8	3.6	67%
3 Cotrimoxazole 480mg	24,485	18,790	17,101	7,122	1.0	0.7	0.3	0%
4 Amoxicillin 250mg	10,271	29,785	17,752	5,279	2.9	1.7	0.5	33%
5 Doxycycline 100mg	7,213	101,267	90,532	83,319	14	13	12	100%
6 AZT+3TC+NVP	56,441	30,849	237,763	481,322	0.6	4.2	8.5	67%
<b>Overall Availability</b>								<b>61%</b>

### Government financing of EMHS

Government of Uganda (GoU) disbursed UGShs 181.23 billion for EMHS during the FY2010/11, this represented 28% of the funds disbursed to the health sector (UGShs 646.66 billion). In FY 2009/10 the level of financing for EMHS by GoU as a proportion of the

<sup>2</sup> Artemether / Lumefantrine 20/120 mg tablets, Quinine sulphate 300 mg tablets, Chloroquine phosphate 250 mg tablets, Sulfadoxine/Pyrimethamine 500/25 mg tablets and Artesunate/Amodiaquine 50/135 mg tablets

financing to health sector was 17%. This indicator measures the GoU prioritization and commitment to the provision of essential medicines as a component of health care services.

Average percentage utilization of GoU allocated funds for EMHS financed through district essential credit line facility at the National Medical Stores was 90%. Data on proportion of funds that are utilized out of the allocated funds by each individual district was not available; however proxy data based on funds released as a proportion of funds budgeted for by GoU for EMHS was used. The GoU budget for essential medicines during the FY2010/11 was UGShs 201.73 billion, of this UGShs 181.23 billion was released to NMS through the vote 116. NMS has been implementing both the push and pull system therefore the estimates reported assume there was maximum utilization of released funds.

### **Challenges in data collection**

SURE encountered challenges in obtaining data for all the PMP indicators especially those measured at NMS. Attempt to access to this data was unsuccessful due to lack of clear institutional arrangement between SURE and NMS related to delays in signing of the MoU. The indicators affected include those related to: (a) lead time for order processing, (b) order fill rate, (c) timeliness in order submission, (d) districts utilization of disbursed credit line funds for EMHS, (e) NMS audit and (f) NMS procurement prices.

### **Undertake data collection and reporting for PMI/EUV indicators**

SURE in collaboration with PD the Pharmacy Division and NMCP carried out the second End User verification survey on malaria commodities management and use at 30 health facilities in six districts. Both a paper version of the questionnaire and Epi surveyor mobile device were used for data collection. The results were shared with MoH TWG and the malaria control program. The biggest challenge facing the EUV is the stakeholders' use of the data: recommendations based on the findings made in the first and second surveys have not been implemented.

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

There was progress in the development of indicator reference sheets for the NMS performance assessment, a process which was initiated in Year 2 and led by CDC with a team comprising SURE and CDC M&E staff. SURE provided the technical assistance to the team to ensure the development of good quality indicator reference sheets. The team has completed the detailed description of 18 of the 21 indicator reference sheets, largely documenting the indicator definition, rationale, methods of measurement, and potential data sources.

SURE developed a SoW for an M&E training course targeting Pharmacy Division staff, district MMS, and other MoH partners. The course is scheduled to take place in Year 3.

### **Program Management**

The SURE program management unit has continued to support the major technical areas namely: Supply Chain Management, Pharmaceutical Information Portal, District pharmaceutical strengthening, Logistics and Quantification planning and M& E. The support includes Human Resources, financial management, procurement, IT Support,

administrative and operational function under the oversight of the Finance Manager.

In September 2011, the last SURE regional office in the south western region of Uganda was launched. As of September 30, 2011, the SURE program is fully operational (fully equipped with staff and resources) in the planned five regions of Uganda (central, eastern, western, northern and south western).

Activities in the regional offices have now entered a higher implementation mode. 79 Yamaha AG100 Motorcycles are on the road with the MMS' and balance of 54 will be deployed by the end of 2011. Another 11 motorcycles in currently in the approval process and will be deployed shortly afterwards. MMS have also been equipped with HP Netbooks and electronic data collection tools to enable timely capture and reporting of pharmaceutical management supervision progress. This process has initially started with the nine districts of central region (Jinja, Kayunga, Luwero Masaka, Mityana, Mpigi, Mukono, Nakasongola, and Sembabule) as a pilot phase and plans are being made to rollout to all five regions in Program Year 3.

Procurement and installation of a HP DL370G6 High Performance Enterprise Server for the Ministry of Health was done, and with establishment of a high speed fibre-optic internet connection, the Ministry is now able to timely monitor central and regional activities and also report progress at all levels. Also, a second High Performance server has been procured by SURE program to be placed within the MoH Resource Center to support the development and implementation of the Pharmaceutical Information Portal in a phased manner.

The SURE program has also been able to continue with communication efforts that share relevant information. Monthly staff meetings, weekly management team meetings, orientation meetings with USAID Agreement Officer Technical Representative (AOTR) are on-going as well as attendance of MPM-TWG with MoH central level programs. Other communication efforts include:

- A website ([www.sure.ug](http://www.sure.ug)) that has been established and regularly updated,
- A newsletter (*The Value Chain*) was developed in collaboration with MoH Pharmacy Division that will be distributed in October 2011 and,
- The submittal of success stories regularly to USAID.

Finally, a detailed work plan has been developed for SURE program Year 3 activities. The work plan, STTA plan, and budget were submitted by the required due date of September 1, 2011 to USAID for review, and the AOTR has already made comments.

**Staffing:** The SURE organizational chart shown in Annex 2 below reflects the existing and planned staffing, and is regularly revised to take into consideration changes.

Actual and planned full time staff recruitment by the SURE program is summarized in the table below.

Time Period	31-Dec-09 (actual)	30-Sep-10 (actual)	30-Sep-11 (actual)	30-Sep-12 (planned)
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<b>Staff #</b>	10	33	54	65
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During the year, the staffing numbers rose by 21 from the 33 at September 30, 2010 to 54 at September 30, 2011. The biggest increase in staffing was realized by recruitment for each of 5 Regional Offices in Kampala, Mbale, Fort Portal, Lira and Mbarara. Overall the SURE staff has increased by 44 since the commencement of the project in July 2009.

As at September 30, 2011, we have 9 open positions and these recruitments are underway and ongoing as follows:

- Logistics Training Officer
- Logistics Officer to QPP Unit – seconded to the Pharmacy Division
- Receptionist/Administrative Assistant - Lira Regional Offices
- Program Assistant – Kampala Headquarters
- 5 drivers when request for 5 vehicles are approved

Furthermore, recruitment of replacements for the M&E Specialist and the Accountant (who have resigned their positions to be effective in October 2011) is also underway.

The yearly staff performance planning, review, and development (PPRD) exercise normally carried out in April – May 2011 was completed and will be followed by other activities are planned late 2011. The other activities will strengthen the performance appraisal process and incorporate Work Plan objectives for FY 12 and feedback training for supervisors.

A retreat for all staff was held March 2011 and it focused on communication, workplace environment, quality assurance and work plan implementation. Interventions to address communication, workplace environment, and quality assurance were identified implanted subsequently. They include further training on communication topics, the employment of a Quality Assurance Associate, and the garnering of utilization of feedback from staff.

**Short-term technical assistance:** In Year 2, there was a number of STTA’s that were mobilized to help move forward the objectives of the SURE program. **Annex 4, STTA Plan for PY 2, with comments updated September 30, 2011**, provides a listing of the planned international trips for PY2 with comments on their completion. As we move into PY3, we will closely monitor the planned international trips in the STTA Plan for PY3 against the actual ones taken.

**Finance:** At September 30, 2011, the SURE program has been in operations for 27 months (since July 2009). With staffing nearly full and all of the Regional Offices open, and all technical areas positioned for PY3 we expect that disbursements will significantly increase the next 12 months to the end of the program. Following is a summary of spending against the work plan budget for Year 2.

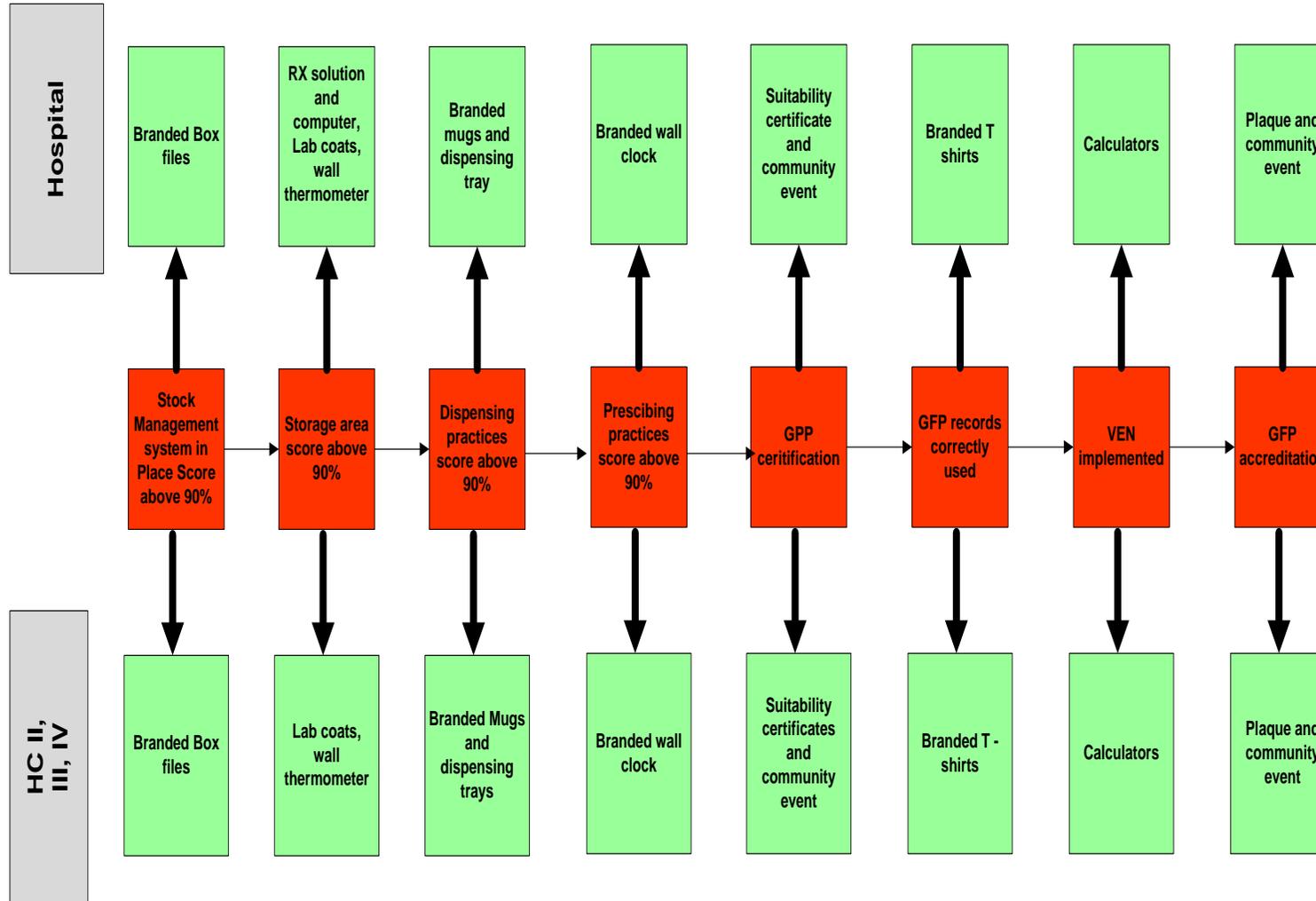
Selected members of the SURE finance and administration team attended and completed the Inside NGO course in Kampala, Uganda on “USAID Rule and Regulations” in

August 2011. They brought back with them more knowledge on how to be compliant when implementing USAID Cooperative Agreements.

## **ANNEXES:**

Annex 1: MMS Recognition Scheme .....	<b>Error! Bookmark not defined.</b>
Annex 2: Facility Recognition Scheme .....	<b>Error! Bookmark not defined.</b>
Annex 3: Status of implementation of district support package in SURE districts.....	<b>Error! Bookmark not defined.</b>
Annex 5 STTA Plan.....	<b>Error! Bookmark not defined.</b>
Annex 6. Summary of PROGRESS AGAINST PLANNED ACTIVITIES. ....	<b>Error! Bookmark not defined.</b>
Annex-7: Summary of results for the SURE performance indicators for PY1 and PY2 period .....	<b>Error! Bookmark not defined.</b>

**Annex 1: MMS Recognition Scheme**



**Annex 2: Facility Recognition Scheme**

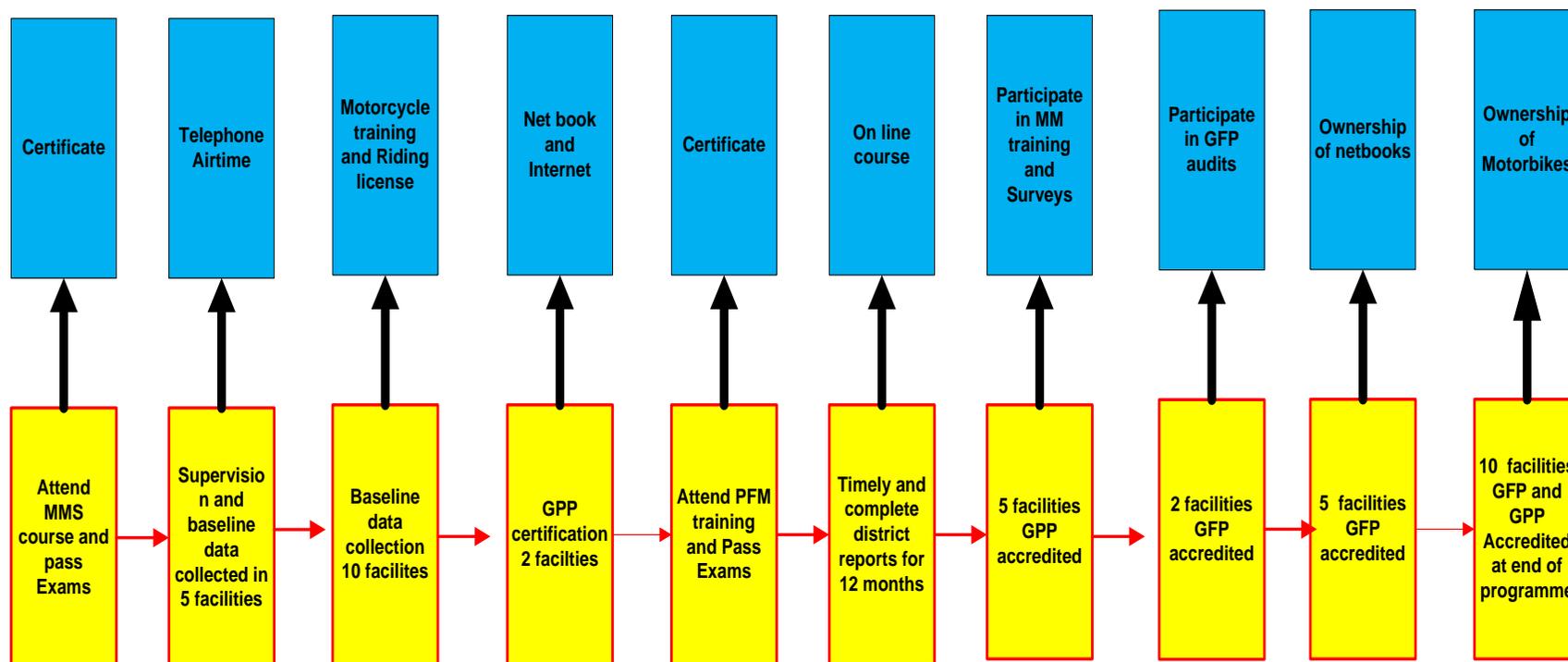


Figure 10: Reward Scheme for Medicines Management Supervisors



SURE Y2 Progress Report September 2010–October 2011

**Annex 4 STTA Plan**

Annex 4: SURE Short-term TA Plan Year 2 – August 1, 2010 - September 30, 2011

Submitted Version: 17 February 2011; Comments Updated : September 30, 2011

Items in Red indicate where STTA was completed; Items in Blue indicate where Trips are remaining.

Last Name	First Name	Title/counterpart	Result Area	LOE	Scope of Work	Comments	2010					2011												
							Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep				
Stobbelaar	Frans	Pharmaceutical Finance Consultant	1.1	12 weeks; 3 trips, 3 weeks + 1 week from home in Sep-Oct '10, 4 weeks in Jan '11, and 4 weeks May-June'11	Pharmaceutical Finance	First two trips taken by Frans Stobbelaar. 1 trip used for Dan Kraushaar in first week of September '11 for Pharmaceutical Financing. No Trips remaining.		X	X				X	X				X	X					
Kraushaar	Dan	Financial Advisor/MOH and NMS	1.1	4 weeks, 2 trips of 2 weeks each	Pharmaceutical Finance	1 trip was used for Chiratidzo Ndhlovu, UMTAC STTA, in April 2011. The remaining trip was used by Saul Kidde for a course in Accra, Ghana on Pharmaco-economics: Evidence, Money and Selection of Medicines from June 13-24, 2011. No trips remaining.							X	X			X	X						
Clarke	Malcolm	NMS	2.1	3 trips, 6 weeks - Nov '10, 6 weeks -Mar '11, 2 weeks - Aug '11	Assistance to NMS; Implement an alternative strategy to supplement NMS procurement, storage and distribution role; PPDA corrective action plan.	1 trip taken only. 2 trips remaining.							X	X			X	X						X
TBD	TBD	NMS	2.1	1 trip, 4 weeks - Nov '10,	Support Analysis of PPDA Act and Strategy for NMS	no activity; 1 trip remaining							X											
TBD	TBD	NMS/JMS/MAUL/UH MG	2.1	2 trips, (2 weeks and 12 weeks)	Assist in implementation and training in use of equipment; Support warehouse efficiency and control	2 trips taken in Jan '11 (Ed O'Connor and Gary Forster); none remaining									X	X	X				X			
TBD	TBD	NMS/JMS/MAUL/UH MG/IP's	2.1	5 trips, 1 trip -3 weeks; 4 trips-6 weeks;	Improve distribution; Distribution Study, evaluation of bids for for distribution, third party logistics	2 trips taken by Edward O'connor, one Nov '10 and one in Feb '11. 1 trip used for Andrew Hayman from August 28 to November 30, 2011 (12 weeks for Warehouse efficiency). 2 trips of 6 weeks remaining.							X	X		X		X	X					
TBD	TBD	NMS	2.1	2 weeks	Conduct assessment of leadership capacity building needs	no activity; 1 trip remaining									X									
Stobbelaar	Frans	NMS/JMS	2.1	3 Trips, 5 weeks each	Improve financial viability/efficiency and effectiveness of NMS/JMS	3 trips remaining,									X	X		X	X				X	X
Kyle Duarte, TBD	TBD	NMS/JMS/ MOH	2.1	5 trips, 4 trips-3 weeks; 1 trip -2 weeks	NMS/JMS- WMS strengthening	2 trips taken by Leif Erik ( Jan '11 and March '11), 1 trip for Leif Erik in July '11, 1 trip for Kyle Duarte for early Aug '11 to work on PIP RFP. 1 trip remaining.							X	X		X	X						X	





SURE Y2 Progress Report September 2010–October 2011

Continued

Annex 4: SURE Short-term TA Plan Year 2 – August 1, 2010 - September 30, 2011

Submitted Version: 17 February 2011; Comments Updated : September 30, 2011

Items in Red indicate where STTA was completed; Items in Blue indicate where Trips are remaining.

						2010				2011					
Ernest Sigl and Kate Dambudzo		SURE, eMMIS implementation sites	3.1	4 trips, 2 trips - 2 weeks in Nov '10, 2 trips of 1 week in Feb '11	RxSolution deployment at 3 hospital pilot sites in Uganda, conduct TOT, follow up support.				X		X				
TBD	TBD	Capacity building and training	3.1	2 trips, 3 weeks in Nov '10 and 2 weeks in May-Jun '11	To finalize material for Drug Mgmt Supervision Training in Supply Chain; Professionalising modules - SCM and PFM				X			X	X		
TBD	TBD	MOH	3.1	2 weeks	Training of SURE Field Staff in Supervision			X	X						
TBD	TBD	MOH	3.1	4 weeks	Customization of General System and development of System Interface for NMS/JMS - PIP			X	X						
TBD	TBD	Systems Change Specialist	3.2	4 weeks; 1 trip in Jan '11	Support systems change					X					
TBD	TBD	SURE and MOH	3.3	2 trips of 4 days, 3 pax each trip	International Conference #3 and #4; int'l trip for 3 pax each trip									X	X
Ebba Holme-Hansen and Erik Wind		MUK and SURE	4.1	2 trips of 2 weeks -Per Diem and Travel Cost only	Collaborate with MUK to engage DK on designing a Health System Research/Article Writing - Training										X
TBD	TBD	M&E Training Consultant; Health System Research	4.1	2 trips, 2 Weeks each	M&E Training for SURE Staff; baseline and study design for VEN Strategy					X				X	
Lee	David	Principal Tech Advisor/MOH and NMS	5	4 weeks	Routine Program Monitoring, Corporate Support.		X	X						X	X
Vinh Nguyen and Birna Trap		COP- SURE Program	5	2 trips, 1 week each	MSH HQ Corporate Briefing, Pharmaceutical Finance Training, Technical and Financial Updating									X	

**Annex 5. Summary of PROGRESS AGAINST PLANNED ACTIVITIES.**

The below table summarizes progress for each result and sub- result area against the planned activities

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

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


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


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*Monitor and evaluate pharmaceutical financing*


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**Planned:**

- Develop information system for tracking financing and funding of EMHS ✓
- Pharmaceutical finance data collection 2009/2010 ✓
- Financial tracking of EMHS expenditures at facility level -0

**Progress:**

- Conceptual design for FACTS developed and approved by MPMTWG and senior management team
  - Detailed specifications developed and RFP issued for selecting a vendor to develop FACTS as part of PIP
  - Three technically compliant vendors identified for FACTS development
  - SOW for data collection and Analysis STTA developed and shared with MoH
- 

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


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


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**Planned:**

- MoUs signing ✓
- POA report finalized-✓✓
- Implement recommendations from the POA (GPP, VEN, QPP, Distribution using 3PL, harmonizing ARV , PCCP and TB supply, FACTS, PIP, strengthen NMS and JMS) -✓

**Progress:**

- Signed MoU with JMS
  - MoU with MoH approved by solicitor general and under review by the MoH
  - POA report completed and disseminated
  - Good progress in implementation of several og the POA recommendations (see later section)
- 

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


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


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*Support NMS*


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**Planned:**

- Performance monitoring ✓

**Progress:**

- Progress in support to NMS has stalled both because of diminished needs
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| <ul style="list-style-type: none"> <li>• Sign a Memorandum of understanding 0</li> <li>• Support conducting annual procurement audit for NMS 0</li> <li>• Support NMS to obtain PPDA accreditation 0</li> <li>• Long term technical assistance to streamline the procurement processes 0</li> <li>• Conduct organizational assessment to determine cost drivers 0</li> <li>• Support procurement of equipment for warehouse and shipment management 0</li> <li>• Support implementation of electronic ordering for EMHS 0</li> <li>• Support warehouse efficiency and control 0</li> <li>• Harmonise and improve cost effective distribution ✓</li> <li>• Support capacity building in key business processes ✓</li> <li>• Support review of SOPs and develop SOPs as needed 0</li> <li>• Build leadership and governance capacity of Key NMS Managers ✓</li> <li>• Continued support to the current MACS and SAGE system to support on-going operations and mission critical activities 0</li> <li>• Explore alternative MIS solutions 0</li> </ul> | <p>and delayed signing of MOU.</p> <ul style="list-style-type: none"> <li>• A detailed implementation plan was made for providing support to NMS base on POA and STTA support – however the plan was not implemented</li> <li>• Performance monitoring platform developed for NMS and JMS in collaboration with CDC</li> <li>• Instituted practices and tools for routine data collection at NMS to be lead by pharmacy division</li> <li>• 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</li> <li>• Trained NMS staff to use the supply chain manager software to generate reports</li> <li>• Supported one middle management staff to gain skills in warehousing and distribution management</li> </ul> |
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**Support to JMS**

**Planned:**

- Implement an alternative strategy to supplement NMS's procurement, storage and distribution role to the public sector ✓✓
- Harmonise 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 ✓
- Continued support to the current MACS and SAGE system to support on-going operations and mission critical activities ✓
- Explore alternative MIS solutions ✓

**Progress:**

- Strategy to support JMS as an alternative supply system developed and approved.
- Performance monitoring platform developed for NMS and JMS in collaboration with CDC
- JMS' business processes and efficiency of the warehouse operations analyzed and plan for technical support developed
- Established a steering group to meet on a regular basis.
- Assessment of JMS' capacity to support 3PL distribution assessed.
- TOR developed for technical assistance to build 3PL management capacity
- Supported one middle management staff to gain skills in warehousing and distribution management
- 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

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

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*Support to MoH programs in commodity management*

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Planned:

- Conduct logistics management refresher trainings towards improving logistics reporting on TB and HIV/AIDS commodities -✓✓
- Assess impact of training on quality of reporting and reporting rates over a six months' period – ✓
- Produce the regular user-friendly Comprehensive Stock Status report on EMHS supplies available at NMS and JMS on a bimonthly basis – ✓✓
- Pilot a health facility report reminder system using SMS in the Central Region districts to improve reporting on program commodities (ARV and TB) –✓
- Second a logistics data manager to the Pharmacy Division to collect, analyze, and disseminate strategic logistics information– 0
- Conduct biannual logistics data validation exercises in sentinel sites to improve quality of data used to quantify national requirements – 0

Progress:

- 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
- Study design was done, and data collection after each cycle from January 2011 done. Pending data analysis
- Report format has been improved, and reports produced regularly since October 2011
- The web-based ARV reporting system was developed to help improve the reporting system. A draft roll-out plan was also developed.

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**Activities that developed in the course of the year**

- Prepare national quantification for antiretroviral (ARV) commodities, malaria and tuberculosis (TB) commodities – ✓✓
- Prepare national quantification and supply plan for RH 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– ✓✓

- Provided technical assistance for the supply chain management plan of TB and malaria commodities under the Global Fund applications and disbursement request
- Finalized the five-year contraceptive report and two year supply plan that is updated every two months
- Initial attempt at this was not successful. SURE is to procure STTA for this activity. Draft SOW has been developed
- 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 and strengthen the Pharmacy Division*

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Planned:

- Provide administrative and logistic support to PD for strengthening SCM- ✓✓
- Continue meeting regularly with Pharmacy Division to coordinate implementation with NPSSPII, World Bank and other stakeholders

Progress:

- Weekly and bi-annual coordination meetings well in place.
- SPARS,FACTS and PIP strategies nationalize ad planned for national roll out
- Role of regional pharmacists clarified in SPARS
- System for development of bi-monthly stock status reports established and

<p>strengthening SCM-✓✓</p> <ul style="list-style-type: none"> <li>• Organize Bi-annual regional pharmacist/PD meetings-✓✓</li> <li>• Secondment of two staff members to support SCM and QPP at PD -✓✓</li> <li>• Assist in developing national strategies for strengthening SCM -✓✓</li> <li>• Develop and disseminate bi-monthly stock status reports-✓✓</li> <li>• Undertake orientation of Pharmacy Division staff, implementing partners (IPs), MoH programs staff, and other users in the routine stock status reports applicability and limitations.- ✓</li> <li>• Assist in designing and implementing special SCM assessments-✓✓</li> <li>• Build M&amp;E capacity for PD and regional pharmacists.- ✓</li> <li>• Build Leadership &amp; management capacity- 0</li> </ul>	<p>implemented and usefulness being recognized</p> <ul style="list-style-type: none"> <li>• Pharmaceutical sector assessment, Kit assessment and EUV assessment undertaken and reported on</li> <li>• Involved PD and regional pharmacists in assessments to capacity in M&amp;E</li> </ul>
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**Pharmaceutical Information Portal (PIP)**

<p>Planned:</p> <ul style="list-style-type: none"> <li>• Finalize requirements analysis- ✓✓</li> <li>• Design and develop PIP including functional architecture- ✓</li> <li>• Purchase and install PIP server - ✓</li> <li>• Choose the development team through a tender process- ✓✓</li> <li>• Launch first phase of the PIP – 0</li> <li>• Second a second staff to resource center to help build database design and software developing capacity- ✓✓</li> <li>• Develop procedures, manuals, and training materials for PIP -0</li> </ul>	<p>Progress:</p> <ul style="list-style-type: none"> <li>• PIP development is progressing well though considerable delays were experienced initially</li> <li>• Completed procurement, assembly and preliminary configuration of the PIP server and rack hardware, ready for installation</li> <li>• RFP finalized on basis of in-depth requirements analysis and vendor selected. Secondments employed and functioning</li> </ul>
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**Support to National Drug Authority**

<p>Planned:</p> <ul style="list-style-type: none"> <li>• Assist in development of a long term NDA-IT strategy -✓</li> <li>• Make sure data related to verification of exports is computerized and fed into the PIP - ✓</li> <li>• Fund secondment for IT support-✓✓</li> <li>• Install, train and ensure use of GIS-✓</li> <li>• Procure vehicle, mini-labs and samples in fighting counterfeit malaria medicines-✓✓</li> <li>• Strengthen GPP certification in public sector-✓</li> <li>• Study issues related to weak implementation of the law with prescribing pharmacists and dispensing doctors -0</li> </ul>	<p>Progress:</p> <ul style="list-style-type: none"> <li>• STTA selected to produce an IT strategy aligned to the business strategy</li> <li>• Specification for server to host NDA import verification system developed and quotations requested</li> <li>• Verification of imports application completed and signed off pending deployment on the server</li> <li>• GDP revised</li> <li>• GPP concept and strategy drafted</li> <li>• Testing of malaria medicines under PMI using mini-lab implemented and sampling and testing progressing</li> </ul>
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- Strengthen GDP to clarify roles of wholesalers and pharmacies-✓

***Support a pre-service training program for health workers***

Planned:

- Finalize MMS training materials as basis for pre-services training- ✓
- Contract signing by Makerere University for collaboration to do pre-service training of trainers and advocacy- ✓✓
- Conduct meeting with stakeholders to share and harmonize work plans, and identify areas of collaboration - ✓
- Train Makerere University staff in MMS training- ✓✓
- Undertake first Training of tutors -0

Progress:

- Pre-service training is progressing well, but slightly delayed as professionalization took much longer than anticipated
- Makerere University contracted and work plan approved to implement pre-services training.
- Bbaseline tools to assess status of pharmaceutical management training at health training institutions has been developed
- Steering committee to coordinate and strengthen collaboration between institutions offering pharmaceutical training (Pharmacists and pharmacy technicians) established
- MMS trainers trained

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

***Establish a single QPP Unit***

Planned:

- Establish a QPP unit-✓✓
- Standardize quantification methodology and develop national procurement plans-✓
- Track shipments and financing for supplies based on the detailed procurement plans-✓
- Update the MoH's three-year rolling procurement plan-0

Progress:

- QPP unit has been established and the Concept was discussed by the MPM TWG and approved for implementation. A draft implementation plan has been developed
- QPPU coordinator was recruited and has been placed within the unit at the Pharmacy Division, MoH

***Establish and support UMTAC***

Planned:

- Update/develop essential medicines, supplies and laboratory lists-✓✓
- Support the classification of essential list using vital, essential, and necessary categorizing method.- ✓✓
- Support UMTAC in strengthening AMU-✓

Progress:

- Updated the Uganda Clinical Guidelines (UCG) and Essential Medicines List Uganda (EMLU), and developed Essential Health Supplies List (EHSL) and Essential Laboratory Commodities List
- Drafted a VEN classified list for essential medicines and essential supplies
- Undertaken a national assessment measuring AMU and developed AMU indicators for routine data collection

**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:

- Launch SURE activities in regions Western, and Eastern and open 2 more regional offices in Mbale and Fort portal ✓✓
- Sign MoU with 29 districts ✓✓
- Train MMS in 29 districts in SCM ✓✓
- Train MMS in 29 districts in Motorcycle riding ✓✓
- Finalize and print the EMHS manual and HMIS tools and print for facilities in SURE districts ✓
- Finalize PFM manual and training materials ✓
- Train MMS in PFM 0
- Carry out supervision coaching and mentoring of facility staff ✓✓
- Leadership and management training 0

Progress:

- SURE activities launched in all the 5 regions and regional offices established and staff recruited
- MoU signed with all 45 SURE supported districts
- 133 MMS trained from 37 districts
- 82 MMS trained in defensive riding and 79 motorcycles distributed
- EMHS and HMIS tools finalized but not yet printed
- PFM manual drafted but training materials not done
- MMS not trained in PFM
- 794 supervision visits carried out in 504 facilities in 37 districts
- Leadership training not implemented as discussions with other IP still on going

*Implement new communication and information technology*

Planned:

- Pilot RxSolution in selected hospitals
- Develop and initiate implementation of indicator-based assessment in facilities using RxSolution ✓
- Make supervisory visits to the RxSolution pilot sites to support system maintenance and conduct assessment of system performance ✓✓
- Develop RxSolution implementation strategy; this will comprise of the training of trainers manual, SQL server, RxSolution application, checklists, and maintenance guidelines. ✓✓
- Pretest the package and tools at the pilot sites and draft RxBox ✓
- Draft a comprehensive rollout plan for RxSolution in SURE's 45 districts ✓✓
- Investigate using a webpage/wiki page to create a community of RxSolution users ✓✓

Progress:

- Pilot report on RxSolution is available
- Indicator based tool available and used at pilot sites
- Technical support for all Rx Solution pilot site
- Established a wiki/web discussion board for Rx users
- Roll out plan for RxSolution drafted
- Technical RxSolution setup manual and checklists are available

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

*Support implementing partners and NGO to improve their capacity to manage EHMS*

Planned:

- Assess Capacity procedures and practices in supply management of

Progress:

- Participated in the joint implementing partners district planning meetings

<ul style="list-style-type: none"> <li>selected USAID implementing partners✓</li> <li>Strengthen IP and other NGO's capacity at facility level in commodity management and system knowledge✓</li> <li>Strengthen IP and other NGO's capacity at facility level in commodity quantification and reporting✓</li> </ul>	<p>organized by the Strengthening Decentralization for Sustainability (SDS) Program</p> <ul style="list-style-type: none"> <li>Held several coordination meeting with implementing partners to discuss roll out of supervision performance assessment strategy</li> <li>Participated in harmonizing the training curriculum and materials for facility-level staff, ensuring that these will be aligned with MoH training</li> <li>Supported MJAP and the Targeted HIV/AIDS and Laboratory Services THALAS (Joint Clinical Research Center JCRC) in lab logistics management training for lab technicians, lab technologists, and lab in-charges in the facilities</li> </ul>
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**Sub-result 3.3: Overall access to EMHS improved through innovative district-level interventions**

*Establish accreditation certification system for GPP and GFP*

<p>Planned:</p> <ul style="list-style-type: none"> <li>Develop GPP accreditation criteria's- ✓</li> <li>Develop performance award (recognition) schemes-✓✓</li> <li>Initiate discussions on implementation of public cash and carry pharmacies 0</li> </ul>	<p>Progress:</p> <ul style="list-style-type: none"> <li>Progress in this activity has not been as fast as expected - but now the strategy and criteria's for GPP accreditation has been drafted and NDA inspectors trained to better understand SPARS and performance assessment and roll out following a piloting can begin</li> <li>Agreement to involve expertise to guide on how we can best involve the communities has been reached.</li> <li>The recognition scheme has been developed and started being implemented. There are still outstanding issues related to ownership of motorbike and IT equipment</li> </ul>
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**Monitoring and Evaluation**

*SURE PMP*

<p>Planned:</p> <ul style="list-style-type: none"> <li>Undertake data collection and report on 18 PMP indicators -✓✓</li> <li>Report to UMEMS and MEEPP-✓✓</li> <li>Implement End-user verification survey-✓✓</li> <li>Assess supply chain management outcomes at facility level (SPARS)-✓</li> <li>Impact evaluation of regional pharmacovigilance-✓✓</li> <li>Impact of training and feedback in ARV reporting-0</li> </ul>	<p>Progress:</p> <ul style="list-style-type: none"> <li>PMP indicators reported on regularly. Develop PMP indicator data collection tools and routines for quarterly and annual data collection and tracking</li> <li>Reported to UMEMS and MEEP data bases</li> <li>Presented the results of the end-user verification survey to the Medicines Procurement and Management TWG Technical Working Group</li> <li>Finalize pharmaceutical sector baseline survey</li> <li>Developed and tested SPARS indicators, tested reproducibility and ensured electronic data transmission Developed tools for collection of data at NMS for</li> </ul>
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| <ul style="list-style-type: none"> <li>• Impact assessment of introducing Rx -0</li> <li>• Impact of streamlining ARV supply system -0</li> <li>• Impact assessment of PCCP concept -0</li> </ul> | <p>the SURE PMP indicators and handed over to the Pharmacy Division</p> <ul style="list-style-type: none"> <li>• Finalize, disseminate, and present the kit assessment report to the Medicines Procurement and Management Technical Working Group (TWG) -</li> </ul> |
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*Improve capacity in M&E of key stakeholders*

Planned:

- Workplan and indicator support to PD - ✓
- Develop M&E capacity building strategy and work plan for district level and for pharmacy staff at central and regional level. ✓
- Develop key performance indicators for JMS and NMS ✓
- Conduct performance data collection from partners (JMS, NDA) including baseline data-0

Progress:

- Progress on M&E training has been slow and focused on PD participating in assessment
- Continued to provide technical assistance to the CDC collaboration supporting the development of NMS M&E indicators
- Developed SOW statement of work for M&E training designed to provide M&E skills to the Pharmacy Division staff, district MMS, and other MoH partners

**Program Management**

*Program implementation*

Planned:

- Establish all 5 regional offices-✓✓
- Ensure program visibility and Branding-✓✓
- Develop annual plan and report timely on progress-✓✓

Progress:

- Implementation of the SURE Program is progressing well with all 5 regional offices established, staffed and equipped.
  - Visibility of SURE is increasing and a newsletter is now available along with weekly success stories.
  - Submit weekly success stories to USAID Agreement Officer's Technical Representative
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**Annex-6: Summary of results for the SURE performance indicators for PY1 and PY2 period**

Indicator No.	Indicator	Reporting Frequency	Baseline 2010	Baseline data Source	PY1 Actual	PY2 Actual	Remarks
<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	Quarterly	6%	SURE baseline facility survey, June 2010	6%	Q1: 0 (n=0) Q2: 24% (n=21) Q3: 31% (n=134) Q4: 42% (n=110)	Positive improvement in proportion of facilities with all 6 tracer items available. From 6% in PY1 to 42% by end of PY2
1.01	Percent availability of basket of 6 vital essential medicines on the day of the visit at the surveyed service delivery point.	Quarterly	57%	SURE baseline facility survey, June 2010	57%	Q1: 0 (n=0) Q2: 86% (n=21) Q3: 80% (n=134) Q4: 86% (n=110)	Significant increase in availability of tracer items from 57% in PY1 to 86% by end of PY2
1.02	Percent out of pocket spending on EMHS out of total expenditure on EMHS in private and public sector pharmacies	Annually	50%	Policy Option Analysis, 2010	50%	No data available	No data available
1.03 SO8	Percent increase in total sales of EMHS at JMS	Annually	18%	JMS Annual report, 2008/2009	1%	-3%	JMS Annual sales are on a decline, sales in 2010/11 posted negative growth.

**Result 1.0: Improved policy, legal and regulatory framework that provides longer term stability and sustainability of the public sector health commodities**

1.11 SO8	Average percentage of disbursed GoU funds to USAID supported districts expended on credit line medicines and laboratory supplies	Annually	Overall: 114% EMHS: 114% Lab: 0%	Annual Health Sector Performance report, 2008/09 pg120	Overall: 92% EMHS 92% Lab: 0%	90%	Utilization of funds released to NMS for EMHS has not changed much between PY1 and PY2. Source: AHSPR 2010/11
1.12	Percent of GoU funds disbursed to health sector that are spent on all types of EMHS	Annually	24%	Policy Option Analysis, 2010	17%	28%	There is an increase by 11% in financing for EMHS by GoU between FY2009/10 to 2010/11

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

2.11 SO8	Percent availability of 6 tracer vital medicines (basket) measured over a period of 3 month at National Medical Stores	Quarterly	60%	NMS Stock status report July to Sept 2009	67%	Q1: 76% Q2: No data Q3: 28% Q4: 61%	Average availability of the 6 tracer items at NMS has not changed much in PY1 and PY2. Though there period and item variability
2.12 SO8	Percent of audited NMS medicine procurement transactions ranked as high-risk	Annually	67%	PPDA Audit report, 2005/06 to 2006/07	67%	No data available	No data available
2.13	Percent of average international price paid by NMS for the procured essential medicines	Annually	77%	Policy Option Analysis, 2010	77%	No data available	No data available
2.21 SO8	Number of individuals trained in supply chain management and/or pharmaceutical leadership and management	Quarterly	0	SURE activity reports	Female: 49 Male: 31 Total: 80	Female 133, Male 267, Total 400.	SURE increased its level of effort in building capacity through training district and central level EMHS supply chain staff.
2.22	Percent of sampled medicines failing NDA quality tests	Annually	11%	NDA Post market Surveillance report, 2009	11%	10%	NDA QCL data obtained from post market surveillance showed minor changes in the quality of medicines on market
2.23	Percent of sampled anti-malarial medicines failing NDA quality tests	Annually	7%	NDA survey of quality of antimalarial medicines, 2009	7%	22%	Failure rate for anti malarial drugs have increased from 7% in PY1 to 22% in PY2 is seen
2.31	Average lead time for order processing from receipt to completion at NMS	Bi-Annually	5 days Hospital 30 days HC IV	Policy Option Analysis, 2010	Overall: 38 Hospital: 32 HC IV: 44	No data available	No data available
2.32	Percentage of orders placed that are fully filled by NMS.	Annually	Overall: 73% Hospital: 64% HC IV: 83%	Policy Option Analysis, 2010	Overall: 52% Hospital: 50% HC IV: 54%	No data available	No data available

**Result 3.0: Improved capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities.**

3.11	Number of public health facilities supported with technical assistance for pharmaceutical supply chain management	Bi-Annually	0	SURE facility supervision report	0	Hospital: 26 HC4: 56, HC3: 228, HC2: 197 Total 507	The results are due to the initiation of aggressive supervision in program facilities by MMS. Facilities were visited at least once by SURE trained MMS
3.12	Percent of facility credit line orders submitted on time as per NMS schedule	Annually	29%	Policy Option Analysis, 2010	42%	No data available	No data available
3.21	Accuracy of logistics data for inventory management	Annually	70%	MoH Tracking study of EMHS, 2009	54%	11%	MMS conduct assessment of accuracy of stock card data compared with physical counts
3.31 SO8	Number of public sector pharmacies/drug outlets accredited in regard to Good Pharmacy Practices (GPP)	Bi-Annually	0	SURE facility supervision report	0	0	Activity not yet started