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

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

### **Quarterly Report Q5 October to December 2010**

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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 NMS, 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 (MOH) and the Ministry of Health Resource Center (MOH RC), strengthen data collection and utilization by developing and implementing an electronic Medicines Management Information System (eMMIS) at higher facility level and a central level Pharmaceutical Information Portal (PIP).

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
ACT	Artemisinin Combination Therapy
AIDS	Acquired Immune Deficiency Syndrome
AMCs	Average Monthly Consumptions
ARVs	Antiretroviral drugs
AOTR	Agreement Officer Technical Representative
CAO	Chief Administrative Officer
CDC	Center for Disease Control
CHAI	Clinton HIV/AIDS Initiative
CPHL	Central Public Health Laboratory
CPT	Contraceptive Procurement Tables
DADI	District Assistant Drug Inspector
DBA	Data Base Administrator
DHIS	District Health Information System
DHO	District Health Officer
EHG	Euro Health Group
EMHS	Essential Medicines and Health Supplies
eMMIS	Electronic Medicines Management Information System
EOI	Expression of Interest
ESRI	Environmental Systems Research Institute
EUV	End User Verification
FACTS	Financial And Commodity Tracking Systems
FMTS	Financial Management and Tracking System
FTS	Financial Tracking System
GFATM	Global Fund for AIDS, TB and Malaria
GFP	Good Financial Practices
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
HSD	Health Sub-District
HSSP	Health Sector Strategic Plan
IDI	Infectious Diseases Institute
IPs	Implementing Partners
IT	Information Technology
JMS	Joint Medical Store
JRM	Joint Review Mission
KPIs	Key Performance Indicators
LM	Leadership & Management
LMIS	Logistics Management Information Systems

MAK	Makerere University Kampala
MAUL	Medical Access Uganda Limited
MEEP	Monitoring and Evaluation of Emergency Plan
MIS	Management Information System
MJAP	Makerere Mbarara Joint AIDS Program
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
MPM	Medicines Procurement and Management
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
PFC	Pharmaceutical Field Coordinator
PHD	Fuel Group/Pharmaceutical Healthcare Distributors [PHD]
PIP	Pharmaceutical Information Portal
PIR	Post Implementation Review
PMI	President's 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
RDTs	Rapid Diagnostic Tests
RFP	Request For Proposal
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
SOW	Statement Of Work
SPS	Strengthening Pharmaceutical Systems
STAR – E	Strengthening AIDS and TB Response in Eastern Uganda
STTA	Short Term Technical Assistance
SURE	Securing Ugandans' Right to Essential Medicines [program]
TA	Technical Assistance/Advisor

TB	Tuberculosis
TBD	To be determined
TOR	Terms Of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UCG	Uganda Clinical Guidelines
UHMG	Uganda Health Marketing Group
UMEMS	Uganda Monitoring and Evaluation Management Services
UMTAC	Uganda Medicines Therapeutic Advisory Committee
VEN	Vital-Essential-Necessary
USAID	U.S. Agency for International Development
UNFPA	United Nations Population Fund
WAS	Web-Based ARV Ordering and Reporting System
WHO	World Health Organization

## TABLE OF CONTENTS

Acronyms .....	ii
Table of Contents.....	v
Executive Summary.....	6
Introduction .....	13
Progress.....	15
Result 1: Improved Policy, Legal and Regulatory Framework to Provide for Longer-Term Stability and Public Sector Health Commodities Sustainability.....	15
Sub-Result 1.1. Government of Uganda (GoU) Demonstrated Commitment to Improving Health Commodities Financing.....	15
Sub-Result 1.2. Legal, Regulatory, and Policy Framework Revised to Promote Cost-Effective, Efficient, Equitable, Appropriate Use of Available Funds and Health commodities .....	15
Result 2: Improved Capacity and Performance of Central GoU Entities in their Supply Chain Management Roles and Responsibilities.....	17
Sub-Result 2.1. Improved Capacity of NMS to Procure, Store, and Distribute National EMHS .....	17
Sub-Result 2.2. Improved Capacity of MOH Programme Managers and Technical Staff to Plan and Monitor National EMHS.....	20
Sub result 2.3: Supply chain system cost effectiveness and efficiency improved through innovative approaches.....	24
Result 3: Improved capacity and performance of targeted districts and health facilities in planning, distribution, managing and monitoring of EMHS .....	25
Sub result 3.1: Improved capacity of target districts and health facilities in planning, distribution, managing and monitoring EMHS .....	25
Sub-Result 3.2. Improved Capacity of Selected Implementing Partners in Quantifying, Managing, and Monitoring EMHS.....	30
Sub-result 3.3. Overall access to EMHS improved through innovative district level interventions.....	32
Monitoring and evaluation .....	32
SURE Performance Monitoring Plan (PMP) .....	32
Improved capacity for M&E for key stakeholders .....	34
Program Management.....	35
Program Implementation and Staff Recruitment.....	35
Staffing .....	36
Short Term Technical Assistance: .....	37
Finance .....	38
Annex 1: PMP indicators .....	39
Annex 2: SURE Organization Chart updated 31 December 2010 .....	40
Annex 3: Summary of SURE Staffing status as of 30 December 2010.....	41
Annex 4: Summary of full-time positions planned .....	43

## EXECUTIVE SUMMARY

Although overall implementation of the planned activities during this fifth quarter did not fully meet expectations due to constraints in a number of areas, SURE was able to implement many of its planned activities. The main strategic approaches continued were to establish SURE presence in regional offices and districts; play a more active role in collaboration and coordination of partners including provision of technical support where needed; and participation in partners and technical work group meetings.

In an effort to streamline support and improve capacity in targeted districts, SURE trained 43 district and health facility supervisors (also referred to as Medicines Management Supervisors - MMS) to lead the implementation of the facility supervision strategy. After the training, the supervisors utilized the gained skills by commencing with baseline data collection activities in health facilities.

In order to support computerized management of medicines inventory and dispensing in health facilities, this quarter SURE introduced RxSolution a system tried and tested in a number of countries. 21 participants were trained as users in RxSolution, and this set the foundation for the current piloting of the system in Masaka, Kayunga and Butabika hospitals. As part of the system piloting, the facilities were equipped with hardware, software and internet connectivity to be able to run the system successfully.

In December 2010, SURE program eastern regional office was officially launched at a colorful ceremony at Mbale Municipality, Mbale district. The launching ceremony was presided over on behalf of USAID by the Agreement Officer Technical Representative (AOTR) Rebecca Copeland and a senior official from the MOH Pharmacy Division, Mr. Thomas Obua. Among others in participation were implementing partners in the region, and district local government officials.

Towards improved capacity and performance of central government entities in supply chain management, SURE provided support to the MOH Resource Center (MOH RC) with the boosting of its internet connectivity to an uploading and downloading capacity of 4GB. This support shall help the ministry in managing the PIP and data warehouse, yet to be established. The process of performance assessment, first to be implemented first with JMS was also initiated.

Over the quarter SURE developed a set of key performance indicators to monitor the changes in functional processes of JMS. The indicators were presented, discussed, and agreed upon. SURE also embarked on a post-implementation assessment of the KIT system in order to determine its feasibility in making EMHS available in HC-II and HC-III. This assessment will be used to advise NMS on reviewing the KIT contents and make adjustments according to consumption pattern. Similarly, SURE started data collection under the distribution study aimed at assessing the efficiency of NMS distribution and recommend cost effective means of distribution.

SURE activities, during this period, were not without constraints. These constraints are further highlighted below:

- There was a delay in support to NMS while awaiting the development of their new business plan. Since this new NMS Business Plan will guide future support to them, it has necessitated a rethinking of SURE support to strengthen central level procurement, supply and distribution.
- QPPU concept and implementation plan did not progress as expected pending further discussions to generate consensus with Ministry of Health (MOH).

The table below offers a clear overview of the quarterly 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	
<i>Monitor and Evaluate Pharmaceutical Financing</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• STTA to develop financial and commodity tracking system strategy and implementation plan</li> <li>• Financial and Commodity Tracking System (FACTS) implementation plan presented at stakeholders meeting</li> <li>• FACTS presented and approved at MPM TWG</li> <li>• Data collection continued in preparation for next step of the implementation of the FACTS</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Continue data collection from donors and key stakeholders</li> <li>• International and local STTA to continue implementation</li> <li>• Establish FACTS working group</li> <li>• Begin discussions with Pharmaceutical Information Portal (PIP) group</li> </ul>
Sub-Result 1.2. Legal, regulatory and policy framework revised to promote cost-effective, efficient, equitable, appropriate use of available funds and health commodities	
<i>Develop an options analysis for policy, legal, and regulatory reforms, financing/funding gaps, and supply chain solution</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• POA report sent for language editing</li> <li>• Scope of work development for employment of QPP secondment (See 2.3)</li> <li>• SURE proposed support plan for NMS not approved by NMS and will need to be revised to reflect NMS new business plan/strategy</li> <li>• GPP assessment and analysis tools for public sector facilities piloted</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Finalize and sign Memorandum of Understanding with NMS, JMS, MOH and Districts including indicator based monitoring and evaluation plan with agreed targets (See 2.1)</li> <li>• Develop revised plan for possible SURE support to NMS for strengthening medicines management</li> <li>• Finalize and disseminate the POA report</li> <li>• Concept papers for “quantification procurement planning unit (QPP)”</li> <li>• The “one supplier one facility “concept need to be further modified following discussions with stakeholders and especially USAID prior to presentation and approval at the MPM TWG (See 2.2)</li> <li>• Discuss accreditation criteria for Good Pharmacy Practices (GPP) with NDA (See 3.1.).</li> </ul>

<b>Result 2: Improved Capacity and Performance of Central GOU Entities in their Supply Chain Management Roles and Responsibilities</b>	
<b>Sub-result 2.1: Improved Capacity of NMS to Procure, Store, and Distribute National EMHS</b>	
<i>Support to NMS and JMS</i>	
<p>Progress: (NMS)</p> <ul style="list-style-type: none"> <li>The NMS support plan needs revision to reflect the new NMS business plan</li> <li>NMS Secondment moved to work at the SURE team strengthening hospital computerization</li> </ul> <p>Progress: (JMS)</p> <ul style="list-style-type: none"> <li>Separate support plan to JMS agreed to be developed and draft work plan developed</li> <li>MOU between JMS and SURE drafted for signing</li> </ul>	<p>Next steps(NMS)</p> <ul style="list-style-type: none"> <li>Develop revised support plan for NMS based on the new NMS strategic plan</li> <li>Sign MOU between NMS and SURE</li> <li>Discuss the need for a continued secondment as part of the revised new support plan for SURE support to NMS.</li> </ul> <p>Next steps: (JMS)</p> <ul style="list-style-type: none"> <li>Agree to performance assessment indicators and undertake baseline assessment</li> <li>Update draft JMS support plan with inputs from the performance assessment</li> <li>Finalize the plan B strategy, for support to other central level supply management or distribution organizations</li> </ul>
<i>Develop indicator based performance assessment plan</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>SURE developed a set of key performance indicators to monitor the changes in functional processes of JMS. The indicators were presented to JMS, discussed and agreed upon.</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>Agree to performance assessment indicators and undertake baseline assessment at JMS and NMS</li> <li>Implement a tool for data collection and analysis related to regular performance monitoring at NMS and JMS</li> </ul>
<i>Support Procurement Processes and Ordering Processes</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>Data collection for the KIT assessment undertaken</li> <li>PPDA STTA identified if requested</li> </ul>	<p>Next steps :</p> <ul style="list-style-type: none"> <li>Implement PPDA support and procurement audit if requested in the revised plan for SURE support to NMS</li> <li>Data analysis and reporting on KIT feasibility</li> </ul>
<i>Support warehouse operations and storage</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>MACS and SAGE systems have been stabilized at NMS/ JMS but long term solution needed</li> <li>NMS have developed in-house requirement specifications</li> <li>JMS requested SURE support an STTA to develop new system requirement specifications and process mapping</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>Institution of MIS project management task force at JMS</li> <li>STTA to prepare process mapping and functional, technical and strategic requirements finalization for long term solution for the management information system JMS</li> <li>Identify warehouse efficiency improvement needs</li> <li>Support procurement of key warehousing and quality assurance equipment</li> </ul>
<i>Improve distribution</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>A distribution study was commenced in this quarter aimed at assessing the efficiency of NMS distribution and make recommendation towards cost effective means of distribution.</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>Continue implementation of the distribution study.</li> <li>Carry out stakeholder meeting to present and build consensus on the distribution recommendations in line with per discussion held with key stakeholders</li> <li>Develop SOW to provide TA to implement the agreed recommendations</li> </ul>

SURE Quarterly report January 2011.

Sub-result 2.2: Improved Capacity of MOH Program Managers and Technical Staff to Plan and Monitor National EMHS	
<i>Support to MOH Programs</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>Supported the review of Global Fund PSM plans for Round 6 Phase 2 TB grant.</li> <li>Participated in the pre-JRM field visits in Kibaale, Mityana, Abim and Kaabong districts,</li> <li>Produced the bimonthly Comprehensive Stock Status reports for the period September/October 2010</li> <li>Participated in the integrated support supervision of HIV/AIDS services in selected districts</li> <li>Developed five-year projections of commodity needs for malaria, TB, HIV/AIDS, and contraceptives.</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>Finalize MOU for secondments and have them signed</li> <li>Develop and present draft strategy for capacity building by IP in SURE districts and next pharmacy division meeting in January.</li> <li>Develop implementation plan to roll out the web-based ARV ordering system.</li> <li>Work with NMS and JMS to improve timely and accurate stock status reporting.</li> <li>Finalize the five year contraceptives forecast report</li> <li>Continued logistics training for laboratory and TB commodities</li> <li>Carry out a problem analysis of the laboratory logistics system and develop an improvement strategy</li> </ul>
<i>Support and strengthen Pharmacy Division</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>Regular coordination meeting with PD, CPHL, WHO and UNFPA continues to be held</li> <li>UMTAC established but awaiting formal appointment of members</li> <li>Required hardware and software needed to support the PIP was determined and a Purchase Request (PR) issued</li> <li>Interviews were held with six candidates for the Data Warehouse Secondment, but no success has been reported</li> <li>provided financial and technical support towards boosting internet connectivity of the MOH</li> <li>The development of the Verification of Imports application at the NDA was outsourced to a local Software Development Firm</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>Continue regular meeting with Pharmacy Division</li> <li>Following MOH appointment of UMTAC members organize regular meeting and update/ development of essential and VEN classified lists.</li> <li>Fill the Data Warehouse Architect secondment positions at the MOH RC.</li> <li>Receive hardware early 2011.</li> <li>Prepared and issued PR for the software in January 2011.</li> <li>Train SURE staff in use of ArcGISFinalize the requirements document for the PIP, including vertical programs and financial tracking. In January a financial expert (STTA Frans Stobbelaar) will work on the identification of the pharmaceutical finance flows and this information will form the basis for the PIP Financial Data Mart.</li> <li>Finalize the decision for the GIS solution for the PIP</li> <li>Create an SOW and RFP for outsourcing of the development of the PIP</li> <li>Assess the possibility for connecting the CPHL to the MOH after the move to their new premises in Luzira.</li> <li>Develop consensus with MOH, SDS and Makerere University on training needs and strategy for leadership and management training among the pharmaceutical staff</li> </ul>
<i>Support MOH stakeholders/donor coordination activities</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>SURE participates in TWGs but experienced many cancellations</li> <li>Regular NDA coordination meetings held</li> <li>NDA procurement progressing well</li> <li>Good Distribution Practices developed</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>Continue the work in TWG</li> <li>Finalize NDA procurement</li> <li>Ensure that the NDA Verification of Imports application produces the data to be uploaded into the PIP.</li> <li>Assist in the development of Good Distribution Practices</li> </ul>

<b>Sub-result 2.3:Supply chain system effectiveness and efficiency improved through innovative approaches</b>	
<i>Establish a single quantification and procurement planning unit</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• IPs on board but need to further detail modalities for QPP</li> <li>• Job description developed for secondment to spearhead QPP</li> </ul>	<p>Next step:</p> <ul style="list-style-type: none"> <li>• Finalize recruitment of the Coordinator for the QPP</li> <li>• Finalize and further detail the QPP concept and implementation plan</li> <li>• Developing detailed indicator based implementation plan</li> <li>• Conduct a stakeholders meeting to build consensus on the way forward in establishing the QPP</li> </ul>
<i>Harmonization of ARV Supply chain system (PEPFAR Partners)</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Awaiting donor/PEPFAR discussions</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Await outcome of donor discussions</li> </ul>
<b>Result 3: Improved Capacity Performance of Target Districts and USAID Implementing Partners in Supply Chain Management Roles and Responsibilities</b>	
<b>Sub-result 3.1 Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS</b>	
<i>District Selection and regional support offices</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• SURE launched its activities in the eastern region by signing memoranda of understanding with 12 districts in a ceremony in Mbale.</li> <li>• This brings to 21 the total number of districts where SURE has began implementing district strengthening activities.</li> <li>• Two regional offices of Kampala and Mbale are now fully operational with all staff recruited and equipment in place.</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Launch SURE activities in the Western region and sign MOUs with the 8 districts</li> <li>• Fill the vacant posts for Mbarara and Lira regional offices</li> </ul>
<i>Development of district level support package/program at facility level</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• 43 Medicines Management Supervisors attended a two-week long training course.</li> <li>• While there were good improvement in capacity between pre and post tests, a significant high number (25%) did not pass the final exam</li> <li>• Review of financial management practices undertaken</li> <li>• Performance and data analysis tool developed and piloted</li> <li>• 135 motorcycles under procurement</li> </ul>	<p>Next steps</p> <ul style="list-style-type: none"> <li>• Conduct training for 40 Eastern and Western Region Medicines Management Supervisors</li> <li>• Update and professionalize training materials in preparation for large scale printing</li> <li>• Finalize and professionalize medicines management manual (MMM)</li> <li>• Develop curriculum and training material for 5 day supplementary course for retraining supervisors who failed exams.</li> <li>• Print training material and MMM</li> <li>• Draft tools, guidelines, and SOPs for Pharmaceutical Financial Management (PFM)</li> <li>• Draft a manual for PFM at health facility level</li> <li>• Implement Delphi workshop to finalize draft PFM manual</li> <li>• Initiate development of training material for training of MMS in financial management</li> <li>• Develop and implement the motorcycle management plan including training, maintenance and fueling modalities, and implement motorcycle training in the central region</li> <li>• Develop and implement an action plan for systematic collection, analysis and reporting on supervision data</li> <li>• Print supervisory tool including supervision books, stock books, and prescribing and dispensing logs</li> </ul>

SURE Quarterly report January 2011.

	<ul style="list-style-type: none"> <li>• Further detail the rewards based strategy and district support package,</li> <li>• Agree to specific modalities and ownerships of items such as motorcycles, computers, printers and internet connectivity.</li> <li>• Baseline data collection and supervision to be initiated in all the 9 districts of the central region and 3 districts in Eastern region</li> </ul>
<i>New communication and information Technology</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• 21 participants attended a TOT training on usage of RxSolution and report generation</li> <li>• Three pilot systems were rolled out in the following hospitals (Butabika, Masaka, and Kayunga). The facilities were equipped with hardware, software and internet connectivity to be able to run the system successfully.</li> <li>• LMIS/SURE specialist resigned</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Fill the position of LMIS specialist for RxSolution implementation</li> <li>• Development of RxSolution implementation package; this will comprise of the TOT manual, SQL Server, RxSolution application, checklists and maintenance guidelines.</li> <li>• Pretest tools at the pilot sites,</li> <li>• Support system maintenance and conduct assessment of system performance at the pilot sites.</li> </ul>
<b>Sub-result 3.2 Improved Capacity of Selected Implementing Partners in Quantifying, Managing, and Monitoring EMHS</b>	
<i>Assess Capacity, Procedures and Practices in Supply Management of Selected USG Partners</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Strategy for strengthening IP in SURE districts drafted and presented to regional and district pharmacists</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Present IP capacity building strategy at 6 monthly pharmacy staff meeting.</li> <li>• Develop individual strategies for USG IP for capacity building at their central level and district levels.</li> </ul>
<i>Strengthen IP and other NGOs' Capacity at Facility Level in Commodity Management and System Knowledge</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• 66 persons (IPs) trained this quarter in 2-day workshops on ARV reporting and logistics management</li> <li>• 77 persons trained in TB commodity management</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Develop a quarterly training calendar.</li> <li>• Support the MJAP program in training personnel in lab logistics</li> </ul>
<i>Strengthen IP and other NGO' Capacity in Commodity Quantification, Reporting, and LMIS Development</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Produced and disseminated a bimonthly Comprehensive Stock Status report for the period September/October 2010</li> <li>• SURE then adopted the DHIS for the development of the Web-Based ARV Ordering and Reporting System (WAS)</li> <li>• SURE has led the effort to streamline the ARV supply chain by harmonizing ARV procurement, distribution, and reporting.</li> </ul>	<p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Undertake orientation of PD staff, IP, MOH Programs and other users in the routine stock status reports applicability and limitations</li> <li>• Finalize the web based ARV ordering and reporting application and roll it out</li> </ul>
<b>Sub-result 3.3 Overall Access to EMHS Improved through Innovative District-Level Interventions</b>	
<i>Establish Accreditation System for GPP</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Initial discussions were held with NDA on implementation of activities including Good Pharmacy Practice (GPP) accreditation but the final action plan is yet to be developed.</li> <li>• GPP assessment and analytical tool developed and tested now for discussion with NDA</li> </ul>	<p>Next steps</p> <ul style="list-style-type: none"> <li>• Develop a strategy for implementing the performance reward system including GPP performance criteria, training of inspectors, conduct of inspections and reward ceremonies</li> </ul>
<i>Performance monitoring at SURE districts</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• Developed the routine facility supervision and monitoring tool to be used by supervisors</li> <li>• Supported the implementation of the baseline data collection in intervention districts</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Review and update tools for regular performance reporting from sentinel sites.</li> <li>• Support the continued implementation of baseline in intervention districts</li> <li>• Training of Sure Regional Field staff in M&amp;E including data collection</li> </ul>

4. Monitoring and Evaluation	
<i>SURE Performance Monitoring Plan (PMP)</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• 3 of the 5 PMP quarterly indicators measured</li> <li>• 6 facilities supervised</li> <li>• Indicators on 6 tracer medicines have been harmonized and clarified with MOH</li> <li>• End-User Verification (EUV) data analysis and report writing undertaken and report disseminated</li> <li>• Baseline assessment data analysis undertaken</li> <li>• Participated in the training of regional field staffs in facility monitoring and data collection during supervision</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Present the EUV findings and implement the next EUV survey</li> <li>• Finalize quality assurance of collected base line data from control districts</li> <li>• Finalize, disseminate and present baseline survey findings to stakeholders</li> <li>• Finalize write-up of reward-based performance assessment intervention</li> <li>• Undertake literature review relevant to the performance rewards based intervention strategy</li> <li>• Undertake reproducibility assessment</li> <li>• Evaluate supply chain management supervision data collected from the facilities</li> <li>• Design practices and appropriate mechanism including a database for managing data collected from facility supervision.</li> <li>• Continue discussion on how best to make sentinel site data available through the PIP</li> <li>• Develop PMP indicator data collection tools and routines for quarterly and annual data collection and tracking</li> <li>• Update partner reporting systems with MEEPP and UMEMS with Quarterly data</li> <li>• Develop indicators and data collection tools appropriate for assessing Medicines Financial Management performance</li> </ul>
<i>Improve capacity in M&amp;E of key stakeholder programs</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• SURE developed a candidate list of key performance indicators for measuring progress in NMS and JMS.</li> <li>• Initiated discussion with MOH pharmacy division on the intricacies of measuring indicators on tracer medicines,</li> <li>• SURE embarked on a study to assess the effectiveness of the KIT in making essential medicines available in health facilities.</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Complete data collection, analysis and dissemination of KIT study</li> <li>• Develop key performance indicators for SURE support to MOH Pharmacy Division</li> <li>• Conduct performance data collection from partners including baseline data</li> </ul>
5. Program Management	
<i>Program implementation</i>	
<p>Progress:</p> <ul style="list-style-type: none"> <li>• SURE Program has continued to exert its presence in other regions. The Eastern Regional was launched in Mbale in December 2010 following the recruitment of the Regional office staff</li> <li>• Staffing for the Western Regional office is nearly completed with the exception of recruitment of the Assistant Accountant</li> <li>• The SURE Program website was updated with latest information (<a href="http://www.sure.ug">www.sure.ug</a>)</li> <li>• An annual program report was finalized and submitted to USAID.</li> <li>• SURE Program continued to hold regular internal and external meetings. These include monthly staff meetings, weekly management team meetings, meetings with partners</li> </ul>	<p>Next steps:</p> <ul style="list-style-type: none"> <li>• Continue office set-up for Western Region office in Fort Portal</li> <li>• Identify suitable locations for regional offices in Mbarara and Lira.</li> <li>• Support SURE District Strengthening intervention by procurement of 135 motorcycles and the training of the selected persons in the defensive motorcycle driving.</li> </ul>

## INTRODUCTION

This report highlights the implementation progress of Securing Ugandans' Rights to Essential Medicines (SURE) program over the first quarter of FY 2009/10 period from October 1, 2010 to December 31, 2010. Implementation of planned program activities has now covered a period of 18 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 and in monitoring and evaluation and program management including staffing and finance. The report also outlines achievement, specific challenges, and next steps for the next quarter – January 1, 2011 to March 31, 2011.

The program is progressing in all areas, but several targets have been met later than planned. Not only was year 1 plan rather ambitious but the program has also experienced several constraints delaying implementation in this quarter specifically in result area 1 and 2. The previously agreed plan for strengthen NMS was not approved by the NMS Board and a new plan is to be developed base on the revised NMS strategic plan. Signing of MOU with the MOH has taken much longer than anticipated which has again delayed implementation in other areas.

Towards improved capacity and performance of central government entities in supply chain management, SURE has initiated a process of performance assessment to be implemented first in JMS. Over the quarter SURE developed a set of key performance indicators to monitor the changes in functional processes of JMS. The indicator were presented, discussed and agreed upon. SURE embarked on a post implementation assessment of the KIT in order to determine its feasibility in making EMHS available in HCII and HC III. This assessment will be used to advise NMS on reviewing the KIT content and make adjustments according to consumption pattern. Similarly, SURE started data collection under the distribution study aimed at assessing the efficiency of NMS distribution and recommend cost effective means of distribution.

Along efforts towards improved capacity of the targeted districts, SURE has increased its presence in the regions particularly the central and Eastern regions. SURE has trained 43 district and health facility supervisors and has established regional offices in covering 21 districts. During the quarter the supervisors commenced with baseline data collection in health facilities. In order to support computerized management of medicines inventory and dispensing in health facilities, this quarter SURE introduced RxSolution a system tried and tested in a number of countries. 21 participants were trained as user in RxSolution and the system is currently pilot tested in Masaka, Kayunga and Butabika hospitals. The pilot facilities were equipped with hardware, software, and internet connectivity to be able to run the system successfully.

SURE continued to play an active role in pharmacy related technical working groups such as UMTAC, PIP, and MPM-TWG and participated in regular partner meetings like PD and NDA. Though SURE has maintained good collaboration with the Ministry of Health vertical programs such as the National AIDS Control Program, the National Tuberculosis and Leprosy control

program (NTLP), National Malaria Control Program, Reproductive Health program, Central Public Health Laboratories (CPHL), the Resource Centre, National Drug Authority (NDA) and other important stakeholders there is a need to further strengthen this collaboration in the next quarter. Detailed capacity building and collaborative plans needs to be developed for each or our partners.

## 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 2 SURE together with Pharmacy Division (PD) will have designed and implemented a financial and commodity tracking (FACT) system.*

Progress:

There has been acceptable progress in establishing a Financial and Commodity Tracking System (FACTS). During this quarter, data collection was undertaken adding on to the financial information collected as part of the Policy Option Analysis. An international consultant, Frans Stobbelaar together with Pito Jjemba, a local consultant outlined the strategy and a phased plan for establishing a FACTS in Uganda. The plan was presented and agreed to at a stakeholder meeting and later at the Medicines Procurement and management Technical Working Group. The foundation for a financial tracking system has been laid. The FACTS system linkage to the Pharmaceutical Information Portal (PIP) will provide financial data critical for the success of the planned Quantification Procurement Planning unit (QPP).

- Continue data collection from donors and key stakeholders
- International and local STTA to continue implementation
- Establish FACTS working group
- Begin discussions with Pharmaceutical Information Portal (PIP) group

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

*At the end of Year 2 SURE will have started implementation of POA recommendations and initiated the reform of the policy, legal and regulatory requirements needed to establish a well functioning supply chain.*

Progress:

Progress in this area has been below standard but is however on the right track. Memorandum of Understanding (MOU) was not signed as planned with the Ministry of Health, NMS, or JMS. Though MOU were drafted, the approval process took longer than anticipated but is well underway now (See 2.1).

The POA report was not finalized as planned. However, all contributions have been gathered; the report drafted and was sent for language editing and finalization.

Progress on the recommendations outlined in the POA has been little mainly due to the complexity of the interventions and the involvement of many stakeholders and Implementing Partners (IP).

The POA recommendations developed to increase NMS sustainability and viability, strengthen JMS, explore distribution outsourcing, improve stream lining and harmonization, improve quantification and procurement planning and increase access to quality medicines through accreditation and cost recovery initiatives will need to be further discussed and detailed. This quarter very limited progress was seen in moving the recommendations forward.

The NMS strengthening plan awaits development of NMS own strategic plan followed by revision of possible SURE support including PPDA revision. Several meetings have been held with JMS and the development of a detailed support plan has started on the basis of the findings from the POA. However, a more in-depth assessment with prime focus on JMS will be needed to guide the support. Streamlining of logistic tools has progressed well. The idea of moving towards “one supplier one facility” has major financial implications for the key donors, mainly USAID and progress will depend on donor decisions on how best to achieve harmonization in regards to ARVs. The concept of Good Pharmacy Practices (GPP) and GPP accreditation has progressed with the assessment and analysis tools for use in public sector being piloted, resulting in further modifications.

Next steps:

- Finalize and sign MOU with NMS, JMS, MOH and Districts including indicator based monitoring and evaluation plan with agreed targets (See 2.1)
- Develop revised plan for possible SURE support to NMS for strengthening medicines management
- Finalize and disseminate the POA report
- Concept papers for “quantification procurement planning unit (QPP)”
- The “one supplier one facility “concept need to be further modified following discussions with stakeholders, and especially USAID prior to presentation and approval at the MPM TWG (See 2.2)
- Discuss accreditation criteria for Good Pharmacy Practices (GPP) with NDA (See 3.1.).

## **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 year 2 capacity and performance of NMS will have been improved. Performance including baseline is assessed and agreed strategies and implementation plans with targets for strengthening NMS are being implemented*

#### **Support to NMS**

Progress:

Progress on strengthening NMS has stalled in the last quarter. The proposed plan for SURE support to NMS that was developed in year 1 as part of the POA assessment and following consultations with NMS should be revised to be in line with a new NMS business plan developed by NMS. Moreover, as a prerequisite for providing support to NMS a MOU between NMS and SURE needs to be signed, following signing of MOU between MOH and SURE. The MOU is closely linked to an agreed plan of work and agreed performance indicators. Though some delays have been experienced in the signing of the MOU between MOH and SURE, the MOU between NMS and SURE still awaits the approval of a revised work plan outlining SURE support to NMS and agreed performance indicators. The planned STTAs to support NMS have been postponed except for one consultant Malcolm Clark who drafted performance indicators applicable to NMS as well as JMS.

In order to computerize hospital medicines inventory management system and establish on line ordering, it was agreed to place the SURE recruited NMS secondment with the SURE team. The secondment has completed his orientation, supported the system selection analysis and the prepared for piloting the selected RxSolution at 3 hospital sites.

Next steps:

- Develop revised support plan for NMS based on the new NMS strategic plan
- Sign MOU between NMS and SURE
- Discuss the need for a continued secondment as part of the revised new support plan for SURE support to NMS.

#### **Support to JMS**

Progress:

In this quarter the importance of separating support to NMS and JMS was recognized and an alternative strategy to support JMS in regards to procurement, storage and distribution was discussed. A draft JMS work plan informed by the POA findings and a study by an external consultant (Malcolm Clarke in June 2010) was developed. The developed baseline performance

indicators and base line assessment will further guide on the need for support to JMS and if the work plan needs further revision. The MOU between JMS and SURE has been drafted and can be signed when the work plan has been finalized, hopefully next quarter.

Next steps:

- Agree to performance assessment indicators and undertake baseline assessment
- Update draft JMS support plan with inputs from the performance assessment
- Finalize the plan B strategy, for support to other central level supply management or distribution organizations

### **Develop indicator based performance assessment plan**

Progress:

A set of key performance indicators to monitor the impact following interventions related to strengthening procurement, storage and distribution at national or central level supply organizations such as NMS and JMS was developed in collaboration with Pharmacy Division, CDC, JMS and NMS. The indicators were presented to JMS, discussed and agreed upon. These include financial based indicator, indicators for measuring outputs in procurement, warehousing inventory management, distribution and others. A baseline assessment to collect current data will be carried out early next quarter that will further inform the strategic plan for strengthening JMS. The baseline will guide on the need for STTA, and supplement the needs already identified. Among the STTA, the MIS strengthening consultant has been identified and will start work in the coming quarter to map key processes to MIS needs using the MACS and SAGE system's functionality as a baseline.

The performance indicators are an important part of the MOU between SURE and NMS, JMS respectively together with a detailed and agreed work plan. The indicators have been shared with NMS but are not yet agreed to. Some of the indicators were part of the POA assessment but for others baseline assessment is still pending.

Next steps:

- Agree to performance assessment indicators and undertake baseline assessment at JMS and NMS
- Implement a tool for data collection and analysis related to regular performance monitoring at NMS and JMS

### **Support Procurement and Ordering Processes**

Progress:

#### ***PPDA***

The need for an STTA to advise NMS on how best to implement the PPDA Act efficiently has been identified and a consultant identified. Moreover, it was agreed to undertake a procurement audit in December or latest January and a STTA was identified. However,

implementation of these activity are still on hold until NMS gives a go ahead and finds that these activities are also in line with their revised business plan.

#### ***KIT Assessment***

Following the introduction and implementation of the KIT system for HC III and II for the past 6 months, SURE in collaboration with Pharmacy Division undertook to develop and implement a feasibility assessment of the KIT as a way to increase access to medicines. Data collection was carried out in 9 districts and 35 health facilities.

Next Steps:

- Implement PPDA support and procurement audit if requested in the revised plan for SURE support to NMS
- Data analysis and reporting on KIT feasibility

#### **Support warehouse operations and storage**

Progress:

The MACS and SAGE systems have been stabilized at NMS/ JMS to a position where they support functionality of NMS and JMS. Services contracts have been transferred to NMS and JMS respectively. The technical task force instituted to review and streamline the implementation of the management information systems at both NMS and JMS has not been functioning and it was recognized that different solutions were considered for NMS and JMS respectively calling for separate planning.

NMS has developed in-house requirement specifications and have undertaken visits to regional countries to study alternative systems.

JMS has indicated interest in receiving SURE support to finding a long term solution and instituted a new technical task force for JMS alone was established. It was agreed to recruit an independent STTA to review the existing MACS and SAGE and to develop new system requirement specifications and process mapping.

Next steps:

- Institution of MIS project management task force at JMS
- STTA to prepare process mapping and functional, technical and strategic requirements finalization for long term solution for the management information system JMS
- Identify warehouse efficiency improvement needs
- Support procurement of key warehousing and quality assurance equipment

#### **Improve distribution**

Progress:

A distribution study was commenced in this quarter aimed at assessing the efficiency of public sector distribution and make recommendation towards cost effective means of distribution.

The study not only assesses NMS performance but also look at performance and feasibility of options involving other providers such as JMS, UHMG and Medical Access. Two distribution segments are being assessed; the NMS to district segment and the district to last mile segment in order to identify various distribution options. The study methodology includes desk documentary review at NMS, observation and interview of third party transport providers. Data collection for JMS was completed, however, more data still needs be collected from NMS, with the last mile and third party logistics data to be collected in the next quarter.

Next steps:

- Continue implementation of the distribution study.
- Carry out stakeholder meeting to present and build consensus on the distribution recommendations with key stakeholders
- Develop SOW to provide TA to implement the agreed recommendations

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

*At the end year 2 SURE will have further strengthened MOH programs commodity logistics and quantification capacity, improved management information and reporting systems, developed a Quantification and Procurement Planning Unit, supported and strengthened the Pharmacy Division, the National Drug Authority and the Uganda Medicines and Therapeutic Advisory Committee.*

#### **Support to MOH Programs**

Progress:

Considerable progress was seen in this component during this quarter. SURE continues to support the different Ministry of Health programs to review Global Fund PSM plans by supporting the National Malaria Control Program (NMCP) to review Round 4, Phase 2 grant. More specifically SURE supported the quantification for ACTs and RDTs including costing the PSM plan. For the TB program, SURE supported review of the PSM plan for Round 6 Phase 2 TB grant, and presented the justification to the visiting GFATM consultant. SURE assisted the HIV program in developing the disbursement request for the Round 7 Phase 1 year two. This was subsequently revised in December 2010 to accommodate additional funding identified for Uganda under this grant for Phase 1.

SURE also participated in the pre-JRM (Joint Review Mission) field visits in Kibaale, Mityana, Abim and Kaabong districts, to identify strengths and constraints in the Uganda health care delivery system. Contrasting findings were found in the area of medicines availability. Feedback from Kibaale and Mityana showed increased availability of medicines at HCII and HCIII, as well as better performance by NMS in their services. On the other hand, some facilities had actually

closed in the Karamoja region attributed to lack of supplies. There were no ACTs from GOU in any of the facilities visited. In both regions, health commodity inventory management practices are poor.

During the quarter, SURE continued to produce the bimonthly Comprehensive Stock Status reports for the period September/October 2010, and supported the programs to review their commodity security situation. The Comprehensive Stock Status report provides strategic logistics information that strengthens and informs decision making in the MPM Technical Working Group meetings. The highlights of the September/October 2010 stock status report included critically low levels of first line adult ARVs, test kits and PMTCT supplies to support revised treatment guidelines. The report triggered UNITAID support for procurement of commodities to support roll out of Option A treatment guidelines in Uganda.

The challenge to this is that it is still difficult to obtain timely information from NMS, JMS and NTLF on stock status, quantities received and issued. It is also difficult to interpret AMCs because of rationing and stock outs. Once the QPPU is operational, it will enhance management and tracking of commodity procurement plans and making them readily available to all stakeholders, and regularly reviewing these as necessary.

SURE took part in the integrated support supervision of HIV/AIDS services in selected districts organized by MOH (ACP/CPHL) together with development partners, the implementing partners and civil society organizations in those regions. Several challenges were identified in laboratory logistics, ranging from supply shortages, inadequate storage space and conditions, poor data management, inadequate human resource capacity to support logistics functions and poor coordination among partners. Similar challenges were highlighted following the district laboratory coordination meetings in the same period. In the next quarter, SURE will undertake to further assess the lab logistics supply system and identify major bottlenecks to be addressed. This will be conducted in collaboration with CPHL, CDC, NMS and other relevant stakeholders.

SURE, in collaboration with the respective Ministry of Health programs and Pharmacy Division, developed five year projections of commodity needs for malaria, TB, HIV/AIDS, and contraceptives. The contraceptive forecast was further developed to produce a two-year supply plan, and a development partners meeting conducted to obtain commitments against the plan. The report will be finalized in the next quarter.

Additionally, SURE held a multi-stakeholder meeting to discuss strategies for strengthening laboratory logistics system in pharmaceutical management. Tasks were allocated for each key partner with SURE being the key TA to carry this through and NMS to concentrate of the selection of activities.

Next Steps:

- Finalize MOU for secondments and have them signed

- Develop and present draft strategy for capacity building by IP in SURE districts and next pharmacy division meeting in January.
- Develop implementation plan to roll out the web-based ARV ordering system.
- Work with NMS and JMS to improve timely and accurate stock status reporting.
- Finalize the five year contraceptives forecast report
- Continued logistics training for laboratory and TB commodities
- Carry out a problem analysis of the laboratory logistics system and develop an improvement strategy

### **Support and Strengthen Pharmacy Division**

Progress:

#### ***Coordination and Collaboration***

The weekly recorded (with minutes) meetings between Pharmacy Division and SURE has continued and includes also participants from CPHL, WHO and UNFPA. Information is shared on a regular basis and planned activities are for the most jointly implemented. Support to the implementation of the annual work plan of the Pharmacy Division has started.

#### ***Uganda Medicines and Therapeutic Advisory Committee***

Following the initial meetings and development of terms of reference the work came to a halt waiting for members to be appointed by the Ministry of Health. This has significantly delayed the update of the essential medicines list and the development of supplies and laboratory supplies lists.

#### ***Development of Pharmaceutical Information Portal (PIP)***

The required hardware and software needed to support the PIP was determined and a Purchase Request (PR) issued for the hardware. A major setback has been the failure to identify the Data Warehouse Architect (previously termed System Developer/DBA) who has to lead the project on a daily basis, act as the linking point between the MOH, SURE and the development team, and assure quality of the design, software, documentation and training of the PIP. Interviews were held with six candidates that were selected from twenty applications. The best and most suitable candidate was identified and offered the position unfortunately she declined the offer and SURE will review the requirements for this job and re-advertise or re-shuffle within the team.

SURE provided financial and technical support towards boosting internet connectivity of the MOH. By implementing a stable 4GB up/down link through Orange (the ISP) and connecting the TB/Chemotherapy ward by fiber to the network of the MOH, MOH operations have improved greatly. The support for the monthly internet subscription will be fully borne by SURE for the next three years.

The GIS training institute was selected out of three vendors, 4 SURE staff selected to attend the training.

### ***Leadership and management***

Following a number of meetings to discuss approach to Leadership and Management training for pharmaceutical staff, Makerere University developed a plan of action and budget. At the same consultative discussion were held with the Strengthening Decentralization for Sustainability (SDS) program on how to work together particularly in 29 districts where SURE and SDS are both active. Further discussions will be held after the review of detailed activity plans to explore the possibility of pooling resources for the leadership and management training.

### **Next Steps:**

- Continue regular meeting with Pharmacy Division
- Following MOH appointment of UMTAC members organize regular meeting and update/development of essential and VEN classified lists.
- Fill the Data Warehouse Architect secondment positions at the MOH RC.
- Receive hardware early 2011.
- Prepared and issued PR for the software in January 2011.
- Train SURE staff in use of ArcGIS.
- Finalize the requirements document for the PIP, including vertical programs and financial tracking. In January a financial expert (STTA Frans Stobbelaar) will work on the identification of the pharmaceutical finance flows and this information will form the basis for the PIP Financial Data Mart.
- Finalize the decision for the GIS solution for the PIP
- Create an SOW and RFP for outsourcing of the development of the PIP
- Assess the possibility for connecting the CPHL to the MOH after the move to their new premises in Luzira.
- Develop consensus with MOH, SDS and Makerere University on training needs and strategy for leadership and management training among the pharmaceutical staff

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

#### **Progress:**

SURE has continued working with the various technical working groups (TWG). However few meetings have been held due to cancellation.

More regular meetings have been held in support of NDA work plan implementation.

Procurement of minilab, vehicles and reagents is progressing well. A STTA for assessing fee structures has been proposed but the implementation postponed due to changes in financial management in NDA.

NDA has developed Good Distribution Practices to separate and specify the different roles of wholesalers and pharmacies especially in regards to quality assurance of medicines.

Implementation of the guidelines will be the next challenge in strengthening medicines quality including counterfeit medicines. The development of the Verification of Imports application at the NDA was outsourced to a local Software Development Firm. Meetings have been held to ensure the functionality included capture of the data required for inclusion into the PIP.

Next steps:

- Continue the work in TWG
- Finalize NDA procurement
- Ensure that the NDA Verification of Imports application produces the data to be uploaded into the PIP.
- Assist in the development of Good Distribution Practices

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

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

Progress:

Development of long term solution for national quantification and procurement planning (QPP) to improve coordination between MoH and multiple development partners has had little progress. There are still many unsolved issues. Further discussions are needed to develop consensus on the concept, a detailed implementation plan, where the unit is best placed, and how it can be linked to the planned financial and commodity tracking system and the PIP etc. Initially it has been agreed to second a full time staff to work with the MOH technical programs to develop and implement the QPP unit. The job description for the secondment has been developed in collaboration with the PD.

Next step:

- Finalize recruitment of the Coordinator for the QPP
- Finalize and further detail the QPP concept and implementation plan
- Developing detailed indicator based implementation plan
- Conduct a stakeholders meeting to build consensus on the way forward in establishing the QPP

#### **Harmonization of ARV Supply chain system (PEPFAR Partners)**

Progress:

Progress in this area awaits discussions at donor level which is expected early 2011. The outcome of these discussions will lead the way forward in “one supplier – one facility” concept.

### **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 year 2 SURE will have started implementing the district level support package for strengthening supply chain management in 29 districts and established 3 of the five regional offices. Baseline assessment and initial impact assessment started in all 27 districts. Electronic medicines management information systems initiated at district hospital. District supervisors will start being computerized.*

#### **District Selection and Regional Support Offices**

##### Progress

Progress in this component is good and fully on track. SURE launched its activities in the eastern region by signing memoranda of understanding with 12 districts in a ceremony in Mbale. This brings to 29 the total number of districts where SURE has begun implementing district strengthening activities. Two regional offices of Kampala and Mbale are now fully operational. The staffs for the other regional offices have been recruited and are currently working with the central region team. This arrangement not only serves as an orientation program for new the new staff but also to ensure that the regional teams have common understanding of SURE strategies and approach to district strengthening. SURE will share premises for the western regional office with our sister organization STRIDES and modalities of allocating office space and administrative costs have been agreed.

##### Next Steps:

- Fill the remaining vacant posts for Mbarara and Lira regional offices
- Launch SURE activities in the Western region and sign MOUs with the 8 districts

## Development of District-Level Support Package

### Medicines Management Training

Progress:

Two-week long MMS training course have been implemented, training in total 43 Medicines Management Supervisors from the central regional districts. The course covered topics Essential Medicines Concept, National Drug Policy, Stock management, Storage management and Rational Medicines Use. In addition the supervisors were given skills in communication, mentoring and coaching necessary for effectively passing on knowledge to health facility staff. The trainees were equipped to monitor and analyze GPP performance of the facilities supervised.

During the training participant's knowledge of medicines management was evaluated using a pre and post training methodology. Each MMS training course ends with a two hour written exam testing their understanding of basic concepts in stock management, rational use of medicines, storage practices, dispensing and pharmacy practices.

The results of the Pre and Post test in both trainings showed that there was improvement in knowledge and skills of the participants. As shown in figure 1 and 2, the average score rose in both team from 40 respectively 41% to 68 respectively 69% (pre-post).

Figure 1: Test scores for first batch of 23 supervisors

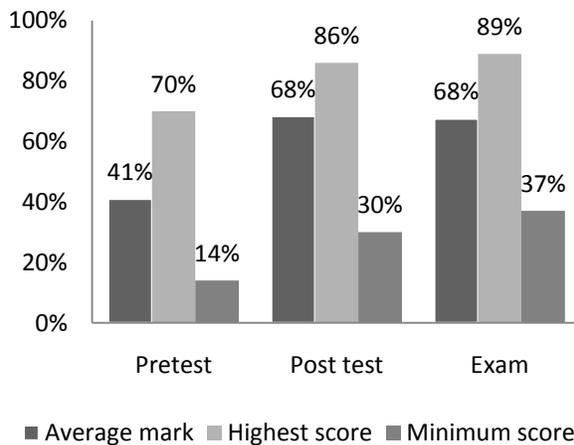
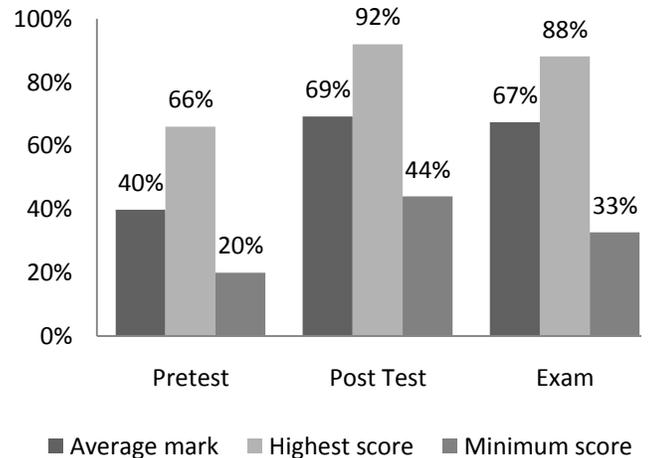


Figure 2: Test scores for second batch of 20 supervisor



The results of the final exams did depict a wide variation in the abilities of the selected supervisors. While the average score was just above the pass mark of 66% in both first and second batch groups (68% and 67% respectively) about 25% of the participants failed to attain the pass mark. Further review and discussion with the poorly performing supervisors revealed that the weakness was in the ability to make calculations necessary in stock management and also calculating scores for performance indicators.

Based on the findings it was agreed that the training materials will be adjusted to increase on the number of practical exercises so that the basic stock management concepts are better internalized by the participants. An additional measure involving selection of supervisors with relevant experience will be instituted to minimize the failure rate. At the same time, a one week course with more emphasis on practical exercises will be developed to give another chance to the participants who failed the exam but are believed able to pass given further training.

Initially the facilitators are SURE staff but gradually the best performing Medicines Management Supervisors will be used as facilitators.

Feed back on draft medicines management manual (MMM) that has formed a basic part of the training material has been received from course participants and stakeholder and is now ready to be finalized

Next steps:

- Conduct training for 40 Eastern and Western Region Medicines Management Supervisors
- Update and professionalize training materials in preparation for large scale printing
- Finalize and professionalize medicines management manual
- Develop Curriculum and training material for 5 day supplementary course for retraining supervisors who failed exams.
- Print training material and MMM

### ***Pharmaceutical Financial Management (PFM) training***

Progress

Progress in this component has not been as fast as expected. A review of the current procedures, tools and guidelines on Pharmaceutical Financial Management was carried out with support of local STTA. Four districts of Jinja, Mbale, Mubende, and Fort Portal were visited and discussion held with district health office accounting staff, hospital superintendents, hospital accounting staff, staff from the private wing in the Regional referral hospitals as well as health facility in charges at the lower levels of care. The review provides the platform for developing tools and Standard Operating Procedures (SOP) for Pharmaceutical Financial management (PFM) manual design and training.

Next steps:

- Draft tools, guidelines and SOPs for Pharmaceutical financial Management Draft a manual for PFM at health facility level
- Implement Delphi workshop to finalize draft PFM manual
- Initiate development of training material for training of MMS in financial management

### ***Implementation of the district supervision strategy***

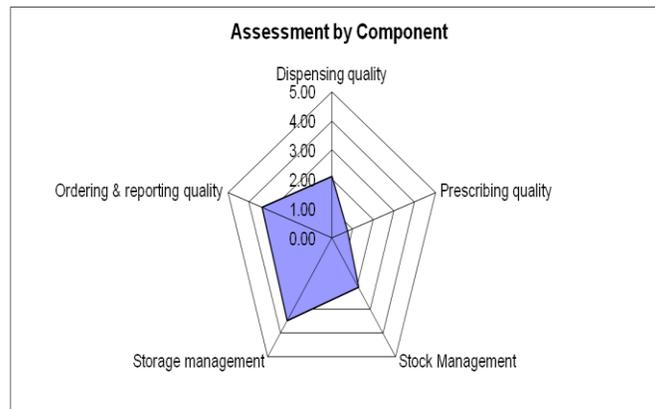
#### **Progress**

In this quarter supervision has started the two central region districts of Mpigi and Mityana. SURE staff in collaboration with MMS (District and HSD supervisors) undertook performance assessment and supervision in 6 facilities.

Performance is scored in the five main areas: stock management, storage, dispensing quality, prescribing quality and ordering /reporting. The performance is depicted in a spidograph showing scores on a scale of 1 to 5 maximum (fig 3)

Routine supervision performance assessment and analysis tools have been developed and piloted at these initial supervisory visits.

Procurement of 135 motorbikes in progressing and arrangement for driver training planned.



**Figure 3 : Performance Assessment Scores for Mityana Hospital**

Tools such as stock cards, stock books prescription and dispensing logs has been unified and developed as part of the tool revision undertaken by the Resource Center/HMIS work. Discussion with MOH on printing of tool has started. However as funds are not available within the MOH budget it might be a challenge to have stock cards made available. New tool proposed by SURE, necessary for implementation logistic management, will be printed by SURE in order not to delay implementation.

In addition to the baseline the supervisors in the two districts developed work plans that were presented for discussion to the District Health Management teams. The successful roll out of supervision will require that the following are in place; a system for management and monitoring use of motorcycles, a system for collection, analysis and reporting on supervision data; a system for assessing and rewarding facilities and supervisors who perform well consistently.

Next steps:

- Develop and implement the motorbike management plan including training, maintenance and fueling modalities, and implement motorcycle training in the central region
- Develop and implement an action plan for systematic collection, analysis and reporting on supervision data
- Print supervisory tool including supervision books, stock books and prescribing and dispensing logs
- Further detail the rewards based strategy and district support package, agreed to specific modalities and ownerships of items such as motorbikes, computers, printers and internet connectivity.
- Baseline data collection and supervision to be initiated in all the 9 districts of the central region and 3 districts in Eastern region

### **New communication and information Technology**

Progress:

A workshop comprising 21 participants including: pharmacists from referral hospitals, Ministry of Health Resource Center staff, stores officials, and IT Staff attended a TOT training on usage of RxSolution and report generation. The training and initial deployment was conducted by MSH/SPS South Africa software developers together with the Uganda SURE team. Detailed hands-on training on building of the stock file with codes and prices from NMS/JMS in the system, and usage on RxSolution using the stores and dispensing modules and report writing skills were conducted.

Three pilot systems were rolled out in the following hospitals (Butabika, Masaka, and Kayunga). The facilities were equipped with hardware, software and internet connectivity to be able to run the system successfully. Implementation of the application was deployed in a modular fashion to allow accessibility either on a stand-alone computer or via a network to enable multiple users to access the program from different computers. The computers which were set up on a local area network were connected on a server to share the same database.

The intervention was implemented at the stores at the three facilities. In Butabika, RxSolution was installed at the store and at the inpatient pharmacy. Deployment of the dispensing module at Butabika is being explored. The trained staff will later take the responsibility for implementation and roll out of RxSolution software in other districts. System changes will continue during piloting which will last 2-3 months.

The LMIS Specialist/SURE who was responsible for the implementation of this component has resigned with effect from January 2011.

Next steps:

- Fill the position of LMIS specialist for Rx implementation

- Development of RxSolution implementation package; this will comprise of the TOT manual, SQL Server, RxSolution application, checklists and maintenance guidelines
- Pretest tools at the pilot sites
- Support system maintenance and conduct assessment of system performance at the pilot sites.

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

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

#### **Assess Capacity, Procedures and Practices in Supply Management of Selected USG Partners**

Progress:

Progress in this area has been minimal. A strategy for involvement of selected USG Implementing Partners (IP) has been drafted for presentation in the quarterly pharmacy meeting (January 2011). The strategy takes into consideration the differences in representation in the various districts and region. It is recognized that different partner and regional/ district strategies needs to be developed. Implementation has to go hand in hand with rolling out the SURE district capacity building strategy. Initial assessment has shown that there is a need to unify tools, strengthen GPP, reporting capacity and supervision.

Next steps:

- Present IP capacity building strategy at 6 monthly pharmacy staff meeting.
- Develop individual strategies for USG IP for capacity building at their central level and district levels.

#### **Strengthen IP and other NGOs' Capacity at Facility Level in Commodity Management and System Knowledge**

Progress:

In this quarter SURE has continued responding to ad hoc training requests. Training has been undertaken for STAR-E, MJAP, HIPS, CRS, TASO, MILDMAY, IDI and JCRC. The training was conducted at public sector facilities and included MOH staff together with the named IP. A total of 66 persons were trained in this quarter. The training which was a 2 days' workshop based training building skills in ARV reporting and logistics management. To complement the training and ensure better sustainability a new approach has been introduced whereby SURE assesses reporting quality and timeliness and send reminders and follow up as needed. District staff participating in the ARV training was trained in how to ensure better quality control of the received.

In collaboration with NTLF and the USAID supported NUMAT project, SURE conducted two trainings in TB commodities logistics in the northern zone. A total of 77 were trained. The

trainings were conducted in response to low reporting rates and poor quality of logistics reports, largely attributed to staff attrition and transfers. The major objective was therefore to equip the new TB health facility staff with knowledge in health logistics and specifically to update their knowledge on ordering and reporting of anti TB medicines so as to improve the reporting rate. In line with the new SURE strategy of combining training with support supervision, this will be further supported by the strong support supervision using once the SURE northern regional office is operational. Similar trainings will also be conducted in other regions in the next quarter.

Next steps:

- Develop a quarterly training calendar and track training statistics
- Support the MJAP program in training personnel in lab logistics

### **Strengthen IP and other NGO' Capacity in Commodity Quantification, Reporting, and LMIS Development**

Progress:

SURE has in collaboration with PD continued developing and making available to all stakeholder and IPs the bi-monthly comprehensive stock status reports. The reports are now available on MOH and SURE web pages and a mailing list to all stakeholders including the trained MMS has been established. The report has been discussed with partners such as WHO, UNFPA, STAR-EC and NUMAT. This has enabled them to better plan for their support and utilize the provided information better. SURE also worked with several IP and potential funders to develop the contraceptive forecasts. Training of IP to strengthen reporting has been undertaken as outline in above section. Progress on harmonization has been weak and mainly focused on harmonization of tools at MOH level.

There has been good progress in development of a Web based ARV ordering and reporting system (WAS). Based on the requirements for the WAS a purchase request was issued for the development of the WAS and a comparative analysis of three vendors was made. Meanwhile CDC and MOH RC started investigating the functionality of DHIS for implementing web based data entry of the HMIS forms. In the PIP meeting this initiative was taken up and DHIS was probed against the requirements for the WAS and found suitable. SURE then adopted the DHIS for the development of the WAS. Consultants from HISP Tanzania came and trained users in usage of DHIS and supported the development of the first draft of the ARV Ordering and Reporting form. In January this will be followed up to check whether the requirements have been fulfilled and then we will determine the implementation strategy. We have put out a PR for the server to host the DHIS in December.

Next steps:

- Undertake orientation of PD staff, IP, MOH Programs and other users in the routine stock status reports applicability and limitations
- Finalize the web based ARV ordering and reporting application and roll it out

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

*In the second year GPP accreditation requirements will be established in collaboration with NDA for private and public sector pharmacies. Inspection and licensing of health facilities are initiated. Performance monitoring of supply management, rational use and financial management at health facilities in SURE districts is initiated.*

#### **GPP and GFP accreditation**

Progress:

Establishment of Good Pharmacy Practices (GPP) in public sector has progressed well. An assessment and analysis tool that assesses GPP implementation to be applied as part of regular surveys have been piloted. Initial discussions were held with NDA on implementation GPP accreditation but the final action plan is yet to be developed.

Next steps:

- Develop a strategy for implementing the performance reward system including Good Pharmacy Practice (GPP) performance criteria, training of inspectors, conduct of inspections and reward ceremonies

#### **Monitoring and evaluation**

*By end of year 2 the indicator based performance monitoring plan will have been well implemented with regular updates. Baseline data will have been collected from control and sentinel sites and regular performance monitoring from districts, health facilities, NMS/JMS and NDA will be in place. Assessments of intervention outcomes will have started.*

#### **SURE Performance Monitoring Plan (PMP)**

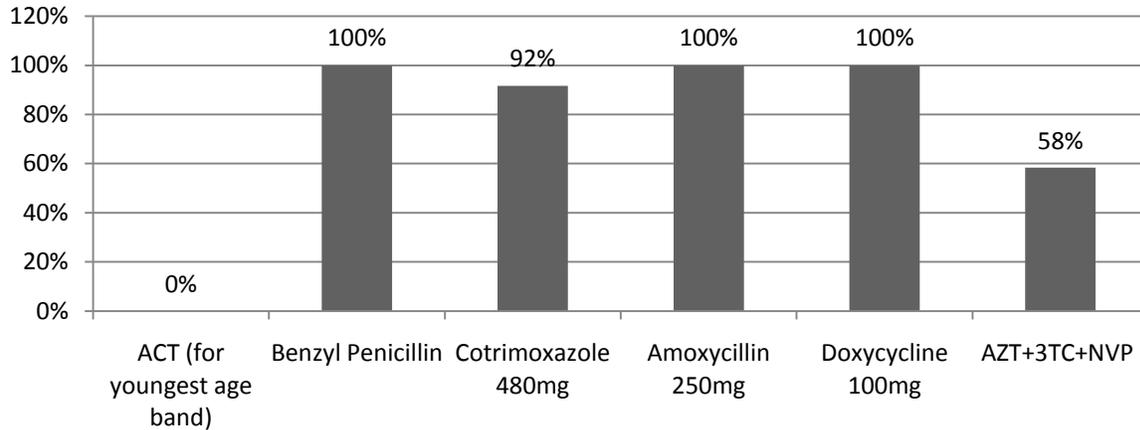
Progress:

##### ***SURE Performance Monitoring Plan (PMP)***

There are 5 PMP indicators that are measured quarterly; data for these indicators was obtained for 3 of the 5 indicators. Annex 1 summarizes the quarterly status of the PMP. Data on indicators measuring availability of tracer medicines at health facilities on the day of the survey could not be collected during the quarter since limited facility supervision had taken place to collect measurement data for the indicator. However, by commencing activities in 2 districts and 6 health facilities SURE was able to provide technical assistance to the health facilities mainly through supervisory coaching of facility staff on stock management, rational use of medicines and medicines storage management.

SURE’s performance on training as measured by the PMP indicator showed 143 persons trained this quarter which was an increase. This was because of the accelerated roll out of the district activities preceded by training of supervisors and the training of RxSolution users.

The PMP indicator on availability of the 6 tracer medicines at NMS over the 3 months period (October to December 2010) showed that average availability was 76%, this result was slight higher than the 70% projected target. The indicator considers availability to be stock quantities above minimum stock. Thus 2 month of stock for any product. The figure below illustrates the average availability of individual items at NMS over the period October through December.



**End-user verification survey**

SURE finalized and disseminated the End-user Verification (EUV) report to the stakeholders. Data analysis for the EUV survey was conducted using both the online data analysis tool designed into the EpiSurveyor.org database and the SPSS. The results were reviewed and tabulated using Excel for presentation. A detailed report was prepared and disseminated to the Malaria control program of Ministry of Health, SPS Washington, members of the malaria technical working group, and other critical stakeholders. The survey generated results on malaria medicine stock management in health facilities, rational use of malaria drugs, storage of malaria items in facilities and management of malaria cases presented in health facilities. Data analysis challenges included online data cleaning and adapting to the use of online data analysis. The EUV survey is planned to be undertaken bi annually.

**Baseline report**

Analysis of baseline data collected was completed during the quarter. Baseline was exported from Epidata used for data capturing to SPSS and Ms-Excel for analysis. The constraint encountered with the baseline data analysis was the unsuccessful attempt to migrate a large data set from Epidata to Excel for analysis. An alternative data analysis approach involving use of SPSS was sought and applied. Quality assurance of the data analysis has started.

**Routine supervision assessment tool**

Following the training of supply chain management supervisors, a tool for monitoring and assessment of health facility performance was developed during this quarter. The tool allows

supervisors to immediately analyze and score the functional status of the health facilities along the scale of 0 to 100% for any particular indicators. On the basis of the score attained the supervisors provide the relevant mentoring or coaching as needed. The performance score are collected for central analysis and impact assessment of the supervisory strategy. To ensure use of the data providing sentinel site data discussion has started on how best to merge with the PIP.

A write up of the performance reward based intervention strategy was prepared and inputs have been provided from Makerere University.

#### Next Step

- Present the EUV findings and implement the next EUV survey
- Finalize quality assurance of collected base line data from control districts
- Finalize, disseminate and present baseline survey findings to stakeholders
- Finalize write-up of reward based performance assessment intervention
- Undertake Literature review relevant to the performance rewards based intervention strategy
- Undertake reproducibility assessment
- Evaluate supply chain management supervision data collected from the facilities
- Design practices and appropriate mechanism including a database for managing data collected from facility supervision.
- Continue discussion on how best to make sentinel site data available through the PIP
- Develop PMP indicator data collection tools and routines for quarterly and annual data collection and tracking
- Update partner reporting systems with MEEPP and UMEMS with Quarterly data
- Develop indicators and data collection tools appropriate for assessing Medicines Financial Management performance

#### **Improved capacity for M&E for key stakeholders**

*At the end of the second year SURE will have assisted in performance assessment related to the NPSSPII, NMS, JMS and NDA*

#### Progress

##### **Key performance indicators for NMS and JMS**

SURE developed a candidate list of key performance indicators for measuring progress in NMS and JMS. For each of the indicators a brief definition, method for measurement, rationale for data collection and frequency of measurement was developed. The indicators were developed along the functional and performance areas including; stock management, procurement, warehousing and inventory management, customer services, distribution, business/financial function and quality control. The indicators were presented to both NMS and JMS for discussion. The indicators were developed with view of having a well functioning management information system available at both NMS and JMS. However, the inadequacy of the MACS and Sage systems at both NMS and JMS to produce various reports to help in PMP data collection and other performance indicators have constrained data generation.

### ***Provide regular M&E support to Pharmacy Division***

The SURE M&E team initiated discussion with MOH pharmacy division on the intricacies of measuring indicators on tracer medicines, with a view of harmonizing the ways in which the measurements are done by both parties. There were noted methodological differences between the ways SURE and MOH measured the indicator on availability of tracer medicines in health facilities over the range of period. SURE revised its monitoring tools for facility assessment in accordance with the recommendation for measurement of availability of tracer medicines, in order to generate relevant data for MOH during the routine supervision.

### ***Post implementation assessment of the KIT***

Following 6 months of implementation of the KIT by NMS in health facilities (HCII and HC III), SURE in collaboration with PD implemented a study to assess the effectiveness of the KIT in making essential medicines available in health facilities.

Next steps

- Complete data collection, analysis and dissemination of KIT study
- Develop Key performance indicators for SURE intervention with Pharmacy division
- Conduct performance data collection from partners (NMS, JMS, NDA) including baseline data

## **Program Management**

### **Program Implementation and Staff Recruitment**

Progress:

SURE Program has continued to exert its presence in other regions. The Eastern Regional was launched in Mbale in December 2010 following the recruitment of the Regional office staff (the Pharmaceutical Field Coordinator, Assistant Pharmaceutical Field Coordinator, Assistant Accountant and Driver) and the equipping of the office with computers, Internet, furniture and a vehicle. The launch presided over by the AOTR – Ms. Rebecca Copeland, and included signing of MOUs with the following 12 districts: Tororo, Male, Bugiri, Kumi, Bukwo, Kapchorwa, Butaleja, Pallisa, Namutumba, Amuria, Katakwi, and Mayuge. Each district was represented by the District Health Officer (DHO) and the Chief Administrative Officer (CAO) who gave a brief note about the expectations of the program activities and welcomed the SURE program.

The staffing for the Western Regional office is nearly completed with the exception of recruitment of the Assistant Accountant which will take place in January of 2011. Office space has been identified (co-location with the MSH STRIDES regional in Fort Portal). Furniture and equipment have all been procured and office renovation work is underway with plans to make this space operational by late February/March 2011. Finally, SURE program officers and administration staff are continuing their investigation for suitable co-location opportunities

with implementing partners in Lira and Mbarara and the planning is to make these offices operational in September/October 2011.

The Communications Support Assistant has continued to build relationships with the media to help disseminate SURE Program Activities. The SURE Program website has been updated with latest information ([www.sure.ug](http://www.sure.ug)) and plans for a program documentary which illustrates SURE programmatic activity have begun. Completion date for the documentary is estimated in early April 2011. The SURE Co-Branding Strategy and Marking Plan is currently at USAID for approval and we hope to receive approval for this soon.

An annual program report was finalized and submitted to USAID. It highlighted the annual progress of the program and mentioned next annual and quarterly steps. Some of these have already been achieved in this quarter. The AOTR acknowledged receipt of this report, made comments which were corrected and a final version was submitted to head office in Arlington. Finally the SURE Program is continuing with regular internal and external meetings. These include monthly staff meetings, weekly management team meetings, meetings with MOH departments (NTLP, TBLP, NMCP, ACP) and other implementing partners (NMS, JMS, NDA, MUK).

Next steps:

- Continue office set-up for Western Region office in Fort Portal
- Identify suitable locations for regional offices in Mbarara and Lira.
- Support SURE District Strengthening intervention by procurement of 135 motorcycles and the training of the selected persons in the defensive motorcycle driving.

## Staffing

Progress:

The latest SURE Organization Chart reflecting staff changes is hereby attached in **Annex 2; SURE Organization Chart updated 31 December 2010.**

SURE staffing has continued to increase and due to need, four more positions were established this quarter as follows: the Quantification & Procurement Planning Unit Coordinator –seconded to the MOH Pharmacy division to support the establishment of the QPPU, the Assistant Pharmaceutical Field Coordinator, and Program Operations Assistant for the Central Region, and a Driver for Kampala. Furthermore, the Technical Assistance (TA) Pharmaceutical Financing support position, planned as full-time position in the previous quarters, was changed to now be filled by a series of short term technical assistance.

The strategy for staffing is that the Senior Management Team will continually review the staffing plan on a monthly basis and review/adjust it as needed. To date recruitment of about 76% of the number planned (now at 54) has been completed. **Annex 3, Summary of SURE Staffing status as of 31 December 2010,** presents an update on staffing status as at the end of

December 31, 2010. Actual and planned full time staff numbers is summarized in the table below.

Time Period	31-Dec-09 (actual)	31-Mar-10 (actual)	30-Jun-10 (actual)	30-Sep-10 (actual)	31-Dec-10 (actual)	30-Sep-11 (planned)
# Staff	10	22	28	33	41	54

Next steps:

- Complete the recruitment of the majority of the regional staff by end of this quarter. **Annex 4, Summary of full-time positions planned**, presents a summary of positions that are planned to be filled over next year to 30 September 2011.
- Plan and hold staff retreat in March/April '11

### Short Term Technical Assistance:

Progress:

This Quarter, the STTA utilized mainly related to the activities Pharmaceutical Finance and Systems Change.

Pito Jjemba, Cissy Kirambaire, and Frans Stobbelaar were tasked to perform work in the area of Pharmaceutical Finance and Dr. Moses Muwonge continued his STTA consultancy in the area of Systems Change. Furthermore, Edward O'Connor was mobilized as part the subcontract to Transaid for the JMS/NMS Distribution Study. 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	3 weeks Jun '10 - Sep '10	Pharmaceutical Finance – Pharmaceutical Financial Manual, Financial Tracking System
Kirambaire	Cissy	Financial Advisor/MOH, NMS, and Implementing Partners	3 weeks in Jun '10 - Sep '10	Pharmaceutical Finance – Pharmaceutical Financial Manual
Stobbelaar	Frans	Pharmaceutical Finance Consultant	3 weeks Sep '10 – Oct '10	Pharmaceutical Finance
Muwonge	Moses	Medicines Supply Chain System Change Specialist/MOH and Implementing Partners	11 weeks, Sep '10 – Jan '11	Systems Change
O'Connor	Edward	JMS/NMS/MAUL/UHMG and other IP's	3 weeks, Nov '10 –Dec '10	Improve Distribution; Distribution Study

The SURE Short-term TA Plan Year 2 was re-submitted and approved in October 2010. It will be reviewed and updated in February 2011 as program implementation occurs and needs change.

## Finance

The SURE program has spent 78% (\$4,039,366) of its current obligation (\$5,151,157) at December 31, 2010. The AOTR has informed us that she has sent in a request to increase the program's obligation amount. We expect to receive this in February of 2011. As we are entering District operations and the implementation of more programmatic interventions in Year 2, we expect a steady rise in disbursement rate (burn rate).

Follows is a summary of spending against the work plan budget.

**As of December 31, 2010**

		Actuals Year 1 (15 mo)	Year 2 Work Plan Budgeted (12 mo)	Total Budget Year 2	Spent to date (18 mo)	
	Line Item	17-Jul-09 to 30- Sep-10	1-Oct-10 to 30- Sep-11		17-Jul-09 to 31- Dec-10	Balance
<b>I.</b>	<b>Salaries and Wages</b>	\$ 1,041,773	\$ 1,601,395	\$ 2,643,168	\$ 1,366,296	\$ 1,276,872
<b>II.</b>	<b>Consultants</b>	\$ 47,639	\$ 569,985	\$ 617,624	\$ 65,048	\$ 552,576
<b>III.</b>	<b>Overhead</b>	\$ 600,248	\$ 587,664	\$ 1,187,913	\$ 717,842	\$ 470,070
<b>IV.</b>	<b>Travel and Transportation</b>	\$ 136,964	\$ 806,673	\$ 943,637	\$ 163,325	\$ 780,312
<b>V.</b>	<b>Allowances</b>	\$ 235,945	\$ 222,839	\$ 458,785	\$ 302,837	\$ 155,947
<b>VI.</b>	<b>Subcontracts</b>	\$ 282,702	\$ 701,966	\$ 984,667	\$ 374,227	\$ 610,441
<b>VII.</b>	<b>Training</b>	\$ 110,410	\$ 1,154,353	\$ 1,264,763	\$ 210,562	\$ 1,054,201
<b>VIII.</b>	<b>Equipment</b>	\$ 171,689	\$ 1,221,200	\$ 1,392,889	\$ 325,360	\$ 1,067,529
<b>IX.</b>	<b>Other Direct Costs</b>	\$ 309,383	\$ 1,434,310	\$ 1,743,693	\$ 513,868	\$ 1,229,825
	<b>Subtotal I. through IX.</b>	\$ 2,936,754	\$ 8,300,385	\$ 11,237,139	\$ 4,039,366	\$ 7,197,773
	<b>Cost Share Contribution</b>		\$ -	\$ -	\$ 413,571	\$ (413,571)
	<b>Grand Total + Cost-Sharing</b>	\$ 2,936,754	\$ 8,300,385	\$ 11,237,139	\$ 4,452,937	\$ 6,784,202
<b>Obligation Summary</b>						
	<b>Obligation to date:</b>				\$ 5,151,157	%
	<b>Disbursed to date:</b>				\$ 4,039,366	78%
	<b>Obligation remaining:</b>				\$ 1,111,791	22%

Progress:

- MSH worldwide completed its migration of Financial Management Software from QuickBooks and Solomon to Serenic Navigator commenced during this quarter.

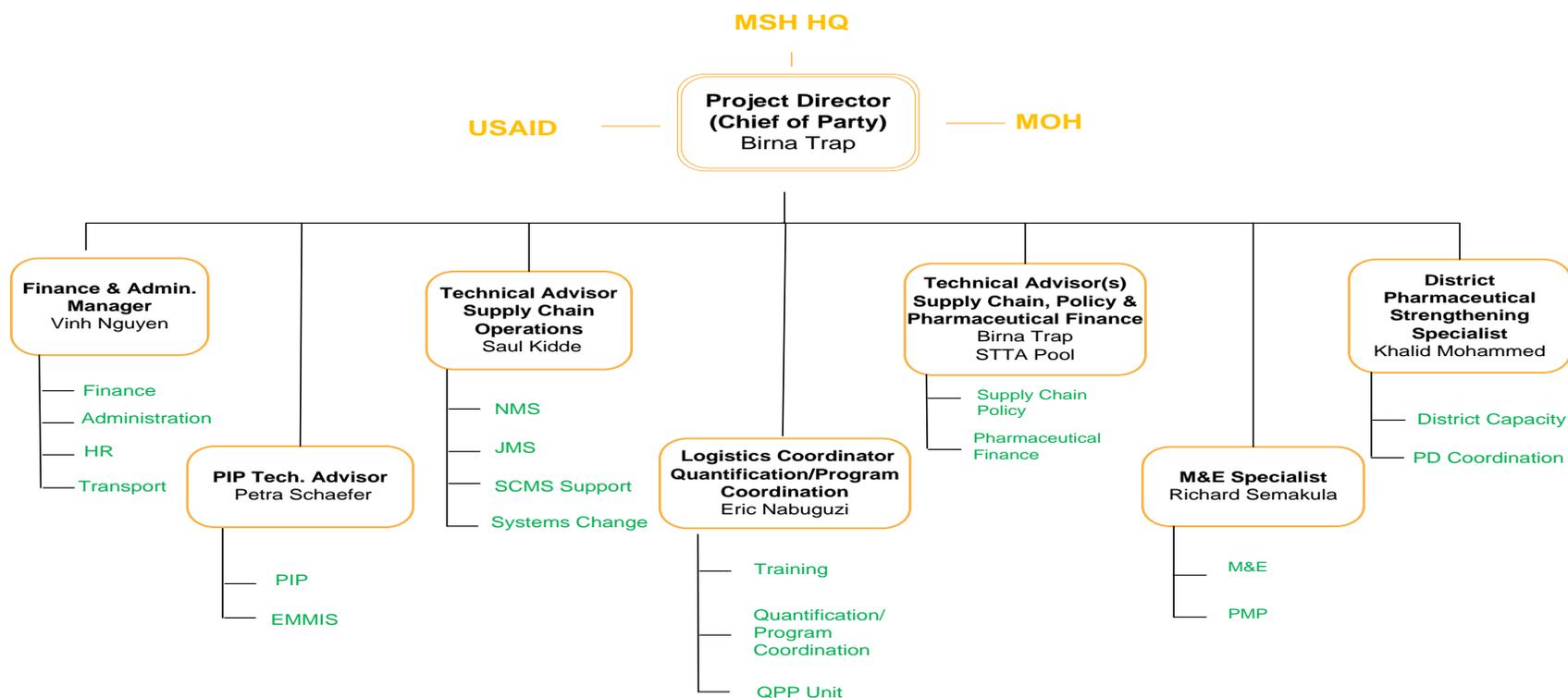
Next steps:

- The issuance of the Employee Handbook is under final review by MSH Corporate Human Resources and rollout is planned for February 2011.

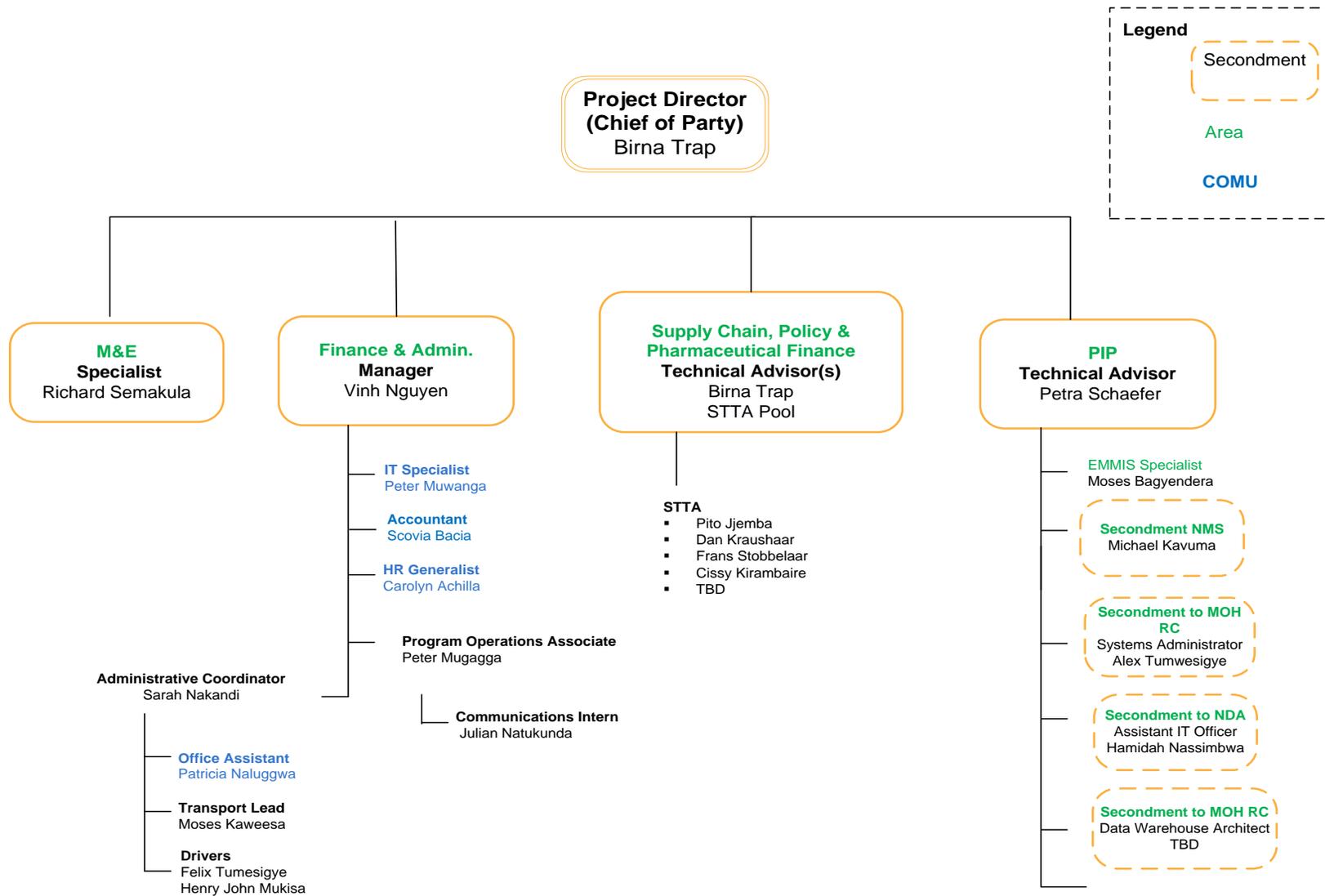
**Annex 1: PMP indicators**

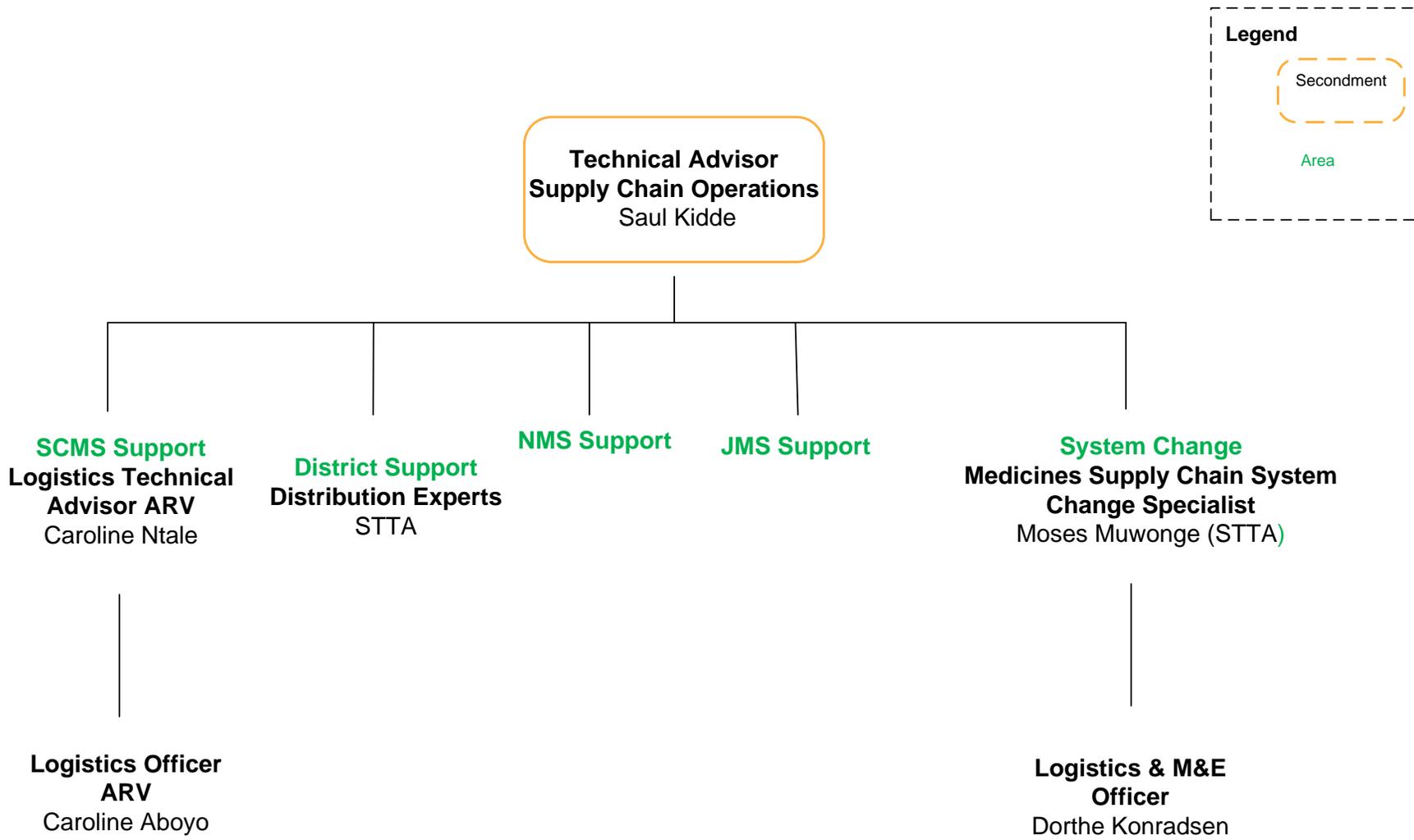
No.	Indicators	Frequency	Source of data	Baseline	Q4 Actual	Q1 Actual	Performance target	Remarks
1.00 SO8	Percentage of surveyed health facilities with all 6 tracer essential medicines available on the day of survey	Quarterly	Facility supervision data	6%	6%	No data		No additional data was obtained this quarter. Facility supervision just commenced in Quarter 1.
1.01	Average percent availability of the 6 tracer essential medicines and supplies in health facilities on the day of survey.	Quarterly	Facility supervision data	57%	57%	No data		No additional data was obtained this quarter. Facility supervision just commenced in Quarter 1.
2.11 SO8	Percent availability of 6 tracer essential medicines (basket) measured over a period of 3 month at National Medical Stores	Quarterly	NMS Stock status report July to Sept 2010	60%	67%	76%	75%	
	Number of public health facilities supported with technical assistance for pharmaceutical supply chain management (no PNFP facilities?)	Quarterly		0	0	6	0	6 facilities in Mityana and Mpigi were provided with TA by SURE, this was part of the initial supervision and baseline data collection. The supervisors were given on job training with in the facility.
2.21 SO8	Number of individuals trained in supply chain management and/or pharmaceutical leadership and management	Quarterly	SURE Training activity reports, Sept to Oct 2010	0	Female: 49 Male: 31 Total: 80	Female: 38 Male: 105 Total: 143		Training included 2 SMS trainings, Regional ARV and TB medicines logistics and RxSolutions training

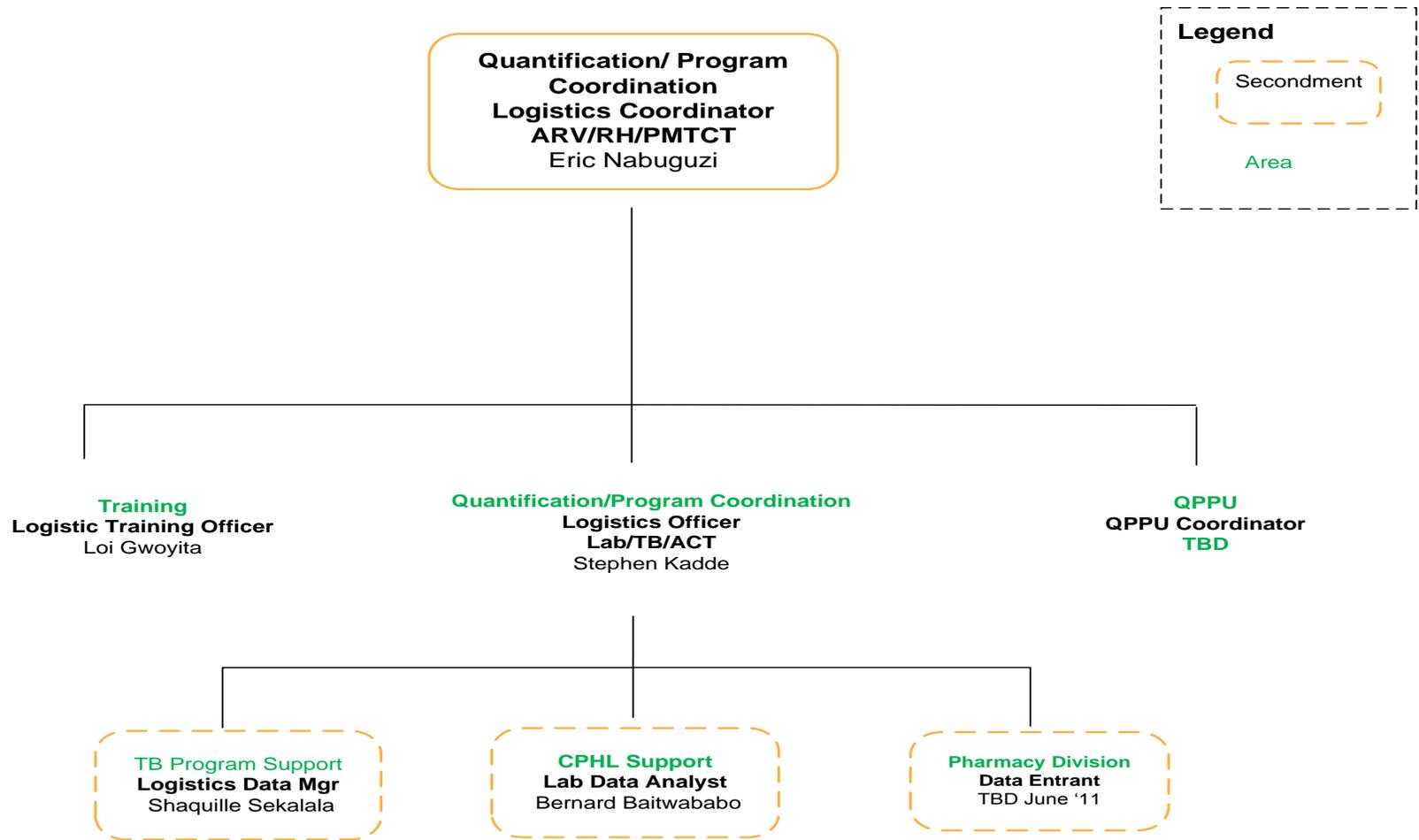
## Uganda SURE Organization Chart

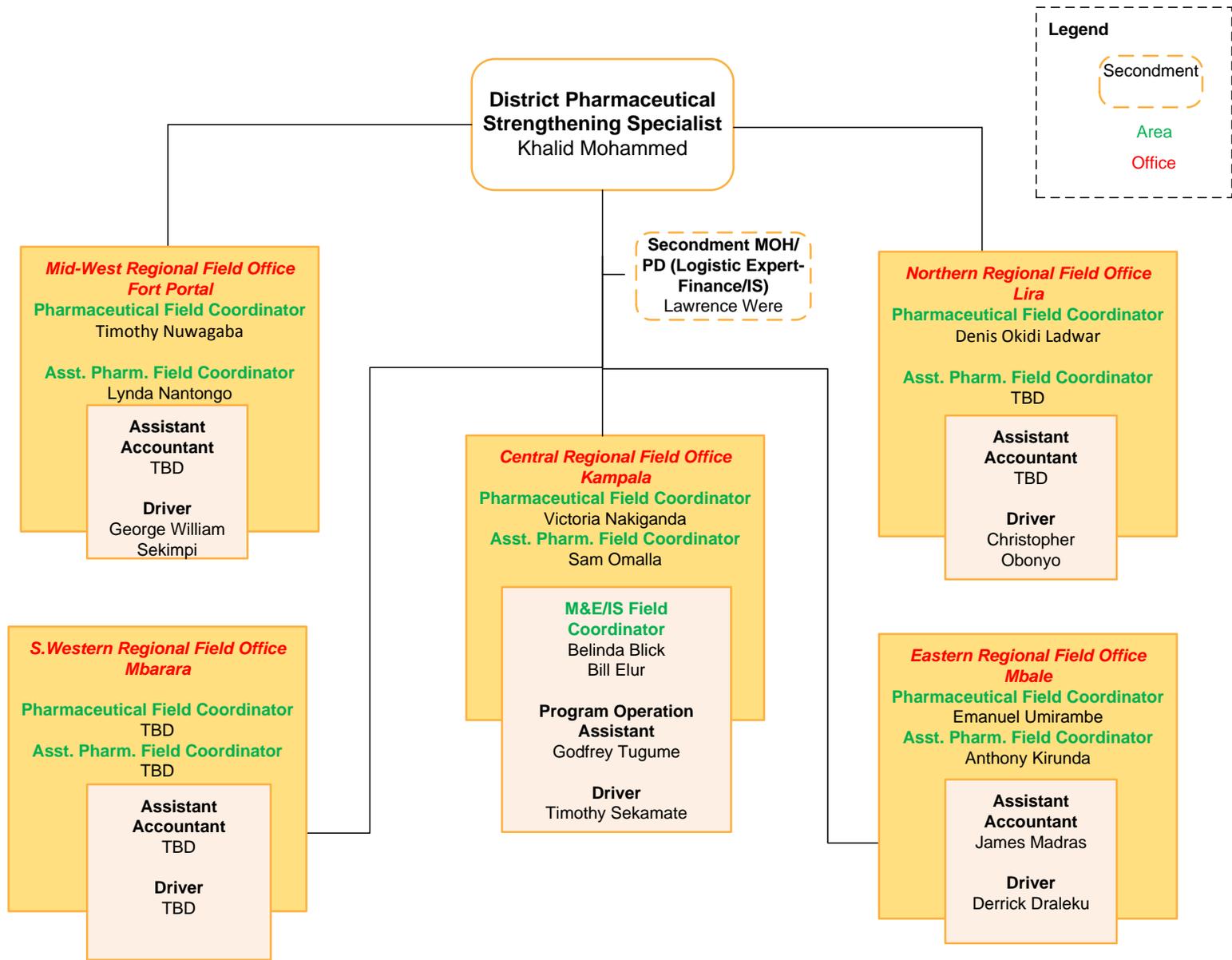


Updated 31 Dec 2010









**Annex 3: Summary of SURE Staffing status as of 30 December 2010**

#	Job Title	Last Name	First Name	Hire dates	Comments
1	Office Assistant	Naluggwa	Patricia	1-Aug-09	
2	Chief of Party	Trap	Birna	1-Sep-09	
3	Tech. Advisor – Supply Chain Operations	Kidde	Saul	1-Sep-09	
4	SCMS Change Officer	Gwoyita	Loi	1-Sep-09	
5	ARV Procurement Advisor	Ntale	Caroline	1-Sep-09	100% charged to SCMS
6	Administrative Coordinator	Nakandi	Sarah	1-Sep-09	
7	Transport Lead	Kaweesa	Moses	18-Sep-09	
8	Pharmaceutical Field Coordinator	Nakiganda	Victoria	14-Oct-09	
9	District Pharmaceutical Strengthening Specialist	Mohammed	Khalid	2-Nov-09	
10	M&E/LMIS Coordinator	Blick	Belinda	30-Nov-09	
11	Accountant	Bacia	Scovia	4-Jan-10	
12	Finance and Admin. Mgr.	Nguyen	Vinh	1-Feb-10	
13	PMIS Tech. Advisor	Schaefer	Petra	1-Feb-10	
14	Lab Data Analyst - Secondment to CPHL	Baitwababo	Bernard	8-Feb-10	
15	Driver - Central Regional Office	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	
29	M&E/LMIS Coordinator - Kampala	Elur	Bill	7-Jul-10	
30	IT Specialist	Muwanga	Peter	7-Jul-10	
31	Pharm. Field Coord. - Mbale	Umirambe	Emmanuel	7-Jul-10	
32	IT Officer - seconded to National Drug Authority	Nassimbwa	Hamidah	21-Jul-10	
33	Systems Administrator - seconded to Resource Centre	Tumwesigye	Alex	23-Aug-2010	
34	Driver – Mbale	Derrick	Draleku	15-Nov-2011	

SURE Quarterly report January 2011.

#	Job Title	Last Name	First Name	Hire dates	Comments
35	Assistant Pharmaceutical Field Coordinator - Mbale	Anthony	Kirunda	15-Nov-2010	
36	Assistant Pharmaceutical Field Coordinator – Kampala	Omalla	Samuel	15-Nov-2010	
37	Pharm. Field Coord. - Fort Portal	Nuwagaba	Timothy	15-Nov-2010	
38	Pharm. Field Coord. - Lira	Okidi	Denis	15-Nov-2010	
39	Driver - Fort Portal	George	Sekimpi	22-Nov-10	
40	Assistant Accountant - Mbale	Madras	James	26-Nov-10	
41	Driver – Lira	Obonyo	Christopher	6-Dec-2010	
<b>Total Full Time Staff as at 31<sup>st</sup> December 2010</b>				<b>41</b>	

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

#	Job Title	Last Name	First Name	Hire dates	Comments
1	Driver – Kampala	Mukisa	John	3-Jan-2011	
2	Assistant Pharmaceutical Field Coordinator - Fort Portal	Nantongo	Lynda	3-Jan-2011	
3	Program Operations Assistant – Central Office	Tugume	Godfrey	17-1-2011	
4	QPPU Coordinator	TBD	TBD	Feb 2011	
5	Assistant Accountant. - Fort Portal	TBD	TBD	Feb 2011	
6	Data Warehouse Architect – seconded to MOH RC	TBD	TBD	Feb 2011	
7	Pharm. Field Coord. - Mbarara	TBD	TBD	Feb 2011	
8	Assistant Pharmaceutical Field Coordinator – Mbarara	TBD	TBD	1-Jun-11	
9	Assistant Accountant - Mbarara	TBD	TBD	1-Jun-11	
10	Driver – Mbarara	TBD	TBD	1-Jun-11	
11	Assistant Pharmaceutical Field Coordinator – Lira	TBD	TBD	1-Jun-11	
12	Assistant Accountant. - Lira	TBD	TBD	1-Jun-11	
13	Data entrant – seconded to the Pharmacy Division	TBD	TBD	1-June-11	
	<b>Total number of planned staff</b>			<b>13</b>	