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



### **Quarterly Report Q6 January to March 2011**

April 2011

Securing Ugandans' Right to Essential Medicines  
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## **About SURE**

The U. S. Agency for International Development (USAID)-funded program, Securing Ugandans' Right to Essential Medicines (SURE), aims to assist the Government of Uganda's and the Ministry of Health's commitment to strengthen the national pharmaceutical supply system to ensure that Uganda's population has access to good quality essential medicines and health supplies.

### **SURE Objectives**

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

The five-year \$39 million cooperative agreement was awarded to Management Sciences for Health in collaboration with Euro Health Group, Fuel Group/Pharmaceutical Healthcare Distributors, Makerere University, and the Infectious Disease Institute.

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

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## ACRONYMS

3PL	third-party logistics
ACT	artemisinin-based combination therapy
AIDS	acquired immunodeficiency syndrome
AMFm	Affordable Medicines Facility for malaria
ARVs	antiretrovirals
CDC	Center for Disease Control
CPHL	Central Public Health Laboratory
DHIS	District Health Information System
DHO	District Health Officer
EHG	Euro Health Group
EMHS	essential medicines and health supplies
FACTS	Financial And Commodity Tracking Systems
FMTS	Financial Management and Tracking System
FTS	financial tracking system
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GFP	Good Financial Practices
GOU	Government of Uganda
GPP	Good Pharmacy Practices
HPAC	Health Policy Advisory Committee
HC	Health Center
HMIS	Health Management Information System
IDI	Infectious Diseases Institute
IPs	Implementing Partners
IT	information technology
JMS	Joint Medical Store
LMIS	Logistics Management Information Systems
MAK	Makerere University Kampala
MIS	Management Information System
M&E	monitoring and evaluation
MMS	Medicines Management Supervisors
MoH	Ministry of Health
MOU	Memorandum of Understanding
MPM	Medicines Procurement and Management
MSH	Management Sciences for Health
NDA	National Drug Authority
NMS	National Medical Stores
NPSSP	National Pharmaceutical Sector Strategic Plan
NTLP	National TB and Leprosy Program
PEPFAR	US President's Emergency Plan for AIDS Relief

PFM	Pharmaceutical Financial Management
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
SMS	Supplies Management Supervision
SOP	standard operating procedure
SOW	statement of work
SPS	Strengthening Pharmaceutical Systems [program]
STTA	short-term technical assistance
SURE	Securing Ugandans' Right to Essential Medicines [program]
TA	technical assistance
TB	tuberculosis
TOR	terms of reference
TWG	technical working group
UMEMS	Uganda Monitoring and Evaluation Management Services
UMTAC	Uganda Medicines Therapeutic Advisory Committee
USAID	US Agency for International Development
UNFPA	United Nations Population Fund
USG	US government
VEN	vital-essential-necessary
WHO	World Health Organization

## EXECUTIVE SUMMARY

This report covers the period January 1 to March 31, 2011 in the second year of the Securing Ugandans' Right to Essential Medicines (SURE) five-year program.

The report presents progress in the implementation of planned activities related to the three technical result areas, monitoring and evaluation, and program management including staffing and finance. The report outlines achievement, specific challenges, and next steps for the next quarter, April 1, 2011 to June 30, 2011.

This quarter SURE has continued the roll out of the approved strategies and innovative interventions that build on performance assessment, reward schemes with community involvement, financial management activities, and improving management and planning through the development of appropriate information systems.

SURE presence in regional offices and districts has increased with more than 61 medicines managers now trained and building supply chain management capacity at facility level.

The conceptual design of a new computerized financial and commodity tracking system (FACTS) has been approved and the system development process has been initiated. Starting with financial data related to key commodities funded by the main partners the system provides a platform for financial and commodity management, resources optimization and procurement planning. Designed to be web-based, the system will be an integrated part of the overall pharmaceutical information portal (PIP) and the planned quantification procurement and planning (QPP) unit.

Implementation of the recommendation and strategies arising from the policy option analysis (POA) is progressing. The initiatives that have progressed targeted the outsourcing of distribution, and development of a good pharmacy practices standards, a quantification procurement planning unit, an essential medicines and supplies list including laboratory supplies for all levels of care, a classification of all EMHS according to vitality to give guidance in procurement, an EMHS specialist's lists concept that is the starting point for separating general EMHS procurement from specialist procurement introducing a more cost effective practice, a financial management and tracking system, FACTS, and very importantly the development of an alternative plan to support national supply management beyond the NMS,

Progress on strengthening the National Medical Stores (NMS) has been limited to only supporting the area of distribution assessment and in-house distribution management capacity. Further support is pending signing of a memorandum of understanding and development of an agreed support and performance assessment plan. SURE has in collaboration with the Pharmacy Division and the US Centers for Disease Control (CDC) harmonized indicators for monitoring performance of central supply agencies an important step in strengthening NMS and their in-house M&E capacity.

SURE completed an assessment of the kit (push) system implemented to supply essential medicines and health supplies (EMHS) in health centers (HC) level II and III. The report makes recommendations for MOH and NMS to urgently review the kit content to reduce the risk of expiry and increase availability of vital EMHS. Furthermore; action to redistribute over supplied items was called for.

SURE successfully conducted a survey -- “End Use Verification” in which data on malaria case management and commodity management was collected and analyzed. This survey provides critical information as part of supporting routine monitoring of the President’s Malaria Initiative implemented by malaria control programs. The survey employed mobile phones in data collection and uploading the data in real time to an online web based server.

To strengthen medicines and supply management and implement the MOH-SURE innovative strategies, SURE trained 41 more medicine management supervisors from the eastern and western regions. The trained supervisors were facilitated to conduct supervision and assess performance at facility level. In this quarter 83 health facilities were supervised and baseline performance assessment was made. In addition, SURE launched its western region office in Fort Portal purposely to improve program coordination in the districts.

With the aim to strengthen supply chain management at hospital level, the MOH supported by SURE, piloted a computerize inventory management system, RxSolution in Masaka, Kayunga, and Butabika hospitals. The facilities were equipped with hardware, software, and internet connectivity and technical support was provided through visits and online as and when needed. The pilot study is in process of being finalized. Initial findings indicate great user and system satisfaction.

Good quality and timely ARV ordering and reporting is fundamental for correct quantification and availability. To strengthen ARV ordering and reporting SURE supports the MoH Resource Center to adapt the District Information Health System (DHIS) to allow for web-based ARV Ordering and Reporting.

Reliable and timely information is essential for managers at all levels. To strengthen availability of pharmaceutical management information, SURE in close collaboration with the Pharmacy Division and the Resource Center has started the development of the pharmaceutical information portal (PIP). Required hardware and software needed to support the PIP was determined and a Purchase Request issued.

The below table summarizes for each result and sub result the progress and the next steps.

**Table 1. Quarterly Progress Versus Planned Activities Summary**

<b>Result 1: Improved policy, legal, and regulatory framework to provide for longer-term stability and public sector health commodities sustainability</b>	
<b>Sub-Result 1.1: GOU Demonstrated Commitment to Improving Health Commodities Financing</b>	
<b>Monitor and evaluate pharmaceutical financing</b>	
Progress:	Next Steps:
<ul style="list-style-type: none"> <li>• Conceptual design for FACTS was completed and approved</li> <li>• Based on feed-back from presentations to key stakeholders the conceptual design report was finalized and circulated.</li> <li>• Agreement to establish a steering committee obtained with Ministry to lead the process</li> </ul>	<ul style="list-style-type: none"> <li>• Present FACTS at HPAC meeting</li> <li>• International and local STTA to continue implementation</li> <li>• Draft terms of reference and assist MOH to establish FACTS steering committee</li> <li>• Create a SOW for outsourcing the development of the FACTS automated system</li> <li>• Select provider for FACTS development based on tender process</li> </ul>
<b>Sub-Result 1.2: Legal, regulatory and policy framework revised to promote cost-effective, efficient, equitable, appropriate use of available funds and health commodities</b>	

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

<p>Progress:</p> <ul style="list-style-type: none"> <li>• Memorandum of Understanding (MOU) between SURE and Joint Medical Store (JMS) was signed</li> <li>• MOU between MOH and SURE approved and awaiting legal clearance</li> <li>• MOU between districts and SURE progressing well</li> <li>• Policy option analysis (POA) report in the final editorial steps</li> <li>• NMS outsourced last mile distribution to private sector (2.1)</li> <li>• Scope of work development for employment of quantification planning and procurement (QPP) secondment (2.3)</li> </ul>	<p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Finalize and sign MOU between MOH and SURE</li> <li>• Districts/SURE MOU signing to continue as planned</li> <li>• NMS to share business plan as initial step in develop support and performance assessment package</li> <li>• Finalize and disseminate the POA report</li> <li>• Establish QPP unit with terms of reference, areas of responsibilities, task, implementation plan etc. (2.3)</li> <li>• Finalize Good Pharmacy Practices (GPP) accreditation implementation plan and pass level in collaboration with National Drug Authority (NDA) and MOH-PD.(3.3)</li> </ul>
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**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 and JMS to Procure, Store, and Distribute National EMHS**

**Support to NMS**

<p>Progress: (NMS)</p> <ul style="list-style-type: none"> <li>• Harmonize the indicators for monitoring performance of central supply agencies</li> <li>• The approved MOU between SURE and MoH shared with NMS</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>• PPDA STTA identified, if requested</li> <li>• The draft kit assessment report has been circulated for review.</li> </ul>	<ul style="list-style-type: none"> <li>• Sign MOU between NMS and SURE</li> <li>• Continue support to Pharmacy Division and CDC in the development of supply chain indicators for central level and in strengthening M&amp;E at NMS and JMS</li> <li>• Develop revised support plan for NMS based on the new NMS strategic plan if requested</li> <li>• Finalize, dissemination and present the report on kit feasibility to the MPM TWG</li> </ul>
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**Support to JMS**

<p>Progress: (JMS)</p> <ul style="list-style-type: none"> <li>• A draft JMS work plan informed by the POA findings and a study by an external consultant was developed</li> <li>• MOU between JMS and SURE was signed</li> <li>• SURE to assist JMS in developing an appropriate M&amp;E plan with set of indicators for performance monitoring at JMS. Initial discussion started</li> </ul>	<p>Next Steps: (JMS)</p> <ul style="list-style-type: none"> <li>• Agree on performance assessment indicators and undertake baseline assessment at JMS</li> <li>• Implement a tool for data collection and analysis related to regular performance monitoring at JMS</li> <li>• Support development of M&amp;E plan</li> <li>• Establish a steering group to meet on a regular basis.</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>
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**Support warehouse operations and storage**

<p>Progress:</p>	<p>Next Steps:</p>
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| <ul style="list-style-type: none"> <li>• MAC and Sage systems still running stably at NMS/JMS but long-term solution needed</li> <li>• SURE supports an STTA to develop new system requirements specifications and process mapping for JMS</li> </ul> | <ul style="list-style-type: none"> <li>• Continue with process mapping of key processes in JMS</li> <li>• Develop a system requirements document for JMS's key processes and MIS solution</li> </ul> |
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**Improve distribution**

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| <p>Progress:</p> <p>Completed the distribution study and made recommendations. The study report was presented to SURE stakeholders.</p> | <p>Next Steps:</p> <p><b>NMS</b></p> <ul style="list-style-type: none"> <li>• Discuss support plan for strengthening the distribution function of NMS, if requested</li> <li>• Develop SOW to provide TA to implement the agreed upon recommendations if requested</li> </ul> <p><b>JMS</b></p> <ul style="list-style-type: none"> <li>• Design of action plan to implement recommendations</li> <li>• Identify STTA</li> </ul> |
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**Sub-result 2.2: Improved capacity of MOH program managers and technical staff to plan and monitor national EMHS**

Support to MoH programs

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| <p>Progress:</p> <ul style="list-style-type: none"> <li>• Assisted developing the quantification and gap analysis and preparation of the PSM plan component for Global Fund for AIDS, Tuberculosis and Malaria (Global Fund) Round 7 Phase 2 application</li> <li>• Led the quantification and procurement plan for artemisinin-based combination therapy (ACT) and rapid diagnostic tests (RDTs) required to roll-out Affordable Medicines Facility for malaria (AMFm)</li> <li>• Supported the President's Malaria Initiative (PMI)/USAID in procuring the following malaria commodities—ACTs, RDTs, and mosquito nets.</li> <li>• Produced the bimonthly comprehensive stock status reports for the period February /March 2011</li> <li>• Developed five-year projections of commodity needs for malaria, tuberculosis (TB), HIV/AIDS, and contraceptives</li> </ul> | <p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Review and update national quantification for malaria and TB commodities</li> <li>• Prepare a national quantification for ARV commodities</li> <li>• Continue to work with NMS and JMS to improve timely and accurate stock status reporting</li> <li>• Hold dissemination workshop for the five-year contraceptives forecast report</li> <li>• Conduct laboratory logistics training for TB commodities in western region</li> <li>• Carry out a problem analysis of the laboratory logistics system and develop an improvement strategy</li> <li>• Develop implementation plan to roll out the web-based ARV ordering system</li> </ul> |
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**Makerere University**

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| <ul style="list-style-type: none"> <li>• Prepared a costed work plan for both the advocacy and training activities</li> </ul> | <ul style="list-style-type: none"> <li>• Contract signing by Makerere University Kampala collaboration and MSH/SURE</li> <li>• Conduct IPs meeting to share and harmonize work plans, and identify areas of collaboration</li> </ul> |
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Support and strengthen Pharmacy Division (PD)

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| <p>Progress:</p> <ul style="list-style-type: none"> <li>• Regular coordination meeting with PD, Central Public Health Laboratory (CPHL), the World Health Organization (WHO), and the United Nations Population Fund (UNFPA) continues to be held</li> <li>• Uganda Medicines Therapeutic Advisory Committee (UMTAC) was established, 24 members were appointed, and 2 working</li> </ul> | <p>Next steps:</p> <ul style="list-style-type: none"> <li>• Continue meeting regularly with Pharmacy Division</li> <li>• Following MoH appointment of UMTAC members, SURE will organize and support meeting to update/development of essential medicines, supplies and laboratory lists</li> <li>• Support the classification of essential list in Vital Essential/Important and Necessary classification.</li> </ul> |
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<p>meetings were held</p> <ul style="list-style-type: none"> <li>• Required hardware and software needed to support the pharmaceutical information portal (PIP) was determined and a Purchase Request issued</li> <li>• Delivered two enterprise servers, switches, KVM console, backup hardware and heavy duty UPS</li> <li>• Managed to secure the position of data warehouse architect</li> <li>• The development of the Verification of Imports application at the NDA was outsourced to a local software development firm</li> </ul>	<ul style="list-style-type: none"> <li>• Test the PIP server at MSH office, transfer the server set-up to the MoH, and launch the hand-over of the PIP server.</li> <li>• Prepare and issue a purchase request for the software in April 2011</li> <li>• Present an overview of GIS functionality</li> <li>• Train SURE staff in creating spatial reports</li> <li>• Decide on the GIS solution for the PIP</li> <li>• Develop the SOW and create the RFP for outsourcing the PIP development</li> <li>• Assess the possibility of connecting the CPHL to the MoH after the move to their new premises in Luzira</li> <li>• Select and organize data warehousing/business intelligence training on the Microsoft SQL server platform for the data warehouse architect</li> <li>• Develop consensus with MoH, Strengthening Decentralization for Sustainability (SDS) project, and Makerere University on training needs and strategy for leadership and management training among the pharmaceutical staff</li> </ul>
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**Support MoH stakeholders/donor coordination activities**

**Progress:**

- SURE participates in TWGs but has experienced many cancellations
- Regular NDA coordination meetings held
- Procured and supplied two minilab test kits to the National Drug Quality Control Laboratory
- Good Distribution Practices developed

**Next Steps:**

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

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

**Establish a single QPP unit**

**Progress:**

- IPs on board but need to further detail modalities for QPP
- Recruited the QPP unit coordinator

**Next Steps:**

- Finalize and further detail the QPP concept and develop a detailed indicator-based implementation plan
- Conduct a stakeholders meeting to build consensus on how to establish the QPP
- Establish the QPP unit physically in the pharmacy department

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

**Sub-result 3.1: Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS**

**District selection and regional support offices**

**Progress:**

- SURE launched its activities in the western region by signing memoranda of understanding with 8 districts in a ceremony in Fort Portal.
- 41 health staff members were trained as medicine management supervisors (MMS) making a total of 82 MMS trained

**Next Steps:**

- Fill the remaining vacant posts for Mbarara and Lira regional offices
- Launch SURE activities in the northern region

- The MMS supervised 83 health facilities as part of the supervision strategy and performance assessment.
- Three regional offices of Kampala, Fort Portal, and Mbale are now fully operational with staff recruited and equipment in place.

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Development of district-level support package/program at facility level

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Progress:

- 41 medicines management supervisors attended a two-week long training course.
- Review of financial management practices undertaken
- Performance and data analysis tool developed and piloted
- Procured 22 motorcycles
- Developed the motorcycle management plan including motor riders training, maintenance and fueling modalities, and implement motorcycle training in the central region

Next steps

- Conduct training for 22 MMSs in western region
- Professionalize and print training materials and national medicines management manual
- Develop curriculum and training guide for four-day supplementary course for retraining supervisors who failed exams and conduct training
- Procure net book for piloting in regards to performance assessment and information management by medicines management supervisors.

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Pharmaceutical financial management Training

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- PFM manual outline was presented by the STTA and discussed.

- STTA to complete the draft PFM manual
- Implement Delphi workshop to finalize draft PFM manual
- Initiate development of training material for MMSs in financial management

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New communication and information Technology

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Progress:

- Three pilot systems were rolled out in the following hospitals (Butabika, Masaka, and Kayunga). The facilities were provided ongoing hardware and software support to enable to run the system successfully.

Next Steps:

- Development of RxSolution implementation strategy; this will comprise of the training of trainers 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.

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Implementation of the District Supervision Strategy

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Progress

- Supervision was initiated in all the 9 districts in the central region and 3 districts in the eastern region, covering a total of 83 health facilities.
- Baseline and routine data collection tools have also been modified based on experience in the field.
- Developed motorcycle management policy using experience from other organizations
- The performance-based reward scheme was further refined and discussed

Next step

- Train 22 supervisors in defensive riding
- Update the medicines management tools and print them for the 45 districts
- Develop a data analysis tool for routine supervision data and the format for reporting results during district and regional meetings
- Initiate baseline data collection and supervision in all the 12 districts of the eastern region and 5 districts in western region
- Initiate discussions on individual ownership of motorbikes and computers at the end of the project as part of the reward scheme

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New Communication and Information Technology

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Progress

- Regular field visits were made to the pilot sites where RxSolution has been

Next Steps

- Finalize pilot study
  - Develop and initiate implementation of indicator
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<p>implemented to provide technical and operations support.</p> <ul style="list-style-type: none"> <li>• compiled indicators to assess the performance of RxSolution software in line with SURE's program result areas</li> </ul>	<p>based assesemnt</p> <ul style="list-style-type: none"> <li>• Increase and intensify supervisory visits to the pilot sites</li> <li>• Initiate development of RxSolution implementation package; this will comprise of the training of trainers manual, SQL Server, RxSolution application, checklists, and maintenance guidelines</li> <li>• Pretest the package and related tools at the pilot sites</li> <li>• Continue support system maintenance and conduct assessment of system performance at the pilot sites</li> <li>• Draft a comprehensive roll out plan for RxSolution in SURE's 45 districts</li> <li>• Investigate the usage of a web board/wiki to create a community of RxSolution users</li> </ul>
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**Sub-result 3.2: Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS**

Assess capacity, procedures, and practices in supply management of selected US government (USG) partners

<p>Progress: Strategy for strengthening IP in SURE districts drafted and presented to regional and district pharmacists</p>	<p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Hold SURE/IP meeting to discuss collaboration and coordination of Supply chain management (SCM) activities at district level,</li> <li>• Develop a comprehensive strategy on capacity building and performance monitoring for SCM in SURE IP shared and non shared districts,</li> <li>• Develop individual strategies for USG IPs for capacity building at their central level</li> </ul>
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Strengthen IP and other Nongovernmental Organizations' Capacity at Facility Level in Commodity Management and System Knowledge

<p>Progress: Supported the Makerere Mbarara Joint AIDS Program program to train 26 persons in laboratory logistics management</p>	<p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Develop a detailed IP collaboration capacity building strategy</li> <li>• Develop a training calendar for supporting IPs</li> <li>• Desk review to develop a problem analysis for the laboratory logistics system.</li> <li>• Develop SOW to assess the laboratory logistics system</li> </ul>
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Strengthen IP and other nongovernmental organizations' capacity in commodity quantification, reporting, and logistics management information system (LMIS) development

<p>Progress:</p> <ul style="list-style-type: none"> <li>• Produced and disseminated a bimonthly comprehensive stock status report for the period February/March 2011</li> <li>• MoH's resource center adapted the District Health Information System (DHIS) for the development of the web-based ARV Ordering and Reporting System</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>• Develop SOW for outsourcing the web ARV ordering and reporting form to be integrated within the DHIS2</li> <li>• Externally test and initiate the rollout of the web-based ARV ordering and reporting application in collaboration with all stakeholders</li> <li>• Handover the DHIS2 server to the MoH Resource Center</li> </ul>
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**Sub-result 3.3: Overall access to EMHS improved through innovative district-level interventions**

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Establish accreditation system for GPP

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Progress:

GPP discussions initiated with NDA

Next Steps:

- Train NDA inspectors as MMS
- Finalize the strategy document and implementation plan for GPP certification of public sector facilities in SURE targeted districts
- Develop administrative practices, certificates and procedures for GPP certification
- Develop common understanding of requirements for passing, passing with comments and fail to meet requirements.
- Develop SOW for community oriented information, education, communication plan to optimize benefit and understanding of the GPP certification.

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Performance monitoring at SURE districts

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Progress:

- Developed the routine facility supervision and monitoring tool to be used by supervisors
- Supported the implementation of the baseline data collection in intervention districts

Next Steps:

- Review and update tools for regular performance reporting from sentinel sites.
- Support the continued implementation of baseline in intervention districts
- Training of SURE regional field staff in monitoring and evaluation (M&E) including data collection

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**Result 4: Monitoring and Evaluation**

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SURE PMP

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Progress:

- 2 of the 5 PMP quarterly indicators measured
- 83 facilities supervised
- End-user verification (EUV) data analysis and report writing undertaken and report yet to be disseminated

Next Steps:

- Present the end-user verification survey findings and implement the next survey
- Finalize quality assurance of collected baseline 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
- Design practices and appropriate mechanism including a database for managing data collected from facility supervision.
- Continue discussions 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 M&E of Emergency Plan and Uganda M&E Management Services with quarterly data
- Develop indicators and data collection tools appropriate for assessing Medicines Financial Management performance

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Improve capacity in M&E of key stakeholder programs

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Progress:

- SURE in collaboration with CDC developed a candidate list of key performance

Next Steps

- Develop M&E capacity building strategy and work plan for district level and for pharmacy staff

indicators for measuring progress in NMS and JMS.

- at central and regional level.
- Develop key performance indicators for JMS and NMS
  - Conduct performance data collection from partners (JMS, NDA) including baseline data

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### **Result 5. Program Management**

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#### Program implementation

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##### Progress:

- SURE Program has continued to exert its presence in other regions. The western regional was launched in Fort Portal in march 2011
- Staffing for the Western regional office was completed
- The SURE Program website was updated with latest information ([www.sure.ug](http://www.sure.ug)).
- SURE Program continued to hold regular monthly staff meetings, weekly management team meetings, meetings with partners
- Suitable office location on Lira was identified

##### Next Steps:

- Establish regional offices for Lira and Mbarara and launch programs in those areas.
  - Execute the six-day defensive driving (motorcycle) training for Central Region MMSs
  - Handover motorcycles procured for Central Region MMSs
  - Produce the SURE Program documentary and the first program newsletter
  - Focus on submission of weekly success stories to USAID Agreement Officer's Technical Representative
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## INTRODUCTION

This report covers progress achieved during the second quarter (January to March 2011) of year 2 in the Securing Ugandans' Rights to Essential Medicines (SURE) program. Implementation of planned program activities has now covered a period of 21 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 (M&E) and program management including staffing and finance. The report also outlines achievement, specific challenges, and next steps for the next quarter—April 1, 2011, to June 31, 2011.

The program is moving ahead in all areas but some goals have not been fully met as planned. There have been several challenges during the reporting period; these include mainly the interruptions caused by the long presidential and local government elections. As a result, the program experienced several constraints and delays in implementation of certain activities in this quarter. SURE continued to experience challenging relations with NMS affecting implementation of the planned support package. There are procedure and operational issues yet to be resolved between SURE, Ministry of Health (MoH), and National Medical Stores (NMS). NMS has not finalized its business plan outlining areas of support needed, and the MOU between the MoH has not been signed—both have taken much longer than expected. Despite the challenges, SURE have finalized the NMS distribution assessment that examined the efficiency of NMS distribution and recommended cost-effective means of distribution. SURE completed a draft post kit implementation assessment report which analyzed the feasibility in making EMHS available in health centers (HCs) II and HC III through the kits. This report recommends that the NMS review the kit contents and make adjustments according to consumption patterns.

Over the quarter, SURE developed a set of key performance indicators to help monitor the changes in NMS's functional processes. The indicators were presented and discussed between the Center for Disease Control (CDC) and SURE. The use of these indicators shall be extended to measure performance at the Joint Medical Stores (JMS).

During the quarter, SURE launched its program in the western region, which was witnessed by the chief administrative officers in a ceremony held in Fort Portal. This extended SURE presence to three regions—central, eastern, and western. SURE has increased the number the size of trained carders to conduct medicine management supervision in health facilities. The number trained this quarter were 41 making an overall total of 82 supervisors (MMS). Also during this time, supervisors continued to collect baseline data in health facilities. In total, 83 health facilities have been supervised on a regular basis and baseline performance assessment conducted.

RxSolution, a computerized pharmaceutical management system, is still under pilot test in Masaka, Kayunga, and Butabika hospitals. SURE staff continued to provide routine support to the pilot facilities. There is positive feedback about the system's functionality, though with manageable challenges.

SURE has maintained a positive collaboration with the Ministry of Health vertical programs such as the National AIDS Control Program, the National Tuberculosis and Leprosy Control program, National Malaria Control Program, Reproductive Health program, Central Public Health Laboratories (CPHL), the Ministry's Resource Centre, and NDA; however, there is a

need to further strengthen this collaboration in the next quarter. Detailed implementing partners (IPs) coordination strategy is being developed that will spell out the capacity building and collaborative support to be provided to IPs and non-SURE districts. SURE continued to play an active role in pharmacy related technical working groups such as UMTAC, and MPM, and participated in regular partner meetings with the Pharmacy Division, JMS, and NDA.

## **RESULT 1: IMPROVED POLICY, LEGAL, AND REGULATORY FRAMEWORK TO PROVIDE FOR LONGER-TERM STABILITY AND PUBLIC SECTOR HEALTH COMMODITIES SUSTAINABILITY**

### **Sub-Result 1.1: Government of Uganda (GoU) demonstrated commitment to improving health commodities financing**

#### ***Monitor and Evaluate Pharmaceutical Financing***

There is reasonable progress in this area though implementation is somewhat slower than anticipated. The Financial and Commodity Tracking System (FACTS) is an interactive web-based system meant to provide a comprehensive integrated and complete overview of Essential Medicines and Health Supplies (EMHS) funding for policy making, planning, and performance monitoring of key entities. FACTS will monitor funds committed, disbursement delays, procurement delays, and delays in EMHS deliveries from these entities and eventually help to identify funding gaps.

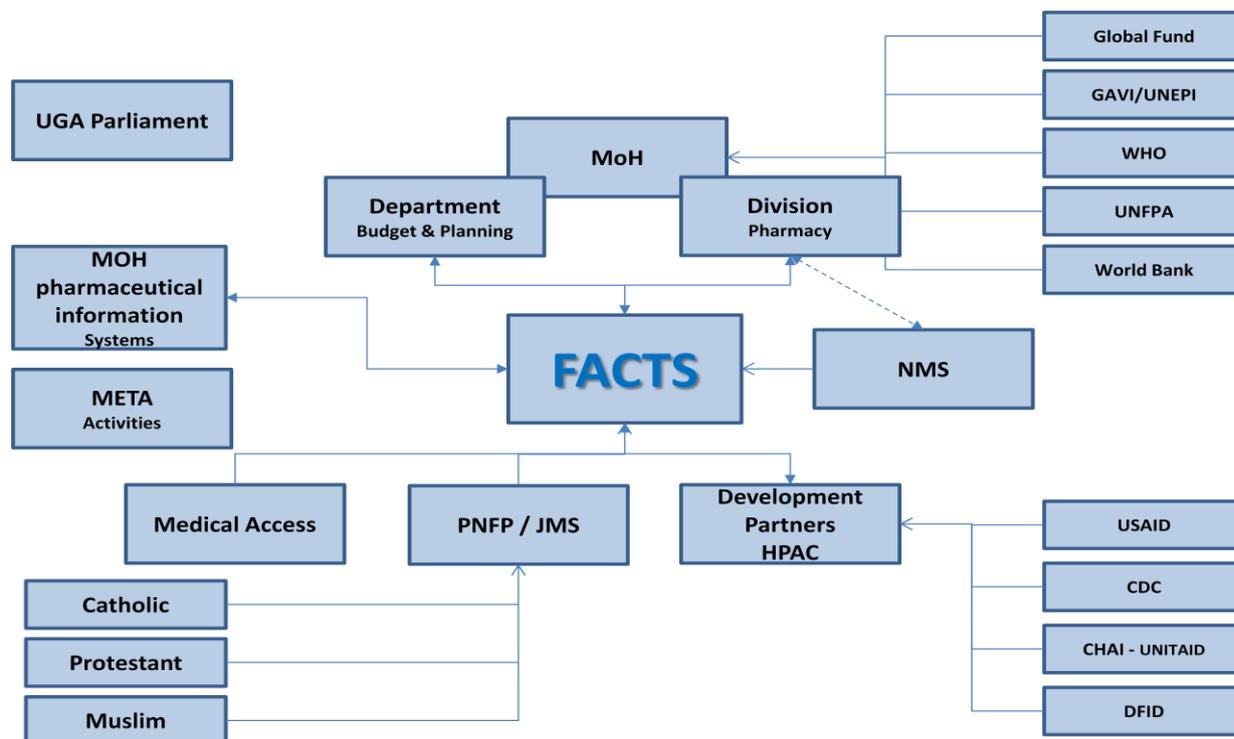
During this quarter, the conceptual design of FACTS was completed and a report was circulated outlining the design. It was agreed that a steering committee or work group should be established by the MOH, supported by SURE with the terms to coordinate and guide the further development of FACTS.

Figure 1 is a context diagram showing the system linkages to users and data providers.

The MOH has requested the FACTS to be re-presented to the next Health Policy Advisory Committee (HPAC) meeting. The success of the FACTS much depends on the support and commitment by the MOH, of which Finance and Planning Department and Pharmacy Division are an integrated part of the process, but as important are the support from the vertical programs, NMS, JMS and donors. It will be critical not only for the FACTS functionality but also for PIP that MOH can ensure data sharing with these stakeholders. The development of the FACTS automated system is thus guided by the pharmaceutical information portal (PIP) coordinator to ensure integration of FACTS with the quantification and procurement planning (QPP) unit and the PIP.

#### ***Next Steps***

- Present FACTS at HPAC meeting
- International and local STTA to continue implementation
- Draft terms of reference and assist MOH to establish FACTS steering committee
- Create a SOW for outsourcing the development of the FACTS automated system
- Select provider for FACTS development based on tender process



**Figure 1: Context diagram showing the system linkages to users and data providers for FACTS**

**Note:** The stakeholders list is by no means exhaustive

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

***Develop an Options Analysis for Policy, Legal, and Regulatory Reforms, Financing/Funding Gaps, and Supply Chain Solution***

Progress in this activity is getting on the right track. Solutions to resolve some of the unforeseen challenges are found and implemented in close collaboration with the Pharmacy Department.

The editorial process and finalization of the POA report has taken longer than anticipated. However, this has not deterred SURE from sharing the draft report with the key stakeholders and many of the POA recommendations and strategies is now in process of implementation. . The initiatives that have progressed targeted the outsourcing of distribution, and development of a good pharmacy practices standards, a quantification procurement planning unit, a essential medicines and supplies list including laboratory supplies for all levels of care, a classification of all EMHS according to vitality to give guidance in procurement, a EMHS specialist’s lists concept that is the starting point for separating general EHMS procurement from specialist procurement introducing a more cost effective practice, a financial management and tracking system, FACTS, and very importantly the development of an alternative plan to support national supply management beyond the NMS,

The MOU between SURE and the Ministry of Health has been finalized by the MOH and is now awaiting legal clearance by the Government Solicitor General - a process that has taken longer time than anticipated by both parties. Signing of MOU between districts and SURE is progressing well and in line with establishing regional offices.

The Memorandum of Understanding (MOU) between SURE and JMS was signed during the quarter and a detail support plan for supporting and optimizing JMS performance is in the process of being developed. This is a most important first step in implementation of an alternative plan to support the national level supply situation. Though initial assessment was undertaken at JMS as part of the POA it has been agreed to undertake a more in-depth assessment to guide and optimize the SURE support to JMS.

The signing of the MOU between NMS and SURE is still pending. NMS signing is depending on the finalization of the MOU between MOH and SURE. The draft and approved MOH/SURE MOU has been shared with NMS.

NMS has developed a business plan for the future development of NMS. Following consent of the NMS Board this plan will be shared with SURE and can if feasible form the basis for detailing possible support to NMS. For now, and in this quarter, support has only been requested and provided in one area, distribution (See 2.3). Further support will follow the signing of MOU, development of agreed work plan and performance assessment plan. (See 2.1)

This quarter SURE witnessed NMS roll out the last mile distribution of EMHS to facilities and thereby not only making distribution more cost effective but also addressing the lead time problems related to district distribution. Outsourcing distribution was found most feasible in the POA and this first step in outsourcing the public sector distribution can open up for stream lining and harmonization of the total public sector and PNFP distribution system. However, the success will much depend on the capacity to manage the third party distributors by NMs and JMS, a capacity SURE is supporting being strengthened. (See sub-result 2.1)

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. Progress in one facility –one supplier will await progress and policy decisions taken outside the scope of SURE.

### *Next Steps*

- Finalize and sign MOU between MOH and SURE
- Districts/SURE MOU signing to continue as planned
- NMS to share business plan as initial step in develop support and performance assessment package
- Finalize and disseminate the POA report
- Establish QPP unit with terms of reference, areas of responsibilities, task, implementation plan etc. (2.3)
- Finalize Good Pharmacy Practices (GPP) accreditation implementation plan and pass level in collaboration with National Drug Authority (NDA) and MOH-PD.(3.3)

## **RESULT 2: IMPROVED CAPACITY AND PERFORMANCE OF CENTRAL GOV ENTITIES IN THEIR SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES**

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

#### ***Support for NMS***

Progress on strengthening the National Medical Stores (NMS) has been limited to support in the area of distribution outsourcing and in-house distribution management capacity. Further support is pending signing of a memorandum of understanding and development of an agreed support plan and performance assessment plan.

A business plan for the future development and strengthening of NMS has been developed by NMS on the basis of the numerous assessments undertaken over the years, including the initial POA assessment. Following consent from the NMS Board this plan will be shared with SURE and can if feasible form the basis for detailing of possible support to NMS by SURE. Though several meetings have been held with NMS at which sharing of the business plan was discussed it has still to materialize. In this quarter, support has therefore only been requested and provided in one area, distribution (See 2.3).

NMS receive considerable support from other sources i.e. US Centers for Disease Control (CDC) and it is likely that support from SURE is not required. To avoid duplication of efforts it is important that SURE does not see the need to force support onto NMS, and only provide support following appropriate requests from NMS. However, performance monitoring is critical and SURE is supporting the Pharmacy Division and the CDC in developing and harmonizing indicators for monitoring performance of central supply agencies. A set of key performance indicators to be used by supply organization such as NMS and JMS to monitor the performance has been suggested for performance monitoring in regards to procurement, storage, inventory management and distribution. The indicator can assist this organization in assessing benefits of implemented strategies or interventions. Thus, it will be important to have a strong baseline assessed prior to any intervention. The baseline for NMS was developed as part of the policy option analysis but it is recommended to again assess performance applying, in a joint effort, the agreed MoH/CDC and SURE indicators.

Following the POA a detailed plan for strengthening NMS was developed and later followed up by MSH senior short term technical assistance. The plan and the assessments provide a good starting point for the business development plan. Time will show if there will be a request from NMS for support in any of the areas identified such as procurement and ordering, warehouse operation and storage or further support in regards to distribution.

#### **Ordering and Procurement**

There has been no progress in this area. A short term international technical assistance has been identified based on previously approved scope of work. However, implementation has been stalled pending MOU signing and development of a revised plan of work. Support to NMS for accreditation regarding the Public Procurement and Disposal of Public Authority (PPDA) might still be needed. However, NMS has finalized and submitted an application to become PPDA accredited. If approved it will address some of the procurement constraints identified by NMS and provide freedom to make the NMS procurement more efficient and

less constrained. A procurement audit will also be beneficial for NMS, however to materialize such activity needs to be included in the revised plan for SURE support to NMS.

### **Kit Assessment**

Following the introduction and implementation of the kit system for HCs III and II for the past nine months, SURE, in collaboration with Pharmacy Division, undertook a feasibility assessment of the kit as a way to increase access to medicines. The feasibility study assessed the impact of the kit on both the availability of medicines for these two levels and the appropriateness of the supplies to the facility. Data collection was carried out in 35 health facilities in 9 districts. The draft kit assessment report has been circulated for review.

#### **Box 1. Summary Highlights of the Kit Assessment Report**

- **Timeliness of deliveries** has improved with introduction of the kit. The third kit delivery was delivered on time for 90 percent of facilities. The kit system does not require orders from facilities and the same content and quantities are packed for several facilities possibly easing handling by NMS leading to improved timeliness.
- **Kit content and quantities:** The kit contains 56 and 115 items for HC II and HC III, respectively, with 59 percent of items being vital according to vital, essential, necessary classification and, on average, 78% and 82% of items appropriate for HC III and HC II respectively.
- **Supply levels:** 63 percent of supplies are provided in excess of the requirements, while several vital items are undersupplied. There is high risk of expiry if no action is taken to redistribute over supplied EMHS.
- **Expenditure per patient:** The kit introduction came with an increase in expenditure per patient as illustrated with Kibaale district, where expenditure increased by 38 percent from \$0.32 to \$0.44 per patient.
- **Availability of EMHS** has increased in HC IIs and HC IIIs since kit introduction. The number of monthly stock-out days has been reduced from 20 to 7 days for all items in both levels of care. Considering the MoH six tracer drugs (excluding measles vaccine), there is an overall 69% decrease in stock-out days with the most significant decrease seen for sulfadoxine-pyrimethamine, oral rehydration solution, and ACT, whereas no decrease was seen for co-trimoxazole.
- **Stock management** is poor with less than 50 percent of the items having stock cards and less than 25 percent of them being correctly updated with stock card balance equal to physical count on day of visit. Moreover, none of the staff was able to calculate right quantities to order.

The report makes recommendations for MOH and NMS to urgently review the kit content to reduce the risk of expiry and increase availability of vital EMHS. Moreover, action to redistribute over supplies items is called for.

#### **Next Steps**

- Sign MOU between NMS and SURE
- Continue support to Pharmacy Division and CDC in the development of supply chain indicators for central level and in strengthening M&E at NMS and JMS
- Develop revised support plan for NMS based on the new NMS strategic plan if requested

- Finalize, dissemination and present the report on kit feasibility to the MPM TWG

### ***Support to JMS***

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.

The MOU between JMS and SURE has been signed and the work towards developing a support plan has started. It has been agreed to establish a steering group to meet on a regular basis.

A draft JMS work plan informed by the POA findings and a study by an external consultant (Malcolm Clarke in June 2010) was developed. To finalize the work plan it has been agreed to undertake a JMS baseline assessment and employ TA to assist the JMS in finalizing the plan and identifying key areas of support.

Indicators that form the basis for performance assessment have been shared with JMS but are not yet agreed to. Some of the indicators were part of the POA assessment but others are new arising from the collaboration between MOH and CDC. The development of a M&E plan for JMS has started, a process SURE will support as best as possible.

### ***Next Steps***

- Agree on performance assessment indicators and undertake baseline assessment at JMS
- Implement a tool for data collection and analysis related to regular performance monitoring at JMS
- Support development of M&E plan
- Establish a steering group to meet on a regular basis.
- 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

### ***Support strengthening of the MIS system at JMS***

To identify the gap between the current MIS solution and what would suffice for JMS to efficiently carry out its business process in the long term, SURE engaged Leif Erik Stabell on STTA basis for nine week (split 3 and 6 weeks respectively) to map out business processes, operations, and functions at JMS. Currently, over the quarter the consultant has identified key processes that needed to be streamlined in the warehouse and the current MACS and Sage system. He has also designed interim solutions for better execution of these processes including providing technical assistance to JMS staff to implement those processes.

In addition, the consultant is finalizing his work in the coming quarter with a final deliverable as the system requirements document for JMS. In this quarter, the consultant also provided on the job mentoring for key staff and helped develop SOPs to ensure standardization of those processes. By the end of this quarter, the consultant had embarked on the sales processes which will be finalized early next quarter before proceeding to procurement and accounting functions.

### *Next Steps*

- Continue with process mapping of key processes in JMS
- Develop a system requirements document for JMS's key processes and MIS solution

### ***Improve Distribution***

#### **NMS:**

During this reporting period, a distribution study that was completed, this study was carried out by Transaid, a United Kingdom-based not-for-profit transport and logistics consultancy firm. The study was implemented and completed, and study findings were disseminated to key stakeholders that included NMS, JMS, CDC, USAID, Medical Access Uganda, Ltd, and Uganda Health Marketing Group. Two distribution segments were assessed: the NMS to district segment and the district to last mile segment to identify various distribution options. The consultants assessed the current status of NMS's distribution and transport systems and where and how these systems can be improved to help deliver essential medicines and supplies in a more effective and efficient way throughout Uganda.

The findings of this study highlighted that third-party logistics (3PL) capacity within Uganda is significant and sufficient to support distribution of pharmaceuticals on behalf of the government and other stakeholders. Currently, NMS is in the process of implementing 3PLs for the distribution of supplies from the district level to the last mile—that is, lower level health facilities in the districts. The process of getting this operation planned, tendered, and into action has taken roughly 10 months starting in mid 2010. The country has been divided into different delivery zones which 3PLs could tender for. Two reputable 3PL firms have been chosen and are due to come into operation on the April 1<sup>st</sup> 2011 and take delivery at the district level from NMS and then distribute to the lower level health facilities.

Further, there is evidence that NMS needed to build capacity for M&E, auditing, and contract management to handle 3rd Party Logistics (3PL). In addition, the consultants also found that financial data regarding transport and distribution operation, both in-house and 3rd Party Logistics, was not structured correctly and was difficult to access. Based on the findings, the consultants will make recommendations for the way forward.

It is important to observe that the study results were consistent with POA findings and recommendations. NMS has taken positive step in implementing the distribution strategy, particularly the option of last mile delivery through 3PL. In moving forward, SURE will engage NMS to explore opportunities for action on the study recommendation and provide the means to support the strengthening of the NMS distribution function. The final report will be delivered in May 2011.

### *Next Steps*

- Discuss support plan for strengthening the distribution function of NMS, if requested
- Develop SOW to provide TA to implement the agreed upon recommendations if requested

## **JMS**

As part of the distribution study conducted during the quarter, JMS's capacity to manage 3PL contracts was also assessed and recommendations were made on how to strengthen it. The consultants assessed JMS distribution operations to determine any capacity gaps to manage a 3PL and recommended the best way forward in addressing these gaps. They specified potential monitoring indicators and processes to best measure performance of 3PL. As part of their deliverable, the consultants provided a draft RFP which JMS could utilize to seek suitable logistics providers. Mini-assessments were also done at Medical Access Uganda Ltd. and UHMG to identify what needed to be strengthened should MoH agree to implement a single agency to manage distribution of ARVs that will be piloted at JMS with SURE support. Key recommendations for moving forward were the need to provide STTA to JMS to build capacity for and what key performance indicators need to be monitored for managing 3PL contracts.

### *Next Steps*

- Design of action plan to implement recommendations
- Identify STTA

## **Sub-Result 2.2: Improved capacity of MOH program managers and technical staff to plan and monitor national EMHS**

### ***Support to MoH Programs***

SURE assisted the developing the quantification and gap analysis and preparation of the Procurement and Supply Management (PSM) plan component for Global Fund Round 7 Phase 2 application for Uganda. The quantification and gap analysis covered all the HIV-related commodities used in adult and pediatric ART, and Prevention of Mother to Children Transmission treatment / therapy for three years over the Global Fund Round 7 Phase 2 grant period. SURE technical staff led the component on ARV quantification and writing the overall PSM plan.

SURE has also supported the National Malaria Control Program to roll out of the Affordable Medicines Facility for malaria (AMFm). SURE is a member of the task force created to steer AMFm, and led the quantification and procurement plan for ACTs and RDTs for the public sector, considering commitments of other partners. AMFm will be launched in Uganda this next quarter. Furthermore, SURE supported PMI/USAID in the procurement of the following malaria commodities—ACTs, RDTs, and mosquito nets. In addition, SURE assisted with coordinating in-country processes such as NDA verification and quality testing of the above mentioned malaria commodities. SURE also supported PMI/USAID to develop a plan to monitor use of the PMI donation in the PNFP sector and is collecting information for routine reporting and quantification of requirements.

The SURE seconded staff members at Central Public Health Laboratory (CPHL) and National Tuberculosis and Leprosy Control program provided assistance in collation, aggregation, entry, and analysis of routinely collected data on patients served and number of test done. The reports generated forms the basis for resupply decision to health facilities by the program and routine reporting by CPHL. SURE participated in a workshop on

standardization of laboratory equipment and laboratory supplies in MoH facilities. The standardization is a precursor to developing an essential laboratory supplies list under UMTAC. During the quarter, the seconded staff also participated in integrated support supervision in which they identified a need to strengthen laboratory inventory management practices at the health facility level.

### **Contraceptive Forecast**

SURE, in collaboration with the respective MoH 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 five-year contraceptive forecast report was circulated for review by stakeholders including the Reproductive Health Division, Pharmacy Division, USAID, UNFPA, and the UK Department for International Development. SURE will conduct a stakeholder workshop in which the Reproductive Health and Pharmacy Divisions will formally disseminate the report as a MoH document.

### **Monitoring of Stock Status**

SURE continued to carry-out stock monitoring and producing bimonthly comprehensive stock status reports, which was disseminated in mid-March 2011 for this quarter. The report provides strategic logistics information that strengthens and informs decision making in the MPM TWG meetings and supports the various ministry programs' in their review of commodity security situation . The reports are now accessible on both MoH website ([www.health.go.ug](http://www.health.go.ug)) and SURE website ([www.sure.ug](http://www.sure.ug)).

#### **Box 2. Highlights of the Stock status report**

- Low stock levels of ACTs and PMTCT supplies, and overstocks for several RH and TB supplies.
- Low reporting and ordering rates for ARVs TB and lab supplies.
- Low stock levels of condoms, implants, and oral contraceptive pills – the pill stock levels are artificial since stocks have piled up in the facilities as a result of the EMHS kit.
- Additional commitments are required for procurement of male condoms and implants in 2011.

Over the next quarter, the SURE will undertake to develop a detailed and tailored strategy for supporting the different MoH programs to build their capacity for commodity planning and logistics management. This strategy will also address the unique needs of these programs given that a significant amount of the funding comes from GFATM and other third parties outside GoU. This area will also be further supported as QPPU becomes operational.

### **Next Steps**

- Review and update national quantification for malaria and TB commodities
- Prepare a national quantification for ARV commodities
- Continue to work with NMS and JMS to improve timely and accurate stock status reporting
- Hold dissemination workshop for the five-year contraceptives forecast report
- Conduct laboratory logistics training for TB commodities in western region
- Carry out a problem analysis of the laboratory logistics system and develop an improvement strategy
- Develop implementation plan to roll out the web-based ARV ordering system

### ***Makerere University Collaboration***

The Makerere University collaboration prepared a costed work plan for both the advocacy and training activities under their mandate as described in the SURE annual plan. The MSH contracts office has received the final and approved work plan, and will send a contract that will trigger implementation of work. This final output clarifies how the activities will be conducted and timing of these activities particularly plans for implementing and advocating change in pre-service curriculum for health workers to include supply chain management.

#### ***Next Steps***

- Contract signing by Makerere University Kampala collaboration and MSH/SURE
- Conduct IPs meeting to share and harmonize work plans, and identify areas of collaboration

### ***Measuring timeliness and accuracy of ARV reports***

SURE continued to analyze the ARV reports in order to evaluate the effect of refresher training, reminders, and performance feedback on report content. This study is intended to assess the reporting/ordering rates, and quality and timeliness of the reports. A study is being undertaken in 24 districts in the northern and western regions. An abstract was written and presented to the ICIUM and approval for poster presentation was obtained for the ICIUM conference to be held in Turkey in November 2011.

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

Ongoing support to the implementation of Pharmacy Division annual work plan was provided through the quarter. SURE continued participation in the weekly meetings with Pharmacy Division and the other participants included CPHL, WHO, and UNFPA. The discussions are recorded (with minutes) and information shared on a regular basis.

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

The ministry appointed 24 members to the UMTAC, these comprised of managers of MoH programs, representatives from NDA and NMS, academicians, health practitioners, SURE Chief of Party and others. The inaugural meeting was held which was followed by another meeting to plan the development health supplies and commodities list, and update the essential medicines list (EML). SURE and the Pharmacy Division serves as the secretariat to the UMTAC. The establishment of the UMTAC is a most critical step not only for promoting appropriate medicines use but also for strengthening supply chain functions. The need to not only have an updated essential medicines list but also to develop essential list for supplies and laboratory supplies is evident by the proportion such commodities takes for the overall supply budget. As funding for EMHS continues to be much below the needed funding, it is most critical to classify the EMHS according to vitality/ VEN classification to guide and prioritize in procurement. The VEN classification strategy was first presented the the policy option strategy and has been fully adopted by the MOH and NMS has also expressed support to priorities Vital items in procurement. We hope to be able to assist in the development of essential list during the next quarter.

### **Development of PIP**

The required hardware for the PIP including a full rack solution of two enterprise servers, switches, KVM console, backup hardware, and heavy duty UPS was delivered to MSH offices and is being assembled and tested. The server will be installed at the MoH Resource Center in April and officially handed over early May.

We managed to fill the position of data warehouse architect. After internal advertising, the proposed candidate who was first seconded to NMS, then headed the RxSolution implementation was offered this position. Training in data warehousing and business intelligence on the Microsoft SQL server platform has to be organized for the data warehouse architect.

The SOW for outsourcing development of the PIP has been prepared and will be sent to MSH headquarters for advice and approval in the first week of April

The Internet/LAN connectivity extension with fiber to the MOH's TB and Chemotherapy units at was completed by a local telecom business, Roke Telkom.

The SURE secondment to the MoH Resource Center made an intranet portal available to the Ministry employees. This portal provides online access of internal resources like software, e-library, health management information systems, antivirus updates, and helpdesk systems.

Four SURE staff and one staff member each from MoH Resource Center and from NDA attended the ArcGIS training in Ntinda. The SURE team will prepare a presentation about the usage of GIS within SURE and provide basic training to produce reports in spatial format.

### ***Next Steps***

- Continue meeting regularly with Pharmacy Division
- Following MoH appointment of UMTAC members, SURE will organize and support meeting to update/development of essential medicines, supplies and laboratory lists
- Support the classification of essential list in Vital Essential/Important and Necessary classification.
- Test the PIP server at MSH office, transfer the server set-up to the MoH, and launch the hand-over of the PIP server.
- Prepare and issue a purchase request for the software in April 2011
- Present an overview of GIS functionality
- Train SURE staff in creating spatial reports
- Decide on the GIS solution for the PIP
- Develop the SOW and create the RFP for outsourcing the PIP development
- Assess the possibility of connecting the CPHL to the MoH after the move to their new premises in Luzira
- Select and organize data warehousing/business intelligence training on the Microsoft SQL server platform for the data warehouse architect
- Develop consensus with MoH, Strengthening Decentralization for Sustainability (SDS) project, and Makerere University on training needs and strategy for leadership and management training among the pharmaceutical staff

### ***Support MOH Stakeholders/Donor Coordination***

More regular meetings were held in support of NDA work plan implementation and several meetings were held between SURE and the various TWGs.

SURE procured and supplied two Minilab<sup>®</sup> test kits to the National Drug Quality Control Laboratory to strengthen quality assurance of medicines and of anti-malarials in Uganda. This timely contribution came at a critical period when NDA had recognized the great role Minilab test kits play in reducing the number of counterfeit pharmaceutical drugs. SURE also support the impact assessment of introducing Minilab<sup>®</sup> in testing and a protocol should be finalized next quarter.

NDA has produced Good Distribution Practices' guidelines based on the legislation and on WHO recommendations. SURE is reviewing the possibilities to fund a symposium for disseminating the guidelines together with the Health Professionals Council, and the conducting a study of wholesalers' performance that will be done by the University of Copenhagen sometime in the future. The guidelines for Good Distribution Practices separate and specify the different roles of wholesalers and pharmacies especially in regards to quality assurance of medicines.

Discussions between NDA, SURE, and the development partner of the Verification of Imports application have been taken place to make sure system is designed in such a way that the correct data is collected and able to be uploaded into the PIP. Some changes were proposed to the design of the system. Implementation of the guidelines will be the next challenge in strengthening medicines quality including counterfeit medicines. A demo version of the system has been completed and SURE proposes to support developing a web based portal to enable online access. NDA is yet to procure the needed servers that have sufficient capacity to host the system.

#### *Next Steps*

- Continue the work in TWG
- Ensure that the NDA Verification of Imports application produces the data to be uploaded into the PIP
- Assist in Good Distribution Practices development
- Develop sampling protocol for minilab impact assessment

### **Sub-Result 2.3: Supply Chain System Cost Effectiveness and Efficiency Improved Through Innovative Approaches**

#### ***Establish a Single Quantification and Procurement Planning Unit***

During the quarter, the QPPU coordinator, Mr. Morris Okumu (a pharmacist with experience in quantification and logistics management) was recruited, and is currently undergoing orientation at SURE. The coordinator will be the second full time staff member engaged by SURE to work with the MoH technical programs. The QPPU coordinator will be based in the Pharmacy Division. His initial role will be to develop QPP strategy and establish a functional QPP unit within MoH. A detailed performance plan for the first year for this position has also been defined in a draft MOU.

#### *Next Steps*

- Finalize and further detail the QPP concept and develop a detailed indicator-based implementation plan
- Conduct a stakeholders meeting to build consensus on how to establish the QPP
- Establish the QPP unit physically in the pharmacy department

### ***Harmonization of ARV Supply Chain System (PEPFAR Partners)***

Progress in this area has been on hold pending discussions with donors with a stake in procurement, funding and management of ARV. The discussions are yet to be scheduled however the objective is to minimize supply chain inefficiencies and harmonize the ARV supply chain operations and leading to development of “one supplier, one facility” concept.

## **RESULT 3: IMPROVED CAPACITY AND PERFORMANCE F TARGETED DISTRICTS AND HEALTH FACILITIES IIN PLANNING, DISTRIBUTION, MANAGING, AND MONITORING EMHS**

### **Sub-Result 3.1: Improved capacity of target districts and health facilities in planning, distribution, managing, and monitoring EMHS**

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

The SURE program was launched in the country’s western region with MOUs signed with 8 districts in a ceremony that took place at Fort Portal. By the end of this quarter, SURE has established its presence and is fully operational in three regions with offices in Kampala, Mbale, and Fort Portal. Staff recruitment for Lira and Mbarara regional office is ongoing with only three positions yet to be filled (a driver, an assistant accountant, and assistant pharmaceutical coordinator). Orienting staff from other regions at the central office provided the officers with the necessary hands- on experience and a good grasp of SURE objectives and values. SURE has planned to open the Lira office and launch SURE activities in the northern region much earlier than had originally been envisaged. This is done in view of speeding up medicines management supervision at facility level.

#### ***Next Steps***

- Fill the remaining vacant posts for Mbarara and Lira regional offices
- Launch SURE activities in the northern region

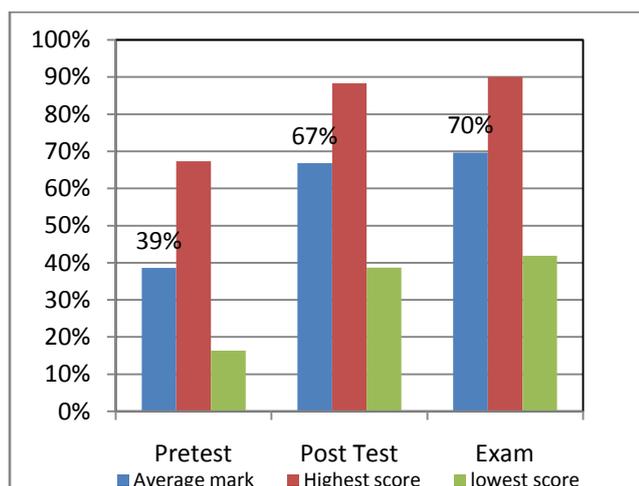
#### ***Development of District-Level Support Package***

#### **Medicines Management Training**

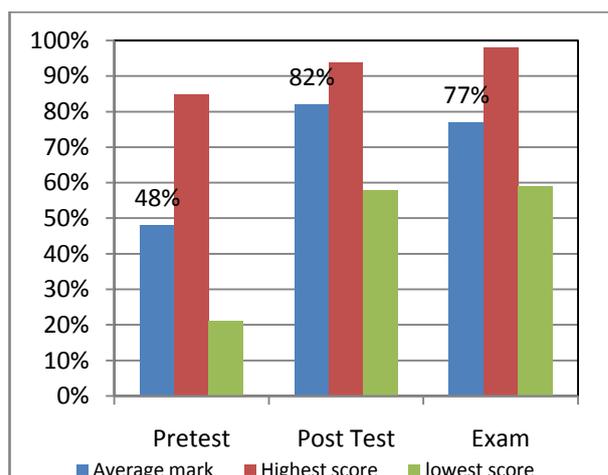
This quarter, 41 district health staff completed two-weeks training in medicine management supervision that took place in eastern and western regions, bringing the total number trained to 82 supervisors. There was improvement in the trainees’ performance, particularly in the western region. In all trainings, participants were subjected to pre- and post-tests and final exams. On average, the western region group scored higher in both the test and exam

compared to the other groups (figures 2 and 3). The failure rate also dropped from 25 percent on average to 5 percent in the western group in the first three trainings. This could be attributed to the strict selection criteria for participants and also to the change in approach that included increasing the number of practice exercise for supervisors. Training materials were updated to ensure that all exercises and role plays were documented and properly referenced. The next step is to engage the services of a professional editor to finalize the training manuals and the medicines management manual. In the next quarter, a re-training for supervisors who did not pass exams will be conducted based on a revised curriculum yet to be developed.

The specifications for the net book computers to be used by the MMS were developed by the SURE team. In collaboration with the MSH head office, a specific PR is being developed.



**Figure 2. Scores for the first three groups combined (n=61)**



**Figure 3. Scores for group 4 (n=21)**

### Next Steps

- Conduct training for 22 MMSs in western region
- Professionalize and print training materials and national medicines management manual
- Develop curriculum and training guide for four-day supplementary course for retraining supervisors who failed exams and conduct training
- Procure net book for piloting in regards to performance assessment and information management by medicines management supervisors.

### Pharmaceutical financial management Training

Progress was made on developing the pharmaceutical financial management (PFM) manual. The PFM manual outline was presented by the STTA and discussed. The STTA is in the process of finalizing the draft manual that will be presented to stakeholders for review. A Delphi approach will be used to ensure that as much input as possible is obtained from a group of reviewers in the most efficient way.

### Next Steps

- STTA to complete the draft PFM manual
- Implement Delphi workshop to finalize draft PFM manual
- Initiate development of training material for MMSs in financial management

### ***Implementation of the District Supervision Strategy***

In this quarter, supervision was initiated in all the 9 districts in the central region and 3 districts in the eastern region, covering a total of 83 health facilities. In the central region, 69 facilities were supervised while 14 in eastern region had baseline data collected. This represents 21 percent and 3.7 percent of facilities in each region respectively. The initial visits are jointly carried out by SURE staff and district-MMS as a way of building the capacity of district and health sub-district MMS. During the visits, new and updated medicines management tools are introduced to the health facilities as a way of piloting them. Comments were sought to help the process of improving the new tools, these will be analyzed and proposed changes effected before printing.

Baseline and routine data collection tools have also been modified based on experience in the field. Furthermore, a simple Excel<sup>®</sup> tool has continued to be used to analyze data and present the results in graphical form. There is need to move further and develop means of data analysis and presentation of results that is useful for decision making in the districts.

Following the confirmation of the delivery schedule for motorcycles, a team was put in place to write up a motorcycle management policy using experience from other organizations. The draft policy describes mechanisms for motorcycle fueling, maintenance, and repair; and how the process links to supervisor's activities and targets. The first 22 supervisors will undergo training in defensive riding early in the next quarter and SURE will pay for the driving licenses as part of the overall performance-based reward scheme.

The performance-based reward scheme was further refined and discussed. There is need to seek clarification and consensus on individual ownership of items like motorcycles and computers at the end of the project.

### ***Next Steps***

- Train 22 supervisors in defensive riding
- Update the medicines management tools and print them for the 45 districts
- Develop a data analysis tool for routine supervision data and the format for reporting results during district and regional meetings
- Initiate baseline data collection and supervision in all the 12 districts of the eastern region and 5 districts in western region
- Initiate discussions on individual ownership of motorbikes and computers at the end of the project as part of the reward scheme

### ***New Communication and Information Technology***

Regular field visits were made to the pilot sites where RxSolution has been implemented to provide technical and operations support. Usage of the software for stock management at all the pilot sites has been extremely encouraging, with Butabika and Kayunga sites having updated records in the system at each supervisory visit, and users at all sites demonstrating an

improved understanding and appreciation of the system. The dispensing module at Butabika is currently being deployed at the hospital's busy outpatient dispensary to help assess the operational challenges in the dispensing module rollout. Kayunga store is fully up-to-date and experiences no problems in using RxSolution.

Masaka hospital had a few challenges with backup power and personnel for the system which created a backlog of records for input into the system. The SURE team met with the hospital's senior administration and pharmacy personnel, and identified measures to resolve these issues: two extra people were identified and will be trained in using RxSolution to cope with the backlog of transactions. SURE also facilitated the transfer of the RxSolution hardware into the pharmacy because of backup power issues at the main store.

A few changes in the RxSolution software were identified and passed on to the development team. Changes were made, tested, and successfully implemented at the pilot sites.

SURE was not able to supervise the use of RxSolution at the pilot sites as intensively as we planned, because of personnel constraints. We are planning to roll out a web board for RxSolution users so a strong community can be formed that can discuss issues through the web forum. SURE staff will initially be monitoring the discussion threads. In the next quarter, we expect the arrival of the district computerization coordinator who will be taking up the RxSolution implementation and plan more supervisory visits to the pilot sites.

A comprehensive list of indicators to assess the performance of RxSolution software in line with SURE's program result areas has been compiled with collaborative input from the SPS programs of South Africa and Namibia where the system is also in use. The plan for measurement of these indicators is currently being designed along with the tools for baseline and post-implementation assessment based on the SURE program's performance monitoring plan.

The NMS secondment (Micheal Kavuma) applied and was appointed to the position data warehouse architect for the PIP starting February 2011. The job description of the LMIS specialist was upgraded into district computerization coordinator who will also supervise the MIS/M&E field coordinators. We successfully filled up this position and the new coordinator will commence work in April.

### *Next Steps*

- Finalize pilot study
- Develop and initiate implementation of indicator based assessment
- Increase and intensify supervisory visits to the pilot sites
- Initiate development of RxSolution implementation package; this will comprise of the training of trainers manual, SQL Server, RxSolution application, checklists, and maintenance guidelines
- Pretest the package and related tools at the pilot sites
- Continue support system maintenance and conduct assessment of system performance at the pilot sites
- Develop a comprehensive roll out plan for RxSolution in SURE's 45 districts
- Deploy RxSolution at Mulago hospital, the country's national referral hospital
- Formally launch RxSolution in Uganda

- Investigate the usage of a web board/wiki to create a community of RxSolution users

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

#### ***Assess Capacity, Procedures, and Practices in Supply Management of Selected USG Implementing Partners, and Strengthen IPs' and other NGOs' Capacity in Commodity Management and System Knowledge***

SURE's strategy of working with and supporting IPs to improve commodity management capacity and enhance skills at health facilities was presented to Pharmacy Division meeting and joint IP meetings. Whereas the comprehensive approach to building capacity at district and facility level will address the issues in shared districts, further discussions are necessary to work out details of how IPs will be supported to reach out to all facilities in districts where SURE is not present.

SURE also participated in meetings organised by Strengthening Decentralization for Sustainability project and USAID to discuss collaboration, coordination, and harmonization of support to districts. The move towards joint planning by IPs, provided coordinated entry into the districts as one team.

To further refine collaboration and coordination, SURE will host meetings with IPs with special interest in improving supply chain management and overall access to medicines at the district level. It is envisaged that more specific details of support to IPs and clarification of roles and responsibilities will be discussed and agreed upon.

#### ***Next Steps***

- Hold SURE/IP meeting to discuss collaboration and coordination of Supply chain management (SCM) activities at district level,
- Develop a comprehensive strategy on capacity building and performance monitoring for SCM in SURE IP shared and non shared districts,
- Develop individual strategies for USG IPs for capacity building at their central level

#### ***Strengthen IPs' and other NGOs' capacity at facility level in commodity management and system knowledge***

SURE has made progress in harmonization of logistics activities with implementing partners. In this quarter, SURE provided assistance to IPs' in quantifying financial resource requirements for the MoH to achieve EMHS availability of 60 percent in fiscal year (FY) 2011/12. The objective of this quantification was to facilitate health development partners to advocate for sufficient funding for EMHS in next financial budget. This exercise will be finalized in the next quarter after extensive consultation with partners and the MoH.

SURE participated in a workshop organized by THALAS, CARE's scaling up savings to augment income nationally Project, and CPHL to harmonize the curriculum for laboratory logistics. The attempt to harmonize the existing training materials for health facility staff managing logistics followed the principles outlined in the SURE MMS training given to

supervisors. With the harmonized curriculum, all implementing partners will conduct standardized logistics training for health facility level personnel involved in management of laboratory logistics. The IPs shall also ensure that medicines management supervisors work with already trained individuals to strengthen logistics management in facilities.

Similarly, SURE supported Makerere-Mbarara Joint AIDS Program, a USG IP in Western Uganda to conduct laboratory logistics training for 22 persons. SURE continues to be supportive towards capacity building activities for IPs. The TB logistics trainings that had been planned for this quarter in western region with Strengthening TB and HIV/AIDS Response in the South-Western Region of Uganda were interrupted by the uncertainties around the election period—as a result, they were rescheduled for the next quarter.

SURE was part of a multi-stakeholder meeting to discuss strategies for strengthening laboratory logistics system in pharmaceutical management. SURE was to lead the desk review to develop a problem analysis for the lab logistics system. Progress has been very slow in this area because of limited data available and other pressing engagements for the team. It was also recognized that the assessment would benefit from a specialist in lab logistics. SURE is currently developing a scope of work for an STTA to assess the entire system, identify challenges and make recommendations for strengthening each level (central, district and health facility) of the lab logistics system.

#### *Next Steps*

- Develop a detailed IP collaboration capacity building strategy
- Develop a training calendar for supporting IPs
- Desk review to develop a problem analysis for the laboratory logistics system.
- Develop SOW to assess the laboratory logistics system

#### ***Strengthen IP and other NGO' capacity in commodity quantification, reporting, and LMIS development***

SURE also worked with several IPs and potential funders to develop the contraceptive forecasts. SURE circulated the stock status report to all IPs', stakeholders at national and district level (trained MMS). The purpose of this dissemination is to assist IPs' to better plan their support and utilized the provided information better.

SURE, in collaboration with Reproductive Health and Pharmacy Divisions and other stakeholders, developed a five-year projection of commodity needs for modern contraceptives. The estimates are based on a 2015 target to achieve a 43 percent contraceptive prevalence rate (CPR) for modern methods among all women of reproductive age. Based on the outputs, a two-year (2011 and 2012) supply plan was developed for procurement of public sector reproductive health supplies to achieve a 2.5 percent annual increase in CPR. Funding commitment for the plan was made by GoU, UNFPA, and USAID. The more conservative supply plan was developed because it will require other interventions beside the availability of commodities to achieve these targets. The supply plan will be revised periodically.

The web-based ARV ordering and reporting system was successfully integrated into the MoH's health management information system reporting framework using the District Health

Information system (DHIS2) software. This means that in the future health facilities will be able to order and report on ARV drugs using the same system they use for mainstream health care reporting to the MoH. The first draft of the ARV ordering and reporting form in DHIS2 was reviewed by an internal SURE team that recommended many modifications and enhancements to the system before unveiling the system to external users for testing. The list of requirements for changes to the system has been compiled and a scope of work for the requested enhancements is currently being created. SURE will engage a team of short-term consultants in the coming quarter to implement the modifications specified in the scope of work. The server to host the DHIS2 system at the MoH has been delivered and is being configured at SURE offices by the information technology (IT) team. We expect to hand over the server to the MoH Resource Center early April.

#### *Next Steps*

- Undertake orientation of PD staff, IP, MoH programs, and other users in the routine stock status reports applicability and limitations
- Develop SOW for outsourcing the web ARV ordering and reporting form to be integrated within the DHIS2
- Externally test and initiate the rollout of the web-based ARV ordering and reporting application in collaboration with all stakeholders
- Handover the DHIS2 server to the MoH Resource Center

### **Sub-Result 3.3: Overall access to EMHS Improved through innovative district-level interventions**

#### ***GPP and GFP Accreditation***

Detailed discussions were held with NDA on the framework for Good Pharmacy Practices certification activities. NDA shared the pharmacy inspection tool used in the private sector and it was noted that certification of pharmacy and stores premises for public and PNFP facilities was within NDA mandate. However, inspection tools will have to be piloted and minimum standards set for issuing suitability of premises certificate. It was also agreed that health facilities will not initially be charged for the certificates and that SURE will meet the cost of inspections for the first certification. The GPP strategy is in process of development and will be finalized in next quarter. The need for training of NDA inspectors to strengthen performance assessment and supervision has been recognized as an important part of GPP certification in the public sector.

Initial contact has been made with Health Communications, one of the partners to discuss information, education, communication [IEC] content for the GPP strategy. Further discussions are planned in the next quarter to enable SURE to identify the most effective and efficient way of creating awareness and maximum response to the GPP approach

#### *Next Steps*

- Train NDA inspectors as MMS
- Finalize the strategy document and implementation plan for GPP certification of public sector facilities in SURE targeted districts
- Develop administrative practices, certificates and procedures for GPP certification

- Develop common understanding of requirements for passing, passing with comments and fail to meet requirements.
- Develop SOW for community oriented information, education, communication plan to optimize benefit and understanding of the GPP certification.

#### **RESULT 4: MONITORING AND EVALUATION**

Measurement of SURE PMP quarterly indicators was delayed awaiting NMS approval to collect the data needed. Approval was pending MOH request signed by the Permanent Secretary. Three out of five PMP indicators measured quarterly were affected by this problem; however, data for the other two was obtained. Annex 1 summarizes the quarterly status of the PMP.

During the quarter; SURE facilitated medicines management supervisors to provide technical assistance and collect baseline data from 83 facilities in intervention districts. The mode of technical assistance was mainly facilities baseline performance assessment and coaching of health staff. The second PMP indicators reported this quarter is the number of individuals trained in medicines' management with 73 individuals trained. The trainings held were in MMS (41 persons), use of geographic information system (6 persons), and laboratory logistics management (26 persons).

##### **End-User Verification Survey**

SURE conducted a second round end-user verification survey and but has yet to finalize the report. The survey was conducted in 30 health facilities and 6 districts. As in the previously survey, data was collected using mobile phones and uploaded straight to the on line database. The results will be presented in a way that allows comparison with the first end-user verification survey round.

The survey recommended action points for malaria control program on malaria medicine stock management in health facilities, rational malaria medicines use, storage of malaria items in facilities, and management of malaria cases presented in health facilities. Presentation to the PMP TWG was schedules but now delayed to next quarter.

##### **Baseline and Routine Supervision Assessment**

The baseline and routine data collection instruments continued to receive revisions using the experience from the field. The baseline data from the intervention districts will be analyzed and compared to data obtained from control districts. During the quarter, the baseline tool was used in 83 health facilities to collect baseline data. Data analysis using performance score remains to be done to assess the impact of the supervision strategy. Internal reorganization of SURE staff was made and a computerization unit was created to handle the data coming from supervision activities and analyze RxSolution. The MIS/M&E unit is also responsible to collating this data and transferring it into PIP.

SURE has prepared a description of the proposed reliability or reproducibility assessment to evaluate the accuracy of data collected from facilities by trained MMS. This assessment shall involve deploying three MMS to the same facilities at the same time to independently collect data using the same tool in the same environment.

A scope of work for a consultant to undertake literature review about outcomes related to SURE interventions was finalized; in the next period, a consultant is expected to conduct a detailed search and review of existing literature.

### *Next Steps*

- Present the end-user verification survey findings and implement the next survey
- Finalize quality assurance of collected baseline 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
- Design practices and appropriate mechanism including a database for managing data collected from facility supervision.
- Continue discussions 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 M&E of Emergency Plan and Uganda M&E Management Services with quarterly data
- Develop indicators and data collection tools appropriate for assessing Medicines Financial Management performance

### ***Improved Capacity for M&E for Key Stakeholders***

Identify M&E capacity building needs at district level and within central and regional pharmacy staff. Develop and present strategy and work plan to strengthen M&E capacity.

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

In the quarter, SURE's support to develop performance measurement indicators for NMS gained momentum with CDC adding its weight to the process. Several meetings were held between CDC and SURE to review the indicators initially drawn by SURE. The process has led to a short list of 21 indicators (down from 68). A team of M&E staff was assigned the responsibility to further develop a detailed description of the indicators showing definition, method for measurement, rationale for data collection, and frequency of measurement for each indicator.

The indicators were developed to measure performance in each of the operation areas such as stock management, procurement, warehousing and inventory management, customer services, distribution, financial function, and quality control.

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

The SURE M&E team started contributing information on the progress to the Pharmacy Division to compile the health periodic review report.

### *Next Steps*

- Develop M&E capacity building strategy and work plan for district level and for pharmacy staff at central and regional level.

- Develop key performance indicators for JMS and NMS
- Conduct performance data collection from partners (JMS, NDA) including baseline data

## **RESULT 5: PROGRAM MANAGEMENT**

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

SURE program management has continued to support the technical areas in implementation of mandated activities. For the last quarter, the SURE Western Region program was launched on March 9, 2011, in Fort Portal where Chief Administrative Officers of Kamwenge, Kabarole, Kasese, Kyenjojo, Hoima, Bundibugyo, Kibaale, and Bulisa signed MOUs between the respective districts and SURE program. This followed the completion of the office set up and recruitment of the regional office staff (the pharmaceutical field coordinators, assistant accountant, and driver). In total, the SURE program is now in 29 districts in three regions of Central, Eastern, and Western Uganda. In a related development, a search for office premises for the Northern and West Nile region is on. Already three potential buildings have been identified in Lira and assessed for office suitability. Identification of a premise that we can “co-locate” with any of our IPs still remains a challenge.

Program management has also supported the SURE program district strengthening intervention by procuring 22 of 135 motorcycles for the central region. A Yamaha AG100 was selected out of three brands; these units are already registered and will be handed over to the districts for use in the next quarter. The program has also procured two Minilabs and a 4WD Ford Everest vehicle for NDA to be used for strengthening quality assurance of medicines and of antimalarial in Uganda.

The SURE program has continued to maintain an active website ([www.sure.ug](http://www.sure.ug)) which is now loaded with job placements, stock status reports, success stories, and other information for public consumption. Production of the program documentary is almost complete and a final product is expected next quarter. Likewise, the SURE co-branding strategy and marking plan was approved by USAID this quarter and this will further help in the program communication and visibility efforts. Additionally, the program has started holding “brown bag” sessions once a month during lunch time to disseminate information to staff..

### ***Next Steps***

- Establish regional offices for Lira and Mbarara and launch programs in those areas.
- Execute the six-day defensive driving (motorcycle) training for Central Region MMSs
- Handover motorcycles procured for Central Region MMSs
- Produce the SURE Program documentary and the first program newsletter
- Focus on submission of weekly success stories to USAID Agreement Officer’s Technical Representative

### ***Staffing***

The latest SURE Organization Chart reflecting staff changes is hereby attached in Annex 2. , SURE Organization Chart updated 31 March 2011.

By the end of the quarter, SURE staffing had risen to 44 as a result of successful advertising and recruitment. The quality assurance associate is a new position created this quarter. This position is designated to assist the Chief of Party in programmatic quality assurance, act as a back stopper in specific areas of SURE implementation and M&E, and assist the coordination and implementation of TA to the central level organization and agencies for medicines and health supplies. Recruitment of staff for the Lira and Mbarara regional offices is also near completion. Finally, a two-day all staff team-building retreat was held to increase communication and teamwork, improve productivity, and to focus on quality work plan implementation. Post retreat discussions are going on to reinforce and implement strategies agreed upon during the retreat.

Annex 3. Summary of SURE Staffing Status as of March 31, 2010, presents an update on staffing status.

**Table 2. Actual and Planned Full-Time Staff Numbers**

Time Period	31-Dec-09 (actual)	31-Mar-10 (actual)	30-Jun-10 (actual)	30-Sep-10 (actual)	31-Dec-10 (actual)	30-Mar-11 (actual)	30-Jun-11 (planned)	30-Sep-11 (planned)
Staff #	10	22	28	33	41	44	51	54

*Next Steps*

- Complete the recruitment as planned. Annex 4. Summary of Full-Time Positions Planned, presents a summary of positions that are planned to be filled over next year through September 30, 2011.
- Coordinate the implementation and rollout of the post-retreat strategies
- Engage all staff in the annual performance planning review and development process which is MSH’s yearly performance appraisal process.
- Coordinate training opportunities for staff on technical topics. i.e., health system research, e-drug training, communication, and pharmaceutical finance)

**Short Term Technical Assistance**

This quarter, STTA was mainly related to the pharmaceutical finance and support activities to JMS. Pito Jjemba and Frans Stobbelaar were tasked to perform work in the area of pharmaceutical finance to further develop FACTS. Pito Jjemba also provided technical inputs and helped develop a pharmaceutical financial management manual. Finally, Leif-Erik Stabell was mobilized to provide JMS strengthening assistance by performing a business process review, MIS gap analysis, and MIS requirement analysis at JMS. Table 2 illustrates the STTA personnel who were hired and a brief description of their tasks.

**Table 3. STTA Staff Members and their Tasks**

Last Name	First Name	Title/Counterpart	LOE	Scope of Work
Jjemba	Pito	Pharmaceutical Financial Advisor/MoH, NMS	3 weeks Jan.– March 2011	Pharmaceutical Financial Manual, Financial Tracking System
Stobbelaar	Frans	Pharmaceutical Finance Consultant	3 weeks Jan.– Feb.2011	FACTS
Stabell	Leif-Erik	System Reengineering STTA	3 weeks Jan.-Feb. 2011 and 4 weeks in March 2011	JMS Strengthening Consultant -Business Process Review, MIS Gap Analysis, and MIS Requirement Analysis at JMS.

### ***Finance***

The SURE program has spent about 58 percent (\$4,905,796) of its current obligation (\$8,418,023) as of March 31, 2011. The SURE program has been in operations for 21 months (since July 2009) and, on average, has a monthly burn rate of \$233,609. An increase in burn rate has been stagnated by slower than expected implementation. Programmatic technical leaders are aware of slower implementation and are working on strategies to address this. We expect burn rate to increase as we open our regional offices in Lira and Mbarara, and continue the rollout of planned technical activities.

Follows is a summary of disbursements against the work plan budget—cumulative for Program Year 2.

*Result Area 5*

As of March 31, 2011						
		Actuals Year 1 (15 mo)	Year 2 Work Plan Budgeted (12 mo)	Total Budget Year 2 - Cumulative	Spent to date (21 months)	
	Line Item	17-Jul-09 to 30- Sep-10	1-Oct-10 to 30- Sep-11		17-Jul-09 to 31- Mar-11	Balance
I.	Salaries and Wages	\$ 1,041,773	\$ 1,601,395	\$ 2,643,168	\$ 1,711,024	\$ 932,144
II.	Consultants	\$ 47,639	\$ 569,985	\$ 617,624	\$ 75,479	\$ 542,145
III.	Overhead	\$ 600,248	\$ 587,664	\$ 1,187,913	\$ 888,856	\$ 299,057
IV.	Travel and Transportation	\$ 136,964	\$ 806,673	\$ 943,637	\$ 201,424	\$ 742,213
V.	Allowances	\$ 235,945	\$ 222,839	\$ 458,785	\$ 350,846	\$ 107,938
VI.	Subcontracts	\$ 282,702	\$ 701,966	\$ 984,667	\$ 458,858	\$ 525,810
VII.	Training	\$ 110,410	\$ 1,154,353	\$ 1,264,763	\$ 280,107	\$ 984,656
VIII.	Equipment	\$ 171,689	\$ 1,221,200	\$ 1,392,889	\$ 323,533	\$ 1,069,356
IX.	Other Direct Costs	\$ 309,383	\$ 1,434,310	\$ 1,743,693	\$ 615,669	\$ 1,128,024
	<b>Subtotal I. through IX.</b>	<b>\$ 2,936,754</b>	<b>\$ 8,300,385</b>	<b>\$ 11,237,139</b>	<b>\$ 4,905,796</b>	<b>\$ 6,331,343</b>
	<b>Cost Share Contribution*</b>		<b>\$ 1,134,979</b>	<b>\$ 1,134,979</b>	<b>\$ 492,568</b>	<b>\$ 642,411</b>
	<b>Grand Total + Cost-Sharing</b>	<b>\$ 2,936,754</b>	<b>\$ 9,435,364</b>	<b>\$ 12,372,118</b>	<b>\$ 5,398,364</b>	<b>\$ 6,973,754</b>
<b>Obligation Summary</b>						
	<b>Obligation to date:</b>				<b>\$ 8,418,023</b>	<b>%</b>
	<b>Disbursed to date:</b>				<b>\$ 4,905,796</b>	<b>58%</b>
	<b>Obligation remaining:</b>				<b>\$ 3,512,227</b>	<b>42%</b>
* <i>Cost Share Amounts as of February 28, 2011; total Cost Share for the SURE program is \$1,134,979.</i>						

The MSH Uganda Employee Handbook was rolled out in February 2011. MSH Uganda Finance and Administration staff held six handbook sessions at four different regional locations in Uganda. During these sessions, policies, procedures, and forms were reviewed and discussed. It was an important learning event for staff because the forum allowed for questions, answers, and clarifications of key topics such as staff benefits, financial management procedures, safety and security, and fraud prevention.

*Next Steps*

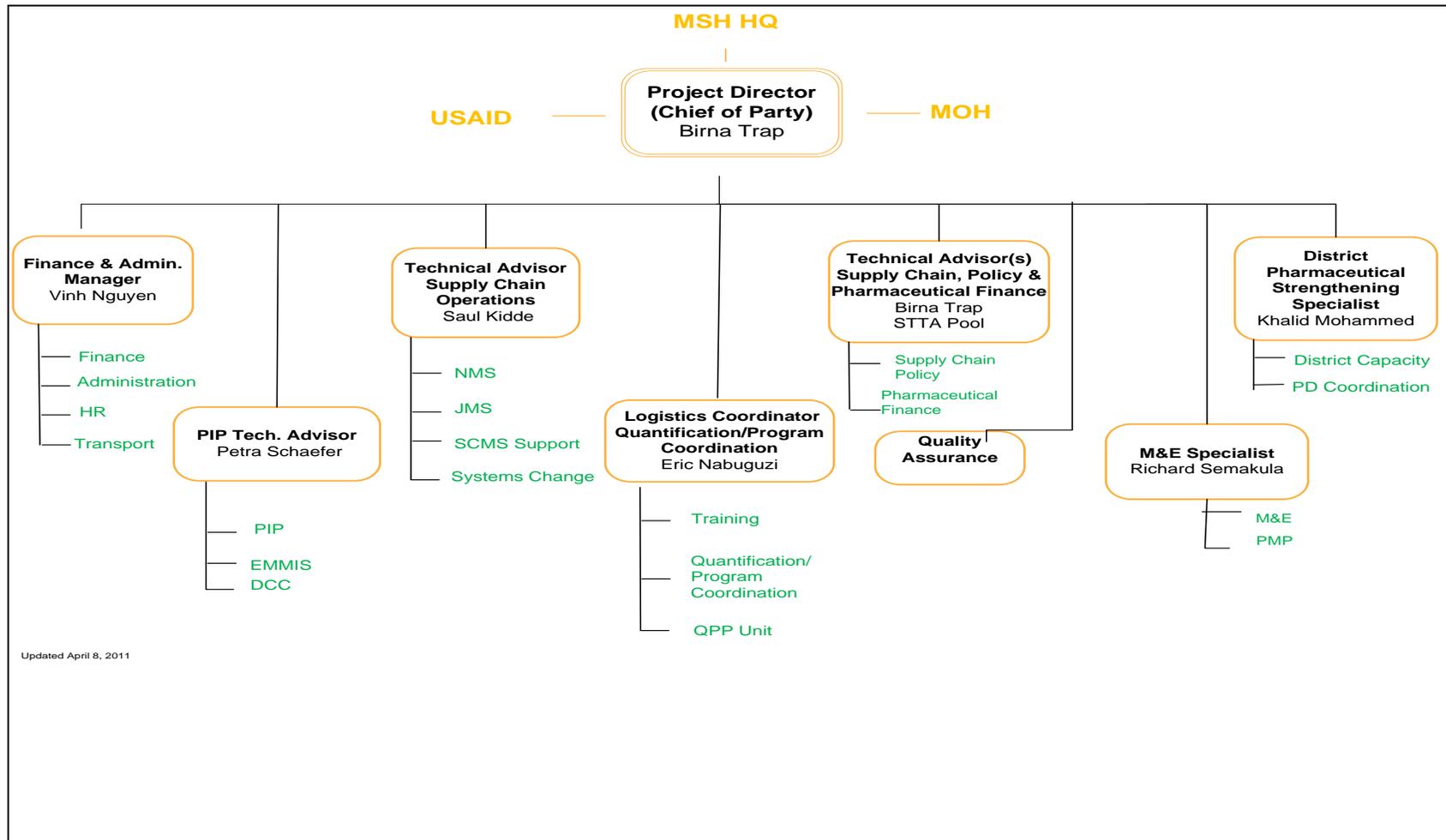
As part of continued efforts for fraud prevention and anticorruption, MSH requires all staff to undergo compliance training on these topics. MSH Uganda Finance and Administration team will help facilitate these efforts. This training effort is expected to begin in April 2011 and all staff must certify completion of the training.

## ANNEX 1. QUARTERLY PMP INDICATORS REPORTED FOR JANUARY–MARCH 2011 PERIOD

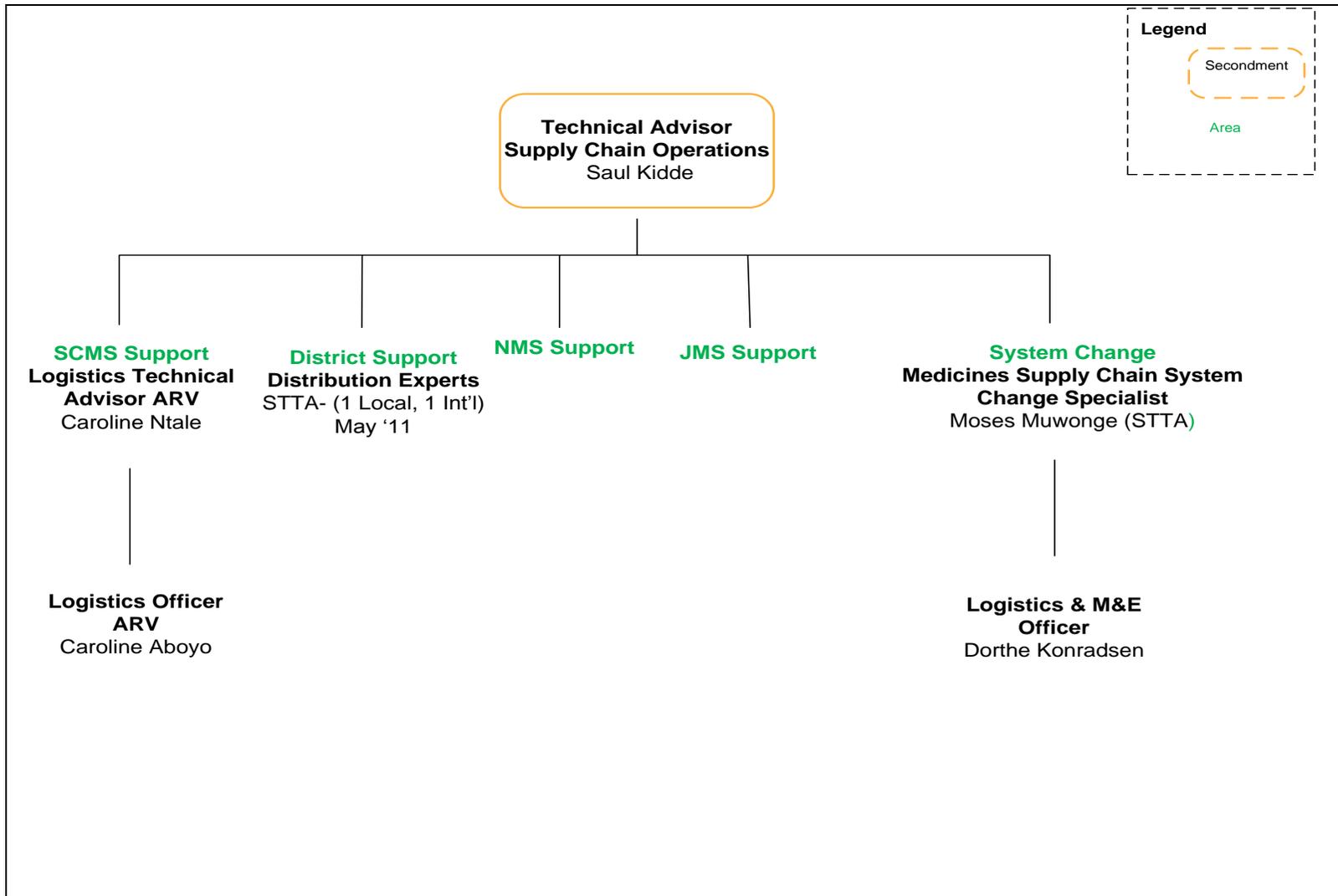
No.	Indicators	Source of data	Baseline 2010	Yr1: Q4 Actual	Yr 2: Q1 Actual	Yr 2: Q2 Actual	Remarks
1.00 SO8	Percentage of surveyed health facilities with all 6 tracer essential medicines available on the day of survey	Facility supervision data	6%	6%	No data	No data	Facility supervision data is yet to be analysed SURE is still developing systems for data management. Kim Hoppenworth shall be employed in next quarter to operationalize the analysis.
1.01	Average percent availability of the 6 tracer essential medicines and supplies in health facilities on the day of survey.	Facility supervision data	57%	57%	No data	No data	As above
2.11 SO8	Percent availability of 6 tracer essential medicines (basket) measured over a period of 3 month at National Medical Stores	NMS Stock status report July to Sept 2010	60%	67%	76%	No data	Data collection from NMS is pending signing of MoU between SURE and MoH
	Number of public health facilities supported with technical assistance for pharmaceutical supply chain management (no PNFP facilities?)	Routine facility supervision reports	0	0	6	83	In the central region 69 facilities were supervised while 14 in eastern region and baseline data collected.
2.21 SO8	Number of individuals trained in supply chain management and/or pharmaceutical leadership and management	SURE Training activity reports, Sept to Oct 2010	0	Female: 49 Male: 31 Total: 80	Female: 15 Male: 46 Total: 61	Female: 16 Male: 57 Total: 73	Training included 26 persons trained in laboratory logistics management, Medicine management supervision (41) for both eastern and eastern regions and GIS (6) trained.

SO8 = Strategic Objective 8

## ANNEX 2. SURE ORGANIZATION CHART UPDATED MARCH 31, 2011



Updated April 8, 2011



### ANNEX 3. SUMMARY OF SURE STAFFING STATUS AS OF 31 MARCH 2011

#	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 National Tuberculosis and Leprosy Control program	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	
	LMIS Specialist	Bagyendera	Moses	3-Mar-10	Resigned in Jan 2011
20	LMIS Coordinator	Nabuguzi	Eric	22-Mar-10	
21	Logistic Officer	Kadde	Stephen	22-Mar-10	
22	Logistic Expert - Finance/LMIS; MoH Secondment	Were	Lawrence	15-Apr-10	
23	Driver - Kampala HQ	Tumwesigye	Felix	10-May-10	

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<b>#</b>	<b>Job Title</b>	<b>Last Name</b>	<b>First Name</b>	<b>Hire dates</b>	<b>Comments</b>
24	Training/Logistics Officer	Konradsen	Dorthe	1-May-10	
	LMIS Officer - Secondment to NMS	Kavuma	Michael	1-Jun-10	Resigned position to take up the Data Warehouse Architect
25	Programs Operations Associate	Mugagga	Peter	1-Jun-10	
26	Communications Intern	Natukunda	Julian	14-Jun-10	
27	M&E/LMIS Coordinator - Kampala	Elur	Bill	7-Jul-10	
28	IT Specialist	Muwanga	Peter	7-Jul-10	
29	Pharm. Field Coord. - Mbale	Umirambe	Emmanuel	7-Jul-10	
30	IT Officer - seconded to National Drug Authority	Nassimbwa	Hamidah	21-Jul-10	
31	Systems Administrator - seconded to Resource Centre	Tumwesigye	Alex	23-Aug-2010	
32	Driver – Mbale	Derrick	Draleku	15-Nov-2011	
33	Assistant Pharmaceutical Field Coordinator - Mbale	Anthony	Kirunda	15-Nov-2010	
34	Assistant Pharmaceutical Field Coordinator – Kampala	Omalla	Samuel	15-Nov-2010	
35	Pharmaceutical Field Coordinator. -Fort Portal	Nuwagaba	Timothy	15-Nov-2010	
36	Pharmaceutical Field Coordinator - Lira	Okidi	Denis	15-Nov-2010	
37	Driver - Fort Portal	George	Sekimpi	22-Nov-10	
38	Assistant Accountant - Mbale	Madras	James	26-Nov-10	
39	Driver – Lira	Obonyo	Christopher	6-Dec-2010	
40	Driver – Kampala	Mukisa	John	3-Jan-2011	
41	Assistant Pharmaceutical Field Coordinator - Fort Portal	Nantongo	Lynda	3-Jan-2011	
42	Program Operations Assistant – Central Office	Tugume	Godfrey	17-Jan-2011	To move to Fort Portal to replace Geoffrey who resigned

*Annex E. Summary of SURE Staffing Status as of 31 March 2011*

<b>#</b>	<b>Job Title</b>	<b>Last Name</b>	<b>First Name</b>	<b>Hire dates</b>	<b>Comments</b>
43	Data Warehouse Architect – seconded to MoH Resource Center	Kavuma	Michael	1-Feb-2011	
	Assistant Accountant. - Fort Portal	Olwol	Geoffrey	21-Feb-2011	Resigned in March 2011
44	QPPU Coordinator	Okumu	Morris	22-Mar-2011	
	<b>Existing staff as at 31<sup>st</sup> March 2011</b>	<b>44</b>			

#### ANNEX 4. SUMMARY OF FULL-TIME POSITIONS PLANNED

1	Assistant Pharmaceutical Field Coordinator—Lira	Ondoma	Jimmy	15 <sup>th</sup> April 2011	
2	District Computerization Coordinator	Hoppenworth	Kim	18 <sup>th</sup> April 2011	
3	Program Operations Assistant Central	Okengo	James	April 2011	To replace Godfrey Tugume – current Program Operations Assistant
4	Pharm. Field Coordinator— Mbarara	TBD	TBD	May 2011	Candidate identified, engagement process to be completed by week ending 8 <sup>th</sup> April 2011
5	Quality Assurance Associate	TBD	TBD	May 2011	Re advertisement planned during week ending 15 <sup>th</sup> April 2011
6	Assistant Pharmaceutical Field Coordinator—Mbarara	TBD	TBD	May 2011	Re advertisement planned during week ending 15 <sup>th</sup> April 2011
7	Assistant Accountant—Lira	TBD	TBD	May 2011	Advertisement planned during week ending 15 <sup>th</sup> April 2011
8	Assistant Accountant— Mbarara	TBD	TBD	Aug. 2011	Advertisement planned during week ending 15 <sup>th</sup> April 2011
9	Driver— Mbarara	TBD	TBD	Aug. 2011	Advertisement planned in May 2011
10	Data entrant —seconded to the Pharmacy Division	TBD	TBD	Sept. 2011	
Total number of planned staff			10		

a = to be determined