SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE) PROGRAM

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Quarterly Report

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Securing Ugandans' Right to Essential Medicines
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About SURE

The U. S. Agency for International Development (USAID) funded program Securing Ugandans' Right to Essential Medicines (SURE) aims to assist the Government of Uganda's (GoU) and the Ministry of Health's (MOH) commitment to strengthen the national pharmaceutical supply system to ensure that Uganda's population has access to good quality essential medicines and health supplies (EMHS). The five-year $39 million cooperative agreement was awarded to Management Sciences for Health (MSH) in collaboration with Euro Health Group, Fuel Group/Pharmaceutical Healthcare Distributors, Makerere University and the Infectious Disease Institute.

SURE Objectives

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

The SURE Program will be building on the past achievements by SCMS, Deliver, SPS and other pharmaceutical sector support programs and will require an extraordinary amount of coordination and collaboration with every stakeholder in the pharmaceutical sector. Integrating the government's vertical public health programs and the laboratory supply chain into one system will require the active participation of donors, Ministry of Health programs, U.S. government implementing partners, and other stakeholders.

The basic premise for the program's technical interventions is the need to identify options to correct policy and finance deficits, strengthen the supply chain systems at central and in 45 selected districts, and develop human capacity to manage the reformed supply chain systems.

SURE will in collaboration with key stakeholders implement key strategies to achieve its objectives:

- Policy Option Analysis (POA) which combines total cost analysis with indicator-based performance measurement identifies the best options and roadblocks for a supply system based on the NMS, and, also identify an alternative multichannel approach.
- Development and implementation of Supply Management Supervisory Set-up to build supply chain and financial management capacity at facility level.
- Performance-based reward system and a facility accreditation scheme will reinforce capacity-building efforts and encourage not only individuals, but also organizations to improve pharmaceutical and financial management practices at all levels.
- Strengthening data collection and utilization by developing and implementing an integrated Logistics Management Information System (LMIS). Data from public suppliers, IPs, and various levels of government facilities.

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

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Acronyms

ARVs	antiretroviral drugs
AOTR	
EHG	Euro Health Group
EMHS	Essential medicines and health supplies
GoU	Government of Uganda
HOST	Home Office Support Team
IPs	Implementing Partners
JMS	Joint Medical Stores
LMIS	Logistics management information systems
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NDA	National Drug Authority
NMS	National Medical Stores
NPSSP	National Pharmaceutical Sector Strategic Plan
PD	Pharmacy Division
PHD	Fuel Group/Pharmaceutical Healthcare Distributors [PHD]
PMP	performance monitoring plan
POA	Policy Option Analysis
RPM Plus	Rational Pharmaceutical Management (RPM) Plus [program]
SCMS	Supply Chain Management Systems [project]
SMS	Supplies Management Supervision
SO8	Strategic Objective Eight
SOP	Standard Operating Procedure
SPS	Strengthening Pharmaceutical Systems
SURE	Securing Uganda's Right to Essential Medicines [program]
TA	Technical Assistance
TBD	To be determined
TB	Tuberculosis
TWG	Technical Working Group
USAID	U.S. Agency for International Development

Executive Summary

In July 2009, Management Sciences for Health (MSH) was awarded a five year, $39 million program to strengthen and improve the national pharmaceutical supply system to ensure that Uganda's population has access to good quality essential medicines and health supplies (EMHS).

SURE is implemented in close collaboration with the Uganda Ministry of Health (MOH), Pharmacy Department, National Medical Stores (NMS), Joint Medical Stores (JMS), implementing partners and within 45 selected districts.

During the first reporting period covering the time from contract signing in July 2009 till the end of 2009, the program focused on work planning activities for project year 1 (July 2009 – September 2010), development of the program monitoring plan (PMP) and program start up included staff recruitment, offices set-up (Central office and first field office), establishment of program management and coordination structures, procurement and initial district selection.

The SURE program has been presented at several occasions, formally to MOH, MOH Programs, Implementing Partners and key stakeholders including National Medical Stores (NMS) and Joint Medical Stores (JMS). Regular meetings are held with the Pharmacy Division, Pharmaceutical Technical Working Groups and National Medical Stores (NMS). Implementation of the Policy Option Analysis has been initiated aimed at being finalized and presented end of second quarter. Logistic support has been established in line with support previously provided by SCMS with focus on TB, ARV and Malaria and data collection tools for baseline assessment is well under way.

Results Highlights for Q1

- ✓ The SURE Work plan Year 1, Narrative, Budget and Program Monitoring Plan were finalized and approved by USAID and agreed upon by all key stakeholders.
- ✓ The program presented to the Ministry of Health and meetings with all Ministry of Health Programs and implementing Partners planned and initiated.
- ✓ Chief of Party and most senior positions and support staff filled as planned.
- ✓ Finance and Administration manager replacement identified and ready to take up assignment in January 2010 following a 6 month delay.
- ✓ Project start-up operations initiated and proceeding according to plan.
- ✓ District selection initiated with invitations sent to all districts as planned
- ✓ Regular meetings with Ministry of Health Division of Pharmacy and National Medical Stores put in place.

- ✓ Desk Review and data collection for Policy Option Analysis (POA) initiated and first of three technical support visits implemented by David Lee (MSH), Pito Jjemba (EHG) and Simon Cole (PHD).
- ✓ SURE assisted in the development of the National Pharmaceutical Sector Strategic Plan 2009/10 – 2013/14
- ✓ Established mechanisms for provision of continued logistic program support as previously provided by SCMS

Constraints or delays

- ➢ The program has experienced difficulties in finding a replacement to the initially proposed key staff s-Pharmaceutical Finance expert and a suitable replacement of the Monitoring and Evaluation Expert. Short Term pharmaceutical finance technical support has been employed to support to the program and especially the POA implementation.

Introduction

The Securing Ugandans' Right to Essential Medicines (SURE) Program was awarded by the U. S. Agency for International Development (USAID) to Management Sciences for Health Consortium in July 2009. The program aims to support the Government of Uganda's (GoU) and the Ministry of Health's (MOH) commitment to improve access to essential medicines and health supplies (EMHS).

The five-year, $38 million, SURE program will improve policies, legislation, and regulation to strengthen supply chain systems and improve capacity and performance at central GoU entities, especially the National Medical Stores (NMS), where SURE will be involved in reviewing roles and responsibilities, and improving supply chain management capacity and performance at 45 targeted districts and USAID implementing partners (IPs). The program will track progress toward this goal by the three results illustrated in the results framework below

Activity Objectives: To ensure access of good quality essential medicines and supplies by strengthening national supply chain		
Results 1: Improve policy, legal and regulatory framework to provide a longer term stability and sustainability of public sector health commodities	**Result 2: Improve capacity and performance of Central GoU entities in their supply chain management roles and responsibilities**	**Result 3: Improve capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities**
1.1 GoU demonstrates commitment to improving financing of health commodities	2.1 Improved capacity of NMS to procure, store and distribute national supplies of EMHS	3.1 Improved capacity and performance of targeted districts and health facilities in planning , distributing, managing and monitoring EMHS
1.2 Legal, regulatory and policy framework revised to promote cost effective, efficient, equitable appropriate use of available funds and health commodities	2.2 Improved capacity of MOH program managers and technical staff to plan and monitor national supplies	3.2 Improved capacity of selected IP in quantifying, managing and monitoring EMHS
	2.3 supply chain systems cost-effectiveness and efficiency improved through innovative approaches	3.3 overall access to EMHS improved through innovative district level interventions

SURE will be implemented in close collaboration with the Uganda Ministry of Health (MOH), Pharmacy Department, National Medical Stores (NMS), Joint Medical Stores (JMS), implementing partners at central to facility levels: public, private and autonomous bodies; nongovernmental organizations (NGOs); and local organizations in Uganda and within 45 selected districts.

During the first reporting period covering the time from contract signing in July 2009 till end of December 2009, the program focused on work planning activities for project year 1 (July 2009 – September 2010), development of the program monitoring plan (PMP) and program start up included post award briefing at USAID, staff recruitment, offices set-up (Central and first field office), establishment of program management and coordination structures and procurement of office equipment, vehicles and IT.

Beside program start up several program and results areas have also been initiated during this first reporting period. Implementation has started in regards to the Policy Option Analysis (POA), district

selection, strengthening MOH programs and IPs capacity, NMS support, development of data collection tools for baseline assessment is well under way and logistic support in line with previous SCMS reporting is being put in place.

Exemption was granted by USAID from submission of the first quarterly report as program implementation only began September 2009, with arrival of Chief of Party. This first reporting period therefore covers more than a quarter (July 17 – December 30, 2009) but is regarded as the first quarterly report (Q1).

The Q1 report summarizes implementation of planned activities related to each sub result area for each of the three key results. Progress is also reported related to management, staffing and start up activities and the monitoring and evaluation (M&E) activities. Progress is measured against the SURE implementation plan covering the period July to December 2009, attached in annex 1 and the Program Monitoring Plan (PMP) attached in annex 2. Challenges will be highlighted and discussed and next steps identified.

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. GoU Demonstrated Commitment to Improving Health Commodities Financing

At the end of Year 1 SURE together with Pharmacy Division (PD) will have established a system for tracking funding from various sources for EMHS, including monitoring GoU's financing.

Progress: The development of financial information and tracking system that is well integrated with the logistics management information system (i-LMIS) is only planned to be initiated in Q2. However the platform should be established in Q1 with employment of the Pharmaceutical, Policy and Financial expert (Key Technical Adviser position).

Following the disqualification of the proposed expert the post has been re-advertised and several rounds of interviews held. A second candidate identified and approved by MOH was regrettably also rejected due to insufficient documentation of pharmaceutical qualifications. Following advertisements, head hunting and numerous interviews it has not been possible to identify a qualified local candidate.

A short term consultant Pito Jjemba has been employed to provide pharmaceutical financial inputs to the POA that was expected to have been provided by the pharmaceutical, policy and finance expert.

Next steps: Recognizing that it is most difficult to identify one suitable candidate having all the necessary skills a "package" solution will be applied for combining a long term employment with short term pharmaceutical financial support. Possible candidates have been identified.

Sub-Result 1.2. Legal, Regulatory, and Policy Framework Revised to Promote Cost-Effective, Efficient, Equitable, Appropriate Use of Available Funds and Health commodities

At the end of Year 1 SURE will have identified areas of reforms needed to establish a well functioning supply chain and analyzed the viability of innovative and cost effective options.

Progress: The Policy Option Analysis (POA) has started being implemented. The method has been developed and discussed with key stake holders. Analyses based on desk review and data collection has started covering all areas of the supply chain including selection, quantification, procurement, finance, distribution and prices. Interviews have been held with key stake holders including private sector manufacturers, wholesalers and logistics operators. The analysis has been taken further than initially planned and will now also include district level. Short Term Technical assistance has been provided by two international and one national consultant (David Lee (MSH), Simon Cole (PHD) and Pito jjemba (EHG)). Data collection has been slightly delayed but is still within targets and with the POA consensus meeting planned for March 23-24, 2010.

Next steps: Intensify data collection and data analysis and develop discussion paper. Employ sufficient national and international assistance.

Result 2. Improved Capacity and Performance of Central GoU Entities in their Supply Chain Management Roles and Responsibilities

Sub-Result 2.1. Improved Capacity of NMS to Procure, Store, and Distribute National EMHS

At the end of the first year capacity and performance of NMS will have been improved. Performance including baseline is assessed and strategies for strengthening NMS developed on the basis of the POA.

Progress: Regular meetings with NMS has been instituted. Support provided to the development of a Memorandum of Understanding between NMS and MOH related to the vote 116. Continuation of the SCMS support to SAGE and MACS implementation discussed and planned for. Job description developed and approved for NMS secondment to provide logistic support to NMS.

Next steps: Develop and implement NMS strengthening strategies on the basis of the Policy Option Analysis. Implement baseline assessment and performance assessment plan.

Sub-Result 2.2. Improved Capacity of MOH Program Managers and Technical Staff to Plan and Monitor National EMHS

At the end of first year SURE will have strengthened MOH programs commodity management capacity, improved management information and reporting systems, supported and strengthened the pharmacy Division in regards to monitoring, resource utilization and planning and supported the National Drug Control Authorities.

Progress: The SURE program has been introduced to the Director of Health Services (Clinical and Community) Dr Nathan Kenya-Mugisha and at several occasions to all MOH programs. A comprehensive assessment of all MOH programs has started, looking at commodity flows, information systems, reporting, forecasting and quantification needs and mechanisms, tools and practices. Interviews have been held for employment of a Logistic Management Information System expert. A weekly meeting has been instituted with the Pharmacy Division and SURE has started its participation in the Pharmaceutical Supply Management Technical Working Group. SURE participated in the 1 week workshop to develop the National Pharmaceutical Sector Strategic Plan (NPSSP) 2009/10 – 2013/14 in September 2009 and ensure its integration with the SURE work Plan.

Next step: Continued assessment and discussions with MOH programs and initiate development of I-LMIS. Institute regular NPSSP/SURE status and planning meetings. Strengthen procurement planning

and develop plan for supporting NDA. Employ secondment to Pharmacy Division and consultant to strengthen Essential Medicines and Supplies lists in Uganda.

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

At the end of first year SURE will have selected 45 districts, established the first of five regional offices and developed the district level support package for developing Supply Management supervisory concept. Baseline assessment and initial impact assessment undertaken and management information system strengthened.

Progress: Expression of Interest developed and sent to all districts. Regional office established and furnished. Baseline tool for facility level assessment drafted.

Next steps: District selection and visits to all districts. Baseline tool piloted, district assessment tool developed and Standard Operating Procedures (SOP) developed forming the basis for training material development.

Sub-Result 3.2. Improved Capacity of Selected Implementing Partners in Quantifying, Managing, and Monitoring EMHS

At the end of first year SURE will have strengthened Implementing Partners (IPs) programs commodity management capacity, management information and reporting systems.

Progress: Implementation in this area is slightly delayed. Most IPs have been contacted but assessment guide/tool is still to be finalized. Quantification and procurement support is provided as a continuation of the SCMS project, stock status reports are developed and number of ad hoc requests are attended to.

Next Step: Implement IP assessment and develop individual support strategies for harmonization and streamlining. Continue program support to quantification and procurement.

Monitoring and Evaluation

SURE Performance Monitoring Plan

SURE will have developed the Performance Monitoring Plan (PMP) that will guide the SURE team in monitoring the program's performance and progress in the next five years.

Progress: Concurrent with Year 1 Work Planning, the Performance Monitoring Plan (PMP) was developed. Progress in regards to PMP implementation and baseline assessment has been slightly delayed. The M&E post is still to be re filled and baseline undertaken.

Next steps: Employ M&E expert. Participate in UMEMS training; develop Performance Indicator reference Sheets and implement quarterly updates to UMEMS indicator data base. Develop more detailed M&E plans containing measures of both project-specific process and output indicators and

USAID performance and outcome/impact indicators. Progress will be monitored against the M&E and PMP indicators and reported on quarterly.

Improved Capacity in M&E of Key stakeholder programs

At the end of first year SURE will have assisted in the development of appropriate M&E systems for other key stakeholders including the NPSSP II and NDA.

Progress: There has been no progress in this area yet.

Next steps: Employ M&E expert, and assess and strengthen M&E plan for NPSSP-II

Program Management

Program Start up Activities.

Progress: The SURE program has been housed in the in the existing MSH office together with other USAID funded and MSH implemented programs (STRIDES and LQAS). Office space has been secured, offices equipped, computerized and taken in use by the SURE team. Project vehicles and office supplies have been procured and the team is well settled in. Financial, administrative and technical support has been provided by the Home Office Support Team (HOST), based in Arlington, VA, and the MSH Country Operations Management Unit Kampala. SURE Logo, two page flyers, standard templates and operating procedures developed. The SURE team has introduced the SURE Program and underlying strategies to key pharmaceutical sector stakeholders, Ministry of Health, IPs, and others. Brief narrative program descriptions and PowerPoint presentations have been developed for use by SURE and partners. SURE staff participated in several USAID organized meetings and training sessions that greatly benefitted introduction to IP and understanding of the SO8 indicators.

Next steps: To plan for the signing ceremony with USAID and MOH. Plan for in Uganda staff training following employment of Vinh Nugyen by MSH HOST staff (Jennifer Jones). Finalize branding plans.

Staffing

Progress: SURE Organogram has been drawn up and is revised regularly to reflect changes and staff expansion. Most of the central office staff is in place or identified apart from the Policy and Finance Technical Adviser (Key staff), the LMIS expert and the M&E person. The central region field office staff has been employed. Need has arisen for staff expansion and job descriptions for new posts have been developed for employment of extra logistic assistance and SCMS support. These new posts will be filled in the next quarter.

Staff status is given in below table.

#	Position	Name	Start Date (D/M/Y)	Anticipated recruitment date
1	Chief of Party	Birna Trap	1/9/2009	
2	Finance Manager	Vinh Nugyen		12/1/2009

3	TA-Supply Chain Management	Saul Kidde	1/9/2009	
4	TA-Pharmaceutical Financing	TBD		
5	District Pharmaceutical Strengthening Specialist	Khalid Mohhamed	2/11/2009	
6	M&E Specialist	TBD		
7	LMIS Specialist	Moses Bagyendira		April 2010
8	Logistics Coordinator– vertical programs	Joyce Bakka	12/10/2009	
9	District Logistics Specialist	Postponed		
10	Health System Strengthening /Supply chain management TA	Loi Gwoyita	1/10/2009	
11	IT Specialist	TBD		
12	Human Resource Assistant	TBD		
13	Pharmaceutical Field Coordinator	Victoria Nakiganda	14/10/2009	
14	M&E-LMIS Field Coordinator	Belinda Blick	30/11/2009	
15	Administrative Assist.	Sarah Nakandi	1/9/2009	
16	Accountant	Scovia Bacia		5/1/2010
17	Office Assistant	Patricia Naluggwa	1/8/2009	
18	Drivers (two)	Moses Kaweesa Timothy Sekamate	18/9/2009	1/2/2010
19	Secondment MOH/PD	TBD		
20	Secondment (two) NMS	TBD		
21	Logistic Officer	Kadde Steven		April 2010

Short Term Technical Assistance implemented

Name	Title/ counterpart	TA	LOE	Scope of Work
David Lee, MSH	Principal Tech Advisor/MOH, NMS	International	4 weeks, Sept. 2009. To be continued in Feb/March 2010	Assist in start-up and Policy Option Analysis (POA) design and data analysis

Name	Title/ counterpart	TA	LOE	Scope of Work
Pito Jjemba, EHG	Pharmaceutical Financial Advisor/ MOH, NMS	Local	30 days, Oct-Dec. 2009. To be continued in Feb/March 2010	Data collection /analysis POA
Simon Cole, PHD	Warehouse and Distribution Advisor/NMS, JMS	International	4 weeks, Nov. 2009. To be continued in Feb/March 2010	Data collection /analysis POA

Next steps: Continue employment of M&E expert, LMIS expert, Policy/Finance expert, SCMS support, Logistic assistance, MOH /Pharmacy Division secondment, NMS secondment and several short term inputs.

Finance

The SURE program has spent about 34% ($621,876) of its current obligation ($1,851,157) Jan 22, 2010. The 15 month Year 1 work plan assumes a significant ramp up in work and associated expenditure this spring. As such, we expect the project burn rate to increase significantly with the continued arrival of new staff and the scale up of technical activities. Below is a summary of spending against the work plan budget.

	Line Item	Year 1 Work plan (15 mo) 07/17/2009 - 10/16/2010	Spent to-date (5.5 mo) 07/17/2009 - 12/31/2009	Balance (9.5 mo) 01/01/2010 - 10/16/2010
I.	Salaries and Wages	$1,440,356	$247,586	$1,192,770
II.	Consultants	$77,376	$5,660	$71,716
III.	Overhead	$711,377	$158,099	$553,278
IV.	Travel and Transportation	$412,943	$44,130	$368,813
V.	Allowances	$263,437	$10,789	$252,648
VI.	Subcontracts	$1,162,814	$1,526	$1,161,288
VII.	Training	$275,156	$0	$275,156
VIII.	Equipment	$434,430	$51,350	$383,080
X.	Other Direct Costs	$583,245	$102,738	$480,507
Subtotal I. through X.		**$5,361,134**	**$621,876**	**$4,739,258**
Cost Share Contribution		$0	$0	$0
Grand Total + Cost-Sharing		**$5,361,134**	**$621,876**	**$4,739,258**

Challenges and Opportunities

Project start-up has been much facilitated by the MSH office already being in place and speedy approval processes by USAID. However, there have been serious delays in filling of two key posts due to the need for finding replacements to proposed and initially approved candidates. Home office assistance and short term technical assistance has minimized adverse effect of the none-filled posts. Collaboration with

the Ministry of Health and in particular the Pharmacy Division is well established and a regular collaboration with NMS and JMS is being put in place. The SURE program has found a strong and supportive partner in USAID/Uganda who has provided valuable technical and program support. Regular meetings with the AOTR have been extremely useful, collaborative and helpful in the project start up and work planning activities and a strong foundation has been laid to work from while dealing with the interesting challenges that the project will face.

Annex 1. SURE Work Plan

Result 1: Improved policy, Legal, and regulatory framework to Provide for Longer-Term Stability and Public Sector Health Commodities Sustainability	Year 1						over / on	OK	Delayed
	Q1			Q2					
	Jul	Aug	Sep	Oct	Nov	Dec			
Sub-Result 1.1. GoU Demonstrated Commitment to Improving Health Commodities Financing									
1.1.1. Monitor and Evaluate Pharmaceutical Financing									
Develop information system for tracking financing and funding of EMHS based on finance mapping and with inputs from option analysis									
Monitor and report GOU funding for EMHS									
Sub-Result 1.2. Legal, regulatory and policy framework revised to promote cost-effective, efficient, equitable, appropriate use of available funds and health commodities									
1.2.1. Develop an options analysis for policy, legal, and regulatory reforms, financing/funding gaps, and supply chain solution [part of Activity 2.1.1.]									
Adapt methodology and prepare data collection instruments			X	X					
Compile and review policy documents, laws, statutes, regulations relevant to EMHS financing, procurement and logistics			x	X	X	X			
Conduct meetings and interviews with key MoFinance, PPDA, HPAC, and MOH informants to determine the need for and viability of policy, legislation, and/or regulation reform				X	X	X			
Analyze implications for supply chain performance and viability of reforms and addressing funding gaps				X	X	X			
Prepare and distribute options analysis discussion paper									
1.2.2 Conduct Stakeholder Consensus Conference to Review Options and Attain Commitments and MOUs[Also 2.1 .1.]									
Obtain HPAC endorsement of Consensus Meeting agreements									
Develop and sign MOUs on policy, legal, and/or regulatory reform, pharmaceutical financing, and supply chain strategies									
Develop work plan and performance indicators for monitoring framework reform									
Monitor framework reform actions									
Result 2:Improved Capacity and Performance of Central GoU Entities in their Supply Chain Management Roles and Responsibilities	Year 1								
	Q1			Q2					
	Jul	Aug	Sep	Oct	Nov	Dec			
Sub-result 2.1:Improved Capacity of NMS to Procure, Store, and Distribute National EMHS									
2.1.1 Develop indicator based performance assessment plan									
Select and agree to indicators and targets									
Baseline assessment									
2.1.2.Support Procurement Processes									
Assess current procurement procedures									
Procurement audit									
Stream line procurement procedures									
Supplier prequalification system									
Establish product price information system									
2.1.3 Support ordering process									
Assess NMS order handling procedures with view to optimise									
Pilot selected improvements options									
2.1.4 Support warehouse operations and storage									
Support continued implementation of MACS & SAGE					X	X			
Support procurement of neccessary handling equipment									
2.1.5 Improve distribution									
Draw strategies based on the options analysis									
2.1.6 Build Leadership Capacity of Key NMS Managers									
Training needs assessment									
Identify & implement appropriate training courses									

Result 2:Improved Capacity and Performance of Central GoU Entities in their Supply Chain Management Roles and Responsibilities	Year 1						over /on	OK	Delayed
	Q1			Q2					
	Jul	Aug	Sep	Oct	Nov	Dec			
Sub-result 2.2:Improved Capacity of MoH Program Managers and Technical Staff to Plan and Monitor National EMHS									
2.2.1. Support TO MOH Programs									
Support forecasting, quantification and procurement for MoH programs									
Assess MOH SMC capability and develop program strategies					X	X			
Strengthen MoH Programs Capacity in Commodity Management									
Orient MOH programs to SURE					X	X			
Develop LMIS for Improved EMHS Procurement and Distribution									
User information needs assessment									
Draft system design and specifications									
Initiate pilot implementation of LMIS									
Build leadership capacity of key MoH program managers									
In collaboration with Pharmacy Division and district managers assess training needs related to management & planning, , finance and leadership									
2.2.2 Support and strengthen Pharmacy Division									
Support and Improve Implementation of MoH Rolling Procurement Plan									
Review design and redesign system including transfer to RX solution									
Support the implementation of the rolling procurement plan									
Assist MoH in implementing the NPSSP II and developing a PMIS									
Develop a 1 year operational plan									
Initiate the development of a performance monitoring plan for PMIS									
2.2.3 Support MOH stakeholdes/donor coordination activities									
Strengthen the Pharmacy Supply Management Technical Working Group									
Participate and strengthen the role of PSM TWG					X	X			
Support and Strengthen NDA									
Assess and strengthen drug registration process & procedures									
Strengthen medicines control & testing related to USG programs									
Strengthen post marketing surveillance									
Support Implementation of a Pre-Service Training Program for Health Workers									
Develop training materials									
Sub-result 2.3: Supply chain system costeffectiveness improved through innovative approaches									
2.3.1 Implement approaches based on POA									

Result 3:Improved Capacity Performance of Target Districts and USAID Implementing Partners in Supply Chain Management Roles and Responsibilities	Year 1						over /on	OK	Delayed
	Q1			Q2					
	Jul	Aug	Sep	Oct	Nov	Dec			
Sub-result 3.1 Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS									
3.1.1. District Selection									
Prepare EOI incl. Criteria's , pilot and send to all districts					X				
Select 45 target districts, taking EOI response, other program districts etc into consideration					X				
Visit 45 targeted districts, to discuss and develop MOU					X	X			
Collaborate with other programs/donors to cover more/all districts						X			
3.1.2 Establish regional district support offices									
Establish, equip and staff district cluster office central				X	X	X			
3.1.3. Development of district level support package/program at facility level									
Develop Data Collection Tool and Undertake Baseline Assessment					X	X			
SOPs on Supply Management/user friendly manual									
Training Materials for District and HSD Supplies Management Supervisors									
SOPs and Training Materials for Pharmaceutical Financial Practices									
Training material for training of District and HSD SMS in finance management									
Establish supplies management supervision system									
Pilot training of district staff of Drug Management Supervision (DMS) part 1 supply management									
Pilot training of district staff of Drug Management Supervision (DMS) part 2 pharmaceutical finance									
Finalize training material and print incl facility modules									
3.1.4. New communication and informationTechnology									
Output: District integrated LMIS designed and developed and utilization piloted in selected districts									
Determine data needs from each level of the health system									
Determine the needed infrastructure, software and human resource needs need for the LMIS									
Determine the critical data elements to collect with a rationale for including each data element									
Design and develop the LMIS for pilot testing									
Develop standard operating procedures for LMIS data collection, recording, compilation, and transfer									

Result 3:Improved Capacity Performance of Target Districts and USAID Implementing Partners in Supply Chain Management Roles and Responsibilities	Year 1						over /on	OK	Delayed
	Q1			Q2					
	Jul	Aug	Sep	Oct	Nov	Dec			
Sub-result 3.2 Improved Capacity of Selected Implementing Partners in Quantifying, Managing, and Monitoring EMHS									
3.2.1. Assess Capacity, Procedures and Practices in Supply Management of Selected USG Partners									
Assess USG implementing partners procedures and practiceson supply management for EMHS.					X	X			
Develop individual IP strategies to capacitate, streamline and harmonise practices and procedures									
3.2.2.Strengthen IP and other NGOs' Capacity at Facility Level in Commodity Management and System Knowledge									
Undertake SMS at IP facilities situated in SURE selected districts (See 3.1.3)									
Initiate to Undertake SMS TOT selected for IP staff/health professionals enabling IP to implement SMS in IP facilities outside SURE selected districts									
Train and capacitate IP in supply chain management for IP to get a good understanding of the systems									
3.2.3. Strengthen IP and other NGO' Capacity in Commodity Quantification, Reporting, and LMIS Development									
Continues support to IP in ongoing reporting quantification including supervisory visits				X	X	X			
Improve the data collection and reporting tool /harmonised and uniformed.									
Develop a system that facilitates data collection and reporting for IP that can be a transition to integration in to LMIS									
Sub-result 3.3 Overall Access to EMHS Improved through Innovative District-Level Interventions									
3.3.1. Baseline Assessment for Targeted Districts, HSD, and Facilities									
Supervisory visits to be initiated with baseline monitoring (See 3.1.3 C)									
3.3.2 Establish Accreditation System for GPP									
Develop Accreditation criteria and method for performance improvement on GPP and Financial management for public sector									
Pilot and initiate Quality Audits for pharmacy practices at health Facilities in selected districts and NDA /pharmacy Council to test in private sector pharmacies									

4. Monitoring and Evaluation	Year 1						over /on	OK	Delayed
	Q1			Q2					
	Jul	Aug	Sep	Oct	Nov	Dec			
4.1 SURE Performance Monitoring Plan (PMP)									
4.1.1. Develop aand implement PMP									
Review and adapt SO 8, SPS, HMIS, PMI, NPSSP-II indicators to SURE program indicators			X	X					
Develop PIRS for the PMP					X	X			
Quaterly update of UMEMS, MEEPP indicator databases						X			
4.2 Improve capacity in M&E of key stakeholder programs									
Out-put: M&E systems for other key stakeholders assisted, to measure performance and guide informed decision making									
4.2.1 Support development of M&E framework for NPSSP-II									
Review and identfy performance indicators				X	X	X			
4.2.2 Support development of M&E system and performance assessment in NDA									
Identify reporting information needs									
Review and identfy performance indicators									
Performance assessment									

5. Program Management	Year 1						over / on	OK	Delayed
	Q1			Q2					
	Jul	Aug	Sep	Oct	Nov	Dec			
5.1 Program Start Up Activities									
5.1.1 Set up SURE Kampala Office									
Equip offices, computers, copier, furniture, telephone etc		X	X	X	X	X			
Contract reading			X						
Develop SOPs			X	X	X	X			
Develop SURE standards, business cards			X	X	X	X			
Procure vehicles - 2			X		X	X			
5.1.2 Staffing									
Develop appropriate organogram, job descriptions, advertise, interview and employ core, technical and supporting staff	X	X	X	X	X	X			
5.2 Program Implementation									
5.2.1. Program Visibility									
Meetings with USAID, MOH, Key stakeholders, donors etc			X	X	X	X			
Development of Visibility strategy			X	X	X	X			
Development of SURE presentation/briefs/logo etc			X	X					
Official launching of SURE									
Launch of regional SURE									
5.2.2 Planning & reporting									
Develop and submit Year 1 Work plan involving MOH		X	X	X					
Update Work plan, to reflect option analysis and agreements									
Prepare and submit Quarterly Reports				X					
Prepare and submit Annual Report									
Develop and submit Year 2 Work plan									
5.2.3 Communication and Coordination									
Establish workspace at MOH/Pharmacy Division				X	X				
Identify SURE persons for each of the key stakeholders, including MOH, NMS, CPHL; NTLP, ACP, MCP, NDA etc					X	X			
Participate in regular coordination meeting with key stakeholders			X		X				
Assess feasibility /develop web page for information sharing						X			

Annex 2. SURE PMP

		SURE Program Performance Monitoring Plan (PMP) October 2009- June 2014						
Ind. Ref Source	**Ind.S/ No:**	**Selected Indicator**	**Indicator Definition**	**Data Source**	**Reporting Frequency**	**Baseline**	**EOP**	**Data**
		Overall Objective: To ensure access and availability to good quality essential health commodities by strengthening the national supply chain						
	1	**Result 1: Improved Policy, Legal, and Regulatory Framework to Provide for Longer-Term Stability and Sustainability of Public Health Sector Commodities**						
	1.1	**1.1. Government of Uganda demonstrates commitment to improving level of financing of health commodities**						
SO8/65-6	1.1.1	GOU health budget allocated and expended on key health commodities	Key health commodities include ARVs, ACTs, contraceptives and essential drug Credit Line. **Numerator**: Total value disbursed by GOU for procurement of key health commodities; **Denominator:** Total budget allocated by GOU in financial year budget.	MOFED and NMS	Annually	FY 07/08	TBD	Feasible in Year 1
	2	**Result 2. Improved capacity and performance of central government of Uganda entities in their supply chain management roles and responsibilities.**						
	2.1	**2.1. Improved capacity of National Medical Stores to procure, store and distribute national supplies of EMHS**						
SO8/74	2.1.1	Percentage of audited medicine procurement transactions ranked as high-risk	**Numerator:** Number of procurement transactions audited receiving High Risk Assessment in the reporting period; **Denominator**: All medicine procurement transactions audited in the reporting period	PPDA and other Annual Audits	Annually	TBD	TBD	Feasible in Year 1
SURE	2.1.2	Frequency of emergency procurements	**Numerator**: Number of NMS procurement undertaken as emergency orders in reporting period. **Denominator:** Total number of procurement undertaken in the same reporting period	NMS	Annually	TBD	TBD	Feasible in Year 1
SURE	2.1.3	% of orders filled	**Numerator**: Number of order lines in 50 orders/requisitions where NMS were not able to comply fully with the order. Denominator: total number of orderlines in 50 orders calculated as a percentage.	NMS	Quarterly	TBD	TBD	Feasible in Year 1
SURE	2.1.4	Availability of V-essential medicines and supplies at NMS	**Numerator**: Number of vital Credit Line products out of stock at any time during 3 month period/Total number of vital Credit Line products supposed to be always in stock at NMS	NMS	Quarterly	TBD	TBD	Feasible in Year 1
SURE	2.1.5	Average NMS product procurement prices as percentage of international prices	**Numerator:** NMS procurement price for a basket of products ; **Denominator**: Median international unit price for each product calculated as an average price difference.	NMS	Annually	TBD	TBD	Feasible in Year 1
SURE	2.1.6	Average NMS product client prices as percentage of JMS and private sector prices.	**Numerator:** Average unit client price paid by NMS for selected group of products; **Denominator**: Median JMS /private sector unit price for each product calculated as an average price difference.					
SURE	2.1.7	Average lead time for order processing from receipt of facility order to delivery at district stores	**Numerator**: Total number of days taken from receipt of order to delivery of order at district; **Denominator**: Total number of orders sampled.	NMS Records	Annually	TBD	TBD	Feasible in Year 1
SURE	2.1.8	Percentage of district deliveries made on time by NMS as per established delivery schedule	**Numerator:** Number of district deliveries that arrived on time as per NMS schedule. **Denominator**: Total number of district deliveries made during the year or review period	NMS Records	Annually	TBD	TBD	NOT Feasible in Year 1

	2.2	**2.2. Improved capacity of Ministry of Health program managers and technical staff to plan, monitor national supplies of EMHS**						
S08/90	2.2.1	Central health commodity procurement plan (GOU and donors) **(New Indicator)**	Definition TBD	MoH	Annually	TBD	TBD	Feasible in Year 1
SURE	2.2.2	Number central level GoU health personnel trained in supply chain management and/or pharmaceutical financial management	The number of central level health personnel trained by SURE on supply chain management and pharmaceutical finance management	SURE training reports	Annually	TBD	TBD	**Not Feasible in Year 1**
SURE	2.2.3	Percentage of sampled malaria medicines failing NDA quality tests	**Numerator**: Number of malaria samples failing test with regards to a) pharmaceutical pharmacopoeia tests b) chemical and ID tests and c) microbiological tests **Denominator**: Total number of samples tested	NDA quality control laboratory reports	Annually	TBD	TBD	**Feasible in Year 2**
	3	**Result 3: Improve capacity and performance of target districts and USAID implementing partners in their supply chain management roles and responsibilities**						
	3.1	**3.1. Improved capacity and performance of target districts and health facilities in planning, distributing, managing and monitoring EMHS**						
SO8/##	3.1.1	Stock Outs. Percentage of surveyed USG-assisted service delivery points (SDPs) experiencing stock out at any time during the previous quarter of specific tracer medicines offered by the SDP.	**Numerator**: Total number of USG-assisted facilities experiencing no stock out of any of the tracer medicines **Denominator**: Total number of USG facilities monitored/ targeted. Tracer products to be determined with MOH	SURE and IP monitoring reports/survey	Quarterly	TBD	TBD	Feasible in Year 1
SURE	3.1.2	Timely ordering. Percentage of facility credit line orders submitted on time as per NMS schedule	**Numerator:** Number of health facilities that submitted CL orders by NMS published deadline for the order period **Denominator:** Total number of health facilities that submitted CL orders during the year	NMS LMIS	Annually	TBD	TBD	NOT Feasible in Year 1
SURE	3.1.3	Average distribution time from district to facility level	Definition TBD. Measures district commitment and capacity to improve EMHS availability	survey	Annually	TBD	TBD	NOT Feasible in Year 1
SURE	3.1.4	Percentage of facilities submitting timely logistics reports to the LMIS	**Numerator:** Number of facilities submitting complete and timely logistics reports according to LMIS procedures including consumption, stock and financial data; **Denominator:** Total number of facilities that are required to submit reports	LMIS reports	Quarterly	TBD	TBD	NOT Feasible in Year 1
	3.2	**3.2 Improved capacity of selected implementing partners in quantifying, managing and monitoring EMHS**						
SURE	3.2.1	Number USG IP staff and supervisors trained in supply chain management or pharmaceutical financial management	Number of IP personnel trained by SURE on supply chain management and pharmaceutical finance management	SURE training reports	Annually	TBD	TBD	NOT Feasible in Year 1
	3.3	**3.3. Overall access to EMHS improved through innovative district level interventions**						
SO8/ SURE	3.3.1	Percentage of facilities accredited for Good Pharmaceutical Practices (GPP) and quality of care regulations (new indicator)	**Numerator:** Total number of facilities receiving accreditation for GPP **Denominator:** Total number of target facilities	DHO, HSD.SURE Program reports	Annually	TBD	TBD	NOT Feasible in Year 1