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SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE) PROGRAM

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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.

Acronyms

ARVs	Antiretroviral drugs
CPHL	Central Public Health Laboratory
EHG	Euro Health Group
EMHS	Essential Medicines and Health Supplies
EOI	Expression of Interest
GFATM	Global Fund for AIDS, TB and Malaria
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
NTLP	National TB & Leprosy Program
OLAP	On Line Analytical Processing
PD	Pharmacy Division
PHD	Fuel Group/Pharmaceutical Healthcare Distributors [PHD]
PMI	Program of Malaria Initiative
PMP	Performance Monitoring Plan
PMSS	Pharmaceutical Management System Strengthening
POA	Policy Option Analysis
PPMR	Procurement Planning Monitoring and Reporting for Malaria
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
SOP	Standard Operation Procedures
SPS	Strengthening Pharmaceutical Systems
STTA	Short Term Technical Assistance
SURE	Securing Ugandans' Right to Essential Medicines [program]
TB	Tuberculosis
TBD	To be determined
TWG	Technical Working Group
USAID	U.S. Agency for International Development

Table of Contents

Acronyms	iii
Table of Contents.....	iv
Executive Summary.....	6
Results Highlights for Q2.....	6
Constraints or delays	7
Introduction	8
Progress.....	9
Result 1: Improved Policy, Legal and Regulatory Framework to Provide for Longer-Term Stability and Public Sector Health Commodities Sustainability.....	9
Sub-Result 1.1. Government of Uganda (GoU) Demonstrated Commitment to Improving Health Commodities Financing.....	9
Sub-Result 1.2. Legal, Regulatory, and Policy Framework Revised to Promote Cost-Effective, Efficient, Equitable, Appropriate Use of Available Funds and Health commodities	9
Result 2: Improved Capacity and Performance of Central GoU Entities in their Supply Chain Management Roles and Responsibilities.....	11
Sub-Result 2.1. Improved Capacity of NMS to Procure, Store, and Distribute National EMHS	11
Sub-Result 2.2. Improved Capacity of MOH Program Managers and Technical Staff to Plan and Monitor National EMHS.....	12
Sub result 2.3: Supply chain system cost effectiveness and efficiency improved through innovative approaches.....	14
Result 3: Improved capacity and performance of targeted districts and health facilities in planning, distribution, managing and monitoring of EMHS	15
Sub result 3.1: Improved capacity of target districts and health facilities in planning, distribution, managing and monitoring EMHS	15
Sub-Result 3.2. Improved Capacity of Selected Implementing Partners in Quantifying, Managing, and Monitoring EMHS.....	17
Sub Result 3.3: Overall Access to EMHS improved through innovative District level interventions	18
Monitoring and Evaluation	18
SURE Performance Monitoring Plan	18
Improve capacity in M&E of key stakeholders	19
Program Management.....	19
Program start up, implementation and Staff Recruitment	19
Staffing	20
Short Term Technical Assistance:	21
Challenges and Opportunities.	22
Annex 1: Map of Uganda Showing SURE program selected districts (See shaded districts)	24

Annex 2: SURE Organogram25

Annex 3: Summary of SURE Staffing status as at March 31, 201026

Annex 4: Summary of program position planned to be filled over the April to Sept 2010 period27

Annex 5: SURE STTA Plan Year 1.....28

Annex 6: SURE Work plan -from start of program till end of March 2010.....30

Executive Summary

This report highlights the implementation progress of Securing Ugandans' Right to Essential Medicines (SURE) program over the period January to March 2010. Effective implementation of planned program activities has now covered a period of 6 months following the initial period of program start-up and office set-up. The report presents progress in the implementation of planned activities and next steps for the next quarter – April to June 2010.

SURE has maintained strong collaboration with the Uganda Ministry of Health (MOH) - Pharmacy Division (PD) and partners and SURE is presented in a number of technical working groups and committees.

Working through partners and in collaboration with the Pharmacy Division SURE has finalized data collection and analysis for the Policy Option Analysis. Progress has been made towards establishing a preparatory ground for program interventions and innovative approaches aimed at strengthening the supply chain.

There is good progress in staffing. Key posts such as Financial and Administration Manager and the Monitoring and Evaluation Manager have been filled and new positions in pharmaceutical management information systems has been created and filled.

SURE is ready to begin working in the 45 selected districts that has been selected during this reporting period.

The SURE Program is on target in almost all areas with only slight delays in district implementation and Policy Option Analysis.

Results Highlights for Q2

Major accomplishment during the quarter:

- ✓ Finalized data collection, analysis and planning for the multi-stakeholders' policy options conference to be implemented early April.
- ✓ Developed concepts for innovations in regards to quantification, distribution, availability and affordability
- ✓ Recruitment and filling of key positions in Finance and Administration and Monitoring & Evaluation.
- ✓ Finalized selection of the 45 program intervention districts using a method and criteria's agreed upon in collaboration with MOH-PD, SURE and USAID
- ✓ Conducted an assessment of logistic management information needs and existing capacity for information management in two districts.
- ✓ Updated detailed and budgeted program plans for SURE

- ✓ Continued recruitment as planned and in response to needs

Constraints or delays

- It is recognized that proposed innovation to strengthen affordability with introduction of some form of patient contribution might be a political challenge especially with view of the upcoming election and consensus to such ideas might not be reached or implementation delayed till after election period.
- Collaboration with the MOH-PD and AOTR-USAID is excellent and at a high technical support level. However, the collaboration with NMS is recognized as a challenge.
- A mal-functioning MACS and SAGE system at NMS and JMS can not only jeopardize NMS and JMS, but it is also critical for the implementation of SURE. It will be critical soon to resolve the problems and ensure long term solutions.
- Based on the experiences gained from data collection in regards to the POA it is recognized that it will be a major challenge to develop a financial tracking system.

Introduction

This report highlights the implementation progress of Securing Ugandans' Rights to Essential Medicines (SURE) program over the period January to March 2010. Effective implementation of planned program activities has now covered a period of 6 months following the initial period of program start-up and office set-up. The report presents progress in the implementation of planned activities related to specific program outcomes reflected under the respective three result areas, monitoring and evaluation and program management including staffing and finance. The report outlines specific challenges, opportunities and next steps for the next quarter – April to June 2010.

SURE has maintained strong collaboration with the Uganda Ministry of Health (MOH) - Pharmacy Division (PD), National Medical Stores (NMS), Joint Medical Stores (JMS) and the National Drugs Authority. SURE has participated in several strategic technical working groups and regular quantification reporting has been put in place. During this reporting period the program has identified 45 districts that are distributed fairly across all the regions of Uganda.

Working through partners and in collaboration with the Pharmacy Division SURE have finalized data collection and analysis for the Policy Option Analysis. Progress has been made towards establishing a preparatory ground for program interventions and innovative approaches aimed at strengthening the supply chain.

There is good progress in staffing. SURE's technical, finance and administrative position has progressed satisfactory. Key posts such as financial and Administration manager and the Monitoring and Evaluation Manager have been filled. Recognizing the important role pharmaceutical management information systems (PMIS) plays a management post for PMIS has been created and the pharmaceutical finance key position has been transformed into short term inputs of international and local experts.

The quantification and system strengthening area has also been strengthened with employment of technical coordinators and secondments.

Major accomplishment during the quarter:

- Finalized data collection, analysis and planning for the multi-stakeholders' policy options conference to be implemented early April.
- Developed concepts for innovations in regards to quantification, distribution, availability and affordability
- Recruitment and filling of key positions in Finance and Administration and Monitoring & Evaluation.
- Finalized selection of the 45 program intervention districts using a method and criteria agreed upon in collaboration with MoH-PD, SURE and USAID
- Conducted an assessment of information needs and existing capacity for information management in two districts.
- Updated detailed and budgeted program plans for SURE

- Continued recruitment as planned and in response to needs

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

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

Progress:

SURE conducted preliminary gathering of information relating to financial resources for EMHS by GoU, donors, NGOs and the private sector. Although this process was part of the data collection for Policy Options Analysis (POA), the data collected forms part of the information for tracking financial information. The information was sourced from Ministry of Health, Ministry of Finance, National Medical Stores, Joint Medical Stores, Global Fund (GF), PEPFAR, Donors and NGOs. This information included data on GoU and donor financial contributions for EMHS, existing funding gaps, procurement expenditure by NMS and JMS, credit line and vote 116 allocations and utilization and annual sales of EMHS by NMS, JMS and related to the various commodities.

Next steps:

- Over the coming quarter, the SURE team will explore different ways of collecting and automating pharmaceutical financial information through the development of one quantification and procurement planning unit and through the development of a Pharmaceutical Management Information System (PMIS).

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 developed an options analysis for policy, legal and regulatory reforms needed to address funding/financing gaps, establish a well functioning supply chain and analyzed the viability of innovative and cost effective options.

Progress:

Data collection and planning of the Policy Option Analysis progressed well. The MOH- Pharmacy Division and Danida advisor together with the SURE team and international and local consultants finalized data collection for a in-depth situation analysis and proposed several new

supply chain options that was found as cost effective improvements or alternatives to the existing supply chain.

Short term technical assistance towards planning and analysis of the POA was provided by David Lee (MSH), Simon Cole (PHD), Pito Jjemba (EHG), Graham Dukes (EHG), Cissy Kirambaire, Moses Muwonge and Frans Bosmann (Danida).

	STTA	Areas of contribution
1	David Lee	Compiled experiences and lessons learned from other countries; and contextualizing the experiences to Uganda specific situations. Provided overall technical advice and backstop to the policy options analysis team.
2	Graham Dukes	Contributed a wealth of knowledge and insight on the legal, regulatory and policy perspective from the European experience.
3	Pito Jemba and Cissy Kirambaire	Conducted an assessment of financial streams for EMHS in the public, private and public not for profit sector in Uganda.
4	Moses Muwonge	Conducted background literature review of policies, regulatory guidelines and previous studies related to the evolution of supply chain management for EMHS in Uganda from the 1990's to date.
5	Simon Cole	Collected and analyzed data on financial performance of NMS, JMS and district supply chain operations.
6.	Frans Bosmann	Price survey method development and analysis.

Obtaining financial information was found to be most difficult. With no centralized information or tracking center financial information was gathered in a standardized manner from all individual donors and key players. Moreover, the willingness to share financial information also proved to be a challenge. For example, the GFATM financial management agency (care taker) - Earnest and Young were reluctant to provide information which delayed the whole analysis.

Information was also not readily available in the warehousing information systems MACS/SAGE, staffs were not yet well versed with the system and the system also had some short comings. Hence most of the data was collected using manual records which delayed the process.

The POA Conference was planned to take place 23-24 March but due to scheduling conflict with the MOH the dates were changed to 15-16 April 2010. This allowed for a trial run that proved to be most useful and highly recommendable for future conferences.

The policy option analysis focused on the present commodity flows including funding, procurement, storage and warehousing, through to distribution evaluating prices, availability, affordability and cost effectiveness of the various functions at key stakeholders such as NMS and JMS and down to facility level.

Next steps

- To organize and present the analysis and the options to improve supply chain functions, availability and affordability at the Pharmaceutical Sector POA Conference 15-16 April.

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:

Data was collected on NMS performance for selected parameters as part of the policy options analysis. The findings were shared with NMS management. Challenges were identified related to NMS financial viability, distribution feasibility and the logistic information system.

SURE program continued to support the implementation of the MACS and SAGE software.

The MACS and SAGE system are not yet stable even after 6 months and 20 months for NMS and JMS respectively. The systems are characterized with poor data transfers between logistic and financial modules, generation of inaccurate stock variation reports, and loss of historical data on products transaction.

Therefore, MACS and SAGE software posed a problem to NMS and JMS hampering the operations of warehousing, sales, distribution, procurement and financial management. In this period SURE helped both NMS and JMS identify and prioritize key issues hampering the efficient operation of the software and assisted in negotiation with SCMS and MACS for setting up a long term solution to the problem. Certain performance indicators that are part of a well functioning MACS /SAGE system can still not be monitored routinely (order response/filling of orders).

A possible international technical Adviser has been identified to assist NMS in the development of their next strategic plan. The plan will build on the recommendations coming out of the POA.

The SURE program continued to support both JMS and NMS in the management of the allocation of ARVs. SURE assisted in the funding of short term logistic support at JMS and provided on job training to both JMS and NMS staff in the use of the supply chain management database and eventually taking over this role. Four persons were trained two men and two women. Further SURE provided support in the maintenance of the "Supply Chain Manager" software that assists in this role.

Interviews with six candidates were held to identify the NMS secondment position for LMIS Officer. Final selection will be in next quarter.

Next steps:

- To institute a technical task force to study and streamline the implementation of the logistic management information systems at both NMS and JMS.

- To assist in reviewing the contents of the proposed EMHS kits for HCII and HC III based on VEN¹ classification and costing the KIT in view of budget allocations for HCII and III. The classification and cost analysis will form a basis for dialogue leading to prioritization of the content of EMHS kit.
- Undertake Procurement Audit and assist in the development of NMS strategic plan.
- Employ NMS secondment

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:

Support to MOH Programs:

The SURE program assisted the National TB and Leprosy program (NTLP) of the Ministry of Health by seconding a logistics data manager for a period of one year. The data manager will help in streamlining data management and reporting before harmonization with other supply systems is achieved. SURE also assisted the TB program to quantify and cost requirements for GFATM round 6 phase 1 and 2 and the prioritization of the procurement needs.

The SURE program supported the Central Public Health Laboratories (CPHL) in the management of laboratory supplies and equipment by seconding a laboratory data analyst for a period of one year to assist in maintaining in management of reports and allocation of laboratory supplies to facilities.

Reporting on PMI indicators

SURE compiled the Procurement Planning Monitoring and Reporting for Malaria (PPMRm) comprising of the status of data on ACT country stock and procurement, on behalf of PMI. Additionally, SURE collected and reported data related to the Pharmaceutical Management system Strengthening (PMSS) indicators to PMI.

Development of Pharmaceutical Management Information System (PMIS)

PMIS technical Advisor: During February, Petra Schaefer was hired as a long term technical advisor for the development of the PMIS. She is heading the PMIS and LMIS department and is part of the management team of the SURE program. As part of her orientation and building understanding of the centralized PMIS requirements, Petra took part in a series of meetings and discussions within SURE and with partners.

Harmonizing Plans: Two meetings were held with the Pharmacy Division team with the objective to harmonize the Pharmacy Division Strategic Plan with that of SURE program. This activity gave some inputs for the requirements of the PMIS.

¹ VEN Classification : A classification of EMHC based on them being Vital, Essential and Necessary supplies.

Assessment of PMIS data needs: Three meetings were held with the National Drug Authority to determine the current data collected and the level of automation at the NDA. It was established that only the inventory of manufacturers and drug outlets are automated. A detailed evaluation of the required software to support the application for and verification of imports of drugs was made. A report highlighting the priority areas where NDA need strengthening together with a budget and a timeline was the result of the meetings.

A visit to NMS was made to obtain high level information about the available data (and possible methods of extraction) to be included in the PMIS. It was found that both database systems (MACS and SAGE) can be used to obtain data to be loaded into the PMIS.

Two meetings were held with members of the MoH-- Resource Center, to discuss and harmonize the 5-year strategic plan of the resource centre with that the SURE program. It was determined that the proposed architecture of the PMIS fits into the Resource Center plans perfectly. Further, discussions were held into the best way to support the Resource centre.

After these preliminary meetings a general architectural design of the PMIS was made. The PMIS will be building on a Data Warehousing Architecture. The data in the Data Warehouse will be extracted from the various source systems and imported into a dimensional model. The data in the Data Warehouse will be accessed and disseminated by standard reports and by OLAP (On Line Analytical Processing) tools.

Support and strengthening of Pharmacy Division:

A Short term Regional Technical Adviser (Dr Ndlovu) started her assignment to assist in the review of the Essential Medicines List of Uganda (EMLU) including VEN classification of essential medicines, supplies and laboratory supplies.

SURE continued to carry out stock status data compilation using information from NMS, JMS, and implementing partners to determine consumption and gap analysis. This analysis was disseminated to support the coordination of commodity stock among key program and supply chain partners.

Recognizing the important role SURE has to play in quantification and procurement planning a unit tasked to coordinate and manage system change and vertical program support has been established. Logistic and quantification expertise has been hired towards the end of this quarter. Eric Nabuguzi has been employed as logistic coordinator supported by Stephen Kadde as Logistic officer together with secondments in the NTLP and CPHL.

Interviews have been held to identify and employ MOH-PD secondment (Lawrence Were) in April.

SURE provided technical assistance towards the review of the draft national pharmaceutical Strategic Sector Plan II 2009/10 to 20013/14. The review will incorporate SURE's work plan into the NPSSP, align proposed activities to the respective sector outcomes and fine tune the monitoring and evaluation framework. The NPSSP II is still in draft form and yet to be adopted. Weekly minuted meeting have been instituted between MOH-PD and the SURE team. A regional pharmaceutical staff meeting is being planned for next quarter to introduce regional public sector pharmaceutical staff to the SURE program and initiate team building.

Support to MOH stakeholders/donor coordination

The health facility reporting rate on ARV stock utilization remains very low. This is attributed to multiple players in the supply chain compromising the reporting systems and overwhelming the facilities with reporting needs.

To further strengthen SCMS support a logistics Officer/ARV Procurement Officer Caroline Aboyo was employed March 1.

SURE is now regular member of a number of technical working groups including the pharmacy Supply Management Technical Working Group.

Support to NDA has continued. SURE undertook discussions with all NDA departments to identify strength and weaknesses and areas that could become part of the SURE support to NDA. To prioritize and discuss the needs and areas of collaboration NDA organized a one day meeting with the SURE Team and a plan of action was drafted. The plan also included the support provided by the Malaria Initiative Program.

Next step:

- Finalize the EMLU with VEN classification
- Develop an essential supplies and laboratories lists and categorize them by VEN and level of care
- Fill the proposed vacant secondment positions at the Resource Center. These are (1) IT support and (2) System Developer/DBA. Making an inventory of available hardware and software at the resource center.
- Establish the project team and project structure for developing the PMIS.
- Investigate GIS solutions to be used at MoH and SURE
- Procure a local firm to develop the software to support the application for and verification of imports of drugs for NDA
- Finalize the decision on the level and method of data collection from lower health facilities.
- Finalize the SURE program website
- Implement regional public sector pharmaceutical staff meeting in collaboration between MOH-PD and SURE
- Review the design and provide support to the implementation of the rolling procurement plan.
- Finalized plan for SURE support to NDA.

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

Progress:

Next steps towards this sub results shall be determined from the finding and recommendation of the policy options analysis conference. Action strategies based on agreed recommendation shall be formulated and implemented accordingly.

Next steps:

On the basis of the POA conference develop implementation plans for the proposed and agreed recommendations for strengthening supply chain functions.

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

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

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:

Progress in this activity has been slightly delayed. Employment of field office staff already in next quarter is in process with the aim to speed up implementation.

District selection

SURE developed a self assessment data collection form that was circulated to all districts in order to collate information related to management of essential medicines and health supplies. Completion and return of these forms was deemed as an expression of interest (EOI) in participating into the SURE program. 67 out of 80 districts contacted responded to SUREs' call for EOI. The information provided was used to evaluate district suitability to participate in the program. The responses were analyzed and scored along the critical factors for management of EMHS in the district and formed the basis for identification and selection of successful districts. The selection criteria ensured a fair mix of districts that were scored high, moderate and low on the different parameters listed in the EOI. The selection of the 45 districts was carried out by a team constituted MoH- PD, USAID and SURE program staffs. However, the district response to EOI was slow and initial deadlines had to be extended. The districts selection was done in due considerations of balancing the regional distribution, high and low scoring districts. Annex 1, presents a graphical summary of the selected districts.

Many new districts have been planned for and some of the selected districts will in the future be divided into more districts. How creation of new districts within a selected "mother" district is to be handled is not yet decided.

Criteria used in the assessing and scoring of districts: Six areas related to management of EMHS in the districts and lower level facilities were considered in the assessment and selection criteria. The evaluation involved scoring the responses and computing the overall score for each individual district. District performance was assessed based on the overall score attained from the evaluation. The assessment areas were:

- (a) Existence and quality of infrastructure; such as size and organisation of the district medicines\drugs stores, condition of pharmacies in the public health facilities, accessibility to district health facilities
- (b) Supply chain management system in the district; this area collected data on availability of trace essential medicines on the day of the filling the EOI, distribution mechanism from districts to facilities, lead time to distribute EMHS from district to facilities,

timeliness and completeness of the district HMIS report, and existing problems related to supply chain management in district.

- (c) Presence of partners collaborating with the district to improve access to EMHS and type of support they provide the district; and presence of USAID implementing partners in the district
- (d) Management structure and financial resources for health services over the period 2007/08 to 2008/09
- (e) Presence of appropriate staffs in the districts; such as pharmacist, pharmacy technician, person responsible for medicines coordination, and plans for filling vacant positions
- (f) Justification outlining the challenges of logistics management, resources available, districts plans to improve access to adequate quantities of EMHS

Establish Regional Field offices.

Following the selection of the 45 districts the process of identifying the location of the regional field offices has begun. The first central regional office (also in Bugulobi, Kampala) has been furnished, computer networked, and outfitted with wireless capability and is now fully in use. In the selection of other field offices consideration will be given to the possibility of cohabit with other Implementing Partners (IP) or MSH projects. The next office to be established will be in Mbale together with the STAR-E project. Other regional field offices could be situated in Lira, Fort Portal and Mbarara,

Development of District level support package

During the period, SURE staffs conducted a review of available literature on medicines stock management and existing manuals. The purpose of the review was to assist the team in the compiling a manual for stock management that is appropriate to the Uganda setting and context.

The compilation process is still ongoing. Some of the resource materials reviewed includes:

- Medicines Logistics and Store Management Procedures for district and health facilities; Uganda Ministry of Health; 2008
- Managing Pharmaceutical Stock and Ordering; Zimbabwe Ministry of Health and Child Welfare, 2006
- Uganda Logistics SOP Manual - Draft 9; USAID/DELIVER, 2008
- Malawi Health Commodities Logistics Management System Procedures Manual; Ministry of Health and Population, and JSI/DELIVER; 2003

The development of Standard Operation Procedures (SOP) and training material is fundamental for the establishment of supplies management supervisors. It will be important to speed up the process of development of SOP and training material.

Local Short Term Technical Assistance (STTA) has been identified to develop SOP and training materials for pharmaceutical financial management and will begin their work next quarter.

Technology and facilitated Communication

To support the design of the LMIS and its implementation; SURE hired the services of Moses Bagyendera effective 3rd March 2010.

A data needs assessment was conducted in Tororo and Butaleja districts with the objective of understanding the existing systems in the district and data health needs at the district level. During the visit, flowchart analysis of business processes and manual systems was performed, interviews with end-users and on-site analysis of logistics systems was done in order to obtain input into the proposed computerized logistic system. A detailed assessment report was compiled. Further, meetings were held with MOH (Resource Centre and Pharmacy Division) to assess the data needs, computerization and integration of logistics vertical systems and related other activities in the districts.

The apparent lack of man power skilled in logistics management and information systems in districts will be a challenge to the implementation and training in basis computer skills will be an important part of the program

Next steps:

- Orient selected districts and signing of MOU
- Finalize location of the regional field offices and initiate establishment of Mbale office
- Finalize SOP on supplies management and develop training material.
- Employ Short Term Technical Assistance to develop Pharmaceutical Finance SOP and training material.
- Finalize the LMIS requirement analysis in more districts in order to obtain an overview of LMIS data collection tools and processes related to warehousing and distribution. The outcome of this analysis will be a working document of LMIS design and implementation plan with corresponding workflows.
- Recruit international MSH consultant to assist in the design of the LMIS specifications, framework and PMIS platform.

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:

Assessment of capacity, procedures and practices in regards to supply chain management of selected USG partners was carried out. Description of commodity and information flows clearly identifying the need for harmonization and streamlining. The flow analysis will form the basis for discussions at the POA Conference related to harmonization and streamlining. A strategy for how information and reporting can best be harmonized is planned to be developed during a “laboratory session” to be held with selected IP and NGOs.

NMS is not providing third party commodities to IPs that are not in the public sector and as such there is a threat of more parallel systems being created that will frustrate SURE’s commodity harmonization drive.

To strengthen the SURE capacity in this activity and in view of staff resigning and maternity leave, STTA has been employed to ensure progress in change management (Moses Muwonge).

SURE participated in the commodity security meeting geared towards formation of a special supply chain for RH commodities for PNFP to provide guidance on how best to avoid duplication of resources with those of the public sector.

Progress in regards to IP and NGOs capacity in commodity quantification and reporting has been slow. Interviews have been held for the employment of logistic and quantification training adviser has been held and will be filled in May (Dorthe Konradsen).

Next steps:

- On the basis of the POA develop detail strategy for improving, harmonizing and streamlining the supply systems.
- Implement “laboratory session” to identify ways for harmonizing and streamlining information and reporting for IP and NGOs
- Employ Training officer

Sub Result 3.3: Overall Access to EMHS improved through innovative District level interventions

GPP accreditation requirements established in collaboration with NDA for Private and public sector pharmacies including performance monitoring and accreditation based intervention strategy design

Progress:

Implementation as planned. Initial meeting has been held with Makerere to identify focal person to act as research adviser for the proposed intervention study. The interventions will assess impact of three parallel and combined interventions all based on supply management supervision and a performance based strategy applying respectively Good Pharmacy Practices (GPP) accreditation, pharmaceutical finance accreditation and computerized logistic management information technology.

A full day meeting organized by NDA to discuss collaboration with SURE. NDAs willingness to support the development of GPP criteria’s as inspection criteria and to participate in the licensing process was agreed to.

Next steps:

- The intervention studies protocol to be detailed.
- GPP criteria’s to be developed
- Develop data collection tool and undertake baseline for control units.

Monitoring and Evaluation

SURE Performance Monitoring Plan

Detailed indicator based performance monitoring plan developed with measurable outputs and milestones and with regular performance assessment.

Progress:

The vacant M&E post was filled (Richard Semakula) and shortly after the SURE performance monitoring plan (PMP) was drafted. The PMP will be send to Uganda MEMS for review and finalisation early next quarter. The task involves consultation with SURE management, and program partners to generate consensus on proposed performance indicators, baseline values and performance target over the 5 year program lifetime.

SURE participated in Uganda MEMS and MEEPP organized training meeting for USAID SO8 implementing partners and in discussions on the revised SO8 results framework and indicators. SURE's area of linkage to the SO8 were clarified.

The SURE also participated in MEEPP orientation for online \web-based reporting system. The team was introduced to the system operation and remote upload of performance data for selected PEPFAR indicators that are related to SURE program outputs.

Next steps:

- Finalize SURE PMP
- Develop baseline for all PMP indicators
- Develop and update an indicator data base

Improve capacity in M&E of key stakeholders

At the end of the first year SURE will have assisted in the development of appropriate M&E system for other key stakeholders including NPSSPII and NDA

Progress:

Indicators for the NPSSPII have been drafted after inclusion of SURE activities into the NPSSPII. Meeting has been held with NDA to finalize the NDA-SURE work plan and the inclusion of the program for Malaria Initiative support. .

Next steps:

- Finalize NPSSPII with indicators
- Develop narrative and indicators for the NDA-SURE work plan
- Solicit PMI Indicator reporting tools and establish collaboration with PMI IP's.

Program Management

Program start up, implementation and Staff Recruitment

Progress:

Implementation is well on targets. After establishing the SURE Program head offices last quarter, management continued to put office resources in place during this quarter.

To meet the electricity needs of the office related to the increasing number of power outages in the Bugulobi area of Kampala a 50 KVA generator has been procured and installed; A local area

network and server with wireless functionality for the office has been installed and space is created for additional staffs coming on board. Two additional vehicles have been procured. (One for the central office and one for the first regional field office in Kampala).

With help of a web designer the first draft of the SURE website was designed and the SURE marking and branding plan was updated to reflect the non-inclusion of the USAID logo on business cards and vehicles. It has been submitted to USAID and is waiting for approval.

SURE has been introduced to the Ministry of Health. The planned contract signing ceremony has been postponed and a new date has to be agreed to.

Detailed work plans have been developed for each activity area and activity and out come indicators are drafted and linked to each area. The SURE work plan for the reporting period is attached in annex 6.

Regular staff meetings are held including weekly management team meetings. Regular orientation meetings with AOTR/USAID are implemented.

Next steps:

- Organize a ceremony for the signing of MoU between USAID and MOH
- Official launch of the SURE program and SURE website to be executed
- Develop year two work plans for SURE program and assist in the development of next year plans for Pharmacy Division.

Staffing

Progress:

SURE Organization Chart has been drawn up and is revised regularly to reflect changes and staff expansion. Please see the latest Organization Chart, updated 27 April 2010 attached in Annex 2

The SURE Program has made great progress in terms of staffing this quarter. The number of full time staff increased from 10 persons by December 31, 2009 to 22 persons by March 31, 2010.

Annex 3, presents update on staffing status as at the end of March 2010

Actual and planned full time staff recruitment by SURE program given in below table.

Time Period	31-Dec-09 (actual)	31-Mar-10 (actual)	30-Jun-10 (planned)	30-Sep-10 (planned)	31-Dec-10 (planned)
# Staff	10	22	33	36	47

SURE Since last quarter, the key position of Finance and Administration Manager, was identified and hired. Vinh Nguyen started on January 12, 2010, underwent a 3-week orientation at MSH Headquarters, and has been working in Kampala since January 28, 2010. All previous financial and administrative support functions provided by the Home Office Support Team (HOST) are now being performed and/or coordinated by him. Furthermore, he is also contributing technically and operationally to the MSH Country Operations Management Unit (COMU) which is the platform for SURE Program operations.

Based on the significant role management information systems (MIS) play in the success of the SURE program it was found necessary to split MIS from the logistic and supply chain management area and create two new positions. The SURE Program establishes positions for Pharmaceutical Management Information System (PMIS) and for Logistic Management Information System (LMIS) supervised by the PMIS adviser.

Collaborative discussions with Ministry of Health counterparts identified the need for Secondments to the Central Public Health Laboratory (CPHL) and the National TB and Leprosy Program (NTLP). In response to this need, the SURE Program recruited and hired Bernard Baitwababo and Shaquille Sekalala in February of 2010.

To better coordinate the growing number of staff increase complexity of the program, weekly management and monthly general staff meetings have been established to track progress of technical areas and provide forum for information sharing. Furthermore, there are plans to link up to the Global MSH quarterly meetings from Uganda.

Efforts to identify a Long-Term Technical Advisor for the key position of supply chain, policy, and pharmaceutical finance were met with complications and proved unsuccessful because the position required a very specific technical skill set. After an exhaustive local and international search, the SURE Program requested USAID that this position be replaced with a series of 5-6 Short Term Technical Assistance (STTA) interventions. This request was approved.

Next steps:

- Need has arisen for staff expansion and job descriptions for new posts have been developed for employment with planned staffing up to December 2010. Annex 4, presents a summary of positions that are planned to be filled over the April-September 2010 period.
- Conduct internal staff performance review and appraisal as part of the personnel evaluation under MSH in accordance with the “One MSH Principle” where all MSH Employees work for one organization regardless of technical area or specific Program/Project.

Short Term Technical Assistance:

During this period, the main focus of the STTA deployed was related to the preparation and holding of the Policy Options Analysis (POA) Conference. The table below illustrates the STTA that were hired and a brief of their task.

Last Name	First Name	Title/Counterpart	LOE	Scope of Work
Graham	Dukes	POA Facilitator Policy Option Analysis Team	2 weeks Mar-Apr '10	POA Facilitator and Reporting
Jjemba	Pito	Pharmaceutical Financial Advisor/ MOH, NMS	60 days, Oct- Mar '10; 12 weeks Apr - Oct '10	Data collection and analysis POA; Pharmaceutical Finance
Kirambaire	Cissy	Financial Advisor/MOH, NMS, and Implementing Partners	2 weeks Mar '10; 3 weeks in May-Jun '10	POA data collection
Lee	David	Principal Tech Advisor/MOH and NMS	5 weeks Feb-Apr'10	Assist in start-up and Policy Option Analysis (POA) design and data analysis
Chiratidzo	Ndhlovu	MOH, Chief Pharmacist, Martin Otebe	3 weeks, Mar-Apr '10	VEN Analysis; Revision of EMLU and ESLU/VEN Classification
Cole	Simon	Warehouse and Distribution Advisor/NMS, JMS	4 weeks, Nov '09; 4 weeks Feb- Mar '10; 1 week Apr '10	Data collection /POA Analysis/ NMS and Distribution Analysis and Strengthening
Muwonge	Moses	Medicines Supply Chain System Change Specialist/MOH and Implementing Partners	16 weeks, Mar '10 -Jun '10	Systems Change
Bosman	Frans	Pharmaceutical Pricing Survey	4 Weeks, Feb '10-Mar '10	Data collection and analysis POA;

The SURE Short-term TA Plan Year 1 – July 17, 2009 - September 30, 2010 was sent to USAID on March 31, 2010. Annex 5, presents a summary of planned STTA during year 1 – July 17, 2009 - September 30, 2010.

Challenges and Opportunities.

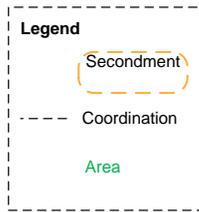
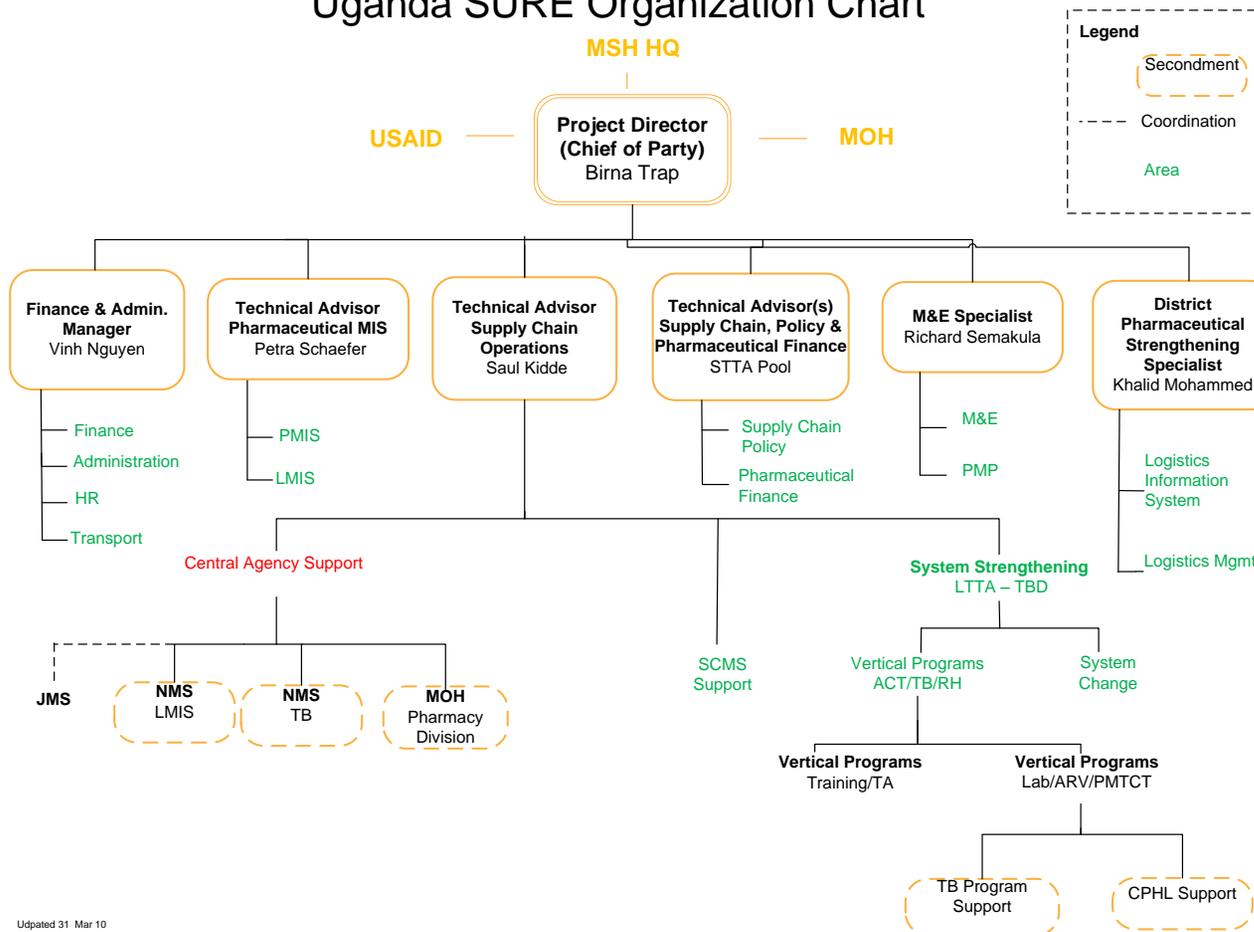
- Program implementation is to a large extent on track. Experienced delays have been minimal and of no significant effect on out come. The experienced delay in identification of innovate approached to strengthen the supply chain that shall arise from the POA is not expected to jeopardize implementation. It is recognized that proposed innovation to

strengthen affordability might be a political challenge especially with view of the upcoming election and consensus to such ideas might not be reached or implementation delayed till after election period.

- Collaboration with the MOH-PD and AOTR-USAID is excellent and at a high technical support level. However, the collaboration with NMS is recognized as a challenge. The sufficient trust communication and track record is still to be established. It will be necessary to explore new ways to strengthen the collaboration, one way being through the SURE secondment, technical assistance and information communication sharing with regular meetings.
- A well functioning MACS and SAGE system at NMS and JMS is not only critical for the functioning of these two institutions and thereby the nationwide supply of EMHC, but the information system also provide the most critical basic for the planned PMIS. It will be critical soon to resolve the problems and ensure long term solutions to avoid delays in the implementation of the planned PMIS.
- Central in the capacity building strategies for district level supply chain management is the ordering system. Capacity is planned to be build in quantification, ordering storing etc. It is therefore with some concern that the SURE program follows the implementation of the proposed KIT system for HC II and III. A push based system will not generate motivation and background for the SURE capacity building strategy. It will therefore be utmost critical that capacitated and accredited facilities will be allowed to pull supplies.
- Based on the experiences gained from data collection in regards to the POA it is recognized that it will be a major challenge to develop a financial tracking system and much efforts have to go into consensus and trust building, with clear visualization of the benefits.

Annex 2: SURE Organogram

Uganda SURE Organization Chart



Updated 31 Mar 10

Annex 3: Summary of SURE Staffing status as at March 31, 2010

No.	Job Title	Names	Hire dates
1	Office Assistant	Patricia Naluggwa	1-Aug-09
2	Chief of Party	Birna Trap	1-Sep-09
3	Tech. Advisor – Supply Chain Operations	Saul Kidde	1-Sep-09
4	SCMS Change Officer	Loi Gwoyita	1-Sep-09
5	ARV Procurement Advisor	Caroline Ntale	1-Sep-09
6	Administrative Coordinator	Sarah Nakandi	1-Sep-09
7	Transport Lead	Moses Kaweesa	18-Sep-09
8	Pharmaceutical Field Coordinator	Victoria Nakiganda	14-Oct-09
9	District Pharmaceutical Strengthening Specialist	Khalid Mohammed	2-Nov-09
10	M&E/LMIS Coordinator	Belinda Blick	30-Nov-09
11	Accountant	Scovia Bacia	4-Jan-10
12	Finance and Administration Manager	Vinh Nguyen	1-Feb-10
13	PMIS Technical Advisor	Petra Schaefer	1-Feb-10
14	Lab Data Analyst - Secondment to CPHL	Bernard Baitwababo	8-Feb-10
15	Driver - Central Regional Office	Timothy Sekamatte	8-Feb-10
16	Logistics Data Manager -Secondment to NTLP	Shaquille Sekala	15-Feb-10
17	ARV Procurement Officer	Caroline Aboyo	1-Mar-10
18	HR Generalist	Carolyn Achilla	1-Mar-10
19	M&E Specialist	Richard Semakula	3-Mar-10
20	LMIS Specialist	Moses Bagyendera	3-Mar-10
21	Logistic Coordinator	Eric Nabuguzi	22-Mar-10
22	Logistic Officer	Stephen Kadde	22-Mar-10
	Total Full Time Staff	22	

Annex 4: Summary of program position planned to be filled over the April to Sept 2010 period

	Position	Date to be filled
1	Logistic Expert - Finance/LMIS; MOH Secondment	15-Apr-10
2	Driver - Kampala HQ (Felix Tumwesigye)	10-May-10
3	Training/Logistics Officer (Dorthe Konradson)	1-May-10
4	LMIS Officer - Secondment to NMS	1-Jun-10
5	Programs Operations Associate	15-May-10
6	IT Specialist	1-Jun-10
7	Logistics Officer - Secondment to NDA	15-Jun-10
8	Technical Advisor - System Strengthening	15-Jun-10
9	M&E/LMIS Coordinator - Mbale	15-Jun-10
10	Pharm. Field Coordinator - Mbale	15-Jun-10
11	Secondment to NMS (System Developer)	30-Jun-10
12	Administrative Coordinator - Mbale	1-Aug-10
13	Driver Mbale	1-Aug-10
14	M&E/LMIS Coordinator (Mbarara)	1-Dec-10
15	M&E/LMIS Coordinator (Mbarara, Fort Portal and Lira)	1-Dec-10
16	M&E/LMIS Coordinator (Mbarara, Fort Portal and Lira)	1-Dec-10
17	Pharm. Field Coordinator - Mbarara	1-Dec-10
18	Pharm. Field Coordinator - Fort Portal	1-Dec-10
19	Pharm. Field Coordinator - Lira	1-Dec-10
20	Administrative Coordinator – Mbarara	1-Dec-10
21	Administrative Coordinator - Fort Portal	1-Dec-10
22	Administrative Coordinator – Lira	1-Dec-10
23	Driver – Mbarara	1-Dec-10
24	Driver - Fort Portal	1-Dec-10
25	Driver – Lira	1-Dec-10
	Total Full Time Staff == 25	

Annex 5: SURE STTA Plan Year 1.

SURE Quarterly Report Q2 Jan-Mar 2010

Sure Short-term TA Plan Year 1 – July 17, 2009 - September 30, 2010									2009					2010										
Last Name	First Name	Org.	Title/Counterpart	Result Area	TA Type	LOE	Scope of Work	Comments	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Embrey	Martha	MS H	Sr Med/Pharm Tech Writer, SURE POA Team	1.2	Int'l	1 week, Apr '10	To finalize POA report.																	
Graham	Dukes	EHG	POA Facilitator Policy Option Analysis Team	1.2	Int'l	2 weeks Mar-Apr '10	POA Facilitator and Reporting										X	X						
Jjemba	Pito	EHG	Pharmaceutical Financial Advisor/MOH, NMS	1.2	Local	60 days, Oct-Mar '10; 12 weeks Apr -Sep '10	Data collection and analysis POA; Pharmaceutical Finance				X	X	X	X	X	X	X	X	X	X	X	X	X	X
Kirambarire	Cissy	EHG	Financial Advisor/MOH, NMS, and Implementing Partners	1.2	Local	2 weeks Mar '10	POA data collection	POA options Analysis data collection to assist Pito Jjemba.									X							
Kraushar	Dan	MS H	Financial Advisor/MOH and NMS	1.2	Int'l	1 weeks working out of USA Apr '10; 2 weeks Apr-May '10; 2 weeks Sep '10	Pharmaceutical Finance	Approved STTA - Long Term Key position was approved by AOTR to be substituted by STTA interventions										X	X					X
Lee	David	MS H	Principal Tech Advisor/MOH and NMS	1.2	Int'l	5 weeks, Sep '09; 5 weeks Feb-Apr '10	Assist in start-up and Policy Option Analysis (POA) design and data analysis			X					X	X	X							
Maroun	Maria	MS H	Communications Associate/ SURE POA Team	1.2	Int'l	1 week from USA, Apr '10	To finalize POA presentations											X						
Picazo	Oscar	MS H	Financial Advisor/MOH	1.2	Int'l	3 weeks Sep '10	Pharmaceutical Finance	Approved STTA - Long Term Key position was approved by AOTR to be substituted by STTA interventions																X
TBD	TBD	MS H	Financial Advisor/MOH	1.2	Local	4 weeks Aug-Sep '10	Pharmaceutical Finance	Approved STTA - Long Term Key position was approved by AOTR to be substituted by STTA interventions															X	X
TBD	TBD	PHD	NMS Business and Strategic Planning Expert/ NMS	2.1	Int'l	4 weeks Aug '10	NMS Strategic plan																	X
TBD	TBD	MS H	MACS and Sage Consultant, IT Experts/NMS	2.1	Int'l	3 weeks/TBD - estimated Jun '10	Support the implementation of Sage and MACS at NMS																X	
TBD	TBD	MS H	LMIS-SAGE Consultant/NMS	2.1	Local	6 weeks/Aug-Sep '10	Support implementation of MACS/SAGE	LOE will depend on input of MACS/SAGE															X	X
Chiratidzo	Ndlovu	EHG	MOH, Chief Pharmacist, Martin Otebe	2.2	Regional	3 weeks, Mar-Apr '10	Ven Analysis, Revision of EMLU and ESLU/VEN Classification										X	X						
Cole	Simon	PHD	Warehouse and Distribution Advisor/NMS, JMS	2.2	Int'l	4 weeks, Nov '09; 4 weeks Feb-Mar '10; 1 week Apr '10	Data collection /POA Analysis/ NMS and Distribution Analysis and Strengthening				X	X			X	X	X							
Joan	Mansour	MS H	Leadership Consultant/ NMS and MOH	2.2	Int'l	2 weeks, May '10	Assessment of leadership and management training needs for middle and top managers in NMS and MOH													X				
Kyle	Duarte	MS H	LMIS Consultant/ MOH and Implementing Partners	2.2	Int'l	3 days, Apr '10; 3 weeks, Jul-Aug '10	Assess and design LMIS and support district facility computerization of supply chain operations											X				X	X	
TBD	TBD	MS H	LMIS - Data Mgmt Expert/MOH	2.2	Local	6 weeks/Aug - Sep '10	Further develop existing reporting and tracking system within MOH Pharmacy Division, possible software - Rx Solution.																X	X
Tina	Brock	MS H	Capacity building and training	3.1	Int'l	1 week from DC in May '10, 2 weeks in June '10	To finalize training material for Drug Mgmt Supervision Training in Supply Chain and Financial Mgmt.													X	X			
Kirambarire	Cissy	EHG	Financial Advisor/MOH, NMS, and Implementing Partners	3.1	Local	3 weeks in May-Jun '10	SOPs on Pharmaceutical Financial Practices														X	X		
Muwonge	Moses	MS H	Medicines Supply Chain System Change Specialist/MOH and Implementing Partners	3.2	Local	16 weeks, Mar '10 -Jun '10	Systems Change									X	X	X	X					
TBD	TBD	MS H	MOH and Implementing Partners	3.2	Int'l	2 years; Int'l; estimated Jul '10	Systems Change															X	X	X
TBD	TBD	MS H	LMIS System Expert (Rx Solutions)/MOH, District Counterparts	3.2	Int'l	3 weeks/Jun-Jul '10	Introduce and train LMIS at district level.															X	X	
TBD	TBD	MS H	RT Kampala - International Conference	3.3	Int'l	1 week Jun '10	Systems Change															X		
Jennifer	Jones	MS H	CPM Director of Operations/SURE F&A Team	5	Int'l	2 weeks, May '10	Training of Finance Manager and SURE team and set up of financial management systems												X					
Luce	Caries	MS H	CPM Director of Operations/SURE F&A Team	5	Int'l	2 weeks, Nov or Dec 09	Project operations and systems support (may shift to training trip depending on SURE needs and arrival date of Finance Manager)	Canceled. Handled through conference calls and coordination with Home Office																
Vinh	Nguyen	MS H	SURE Finance Manager	5	Int'l	2 weeks, Jan '10	Travel to MSH home offices in USA for orientation and training - Jan '10	Canceled. Organized and done during deployment to post.																

Annex 6: SURE Work plan -from start of program till end of March 2010

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			Q3					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
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								X	X			
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	X	X				
Prepare and distribute options analysis discussion paper								X				
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								X				
Develop and sign MOUs on policy, legal, and/or regulatory reform, pharmaceutical financing, and supply chain strategies								X				
Develop work plan and performance indicators for monitoring framework reform								X				
Monitor framework reform actions												
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			Q3					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
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								X				
Baseline assessment												
2.1.2.Support Procurement Processes												
Assess current procurement procedures								X	X			
Procurement audit												
Stream line procurement procedures								X	X			
Supplier prequalification system												
Establish product price information system												
2.1.3 Support ordering process												
Assess NMS order handling procedures with view to optimise							X	X	X			
Pilot selected improvements options								X				
2.1.4 Support warehouse operations and storage												
Support continued implementation of MACS & SAGE					X	X	X	X	X			
Support procurement of necessary handling equipment							X	X	X			
2.1.5 Improve distribution												
Draw strategies based on the options analysis								X				

Sub-result 2.2: Improved Capacity of MoH Program Managers and Technical Staff to Plan and Monitor National EMHS	Year 1									over / on	OK	Delayed
	Q1			Q2			Q3					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
2.2.1. Support TO MOH Programs												
Support forecasting, quantification and procurement for MoH programs												
<i>Assess MOH SMC capability and develop program strategies</i>					X	X	X	X	X			
Strengthen MoH Programs Capacity in Commodity Management												
<i>Orient MOH programs to SURE</i>					X	X	X	X	X			
Develop LMIS for Improved EMHS Procurement and Distribution												
<i>User information needs assessment</i>								X	X			
2.2.2 Support and strengthen Pharmacy Division												
Support and Improve Implementation of MoH Rolling Procurement Plan												
<i>Review design and redesign system including transfer to RX solution</i>							X	X				
<i>Support the implementation of the rolling procurement plan</i>									X			
Assist MoH in implementing the NPSSP II and developing a PMIS												
<i>Develop a 1 year operational plan</i>							X	X				
<i>Initiate the development of a performance monitoring plan for PMIS</i>												
2.2.3 Support MOH stakeholders/donor coordination activities												
Strengthen the Pharmacy Supply Management Technical Working Group												
<i>Participate and strengthen the role of PSM TWG</i>					X	X	X	X	X			
Support and Strengthen NDA												
<i>Assess and strengthen drug registration process & procedures</i>							X	X	X			
<i>Strengthen medicines control & testing related to USG programs</i>									X			
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												
Sub-result 3.1 Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS	Year 1									over / on	OK	Delayed
	Q1			Q2			Q3					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
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	X	X				
Collaborate with other programs/donors to cover more/all districts						X	X	X	X			
3.1.2 Establish regional district support offices												
Establish, equip and staff district cluster office central				X	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	X					
SOPs on Supply Management/user friendly manual							X	X	X			
Training Materials for District and HSD Supplies Management Supervisors									X			
SOPs and Training Materials for Pharmaceutical Financial Practices								X	X			
3.1.4. New communication and informationTechnology												
Determine data needs from each level of the health system									X			
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 practices on supply management for EMHS.					X	X	X	X				
Develop individual IP strategies to capacitate, streamline and harmonise practices and procedures								X	X			
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	X	X	X			
Improve the data collection and reporting tool /harmonised and uniformed.												
3.3.2 Establish Accreditation System for GPP												
Develop Accreditation criteria and method for performance improvement on GPP and Financial management for public sector							X	X	X			

4. Monitoring and Evaluation	Year 1									over / on	OK	Delayed
	Q1			Q2			Q3					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
4.1 SURE Performance Monitoring Plan (PMP)												
4.1.1. Develop a and 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	X	X				
Quarterly update of UMEMS, MEEPP indicator databases						X			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 identify performance indicators				X	X	X	X					
4.2.2 Support development of M&E system and performance assessment in NDA												
Identify reporting information needs								X	X			
Review and identify performance indicators												
Performance assessment												
5. Program Management	Year 1									over / on	OK	Delayed
	Q1			Q2			Q3					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
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	X	X	X			
5.2 Program Implementation												
Output: Knowledge about SURE is widespread and partners well acquainted with our objectives, planned activities and areas for collaboration. There is good coordination and communication to stakeholders and partners and regular progress reporting.												
5.2.1. Program Visibility												
Meetings with USAID, MOH, Key stakeholders, donors etc			X	X	X	X	X	X	X			
Development of Visibility strategy			X	X	X	X	X	X	X			
Development of SURE presentation/briefs/logo etc			X	X								
Official launching of SURE							X					
Launch of regional SURE								X	X			
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							X	X				
Prepare and submit Quarterly Reports				X			X					
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	X					
Participate in regular coordination meeting with key stakeholders			X		X		X		X			
Assess feasibility /develop web page for information sharing						X	X	X				