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 (MAK) and the Infectious Disease Institute (IDI).

SURE Objectives

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

The SURE Program will be building on the past achievements by SCMS, Deliver, SPS, the Danida funded Health Sector Support Program 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 level 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.

On the basis of a Policy Option Analysis (POA) held in April 2010 SURE will develop and implement new options for strengthening supply system such as establishment of a Quantification and Procurement Planning unit, streamlining distribution, reviewing Public Procurement and Disposal of Public Assets Authority (PPDA) related to National Medical Stores (NMS) performance and strengthening financial management and tracking.

SURE will in close collaboration with all key stakeholders build facility capacity in supply chain, financial and medicines management through a performance based reward strategy implemented through supply chain supervision and capacity building.

With view of strengthening management and planning SURE will, in collaboration with the Ministry of Health and the Resource Centre strengthen data collection and utilization by developing and implementing an integrated Logistics Management Information System (LMIS) at higher facility level and a central level Pharmaceutical Management Information System (PMIS).

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

ACP	AIDS Control Program
AIDS	Acquired Immune Deficiency Syndrome
AMCs	Average Market Consumptions
ARVs	Antiretroviral drugs
AOTR	Agreement Officer Technical Representative
CDC	Center for Disease Control
CHAI	Clinton HIV/AIDS Initiative
CPHL	Central Public Health Laboratory
CPT	Contraceptive Procurement Tables
DBA	Data Base Administrator
EHG	Euro Health Group
EMHS	Essential Medicines and Health Supplies
EOI	Expression of Interest
ESRI	Environmental Systems Research Institute
GFATM	Global Fund for AIDS, TB and Malaria
GIS	Geographical Information System
GOU	Government of Uganda
GPP	Good Pharmaceutical Practices
HC	Health Center
HMIS	Health Management Information System
HOST	Home Office Support Team
HSSP	Health Sector Strategic Plan
IDI	Infectious Diseases Institute
IPs	Implementing Partners
IT	Information Technology
JMS	Joint Medical Stores
LMIS	Logistics Management Information Systems
MAK	Makerere University Kampala
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOH PD	Ministry of Health Pharmacy Division
MOH RC	Ministry of Health Resource Center
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NDA	National Drug Authority
NGO	Non Governmental Organization
NMCP	National Malaria Control Program
NMS	National Medical Stores
NPSSP	National Pharmaceutical Sector Strategic Plan
NTLP	National TB & Leprosy Program
OLAP	On Line Analytical Processing
PEPFAR	US President's Emergency Plan for AIDS Relief
PHD	Fuel Group/Pharmaceutical Healthcare Distributors [PHD]

PIR	Post Implementation Review
PMI	Program of Malaria Initiative
PMIS	Pharmaceutical Management Information system
PMP	Performance Monitoring Plan
POA	Policy Option Analysis
PPDA	Public Procurement and Disposal of Public Assets Authority
PPMR	Procurement Planning Monitoring and Reporting for Malaria
PSM	Procurement and Supply Management
RH	Reproductive Health
RPM Plus	Rational Pharmaceutical Management (RPM) Plus [program]
QPP	Quantification Planning and Procurement
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
STAR – E	Strengthening AIDS and TB Response in Eastern Uganda
SURE	Securing Ugandans' Right to Essential Medicines [program]
TB	Tuberculosis
TBD	To be determined
TWG	Technical Working Group
UCG	Uganda Clinical Guidelines
UMTAC	Uganda Medicines Therapeutic Advisory Committee
UMEMS	Uganda Monitoring and Evaluation Management Services
VEN	Vital-Essential-Necessary
USAID	U.S. Agency for International Development
WHO	World Health Organization

Good stores management and medicines availability begins at the National and Joint medical stores.

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EXECUTIVE SUMMARY

This report highlights the implementation progress of Securing Ugandans' Right to Essential Medicines (SURE) program over the period April to June 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 of 3 month. The report presents progress in the implementation of planned activities and next steps for the next quarter – July to Sept 2010.

SURE has maintained strong collaboration with the Pharmacy Division from central to facility level, and has now focused strengthening collaboration with the Ministry of Health vertical programs such as the National Tuberculosis and Leprosy control program (NTLP), National Malaria Control Program, Reproductive Health program, AIDS Control Program, Central Public Health Laboratories (CPHL), the Resource Centre, National Drug Authority (NDA) and other important stakeholders such as Joint Medical Stores (JMS), Makerere University (MAK) and implementing partners and other donors including CDC, CHAI and WHO. Regular meetings with National Medical Store (NMS) have been successfully established with two management meetings held this quarter. Moreover, SURE is now participating actively in a number of technical working groups and committees. Strong collaboration with all key stakeholders along with active involvement in the pharmaceutical sector is paramount for the success of SURE.

In line with the Implementation Plan, important progress is seen in all of the three results areas where Agreements to strategies and detailed implementation plans are being developed with the Ministry of Health at all levels. This is illustrated in the districts for building capacity at facility level, at the Resource Center for the development of an information platform forming the foundation for the PMIS and LMIS, and with NMS (and USAID's other implementing partners) to strengthen M&E and performance monitoring. Furthermore, plans have been developed and agreed upon for strengthening the National Drug Authority (NDA). This intervention includes plans on how SURE will assist in addressing the problem counterfeit medicines. Additionally, important steps have already been taken to implement the recommendations from the Policy Option Analysis (POA) held early in the quarter.

Orientation meetings with selected 45 districts have been very successful and engaging. The platform for initiating district work in the first 9 central districts has been laid with the drafting of the Memorandum of Understanding (MOU). Districts showed keen interest in the innovative strategies proposed including ideas on patient payment, VEN classification, and reward strategies.

Employment of new SURE Central and Regional field staff is progressing as planned. There is now 28 staff employed out of the expected 49. Much progress has been achieved in regards to establishment of financial and administrative procedures, work plan and budget development including the development of the SURE Performance Monitoring Plan (PMP) following the filling of all key posts in end of last quarter.

However, there are areas where SURE has not made the planned progress and even experienced setbacks. The transition to a new inventory–warehouse management and financial system, implemented at NMS and JMS, that was been alerted to in the last quarterly report has not progressed smoothly as planned by SCMS, and SURE will need to address this in the coming year. It is now clear that MACS and SAGE is not the long term solution as it was thought and planned to be, thus a sustainable inventory-warehouse management and

financial system solution still needs to be identified. This issue is a paramount issue for NMS, JMS and their users because information generated at NMS and JMS is the building block for PMIS development and financial tracking.

Streamlining and harmonization of supply chain management tools such as stock cards, discrepancy reports and other report forms has also taken longer than anticipated. This has impacted the timely development of standard operating procedures and training materials. However, through re-focused efforts, the first training is planned to be implemented in the next quarter. Finally, although there are coordination efforts with NMS, it is a challenge to develop unified and streamlined systems and practices if NMS introduces new approaches to increase effectiveness and efficiency in isolation. Some examples of this are the KIT system being suddenly introduced and frequent changes in ordering and distribution schedules etc. The SURE Program, however, will continue efforts to improve coordination.

Results Highlights for Q3

Major accomplishment during the quarter:

- The Policy Option Analysis (POA) which combined cost analysis with performance measurement and identified the best options and roadblocks for a future supply system based on the NMS, JMS and other key stake holders has been successfully implemented and the final report expected next quarter.
- Several of the recommendations from the POA have already started being implemented. Through wide consultation, a strategy for the establishment of a Quantification & Procurement Planning (QPP) unit is well underway; steps have been taken to address harmonization and streamlining of initially ARV and discussions of how to explore third party involvement in distribution has progressed. In close collaboration with Pharmacy Division (PD) and the Quality Assurance unit, Terms of Reference are drawn up for the Uganda Medicines Therapeutic Advisory Committee (UMTAC) given the responsibility of updating clinical guidelines and essential medicines and supplies lists and promoting appropriate medicines use in Uganda.
- The development of LMIS and PMIS is progressing well. Project teams have been established for the LMIS selection and the PMIS development and a steering committee is in place to oversee the progress of the two information systems. The architecture and high level requirements are developed for the PMIS and agreed upon by stakeholders from the central and the decentralized level. The evaluation of 15 LMIS software tools will soon be completed and the requirements to the LMIS finalized.
- Five district orientation meetings have been implemented in collaboration with the PD covering all 45 districts. The planned intervention study for district capacity building has been designed and is in the process of being written up. Each of the 45 districts has been allotted to one of the three intervention group. Baseline data collection in control districts not part of the 45 selected districts including 63 facilities has been implemented.
- Support to JMS and NMS has been provided through SCMS and SURE to strengthen MACS and SAGE implementation and undertake an implementation review. Not all issues could be solved and a long term solution will be needed. A detailed plan for further development is much and urgently needed and the SURE Program will look at the Post Implementation Review (PIR) report performed by SCMS as a preliminary step.

- A detailed implementation plan has been developed for the support to NDA with agreement on key strategies related to strengthening Good Pharmacy Practices in the public sector, addressing medicines quality and counterfeit medicines and strengthening management information systems.
- Initiated the establishment of a unit for of continuous quantification and procurement planning support to the MOH, MOH-programs and implementing partners with the development of bi-monthly national stock status reports and continuous responses to ad-hoc requests
- The SURE Performance Monitoring Plan has been finalized and approved. Baseline will be completed next quarter.
- Administration, management, planning and information sharing within SURE and with implementing partners has been established and are implemented satisfactory.

Constraints and opportunities

- To a large extent, Program implementation is on track. Experienced delays have been minimal and will not affect outcome significantly if soon addressed. To be noted is the delays in the implementation of the NMS warehouse management system, which can be critical if not be closely monitored. Thus, close monitoring efforts will be continued.

- Although, the delay in harmonization and streamlining the Supply Chain is not expected to jeopardize program implementation it is recognized that proposed innovation to strengthen affordability might be a political challenge especially in light of the upcoming election. Consensus to such ideas may not be reached and/or implementation may 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 remains a challenge. A sufficient level of trust and a track record of open and transparent communication are yet to be established. In addition to regular meetings and a SURE Secondment, some new ideas of strengthening this collaboration must be explored.

- A well functioning MACS and SAGE system at NMS and JMS is not only critical for the functioning of these two institutions (thereby the nationwide supply of EMHS), but the information system is also the most critical basis for the planned PMIS. It is essential to resolve these problems and ensure long term solutions to avoid delays in the implementation of the planned PMIS.

- The ordering system is central in the capacity building strategies for district level supply chain management. The SURE Program believes that it is critical that capacitated and accredited facilities be allowed to pull supplies as agreed with NMS and MOH. To this extent, training is planned to build capacity in quantification, ordering, and storing as well as other topics. Important to note is that there is some concern that the SURE program follows the implementation of the proposed KIT system for Health Center (HC) I, II and III. A push based system will not generate motivation and foundation for the SURE capacity building strategy.

- 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.

- Though progress has been made in regards to streamlining and harmonization, it is also recognized that changes do not come easy and quickly. The need for streamlining quantification, procurement, planning and distribution is in progress whereas tools, forms and procedures still have a long way to go before Uganda has a harmonized set-up. Having a simplified and more effective system where ARV, TB and other essential medicines and supplies are managed unified and harmonised is critical for the capacity building element of SURE.

The table below offers a clear overview of the progress versus planned activities.

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	
Monitor and Evaluate Pharmaceutical Financing	
Progress: The Policy Option Analysis (POA) was an important first step in documenting and tracking funding for EMHS as a total and by GOU. There has been good progress in the establishment of one Quantification Procurement and Planning unit (QPP) and the PMIS which will be critical for financial Tracking. Short term international and national expertise has been identified.	Comments: Financial data is less assessable than anticipated and further studies are needed to identify ways of making pharmaceutical financing available that enables the development of tracking systems. STTA will be recruited in the next quarter to strengthen pharmaceutical financing information tracking.
Sub-Result 1.2. Legal, regulatory and policy framework revised to promote cost-effective, efficient, equitable, appropriate use of available funds and health commodities	
Develop an options analysis for policy, legal, and regulatory reforms, financing/funding gaps, and supply chain solution	
Progress: A Policy Option Analysis was successfully implemented in April, proposing innovative strategies for improving the supply chain in Uganda.	Comments: The report to be finalized in the next quarter
Conduct Stakeholder Consensus Conference to Review Options and Attain Commitments and MOUs	
Progress: As a follow up to the POA, detailed work plan with indicators and MOU on policy, legal and regulatory reforms is in process.	Comments: Work plans for implementation of POA outcome strategies needs to be finalized MOUs are in process and being drafted with MOH, NMS and JMS and have been drafted for the Districts. Report expected next quarter.
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	
Develop indicator based performance assessment plan	
Progress: Indicators for NMS (and JMS) performance have been drafted as part of the PMP and monitored as part of POA. However, there is a need to develop a performance monitoring scheme for NMS/JMS performance with baseline and progress assessment	Comments: The existing MACS/SAGE is not able to provide all the expected data and information had been collected manually. The following quarter should provide base line and performance assessment.
Support Procurement Processes and Ordering Processes	
Progress: Procurement procedures assessed and improvements suggested as part of the POA. Procurement audit has been agreed to by end of 2010. NMS is in the process of developing a business plan and SURE procurement support to NMS has been formulated.	Comments: Procurement support is provided, but has been side tracked somewhat by issues related to MACS and SAGE.
Support warehouse operations and storage	
Progress: Much support has been provided to strengthen MACS and SAGE in collaboration with SCMS and USAID.	Comments: A revised strategy and implementation plan for identifying and implementing a new warehouse and finance system will need to be developed in the next quarter after review of the Post Implementation Review conducted by SCMS.
Improve distribution	
Progress: Cost effectiveness of existing distribution set up has been evaluated and alternative solutions need to be explored. A strategy to pilot third party distribution has been developed for ARV's in close collaboration with JMS and USAID and NMS is testing to the door delivery.	Comments: There is a need to strengthen distribution management at NMS and explore feasibility for employment of long term distribution support. Efforts in strengthening distribution need to be better managed and combined, including performance monitoring.

Sub-result 2.2:Improved Capacity of MoH Program Managers and Technical Staff to Plan and Monitor National EMHS	
Support to MOH Programs	
Progress: Support on quantification and procurement is provided on a regular basis. A longer term strategy has been developed involving the establishment of a quantification planning and procurement unit (QPP). Secondments to MOH programs have been provided and the development of a PMIS and a LMIS is progressing well.	Comments: MOU for secondments to be finalized and the QPP to be established before end of 2010. Collaboration with MOH programs and IP's to be further strengthened.
Support and strengthen Pharmacy Division	
Progress: Regular meetings established for coordination and collaboration with PD and NMS. Development and updating of strategic and implementation plans undertaken in collaboration with MOH. Support provided to the development of the rolling procurement plan.	Comments: Development of the new NPSSP and SURE Year 2 work plan to be finalized next quarter in close collaboration with PD.
Support MOH stakeholders/donor coordination activities	
Progress: SURE participates in TWGs, but role needs to be strengthened. A detailed 5-year plan for NDA support developed and approved.	Comments: Implementation of NDA plan to start. SURE support to TWG to be increased
Build Leadership Capacity	
Progress: Initial Leadership and Management training has started being implemented along with a team building session with MOH pharmacy staff. Scope of work for Makerere University and a detailed work plan is in drafting stage.	Comments: Meeting with the Capacity Project to plan and coordinate inputs and the detailed implementation plan for Leadership and Management should be finalized in the next quarter
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	
District Selection	
Progress: 45 Districts selected and orientation meetings held and MOU drafted.	Comments: Implementation in 9 districts to start next quarter.
Establish regional district support offices	
Progress: Central regional district office established and sites for other regional offices decided	Comments: Establish Mbale office next quarter and all regional field offices established before end of 2010.
Development of district level support package/program at facility level	
Progress: Data collection tool developed and baseline data collected. Development of unified management tools and procedures in progress with some delay.	Comments: Challenges in standardizing tools and SOP.
New communication and information Technology	
Progress: LMIS system requirements developed and 15 systems included in the analysis. Study tour to see Rx solution planned for.	Comments: MOH at facility level involvement has been assured throughout to ensure acceptability. System selection planned for next quarter.
Sub-result 3.2 Improved Capacity of Selected Implementing Partners in Quantifying, Managing, and Monitoring EMHS	
Assess Capacity, Procedures and Practices in Supply Management of Selected USG Partners	
Progress: Meeting with Implementing Partners (IP's) has been undertaken, but will need to be further focused when SOPs and training materials have been finalized. IP's are onboard with the streamlining and establishment of a QPP unit.	Comments: Collaboration with IP's, MOH programs, CDC and other key stakeholders need to be further structured
Strengthen IP and other NGOs' Capacity at Facility Level in Commodity Management and System Knowledge	
Progress: Capacity building of IP's in supply chain management will be undertaken as part of district activities and through participation in Supervisory training. However, SURE has responded to specific requests and undertaken training of staff from selected IPs and JMS.	Comments: The ad hoc requests for supply chain management training is much requested and we shall need to strengthen our ability to respond to requests within IP's, MOH programs and districts outside the 45 districts.
Strengthen IP and other NGO' Capacity in Commodity Quantification, Reporting, and LMIS Development	
Progress: Continued support is provided to IP's in procurement, quantification and reporting.	Comments: IP's requirements are being considered in the development of the LMIS at hospital level.

Sub-result 3.3 Overall Access to EMHS Improved through Innovative District-Level Interventions	
Baseline Assessment for Targeted Districts, HSD, and Facilities	
Progress: Tool developed and piloted.	Comments: Will be implemented in connection with supervision
Establish Accreditation System for GPP	
Progress: GPP accreditation is part of NDA plan of action. GPP criteria is in process of being developed and performance assessment included in the baseline assessment	Comments: The licensing will initially be funded by NDA with SURE covering assessment cost. Sustainability is to be further discussed.
4. Monitoring and Evaluation	
SURE Performance Monitoring Plan (PMP)	
Progress: PMP developed and approved and regular reporting on indicators undertaken	Comments: Need to finalize PMP baseline
Improve capacity in M&E of key stakeholder programs	
Progress: Assisted in the development of the NPSSP II plan. Agreed to support NDA in an assessment of the MIS and in establishing an automated data collection system for importation and exportation of medicines	Comments: M&E part of the NPSSP II to be developed
5. Program Management	
Program Start Up Activities	
Progress: Program administration and management is progressing well. Internal SOPs have been developed, vehicles and supplies procured and the organization has developed in line with requirements.	
Program Implementation	
Progress: SURE continues to present at various meetings and a co-branding strategy has been developed. A communication intern has been employed to strengthen visibility. The SURE website has been established and plans for its launch to be coordinated with the SURE Program Launch.	Comments: Launch and signing ceremony planned for next quarter. A revised 2010/2011 work plan and a 4 year work plan to be developed

INTRODUCTION

This report highlights the implementation progress of Securing Ugandans' Rights to Essential Medicines (SURE) program over the period April to June 2010. Implementation of planned program activities has now covered a period of 9 months including the initial start-up period. 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 – July to September 2010.

Some momentum has been achieved in development of the platform based on which role out of SURE can take place. However, the importance for establishing common ground and understanding must not be underestimated. Tools, procedures, information gathering and needs assessment must be sufficiently harmonized, streamlined and simplified if gains in capacity building are to be sustained. A basic pillar has been the establishment of a strong collaboration and support from most stakeholders. Much depends on the continued success in "getting all on board". The strong and active support that SURE has experienced from not only Martin Oteba and his Pharmacy Division team but also from Rebecca Copeland USAID and other key stake holders such as MOH and IP programs, Joint Medical Stores (JMS) and NDA has been fundamental for the progress till now. SURE shall continue to expand and strengthen this true partnership and collaboration in a transparent and sharing manner by which we can build bridges to common gain.

Provision of quality of health care depends on availability of essential medicines and supplies. The Policy Option Analysis held in April made it evident to all that funds available for covering the most basic needs for medicines and supplies are far from being meet. The recent health budget has not addressed the funding gab and with a promised much needed salary increase funded within the existing budget, the funding gab for medicines and supplies will be further widened jeopardizing medicines availability further.

Program implementation is to a large extent on track. Experienced delays have been minimal and of no significant effect on outcome yet. Major unforeseen challenges however lies in the setback experienced in the implementation of the MACS and SAGE warehouse management systems. Moreover, 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.

The need for harmonization and streamlining, managing and planning and sharing of information and making the supply chain in Uganda as effective and efficient is called for now more than ever. The districts cannot wait - the patients cannot wait.

Health service quality depends on availability of good quality medicines and supplies.

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:

The Policy Option Analysis (POA) was an important first step in documenting and tracking funding for EMHS as a total and by GOU. Critical gaps in funding were identified and the importance of putting in place systems that allows for regular monitoring of pharmaceutical finances is evident.
Though progress is acceptable in this component, a financial tracking system is not likely to be in place before in year two. Financial data is less accessable than anticipated and further studies are needed to identify ways of making pharmaceutical financing information available and tracked. The development of one quantification and procurement planning (QPP) unit and a Pharmaceutical Management Information System (PMIS) as a starting point for financial tracking has progressed well during this quarter. Contracts have been established for short term international and local expert inputs in the area of pharmaceutical finance. Scope of Work has been drawn up for the local expert support in this area and work has commenced at the very end of this quarter.

Next steps:

- Employment of international expert to assist in the development of financial tracking systems
- Continued progress on financial information tracking in regards to the establishment of the QPP and the 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:

The Policy Option Analysis (POA) which combined cost analysis with performance measurement and identified the best options and roadblocks for a future supply system based on the NMS,

JMS and other key stake holders was successfully implemented at a conference held from 15-16 April. The conference provided the way forward and consensus was reached to a number of new approaches to improve supply chain functions, availability and affordability. These approaches addressed issues such as distribution efficiency and effectiveness, NMS viability and efficiency, financial resource prioritization, funding gap in pharmaceutical financing, capacity building strategies at facility level, utilization of new technology and harmonization and streamlining of quantification and procurement. Steps have been taken to develop implementation plans for the POA outcome strategies. (See 2.3 Supply chain system cost effectiveness and efficiency improved through innovative approaches). Certain of the proposed innovative approaches to strengthen the supply chain that was discussed at the POA have already started being implemented whereas others might have to be somewhat delayed. That is the case for innovation to strengthen affordability which 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. Memorandums of Understanding (MOU)'s are in process and being drafted with MOH, NMS and JMS and have been drafted for the Districts.

Next steps

- Finalize and sign Memorandum of Understanding with NMS, JMS, MOH and Districts
- Finalize and disseminate the POA report
- Develop detailed and indicator based plan of actions for implementation of the POA outcome strategies including plan A and an alternative plan B.

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.

i) Develop indicator based performance assessment plan

Progress:

Indicators for NMS (and JMS) performance have been drafted as part of the PMP and monitored as part of POA. However, there is a need to develop a performance monitoring scheme for NMS/JMS with baseline and progress assessments. The existing MACS/SAGE is not able to provide all the expected data and information collection is presently survey based. The following quarter should provide base line and performance assessment.

Next Steps:

- Carry out a baseline assessment for NMS performance monitoring

ii) Support Procurement and Ordering Processes

Progress:

Procurement procedures assessed and improvements suggested as part of the POA. Procurement audit has been agreed to be done by end of 2010. NMS is in the process of developing a business plan and SURE is supporting procurement in line with NMS requests. SURE has assessed NMS' PPDA accreditation document and held discussions with NMS management and is in the process of engaging PPDA to discuss recommendations of enacting regulations that will make NMS procurement more efficient. However, the support to the procurement function has slackened due to issues related to MACS and SAGE critical needs. In addition, SURE provided assistance in review of the health centre II and III kits in terms of the range of products being provided, but are yet to carry out a VEN analysis to ascertain the appropriateness of the items for the different levels of care.
SURE held two meeting in the period with NMS that are used to lay strategy on the support SURE will be providing to NMS and the working modalities. A secondement was also recruited to support procurement and MIS but utilization strategy has now changed and a new job description will be done to address the change in strategy.

Next steps:

- Measure the impact of the KIT system.
- Engage PPDA into discussion to enact regulations that will improve NMS' procurement efficiency.
- Develop detailed indicator and performance based implementation plan for SURE support to NMS.
- Develop and implement new Job description for NMS secondment

iii) Support warehouse operations and storage

Progress:

In collaboration with SCMS, SURE carried out a post implementation review of NMS and JMS' MACS/ SAGE software operations and implementation issue resolution for five weeks. The objectives of the assignment were; to prepare both organizations for audit compliance after issues arose that distorted the accounting systems in both organizations. The second objective was to map business process flows, carry out requirements finalization for a system that would best meet the current and future business needs for both NMS and JMS. The last objective was to institute a consistent and comprehensive issues management process that allows for testing and validation of changes before the live system. Unfortunately, because the problem was not fully described by the users, a lot of time was spent on root cause analysis to avoid resolving symptoms of problems, leaving no time to carry out a comprehensive systems and post implementation review, and thus perform a gap analysis between what is needed and what MACS/ SAGE solution can provide. It will therefore require more STTA for business process mapping and requirement gathering. The report for the exercise will be ready end of July, but service level agreements will be drafted and signed between the clients and the vendor. In

addition a transition plan between SCMS and SURE will also be prepared. From the findings, it was discovered that both JMS and NMS will need a SAGE resource support each to comfortably carry out year-end activities, given the cost of sales problem.
The problems at NMS resulting from the MACS system, are impacting on SURE's strategy of designing enhancements to the MIS. The current MIS solution will need to change to meet NMS' needs in the immediate future. The current system is less than adequate in financial, purchase and sales process support. This will require substantial investment that SURE has not planned for up to now. The opportunity it provides though is that the process of change will help SURE influence the required improvements.
To manage the current problems with the MIS and to ensure that an appropriate long term solution is arrived at, a technical task force was instituted to review and streamline the implementation of the management information systems at both NMS and JMS.

Next steps:

- Finalize the PIR for NMS and JMS to inform the next steps in the plan to have a long term MIS solution.
- Process mapping and functional, technical and strategic requirements finalization for long term solution for the management information system at NMS and JMS
- Procure SAGE resources to assist both NMS and JMS in year-end closure activities for SAGE.
- Develop long term solution plan and budget for discussion with USAID.

iv) Improve distribution

Progress:

Cost effectiveness of existing distribution set up has been evaluated and alternative solutions need to be explored. A strategy to pilot third party distribution has been developed for ARV in close collaboration with PEPFAR logistics partners and USAID. There is a need to strengthen distribution management at NMS and explore feasibility of employment of long term distribution support.

Next steps:

- Provide technical assistance to assess the requirement interventions for improvement of NMS' transportation function and to pilot outsourcing of PEPFAR funded ARV distribution

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 regard to monitoring, resource utilization and planning and supported the National Drug Control Authorities.

i) Support to MOH Programs

Progress:

Support in quantification and procurement is provided on a regular basis and a longer term strategy has been developed involving the establishment of and quantification planning and procurement unit (QPP). Secondments to MOH programs have been provided. Development of a PMIS and a LMIS is progressing well.

Support to programs for quantification of health commodities

SURE is supporting NMCP, ACP & NTLP in quantifying for malaria, ARV and TB medicines respectively. The participatory approach being adopted by the program will ensure that ultimately the resultant quantification will be accepted by all stakeholders and will be used in developing the PSM plans for the Round 10 Global Fund Proposals for each disease area. In the next quarter, the quantification for RH commodities will also be undertaken. SURE has supported the dissemination of a comprehensive stock status report for the key program commodities. SURE is also supporting the revitalization of the RH commodity security committee that will assist in development of the 5 year contraceptive procurement tables (CPT) Getting supply chain information throughout the country is difficult for the process to run smoothly. It has also been a challenge to interpret stock status report due to use of varying AMCs by different partners and access to NMS and JMS information in a timely manner

Comprehensive national stock status report

SURE developed a new reporting format and produced a comprehensive national stock status report for ACTs, ARVs, anti-TB medicines, and RH commodities. The report highlighted poor reporting rates for HIV and TB medicines. Because different partners were using different average monthly consumptions for the products, there emerged challenges in interpretation of the report. The other challenge was receiving timely accurate stock information from NMS & JMS. This will be addressed by harmonizing the data used. The next stock status report will be produced at end of June 2010.

Next Steps:

- MOU for secondments to be finalized
- QPP to be established before end of 2010.
- Collaboration with MOH programs and IPs to be strengthened.
- Support programs in the development of GFATM round 10 proposals.
- In the next quarter, support for development of the CPT for RH commodities.

ii) Support and Strengthen Pharmacy Division

Progress:

Collaboration, Coordination and Planning

Regular meetings established for coordination and collaboration with PD and NMS. Development and updating of strategic and implementation plans undertaken in collaboration with MOH. Support provided to the development of the rolling procurement plan.

The Uganda Medicines and Therapeutics Advisory Committee (UMTAC)
The UMTAC Terms of reference and the UCG quick review plan were approved by UMTAC. The UMTAC website was designed, registered, an annual fee paid, awaiting the formal approval from Director General to go online. The UMTAC five year strategies and an implementation plan were also developed. In the period, three UMTAC meeting were held in which sections of the UCG that require urgent revision were identified and the teams to carry out the revision identified and contacted to start the process.

Development of Pharmaceutical Management Information System (PMIS)

a) Requirements gathering: The high level functionality and architecture for the PMIS were presented in three meetings: HMIS review technical working group, District Orientation Workshop, and Regional Pharmaceutical team meeting. The ability of the PMIS to combine data from different sources and the richness and flexibility of reporting (including slice and dice, spatial presentation and dashboards) were received with enthusiasm. The detailed requirements are being collected now, starting with meetings held with the MOH PD and the MOH PD Quantification Unit.

b) Technical Architecture: Meetings were held to investigate the technical architecture (hardware and software) of the PMIS and the GIS needs were determined. The decision will be made in consultation with the MOH RC and CDC.
Harmonizing Plans: Meetings were held to harmonize the planning of the MOH PD and the NDA with the SURE program.

c) Support partners: A detailed planning and budget was agreed upon with the NDA. Interviews were held with candidates for the IT Support secondment at NDA and a candidate was selected. Interviews were also held for the IT support secondment at the Resource centre but no suitable candidate could be identified. The LMIS officer secondment for NMS was selected.

d) Other activities: Activities to update the website and to gather and edit the content were started. An activity list was setup to assign responsibility for the different items on the website. The GIS needs for the SURE, STAR-E, and STRIDES programs were determine by conducting interviews. The best fitting software was selected after various consultations with the local GIS supplier (ESRI). Interviews were held with candidates for the IT Support for SURE and a candidate was selected. The POA was supported in creating a consolidated work plan.

Leadership Development Course
The leadership development course is a programme that was developed by MSH and has proved successful in improving the management and planning skills of teams that work together on a day today basis towards achieving goals that they set themselves. Two members of staff participated in the Training of Trainers course in Leadership. The members will work closely with Makerere University to develop a leadership programme for the staff involved in pharmaceutical management at district and regional level. A number of teams have been

identified and these include the Pharmacy Division/ SURE team, the Regional pharmacist and district supervisors' team and medicines management team within the district. Scope of work for Makerere University and a detailed work plan is in initial discussion and drafting stage.

Team building activities with Pharmacy Team

A planning and team building meeting was held between SURE district team and the Pharmacy division and the regional support group. The meetings will be held twice in a financial year in January and May and will be used to review activities and increase planning and management capacity and strengthen cohesion in the pharmaceutical sector.

Next Steps:

- Development of the new HSSP and SURE YR 2 plan to be finalized next quarter in close collaboration with PD.
- Hold a workshop for quick review of the UCG
- Prepare for printing the final version of the revised UCG
- Finalize the requirements document for the PMIS
- Finalize the decision for the technical infrastructure (including GIS) for the PMIS
- Technical assessment and evaluation of the integration of the NDA hardware and software requirements and specifications
- Finalize the SURE program website
- Procure and implement the proposed GIS solution for the MSH programs.
- Fill the proposed vacant secondment positions at the MOH RC. These are (1) IT support and (2) System Developer/DBA.
- Investigate the use of MS Project for the SURE work plan
- In collaboration with the Capacity Project, MAK and MOH/PD develop a more detailed Leadership and management implementation plan.

iii) Support MOH stakeholders/donor coordination activities

Progress:

SURE is now a participant in several Ministry of Health technical working groups including the Medicines and pharmaceuticals TWG, malaria case management group, Maternal & Child Health Cluster TWG, ART logistics subcommittee, and lab logistics committee among others. In the next quarter, the team will work to improve the regularity and effectiveness of these meetings.

Collaboration with the NDA has progressed. An assessment of the NDA was undertaken adding on to the WHO undertaken assessment. SURE participated in a NDA held planning meeting to develop the 5 year NDA plan covering the support provided by PMI and SURE. The plan has been approved by all parties. The support from SURE will include support to strengtheninformation system and secondment of staff.

Next Steps:

- Initiate implementation of NDA plan
- SURE to second staff to NDA

- SURE support to TWG to be increased.

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

i) Harmonization of ARV supply chain system (PEPFAR Partners)

Progress:

SURE held meetings with USAID, CDC, Medical Access, JMS , ACP and other partners to discuss possible areas of harmonization in the ARV supply chain. The partners agreed in principle to establish a one procurement plan, one distribution system and one information system. Each ART centre will have one source of supply of ARV's. SURE developed a concept and strategy for ARV harmonization and a matrix of all Implementing partners and ART centers where they are based that will form the basis for discussion in the planned stakeholders meeting
Through discussions, CDC supported the idea and understood that this was not meant to shift all procurement and warehousing of ARV's to SCMS and JMS the way USAID currently works. It is very crucial to understand organizations and their aspirations before carrying out any harmonization process. However, it is important to be careful not to be misunderstood while trying to harmonize system.

Next step:

- Present the matrix to stakeholders and build consensus for harmonization
- Carry out a pilot distribution of ARV's with JMS
- Implement the recommendations

ii) Establish a single quantification and procurement planning unit

Progress:

A concept paper was developed for the unit and presented to the Pharmacy division and to the Medicines procurement and Supply management technical working group where consensus on its establishment was reached.
Getting partners to understand the concept of a quantification unit was difficult with different interpretations. There is still a debate whether we need a physical unit with full staffing or a virtual unit with programs providing logistics advisors and pharmacy division having a quantification unit coordinator full facilitated

Next step:

- Getting the MOH to formally approve the formation of a quantification unit
- Developing detailed indicator based implementation plan
- Holding stakeholder consensus meeting
- Establishing the unit
- In the next quarter, the team will visit two countries, Rwanda and Kenya to study their models. Two alternative models for the quantification and procurement coordination

unit will then be developed and presented in a stakeholder meeting to discuss the most appropriate for Uganda.

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.

i) District Selection

Progress:

45 districts have been selected and 5 regional meetings were held with the selected SURE districts. The objectives of the meetings were to introduce SURE to the selected districts, discuss proposed interventions and present the draft District MOU. The districts were represented by the District Health officers, the Chief administrative Officers and officers responsible for management of medicines. The discussions were candid and a number of suggestions were made that SURE will use to fine tune the proposed interventions.

Next steps:

- Sign MOU with 9 central region district
- Initiate district implementation in 9 districts

ii) Establish regional district support offices

Progress:

The Central regional district office established and is operational while sites for other regional offices decided. To speed up district implementation, the Mbale office will be taken into use the next quarter and all regional field offices will be established before end of 2010. Though recognizing how critical it will be to streamline and unify forms and procedures it will be very challenging. The Pharmaceutical field coordinator and the M&E/ LMIS coordinator for eastern were recruited and will begin orientation in the central regional office before relocation to Mbale later in the next quarter.

Next steps:

- Operationalize the Mbale regional office

iii) Development of district level support package/program at facility level

Progress:

Initial discussions have taken place with the MOH/PD and Districts on the district level support package, the reward and performance based strategies and the capacity building strategies proposed. Next step will be to detail the district implementation plans and detail the performance and reward based strategies. There has been progress in regards to development of the capacity building package:

Supply Chain Management Manual
The first Draft of the Supply Chain Management manual was compiled based on the current tools, procedures and guidelines for health logistics management. Some new forms not widely used in the country like the stock book have been introduced. The draft will be discussed with stakeholders to come up with the final document. The discussions with experts and users from health facilities will also review SOP to remove duplications (many forms for different products) and unnecessary activities (having stock cards at all dispensing areas). The SCM manual will be the basis for the training that will be used to impart SCM and Coaching and communication skills to supervisors. The training manual will be used during training of supervisors in the central region where it will also be piloted.

STTA for development of the Pharmaceutical Financial Management (PFM) Manual
The STTAs for the development of the PFP manual and PFM training course have been identified and the SOW developed and agreed upon. The main task is to review the current system of planning, budgeting, and tracking of finances for medicines and develop tools and standard operating procedures within the financial regulations and procedures of government. The manual and training course for supervisors will be completed in the next quarter.

Next steps:

- Build consensus to adapt unified and harmonized tools, forms and SOP
- Detail the district implementation plans and the performance and reward based strategies.
- Hold stakeholders conference to finalize the SCM manual
- Develop and pilot the SCM training manual
- Train the supervisors in the central region in SCM
- Develop the PFM manual

iv) New communication and information Technology

Progress:

To assess the system requirements for the LMIS to be implemented at hospital and HC IV level nationwide visits were undertaken to Hoima and Jinja districts together with the international MSH consultant. The objective was to observe the existing systems in the district and estimate data health needs at the district level. This was done by conducting meetings with stakeholder and focus groups, evaluating flowcharts of business processes, user manuals, organizational charts, process models, systems and process specifications, on-site analysis and interviewing

end-users and officials at MOH. A draft on the requirement analysis has been developed and circulated to the LMIS Project team to capture more input. This team comprises of all the stake holders; MOH, SURE and the districts, to plan and think strategically about the LMIS set up in the districts. Nationwide visits were undertaken; and discussing with the SURE team on the key requirements

The evaluation of 15 tools has been completed. Requirements/LMIS tools matrix was initiated by discussing with the SURE team on the key requirement and functionality for inventory management and patient management tools. Definitions on what is needed for integrated functions (accurate data capture, commodity tracking, patient information, distribution activities, and performance reporting) and also validation of tools against requirements, functionality, technology, scalability, support and sustainability was conducted.

Mobile Health technology:
EpiSurveyor Mobile was assessed to verify if it could be utilized by SURE Program. The technology will collect data using mobile phones, analyze it on a remote server and inform policy makers and planners on how effective the health system is in regard to monitoring commodity availability at the facility level.

Next steps:

- Finalize the LMIS Requirement analysis by
    - Overview of data collection tools, processes, functionality in line with Warehousing and Distribution functionality
- Finalize Selection of District LMIS Tools.
    - Visit(s) to 2 countries where LMIS tools have been implemented
    - Pilot of the tool in two of implementation sites.

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.

i) Assess Capacity, Procedures and Practices in Supply Management of Selected USG Partners

Progress:

Meetings with implementing partners have been undertaken, but will need to be further focused when tools, forms and SOPs and training materials have to be harmonized and streamlined. IPs are onboard with the streamlining and the establishment of a QPP unit and have also been involved in the strategy to streamline the ARV supply chain and distribution.

Next steps:

- Collaboration with IPs , MOH programs, CDC and other key stakeholders need to be further structured and strengthened

ii) Strengthen IP and other NGOs' Capacity at Facility Level in Commodity Management and System Knowledge

Progress:

Capacity building of IPs in supply chain management will be undertaken as part of district activities and through participation in supervisory training. However, SURE has responded to specific requests and undertaken training of staff from IP and JMS. The SURE team supported STAR-EC in creating a database for their supported sites and training of the logistics office in the use of Supply Chain Manager Software for management of their ARV programs. A follow on on-job mentorship was also carried out for a one week period. On-the-job training has also been provided to JMS staff. The ad hoc requests for supply chain management training is more than initially anticipated and we shall need to strengthen our ability to respond to requests within IP, MOH programs and districts outside the 45 districts. To better plan and optimize SURE responsiveness to ad hoc training requests SURE will develop a quarterly training calendar.

Next steps:

- Develop a quarterly training calendar.
- Designate specific SURE staff for training
- In the next quarter SURE will support the ACP and STAR-E program in training personnel to manage medicines logistics, develop training material for Uganda Cares program Monitoring and Evaluation

iii) Strengthen IP and other NGO' Capacity in Commodity Quantification, Reporting, and LMIS Development

Progress:

Continued support is provided to IPs in procurement, quantification and reporting. IPs requirements are being considered in the development of the LMIS at hospital level. However it is too early in the LMIS development to build capacity in IPs and NGOs

Next steps:

- Present LMIS ideas, systems and implementation strategies to IPs, MOH Programs and NGOs.

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

i) Baseline Assessment for Targeted Districts, Health Sub-Districts, and Facilities

Progress:

Data collection tools have been developed for baseline and performance assessment covering areas such as supply chain management, financial management, service level and rational drug use. Using selected control districts baseline data collected has been undertaken by trained data collectors from Districts, MOH/PD and SURE staff. Indicators related to malaria, HIV/AIDS and Reproductive health were included to assess IPs.

Next steps:

- Finalize data analysis and baseline report

ii) Establish Accreditation System for GPP

Progress:

Establishment of Good Pharmacy Practices (GPP) at pharmacy and drug outlets is a legal requirement. NDA has played a key role in GPP implementation in the private sector whereas it still needs to be implemented in the public sector. Discussion on how this can be achieved has been held with NDA whereby public sector pharmacies can be licensed. At the same time assessment of GPP is also evident of a certain level of supply chain management and rational use being reached. GPP assessment will be relevant to both sectors and is an important part of the SURE performance and reward strategy. Setting GPP criteria's and development of assessment tools has in this quarter been included in the NDA and SURE work plan. Moreover, GPP performance assessment was included in the baseline assessment. The licensing will initially be funded by NDA with SURE covering assessment cost. Sustainability is to be further discussed.

Next steps:

- Develop detailed work plan for GPP criteria's development, revision of assessment tools, training of NDA/ DADI staff and implementation in private & public sector pharmacies.

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:

During the quarter, the SURE Performance Monitoring Plan (PMP) was finalized and submitted to USAID. The primary objective of the performance monitoring plan (PMP) is to provide a framework for monitoring and evaluating the performance of the SURE program. The PMP describes 18 indicators against which the program will demonstrate achievements and successes over the implementation period. These indicators are aligned to SURE's three result

areas and their intermediate results. There are four indicators to measure progress towards the overall strategic objective, and two indicators under Result 1 that monitor improved GoU commitment to financing essential medicines and supplies. Under Result 2, there are eight indicators that measure improved capacity and performance at NMS, NDA, MoH and efficiency of the supply chain systems. Indicators under Result 3 are largely monitoring capacity and performance of partner districts and health facilities in regard to planning, managing, quantifying and monitoring EMHS.

i) Revised S08 indicators:

During the period, the M&E team members attended a meeting organized by Uganda Monitoring and Evaluation Management Services (UMEMS) to get feedback from the USAID country mission on the revised the S08 results framework, S08 indicators, baseline data and reporting requirements. Within the revised S08 indicators, SURE will be responsible to contribute data on 5 indicators that are outlined in **Annex 1, Summary listing of SURE Program PMP indicators** attached. The indicators were aligned to three intermediate result areas.

ii) Intervention study design:

A detailed study design describing the SURE approach to evaluating the effectiveness of the program interventions in the districts has been drafted. The study design outlines how SURE will progressively introduce its interventions in the program districts and assess the outcomes over time, while comparing results with data collected in the control districts/facilities. The study design further describes criteria for the district grouping by intervention categories including the timeline for supervision and assessment. This design summarizes the key intervention outcomes and the generic indicators that shall be evaluated.

iii) Baseline survey in control districts:

In June, SURE conducted a training of 9 individuals (3 female, 6 male) who comprised of program staff, districts staff and pharmacy staff from regional referral hospitals. These were trained in data collection using a standard tool for capturing data on supply chain management, storage conditions, medicines stock management, rational drug use and financial management. Indicators related to reproductive Health commodities, malaria and ARV was also included.

Collection of baseline data was carried out in 9 of the 15 control (no intervention) districts. The objective of the survey was to collect baseline information on medicines stock management, rational medicine use and financial management at health facilities. Data was collected from government and NGO health facilities that were randomly sampled from the master list of district facilities; they included 9 Hospital, 9 HC IV, 27 Health centre III, and 18 health centre II.

The result of the baseline shall be used to evaluate SURE program's intervention in the initial 45 districts and inform the Ministry about the effectiveness of the interventions in strengthening supply chain management systems in the districts and health facilities.

Next steps:

- The M&E team shall work to update the SURE PMP with baseline data for the 18 indicators. Under this task SURE will solicit data from NMS, MOH, JMS, health facilities and IPs.
- Update the S08 indicator data (baseline and annual target) through the partner reporting system hosted at UMEMS with baseline data, especially for the S08 indicators to which SURE contributes data.
- Analyze data captured during the baseline data collection, and compile a report detailing the baseline status in the control districts.
- Conduct Malaria End User verification data which shall be used to assess the availability of malaria commodities at the end-user level, as well as provide a snapshot of how malaria is being diagnosed and treated at a given set of health facilities.
- Finalize the description of the SURE district capacity building intervention study.

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:

SURE has assisted in the development of the NPSSP II plan on a one day meeting organized by the MOH/PD. Through sharing of work plans and collaboration of activities, it has been possible to dove-tail the work plans for PD and SURE which ensures minimal duplication of efforts, identify gaps and ensure optimal utilization of limited resources.
SURE has also agreed to work with and support M&E capacity at NDA. This will be in a number of areas such as assessment of regionalized pharmacovigilence, data collection and assessment related to importation and exportation and in regards to development of performance indicators and performance assessment.

Next steps:

- SURE to contribute to indicator development related to the NPSSP II
- Design pharmacovigilance assessment study

Program Management

Program start up, implementation and Staff Recruitment

Progress:

Program start up has progressed well and now the SURE Program in entering the implementation Phase. SURE Program Headquarters and the Central Regional Office in Kampala have been established and are now fully functional. The next plans are to open up 4 more Regional Offices to serve the 45 districts of implementation. These remaining 4 Regional Offices will be located in Mbale, Mbarara, Lira, and Fort Portal and they are planned to be operational

by end of December 2010. Space has already been identified in Mbale and Fort Portal where SURE Program Offices will co-locate with other MSH Programs (STAR-E and STRIDES). In Lira and Mbarara, SURE Program Officers are surveying locations that includes co-location with Implementing Partners.

SURE Program Branding is progressing well. Program brochures, pens, and banners have been approved and a Website draft has been completed. A Communications Support Assistant was hired during the quarter to help coordinate these efforts. The SURE Co-Branding Plan is currently at USAID for approval and we hope to receive approval for this soon. September 21, 2010 is the proposed date for the combined SURE Program Launch and Signing Ceremony. Invitations and more detailed plans are being developed. Finally, detailed work plans are being developed for Program Year 2 activities for each activity area. Each activity area will have indicators that are linked to the input and output. These plans are being coordinated with MOH counterparts and IPs to be ready for submission to USAID by September 30, 2010.

The SURE work plan for the reporting period is attached in **Annex 2, SURE Work plan from start of program till end of June 2010** with indication of performance

We are continuing our regular monthly staff meetings, weekly management team meetings, and regular orientation meetings with AOTR/USAID.

Next steps:

- Plan and execute a Program Launch/ MOU signing for the MoU between USAID and MOH
- Continue office Set-Up in Mbale and Fort Portal; Identify suitable location for Mbarara and Lira office.
- Develop Program Year 2 work plan for SURE program in coordination with MOH Counterparts and Implementing Partners.

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 3, SURE Organization Chart updated July 23, 2010.**

The SURE Program continues to grow as planned during this quarter. The number of full time staff increased from 10 persons by December 31, 2009 to 22 persons at March 31, 2010, to 28 full time staff at June 30, 2010.

Annex 4, Summary of SURE Staffing status as of 30 June 2010, presents an update on staffing status as at the end of June 30, 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 (actual)	30-Sep-10 (planned)	31-Dec-10 (planned)
# Staff	10	22	28	32	49

Collaborative discussions with Ministry of Heath counterparts identified the need for Secondments to the MOH Pharmacy Division and NMS. In response to this need, the SURE Program recruited and hired a Logistics Expert, Lawrence Were for the Pharmacy Division and a LMIS Officer, Michael Kavuma. Their start dates were April 15, 2010, and June 1, 2010 respectively.
To help support the increasing number and complexity of program activities, the SURE Program also hired 3 full time positions this quarter as follows: Training/Logistics Officer - Vertical Programs, Dorthe Konradsen; Programs Operations Associate, Peter Mugagga, and Communications Intern, Julian Natukunda.

Next steps:

- Continue with the recruitment of staff to December 2010. **Annex 5, Summary of full-time positions planned to be filled from 1 July 2010 to 31 December 2010**, presents a summary of positions that are planned to be filled over the July 1, 2010 to December 30, 2010.

Short Term Technical Assistance:

Progress:

Last Quarter, the STTA utilized mainly related to the activities proposed in the Policy Options Analysis conference. This quarter it was more diversified in terms of the Scopes of Work. After positive contribution to the Policy Options Analysis conference, Pito Jjemba and Cissy Kirambaire were mobilized to perform work in the area of Pharmaceutical Finance; Dr. Moses Muwonge continued his STTA consultancy in the area of Systems Change, and Jennifer Jones, the CPM Director of Operations was able to come to Uganda to train Uganda Finance and Administration Staff on MSH and USAID Financial and Administrative compliance.

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
Jjemba	Pito	Pharmaceutical Financial Advisor/ MOH, NMS	12 weeks Apr - Oct '10	Pharmaceutical Finance
Kirambaire	Cissy	Financial Advisor/MOH, NMS, and Implementing Partners	3 weeks in May-Jun '10	Pharmaceutical Finance
Muwonge	Moses	Medicines Supply Chain System Change Specialist/MOH and Implementing Partners	16 weeks, Mar '10 -Jun '10	Systems Change

Jones	Jennifer	CPM Director of Operations/SURE F&A Team	2 weeks, Mar '10	MSH and USAID Financial and Administrative Compliance

During the implementation of the activities related to development of a Quantification Unit housed at the MOH Pharmacy Division, an unexpected need arose for Technical Assistance. As a response to this need, the SURE program mobilized Paschal Mujasi (STTA) in June of 2010, to further implementation activities in this area.

The SURE Short-term TA Plan Year 1 – July 17, 2009 - September 30, 2010 was sent to USAID on May 13, 2010 and was approved. **Annex 6, STTA planned during July 17, 2009 - September 30, 2010 - approved May 13, 2010,** presents the approved May 13, 2010 version of the STTA planned during July 17, 2009 - September 30, 2010 excluding the cancelled STTA trips.

Finance

The SURE program has spent about 41% ($2,104,134) of its current obligation ($5,151,157) at June 30, 2010. The 15 month Year 1 work plan assumes a significant ramp up in work and associated expenditure in the first three quarters has demonstrated this assumption. In quarter 4 and thereafter, we expect the project burn rate to steadily increase 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 (11.5 mo) 07/17/2009-06/30/2010	Balance (3.5 mo) 7/01/2010 - 10/16/2010
I.	Salaries and Wages	$ 1,440,356	$ 709,942	$ 730,414
II.	Consultants	$ 77,376	$ 29,997	$ 47,379
III.	Overhead	$ 711,377	$ 430,123	$ 281,254
IV.	Travel and Transportation	$ 412,943	$ 123,018	$ 289,925
V.	Allowances	$ 263,437	$ 175,185	$ 88,252
VI.	Subcontracts	$ 1,162,814	$ 214,438	$ 948,376
VII.	Training	$ 275,156	$ 17,402	$ 257,754
VIII.	Equipment	$ 434,430	$ 139,518	$ 294,912
X.	Other Direct Costs	$ 583,245	$ 264,511	$ 318,734
Subtotal I. through X.		**$ 5,361,134**	**$ 2,104,134**	**$ 3,257,000**
Cost Share Contibution		$ -	$ 231,518	$ 231,518
Grand Total + Cost-Sharing		**$ 5,361,134**	**$ 2,335,652**	**$ 3,488,518**

Next steps:

- Originally planned for June 2010, the issuance of the Employee Handbook was postponed to the July- August 2010 time period to incorporate best practices learned from the MSH Worldwide conference in Accra, Ghana in late June 2010.
- MSH worldwide migration of Financial Management Software from Quickbooks and Solomon to Serenic Navigator has been delayed to October 2010. To prepare for these system rollouts, MSH Uganda will be conducting a series of Financial and Administrative Trainings for its staff.

Appropriate medicines use and dispensing is critical for the health outcomes.

Annex 1: Summary listing of SURE Program PMP indicators

Indicator Number	Indicator
Strategic Objective: To ensure that Uganda's population has access to adequate quantities of good essential medicines and health supplies	
Indicator 1.00	Percentage of health facilities with all 6 tracer vital essential medicines available on the day of survey
Indicator 1.01	Percent availability of basket of 6 vital essential medicines on the day of the visit at the surveyed service delivery point.
Indicator 1.02	Percent out of pocket spending on EMHS out of total expenditure on EMHS in private and public sector pharmacies
Indicator 1.03	Percent increase in total sales of EMHS at JMS
Result Area 1: Improved policy, legal and regulatory framework that provides longer term stability and sustainability of the public sector health commodities	
Indicator 1.11	Average percentage of disbursed GoU funds to USAID supported districts expended on credit line medicines and laboratory supplies
Indicator 1.12	Percent of GoU funds disbursed to health sector that are spent on all types of EMHS
Result Area 2: Improved capacity and performance of central government of Uganda entities in their supply chain management roles and responsibilities	
Indicator 2.11	Percent availability of 6 tracer vital medicines (basket) measured over a period of 3 month at National Medical Stores
Indicator 2.12	Percent of audited NMS medicine procurement transactions ranked as high-risk
Indicator 2.13	Percent of average international price paid by NMS for the procured essential medicines
Indicator 2.21	Number of individuals (program managers and technical staffs) trained in supply chain management and\or pharmaceutical leadership and management
Indicator 2.22	Percent of sampled medicines failing NDA quality tests
Indicator 2.23	Percent of sampled anti-malarial medicines failing NDA quality tests
Indicator 2.31	Average lead time for order processing from receipt to completion at NMS
Indicator 2.32	Percentage of orders placed that are fully filled by NMS.
Result Area 3: Improved capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities.	
Indicator 3.11	Number of public health facilities supported with technical assistance for pharmaceutical supply chain management
Indicator 3.12	Percent of facility credit line orders submitted on time as per NMS schedule
Indicator 3.21	Accuracy of logistics data for inventory management
Indicator 3.31	Number of public sector pharmacies/drug outlets accredited in regard to Good Pharmacy Practices (GPP)

Outlining the S08 indicators that were assigned to SURE program

IR: 8.1.1.	**Improved quality o social services**
Indicator 3.31 SO8 indicator 26	Number of public sector pharmacies/drug outlets accredited in regard to Good Pharmacy Practices (GPP)
IR: 8.1.1.1	**Increased Availability of resources**
Indicator 1.01 SO8 indicator 42	Percent availability of basket of 6 vital essential medicines on the day of the visit at the surveyed service delivery point.
IR: 8.1.2	**Increased availability of social sector services**
Indicator 1.11 SO8 indicator 60a	Average percentage of disbursed GoU funds to USAID supported districts expended on credit line medicines and laboratory supplies
Indicator 2.11 SO8 indicator 65	Percent availability of 6 tracer vital medicines (basket) measured over a period of 3 month at National Medical Stores
Indicator 1.03 SO8 indicator 66	Percent increase in total sales of EMHS at JMS

Annex 2: SURE Work plan -from start of program till end of June 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
	Q0			Q1			Q2			Q3					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
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	X	X	X			
Monitor and report GOU funding for EMHS											X	X			
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	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	X					
Develop work plan and performance indicators for monitoring framework reform									X	X	X				
Monitor framework reform actions											X	X			

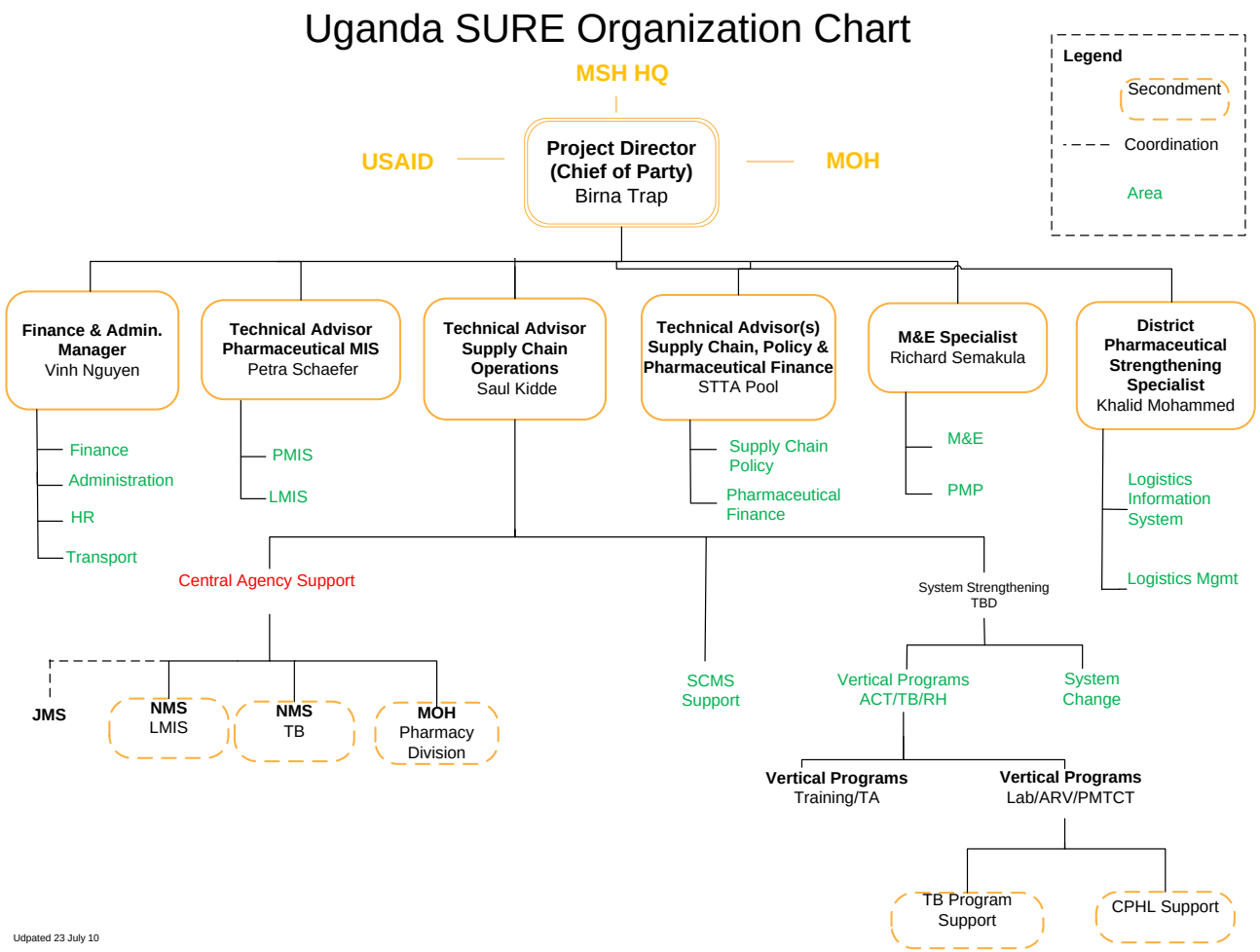
Result 2:Improved Capacity and Performance of Central GoU Entities in their Supply Chain Management Roles and Responsibilities	Year 1												over / on	OK	Delayed
	Q1			Q2			Q3			Q4					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
Sub-result 2.1:Improved Capacity of NMS to Procure, Store, and Distribute National EMHS															
2.1.1 Develop indicator based performance assessment plan															
Select and agree to indicators and targets									X	X	X				
Baseline assessment										X	X				
2.1.2.Support Procurement Processes															
Assess current procurement procedures								X	X	X	X				
Procurement audit										X					
Stream line procurement procedures								X	X	X	X	X			
Supplier prequalification system										X	X	X			
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	X	X	X			
2.1.4 Support warehouse operations and storage															
Support continued implementation of MACS & SAGE					X	X	X	X	X	X	X	X			
Support procurement of neccessary handling equipment							X	X	X						
2.1.5 Improve distribution															
Draw strategies based on the options analysis									X	X	X	X			

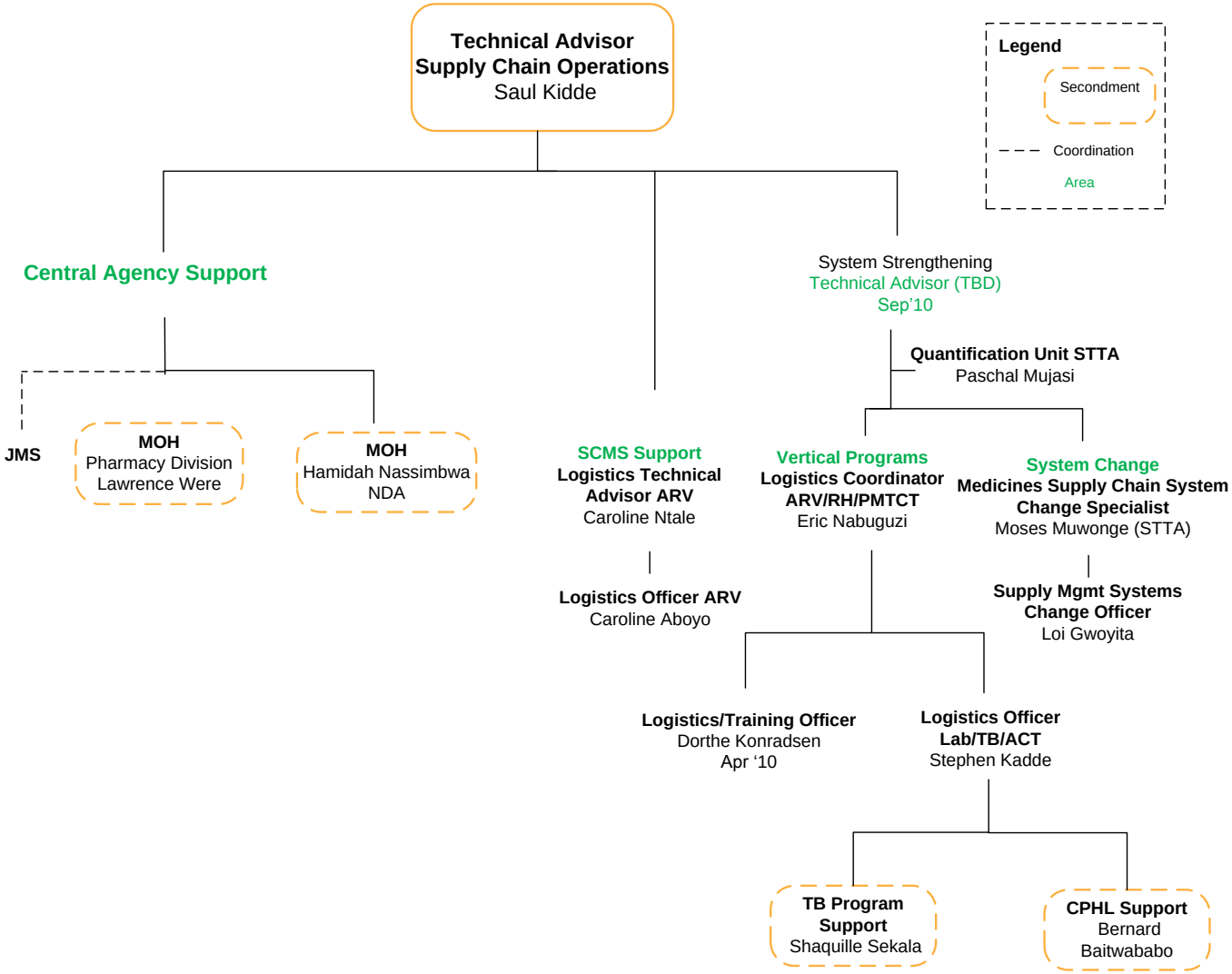
Sub-result 2.2:Improved Capacity of MoH Program Managers and Technical Staff to Plan and Monitor National EMHS	Year 1												over /on	OK	Delayed
	Q0			Q1			Q2			Q3					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
2.2.1. Support TO MOH Programs															
Support forecasting, quantification and procurement for MoH programs															
Assess MOH SMC capability and develop program strategies					X	X	X	X	X						
Strengthen MoH Programs Capacity in Commodity Management															
Orient MOH programs to SURE					X	X	X	X	X						
Develop LMIS for Improved EMHS Procurement and Distribution															
User information needs assessment								X	X	X	X				
Draft system design and specifications											X	X			
Initiate pilot implementation of LMIS															
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							X	X							
Support the implementation of the rolling procurement plan									X	X	X	X			
Assist MoH in implementing the NPSSP II and developing a PMIS															
Develop a 1 year operational plan								X	X	X					
Initiate the development of a performance monitoring plan for PMIS											X	X			
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	X	X	X	X	X	X			
Support and Strengthen NDA															
Assess and strengthen drug registration process & procedures							X	X	X	X	X	X			
Strengthen medicines control & testing related to USG programs									X	X	X	X			
Strengthen post marketing surveillance															
Sub-result 2.3: SCM system costeffectiveness improved by innovative approaches															
2.3.1 Implement approaches based on POA															
Quantification procurement planning unit										X	X	X			
ARV streamlining and harmonisation										X	X	X			

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
	Q0			Q1			Q2			Q3					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
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	X	X							
Collaborate with other programs/donors to cover more/all districts						X	X	X	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	X	X				
SOPs and Training Materials for Pharmaceutical Financial Practices								X	X	X					
Training material for training of District and HSD SMS in finance management										X	X	X			
Establish supplies management supervision system												X			
Pilot training of district staff of Drug Management Supervision (DMS) part 1 supply management												X			
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															
District integrated LMIS designed and developed and utilization piloted in selected districts															
Determine data needs from each level of the health system									X	X					
Determine the needed infrastructure, software and human resource needs need for the LMIS										X	X				
Determine the critical data elements to collect with a rationale for including each data element										X	X				
Design and develop the LMIS for pilot testing											X	X			
Develop standard operating procedures for LMIS data collection, recording, compilation, and transfer												X			
Carry out TOT and prepare materials for implementation of the pilot LMIS											X				
Train facility, HSDs, and district staff on the SOP and implementation of the LMIS												X			
Pilot supply chain and LMIS model in pilot districts															

Sub-result 3.2 Improved Capacity of Selected IP 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	X	X							
Develop individual IP strategies to capacitate, streamline and harmonise practices and procedures								X	X	X	X				
3.2.2.Strengthen IP and other NGOs' Capacity at Facility Level in SCM and System Knowledge															
Train and capacitate IP in supply chain management for IP to get a good understanding of the systems											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	X	X	X			
Improve the data collection and reporting tool /harmonised and uniformed.											X	X			
Sub-result 3.3 Overall Access to EMHS Improved through Innovative District-Level Interventions															
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	X	X	X			
4. Monitoring and Evaluation	Year 1												over /on	OK	Delayed
	Q0			Q1			Q2			Q3					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
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	X	X							
Quaterly update of UMEMS, MEEPP indicator databases						X			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 identfy 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	X					
Review and identfy performance indicators											X	X			
5. Program Management	Year 1												over /on	OK	Delayed
	Q0			Q1			Q2			Q3					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
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		X	X			
5.2 Program Implementation															
5.2.1. Program Visibility															
Meetings with USAID, MOH, Key stakeholders, donors etc			X	X	X	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			X					
Prepare and submit Annual Report															
Develop and submit Year 2 Work plan											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					X	X	X								
Participate in regular coordination meeting with key stakeholders			X		X		X		X		X				
Assess feasibility /develop web page for information sharing						X	X	X							

Annex 3: SURE Organization Chart updated July 23, 2010




Technical Advisor
Supply Chain Operations
Saul Kidde
Legend
Secondment
Coordination
Area
Central Agency Support
System Strengthening
Technical Advisor (TBD)
Sep'10
Quantification Unit STTA
Paschal Mujasi
JMS
MOH
Pharmacy Division
Lawrence Were
MOH
Hamidah Nassimbwa
NDA
SCMS Support
Logistics Technical
Advisor ARV
Caroline Ntale
Vertical Programs
Logistics Coordinator
ARV/RH/PMTCT
Eric Nabuguzi
System Change
Medicines Supply Chain System
Change Specialist
Moses Muwonge (STTA)
Logistics Officer ARV
Caroline Aboyo
Supply Mgmt Systems
Change Officer
Loi Gwoyita
Logistics/Training Officer
Dorthe Konradsen
Apr '10
Logistics Officer
Lab/TB/ACT
Stephen Kadde
TB Program
Support
Shaquille Sekala
CPHL Support
Bernard
Baitwababo

Annex 4: Summary of SURE Staffing status as of 30 June 2010

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

Annex 5: Summary of full-time positions planned to be filled from 1 July 2010 to 31 December 2010 Summary of SURE Staffing status as of 30 June 2010

#	Job Title	Last Name	First Name	Hire dates	Planned hire dates	Comments
1	M&E/LMIS Coordinator - Mbale	Elur	Bill		7-Jul-10	
2	IT Specialist	Muwanga	Peter		7-Jul-10	
3	Pharm. Field Coord. - Mbale	Umirambe	Emmanuel		7-Jul-10	
4	IT Officer - seconded to National Drug Authority	Nassimbwa	Hamidah		21-Jul-10	MOU draft in progress
5	Assistant Accountant - Mbale	TBD	TBD		1-Aug-10	Post changed to Assistant Accountant from Adm Coordinator – Recruitment in progress
6	Driver Mbale	TBD	TBD		1-Aug-10	Recruitment in progress
7	IT Officer - seconded to Resource Centre	TBD	TBD		1-Aug-10	Recruitment in progress
8	Secondment to NMS (System Developer)	TBD	TBD		1-Aug-10	
9	Technical Advisor - System Strengthening	TBD	TBD		1-Sep-10	
10	M&E/LMIS Coordinator - Mbarara	TBD	TBD		1-Dec-10	
11	M&E/LMIS Coordinator - Fort Portal	TBD	TBD		1-Dec-10	
12	M&E/LMIS Coordinator - Lira	TBD	TBD		1-Dec-10	
13	Pharm. Field Coord. - Mbarara	TBD	TBD		1-Dec-10	
14	Pharm. Field Coord. - Fort Portal	TBD	TBD		1-Dec-10	
15	Pharm. Field Coord. - Lira	TBD	TBD		1-Dec-10	
16	Assistant Accountant - Mbarara	TBD	TBD		1-Dec-10	Post changed to Assistant Accountant from Adm Coordinator
17	Assistant Accountant. - Fort Portal	TBD	TBD		1-Dec-10	Post changed to Assistant Accountant from Adm Coordinator
18	Assistant Accountant. - Lira	TBD	TBD		1-Dec-10	Post changed to Assistant Accountant from Adm Coordinator
19	Driver - Mbarara	TBD	TBD		1-Dec-10	
20	Driver - Fort Portal	TBD	TBD		1-Dec-10	
21	Driver - Lira	TBD	TBD		1-Dec-10	
	Total Full Time Staff to be hired by 31 December 2010	**=== 21**				

Annex 6: STTA planned during July 17, 2009 - September 30, 2010 - approved May 13, 2010

SURE Short-term TA Plan Year 1 – July 17, 2009 - September 30, 2010

Approved Version: 13 May 2010
Comments updated: 30 June 2010

Highlights in Blue = Changes from last STTA Plan Submitted 31 Mar 2010.
Highlights in Red = Cancellations and Rejections.

Last Name	First Name	Org.	Title/Counterpart	Result Area	TA Type	LOE	Scope of Work	Comments	2009						2010								
									Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Kirambaire	Cissy	EHG	Financial Advisor/MOH, NMS, and Imp. Partners	1.2	Local	2 weeks Mar '10	POA data collection	Completed									x						
Maroun	Maria	MSH	Comm. Associate/ SURE POA Team	1.2	Int'l	1 week from USA, Apr '10	To finalize POA presentations	Completed												x			
Cole	Simon	PHD	Warehouse and Distribution Advisor/NMS, JMS	1.2	Int'l	4 weeks, Nov '09; 4 weeks Feb-Mar '10; 1 week Apr '10	Data collection /POA Analysis and Conference	Completed; Result Area updated to be Result 1.2					x	x		x	x	x					
Graham	Dukes	EHG	POA Facilitator Policy Option Analysis Team	1.2	Int'l	2 weeks Mar-Apr '10	POA Facilitator and Reporting	Completed									x	x					
Jjemba	Pito	EHG	Pharmaceutical Financial Advisor/ MOH, NMS	1.2	Local	60 days, Oct-Mar '10;	Data collection and analysis POA	Completd				x	x			x	x	x					
Chiratidzo	Ndhlovu	EHG	MOH, Chief Pharmacist, Martin Otebe	2.2	Regional	3 weeks, Mar-Apr '10	Ven Analysis; Revision of EMLU and ESLU/VEN Classification	Completed									x	x					
Joan	Mansour	MSH	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	Completed											x				
Picazo	Oscar	MSH	Financial Advisor/MOH	1.1	Int'l	3 weeks Sep '10	Pharmaceutical Finance	Approved STTA by AOTR, substitutes LTTA Key position.															x
Jjemba	Pito	EHG	Pharmaceutical Financial Advisor/ MOH, NMS	1.1	Local	12 weeks May - Oct '10	Pharmaceutical Finance	Approved STTA by AOTR, substitutes LTTA Key position.											x	x	x	x	x
Kirambaire	Cissy	EHG	Financial Advisor/MOH, NMS, and Implementing Partners	1.1	Local	3 weeks in May-Jun '10	Pharmaceutical Finance	Approved STTA by AOTR, substitutes LTTA Key position. Finance).											x	x			
Kraushaar	Dan	MSH	Financial Advisor/MOH and NMS	1.1	Int'l	2 weeks June '10; 2 weeks Sep '10	Pharmaceutical Finance	Approved STTA by AOTR, substitutes LTTA Key position. Result Area corrected to be Result 1.1 (Pharmaceutical Finance).												x			x
TBD	TBD	MSH	Financial Advisor/MOH	1.1	Local	4 weeks Aug-Sep '10	Pharmaceutical Finance	Approved STTA by AOTR, substitutes LTTA Key position. Result Area corrected to be Result 1.1 (Pharmaceutical Finance).														x	x
Bosman	Frans	MSH	Pharmaceutical Pricing Survey	1.2	local	4 Weeks, Feb '10-Mar '10	Data collection and analysis POA;	Completed. Addition to STTA Plan; Frans Bosman's work under DANIDA Cost Share.								x	x						
Embrey	Martha	MSH	Sr Med/Pharm Tech Writer, SURE POA Team	1.2	Int'l	1 week, May '10	To finalize POA report.	Timeline Changed to July '10											x				
Kraushaar	Dan	MSH	Financial Advisor/MOH and NMS	1.2	Int'l	1 weeks working out of USA May' 10;	Pharmaceutical Finance	POA Report Tech. Review and Editing. Timeline updated to May'10.											x				
Lee	David	MSH	Principal Tech Advisor/MOH and NMS	1.2	Int'l	4 weeks, Sep '09; 5 weeks Feb–Apr'10	Assist in start-up and Policy Option Analysis (POA) design and data analysis	POA report writing in process, July '10.			x					x	x	x					
TBD	TBD	MSH	MACS and Sage Consultant, IT Experts/NMS	2.1	Int'l	2 – 3 weeks/TBD - estimated Jun '10	Support the implementation of Sage and MACS at NMS													x			
TBD	TBD	PHD	Business and Strategic Planning Expert/NMS	2.1	Int'l	4 weeks Aug '10	NMS Strategic plan															x	
TBD	TBD	MSH	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
Kyle	Duarte	MSH	LMIS Consultant/ MOH and Implementing Partners	2.2	Int'l	1 Week, May 17-22, 2010	MACS/SAGE review mission to support NMS.	Completed. Trip paid for by SCMS, time charged to SURE. No USAID SURE Prog. Approval needed										x	x				
Kidde	Saul	MSH	RT Kampala - Nairobi	2.2	Int'l	4 days - Jun '10	Exposure Trip to Kenya to see Quantification Unit	Postponed to July '10												x			
Muwonge	Moses	MSH	RT Kampala - Nairobi	2.2	Int'l	4 days - Jun '10	Exposure Trip to Kenya to see Quantification Unit	Postponed to July '10												x			
Nabuguzi	Eric	MSH	RT Kampala - Nairobi	2.2	Int'l	4 days - Jun '10	Exposure Trip to Kenya to see Quantification Unit	Postponed to July '10												x			
TBD	TBD	MOH Pharm. Div.	RT Kampala - Nairobi	2.2	Int'l	4 days - Jun '10	Exposure Trip to Kenya to see Quantification Unit	Postponed to July '10												x			
TBD	TBD	MSH	PMIS - Data Mgmt Expert/MOH	2.2	Local	6 weeks/Aug -Sep '10	Further develop existing reporting and tracking system within MOH Pharmacy Divison	Focusing on Quantification Unit needs and linkings to Rolling Procurement Plan														x	x

SURE Short-term TA Plan Year 1 – July 17, 2009 - September 30, 2010

Approved Version: 13 May 2010
Comments updated: 30 June 2010

Highlights in Blue = Changes from last STTA Plan Submitted 31 Mar 2010.
Highlights in Red = Cancellations and Rejections.

Last Name	First Name	Org.	Title/Counterpart	Result Area	TA Type	LOE	Scope of Work	Comments	2009						2010								
									Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Kyle	Duarte	MSH	LMIS Consultant/ MOH and Implementing Partners	3.1	Int'l	2 Weeks days, Apr - May '10	Assess and design LMIS and support district facility computerization of supply chain operations	Completed. Updated SOW and Result Area 3.1										x	x				
Kyle	Duarte	MSH	LMIS Consultant/ MOH and Implementing Partners	3.1	Int'l	2 weeks, Aug '10	LMIS/PMIS Faciliation and follow up															x	
Tina	Brock	MSH	Capacity building and training	3.1	Int'l	3 weeks in Jun -Jul '10	To finalize material for Drug Mgmt Supervision Training in Supply Chain & Fin. Mgmt.	Postponed to September '10.												x	x		
Bagyendera	Moses	MSH	RT Kampala - Africa	3.1	Int'l	4 days, Jun '10	Exposure trip to Africa Region (to South Africa or Swaziland) - LMIS/Dist. System in Action	Postponed -TBD												x			
Blick	Belinda	MSH	RT Kampala - Africa	3.1	Int'l	4 days, Jun '10	Exposure trip to Africa Region (to South Africa or Swaziland) - LMIS/Dist. System in Action	Postponed -TBD												x			
Kidde	Saul	MSH	RT Kampala - Africa	3.1	Int'l	4 days, Jun '10	Exposure trip to Africa Region (to South Africa or Swaziland) - LMIS/Dist. System in Action	Postponed -TBD												x			
Muwonge	Moses	MSH	Medicines Supply Chain System Change Specialist/MOH and Implementing Partners	3.2	local	16 weeks, Mar '10 - Jun '10	Sytems Change	Postponed -TBD									x	x	x	x			
Clarke	Malcom	MSH	Medicines Supply Chain System Change Specialist/MOH and Implementing Partners	3.2	local	3 weeks, Aug '10	Sytems Change															x	
TBD	TBD	MSH	LMIS System Expert (Rx Solutions)/MOH, District Counterparts	3.2	Int'l	3 weeks/Jul '10	Introduce and train LMIS at district level.														x		
Jennifer	Jones	MSH	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	Completed.											x				
Trap	Birna	MSH	COP SURE Program	5	Int'l	1 week, June '10	MSH COP Conference, Accra, Ghana	Trip to be paid by MSH with Overhead funds. Only courtesy email notification will be done to AOTR.												x			
Bacia	Scovia	MSH	Accountant - SURE Program	5	Int'l	1 week, June '10	Global Finance Conference - CPM Headquarters in Arlington, VA	**Rejected.** Request not approved because US Visa processing time would be too long. Finance training will be planned for a later date.												x			
TBD	TBD	MSH	RT Kampala - International Conference	3.3	Int'l	1 week Jun '10	Systems Change	**Canceled.** New trips proposed for exposure visits in the Africa Region for Results Area 2.2 and Results Area 3.1 above.															
Luce	Caries	MSH	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	MSH	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.															