SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE) PROGRAM

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

Quarterly Progress Report

January to March 2012
(Quarter 10)

April 2012

Securing Ugandans' Right to Essential Medicines
Management Sciences for Health
Plot 15, Princess Anne Drive, Bugolobi, P.O. Box 71419
Kampala, Uganda
E-mail: sure@sure.ug
Web: www.sure.ug

This report is made possible by the generous support of the American people through the US Agency for International Development (USAID), under the terms of cooperative agreement number AID-617-A-00-09-00003. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

About SURE

The US 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 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-RTT, 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.

TABLE OF CONTENTS

EXECUTIVE SUMMARY **1**
TECHNICAL RESULT AREAS AND ACTIVITIES **8**
SUB-RESULT 1.1: GOVERNMENT OF UGANDA (GOU) DEMONSTRATED COMMITMENT TO IMPROVING HEALTH COMMODITIES FINANCING 8
Develop information system for tracking financing and EMHS funding *8*
Conduct financial assessment of EMHS utilization *8*
Prioritize resources for greater health impact *9*
SUB-RESULT 1.2: LEGAL, REGULATORY, AND POLICY FRAMEWORK REVISED TO PROMOTE COST-EFFECTIVE, EFFICIENT, EQUITABLE, APPROPRIATE USE OF AVAILABLE FUNDS AND HEALTH COMMODITIES 9
Assure signature to MoH/SURE agreement *9*
RESULT 2: IMPROVED CAPACITY AND PERFORMANCE OF CENTRAL GOVERNMENT OF UGANDA ENTITIES IN THEIR SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES **10**
SUB-RESULT 2.1: IMPROVED CAPACITY OF NMS TO PROCURE, STORE, AND DISTRIBUTE NATIONAL EMHS .. 10
SUB-RESULT 2.2: IMPROVED CAPACITY OF MOH PROGRAM MANAGERS AND TECHNICAL STAFF TO PLAN AND MONITOR NATIONAL EMHS 10
Support MoH technical programs in commodity management *10*
Support and strengthen the Pharmacy Division *14*
Support the NDA *15*
PIP/FACTS *16*
Support development of pre-service training program for health workers *16*
SUB-RESULT 2.3: SUPPLY CHAIN SYSTEM COST EFFECTIVENESS AND EFFICIENCY IMPROVED THROUGH INNOVATIVE APPROACHES 17
Support Uganda Medicines Therapeutic Advisory Committee *17*
Support Quantification and Procurement Planning Unit *18*
Support JMS *19*
RESULT 3: IMPROVED CAPACITY AND PERFORMANCE OF TARGET DISTRICTS AND USAID IMPLEMENTING PARTNERS IN SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES **20**
SUB-RESULT 3.1: IMPROVED CAPACITY OF TARGET DISTRICTS AND HEALTH FACILITIES IN PLANNING, DISTRIBUTION, MANAGING, AND MONITORING EMHS 20
Develop and implement a district- and facility-level support package *20*
Implement the supervision, performance, and reward strategy (SPARS) *22*
New district communication and technology (netbook/RxSolution) *23*
SUB-RESULT 3.2. IMPROVED CAPACITY OF SELECTED IMPLEMENTING PARTNERS IN QUANTIFYING, MANAGING, AND MONITORING EMHS 24
Support implementing partners and nongovernmental organizations to improve their capacity to manage EMHS *24*
Build capacity of storekeepers *25*
SUB-RESULT 3.3. OVERALL ACCESS TO EMHS IMPROVED THROUGH INNOVATIVE DISTRICT-LEVEL INTERVENTIONS 26
Institute good pharmacy practices certification *26*
MONITORING AND EVALUATION **27**
PROGRAM MANAGEMENT **33**
Program implementation and staff recruitment *33*
Staffing *33*

Short-Term Technical Assistance *34*
Finance *34*
ANNEX-B: SUMMARY OF PROGRESS AGAINST PLANNED ACTIVITIES 39

ACRONYMS AND ABBREVIATIONS

ACP	AIDS Control Program
ACT	artemisinin-based combination therapy
ARVs	Antiretrovirals
CDC	US Center for Disease Control and Prevention
CPHL	Central Public Health Laboratory
DHO	District Health Officer
DOP	District Operational Plan
DTLS	District Tuberculosis & Leprosy Stores
EMHS	essential medicines and health supplies
EMHSLU	Essential Medicine and Health Supplies List of Uganda
FACTS	financial and commodity tracking system
JMS	Joint Medical Store
KCCA	Kampala Capital City Authority
MAUL	Medical Access Uganda Limited
M&E	monitoring and evaluation
MMS	medicines management supervisors
MoH	Ministry of Health
MoU	memorandum of understanding
MSH	Management Sciences for Health
NDA	National Drug Authority
NMS	National Medical Stores
NTLP	National TB and Leprosy Program
PIP	pharmaceutical information portal
PMI	President's Malaria Initiative
PNFP	private not-for-profit
QPP	quantification, planning, and procurement
RDT	rapid diagnostic test
SDS	Strengthening Decentralization Support Project
SMGL	Saving Mothers Giving Life Project
SPARS	supervision performance assessment recognition strategy
SURE	Securing Ugandans' Right to Essential Medicines [program]
TB	Tuberculosis
UMTAC	Uganda Medicines Therapeutic Advisory Committee
USAID	US Agency for International Development
VEN	vital, essential, necessary

EXECUTIVE SUMMARY

This is the tenth quarterly progress and performance monitoring report for the Securing Ugandans' Right to Essential Medicines (SURE) program submitted in fulfillment of the reporting requirements under Cooperative Agreement No. AID-617-A-00-09-00003-00. This report covers the period 1 January to 31 March 2012. It presents progress made against planned activities for program management and implementation. Issues and concerns encountered during the report period and anticipated activities for implementation in next quarter are also outlined.

As reported in the previous quarter, the memorandum of understanding (MoU) between the Ministry of Health (MoH) and the SURE program remains unsigned; as such, the essential high-level oversight program management structures have not been established, and coordinating mechanisms with the health sector leadership are largely operating ad hoc. As a result, the SURE program implementation has been more challenging and key program components, particularly related to the support to National Medical Stores (NMS) and the rollout of key information and communication technology projects have been delayed. The delays have now reached a level that requires an evaluation of whether they can be implemented, given the time frame. Access to information essential for monitoring program performance is also a challenge, and managers are increasingly uncomfortable to share information with SURE when the Ministry leadership has not authorized the MoU. A high level USAID representation has met with the ministries of Health and Finance to express the priority that it attaches to the MoU.

Six MoH technical program managers are being replaced, including those for the HIV, tuberculosis (TB), and malaria control programs; therefore, SURE will update the new managers on program activities next quarter.

SURE's progress during the reporting period is summarized below. In the next quarter, we will conduct a midterm review of the program work plan and strategies to ascertain if SURE is achieving its intended goals.

Result 1: Improved policy, legal, and regulatory framework to provide for longer-term stability and public sector health commodities sustainability

A SURE strategic objective is to focus on the lack of systems to inform decision makers of potential commodity financing gaps and partner oversubscription. The financial and commodity tracking system (FACTS) seeks to addresses this challenge transparently. However, new MoH leadership is re-evaluating the proposed system. SURE has provided all the requested information, but the re-evaluation has been delayed since November, 2012 In addition, we have had serious difficulty in accessing the financial information needed to operate FACTS.

The development of the pharmaceutical information portal (PIP) is also on hold pending approval from the Director General of Health Services. This approval is expected after the e-Health consultant evaluates the PIP system; however, this consultant has not yet been hired, so we expect considerable delay. In view of the time lost, we need to review the scope of PIP implementation—this was clarified at the Pharmacy Division and SURE program strategy review meeting of 9 March.

Result 2: Improved capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities

At the request of the NMS, SURE resubmitted the draft MoU between NMS, USAID and the SURE program. Request by the NMS board, the finalization of the NMS MOU is pending the signing of the primary MoU with the Ministry of Health. In collaboration with the Pharmacy Division and NMS, the national stock status reports for priority commodities for January and March were released on time. The reports inform MoH, especially program managers and key stakeholders, of nationwide stock levels so they can take appropriate remedial actions. The report highlights key logistics issues and makes recommendations to mitigate stock-outs and expiries of antiretrovirals (ARVs), HIV test kits, artemisinin-based combination therapies (ACTs), anti-TB medicines, reproductive health commodities, selected laboratory commodities, and selected medicines for opportunistic infections. The report can be accessed through the Ministry of Health and SURE websites.

SURE assistance to MoH technical programs has progressed well. To complete the TB program commodity supply-chain systems assessment, a second consultant was hired to build on the previous assessment, but focus on a detailed evaluation of logistics information needs in view of the shift to integrate TB commodities into the mainstream essential medicines and health supplies (EMHS) logistics management. Similarly, SURE is undertaking a desk review of the ARV logistics system based on previous assessment reports.. The assessments and the recommendations that will be agreed upon are intended to establish the priority areas that will require SURE support. This quarter, results were released of the private not-for-profit (PNFP) facility survey, which aimed at measuring Joint Medical Store (JMS), President's Malaria Initiative (PMI), and SURE progress toward increasing access to and facilitating effective stock management of ACTs and rapid diagnostic tests (RDTs) at PNFP facilities. Stakeholders are considering the recommendations from this report to inform future support activities.

We continue to hold regular weekly meetings with Pharmacy Division, which serve as a venue to discuss and provide feedback on program implementation and to address specific issues and concerns that require immediate attention. We held a strategy review meeting on 9 March following a request by the Pharmacy Division to increase its understanding of planned SURE program activities, including an overview of program strategies, implementation progress, expected results, and barriers encountered so far. The group shared ideas on how to further strengthen collaboration and coordination, which led to a number of quality improvement recommendations. To strengthen collaboration and build capacity, SURE will support quarterly field visits for Pharmacy Division staff to evaluate and contribute to how health facility and district capacity building programs are developing.

Support to the National Drug Authority (NDA) involved piloting the good pharmaceutical practices inspection tools and having experienced medicines management supervisors (MMS) and the SURE team conduct field-based inspector orientation. The roll out of routine inspection activities will start next quarter.

The server to host the verification of imports system at NDA has been delivered. The consultant has finalized the information strategy paper and it has been signed-off by NDA without comments. The installation of the server and the computerization of the import expert verification system is delayed as the system administrator at NDA has resigned and a

replacement cannot be hired immediately without board approval. This will delay implementation.

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

MMS in 45 districts complete manual performance assessment in medicines management at over 1,100 health facilities. Typically, a time lag of three to four weeks occurs between the data collection and the update of the database on a central server. The system is associated with many challenges because of the large volume of data and the inconsistencies associated with manual record-keeping. Focus during this period has been on setting up portable computers (netbooks) and preparing and rolling out a training program to capacitate all MMS and regional staff in electronic data collection, aggregation, and transmission.

At the same time, the SURE program has progressed on automating the generation of standard facility, district, and national quarterly performance reports. These reports will increase data utilization and the visibility of priority areas of intervention and improve decision-making in the district and at national level. The automation of data management and reporting is most critical for sustainability and as the task of generating the many district reports is huge. The benefits of moving to a web-based system for facility and district performance reporting include reduced effort and costs of data collection, improved timeliness and accuracy of performance assessment data, bolstered data integration, and better training and reporting quality. These benefits will become more prominent over the next six months when all MMS have been trained and have gained some experience with using computers.

The laptops to be used by the district MMS and health sub-district MMS arrived from the vendor in February and March, respectively. Within a short time, the process of cloning the computers was initiated and the first training of district MMS took place at the end of March. Regional offices where the initial data collection will take place will distribute the electronic forms. An automated electronic report template, which is being finalized, will facilitate the generation and distribution of the report to stakeholders.

Three regional meetings for SURE and district management, District Health Officers, MMS, implementing partners, and MoH / regional pharmacists were held last quarter to discuss experiences with the supervision performance assessment recognition strategy (SPARS). These meetings have increased the knowledge of capacity-building activities in the districts, and the feedback has led to several quality improvement actions. Such actions include improving MMS performance management, getting feedback on the quarterly district reports, and revising the recognition scheme.

The stores condition assessment has started with the recruitment of a local technical consultant and development of essential tools in collaboration with the Ministry of Health. Also, the technical consultant helped determine specifications and quantification of medicine shelves for facilities in 45 districts. A bid solicitation document was prepared for the procurement of the shelves next quarter.

During the current quarter, SURE attended the MoH’s eHealth technical working group meetings to inform participants about RxSolution and SUREs roll-out strategy. By the end of the quarter, we are still awaiting approval to move ahead. Meanwhile, computers will be

prepared, training material improved, and an effort made to prepare the MOH pharmacists to the expected logistic management computerizing.

The SURE program is progressing well, but as mentioned previously, certain challenges remain:

- There is presently a four-month delay to authorize the roll out implementation of PIP, FACTS and RxSolution.
- The MoU between SURE and MoH is not signed, and program activities have stalled as a result. Consequently, program management structures are not set up, high level visibility is undermined, and the commitment to provide information required for program monitoring and for implementation of FACTS and PIP is not forthcoming.
- Lack of data collection from NMS remains a serious problem. NMS is the only source of data for a number of indicators to measure program progress. As such the PMP has been revised so that data is collected from the field instead of NMS.
- MMS selection is a challenge and many of the trained individuals are doing fewer than the recommended 10 facility visits every 2 months. SURE is rolling out a recognition scheme and incentive packages to increase the volume and quality of MMS work.

The table below summarizes SURE's primary outputs this quarter. Annex 1 summarizes progress against planned activities.

SURE Program Key Outputs Q10

Result 1: Support to improving policy, legal, and regulatory framework to provide for longer-term stability and public sector health commodities sustainability
1.1 Government of Uganda demonstrated commitment to improving health commodities financing
FACTS
• No progress pending re-evaluation of needs by Ministry of Health
Health impact and equity
• Completed the second exploratory study linking essential medicines and supplies to health outcomes specifically intended to improve access to medicines and supplies for those key interventions that address most of the major causes of death in women and children in Uganda. Presented the study and findings to MOH/PD and USAID.
Result 2: Support to improve the capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities
2.1 Improved capacity at NMS
NMS support
• No progress pending signing of MoU
2.2 Improved capacity of MoH program managers and technical staff to plan and monitor national EMHS
MoH technical program support

- In partnership with ACP, prepared a strategy for roll out of the web-based ARV ordering and reporting system; prepared training materials and conducted system demos for Medical Access Uganda Limited (MAUL), JMS, Pharmacy Division, Resource Center, and other partners

- Compiled and discussed PNFP facility survey report on the availability and stock management of ACTs and RDTs with PMI, JMS, Pharmacy Division and shared with Malaria Control Program

- Finalized the recruitment of the M&E Advisor for the Central Public Health Laboratory (CPHL); selected a consultant to undertake a lab logistics system assessment will start May 2011

- Provided follow-on short-term technical assistance to assess the TB logistics management information systems and supported the ongoing integration of storage and distribution activities to NMS

Pharmacy Division support

- Held strategy review meeting with Pharmacy Division on 9 March and held regular weekly coordination meetings

- Held biannual regional pharmacist meeting updating on SURE progress, SPARS and PD work plans and IT development

NDA support

- Piloted the NDA inspection tool for good pharmaceutical practices certification of public health facilities

- Procured NDA server which is ready for delivery pending arrival and training of new system administrator

- A consultant finalized the information strategy document

- Continued the activity costing study

- Designed study for assessing prevalence and practices of prescribing dispensers and dispensing prescribers, and planned meeting with NDA to present to professional bodies and organizations

PIP/FACTS

- No progress pending re-evaluation of Ministry of Health needs

Pre-service training support

- Preparation of training material for TOT (tutor training) is complete and due for piloting in May 2012

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

Uganda Medicines Therapeutic Advisory Committee (UMTAC)

- The technical consultant employed to finalize the Essential Health Supplies List for Uganda 2012 and harmonize and finalize Uganda Clinical Guidelines failed to come up with the proper deliverables. A new consultant has been approached to finalize harmonization of the guidelines with essential medicine list and another consultant will to finalize the layout of guidelines. SURE internal staff finalized the Essential Health Supplies List for Uganda

- Prepared print-ready version of the revised Uganda Clinical Guidelines

QPP

- Published and widely shared two bi-monthly stock status reports for 1 January 2012 and 1 March 2012

- Prepared final draft of the QPP strategy paper and discussed with stakeholders
- Reviewed the draft report on the national laboratory quantification exercise with NMS, Central CPHL, and Pharmacy Division.
- Coordinated the emergency distribution of TB medicines procured under the government of Uganda funding.
- Completed the TB single stream funding quantification and the procurement and supply management plan under the Global Fund, which was approved.
- Supported the Global Fund's Focal Coordination Office in MoH to complete the Health Systems Strengthening Round 10 procurement and supply management plan; now approved
- Completed the Malaria Round 10 procurement and supply management plan; approved by the Global Fund
- Supported quantification and supply planning for the national response plan to nodding disease in Northern Uganda.
- Supported quantification of supplies for cervical cancer screening

JMS

- Prepared and discussed the statement of work for the JMS customer network study
- Reviewed and agreed on key support areas and priorities

Result 3: Support to improve the capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities

3.1 Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS

District support package

- Makerere University trained 20 MMS
- Held three of five regional meeting with district management and MMSs to review progress and challenges.
- Performance data quality was strengthened through Orientation of 78 MMS in data quality management
- Trained 15 MMS in defensive motorcycle riding
- Carried out supervision and on-the-job training of health workers in 832 facilities
- Participated in District Operational Plans and Saving Mothers Giving Life project collaboration and coordination initiatives
- Developed specifications and quantification of health facility shelving requirements; prepared a bid solicitation document in consultation with Ministry of Health Pharmacy and Infrastructure Divisions
- Developed a stores condition assessment tool in consultation with Ministry of Health Pharmacy and Infrastructure Divisions ready for piloting

New district communication and technology (netbook/RxSolution)

- Handed over the Adobe data collection system for ACTs and guidelines to PMI
- Procured 97 netbooks with January 2012 delivery and installed software by cloning via freeware CloneZilla
- Completed training of SURE staff in using the Adobe system and in how to conduct training of MMS
- Concluded training of first batch of district MMS and distributed computers

- Prepared course materials for training of trainers in using netbooks for electronic data collection

- Developed draft automated district report

- Piloted a system for facility data collection using Adobe and netbooks using nine MMS; developed a rollout strategy

- Supported existing RxSolution pilot sites in maintaining and using the software

- Presented RxSolution rollout plan at a stakeholder strategic meeting; agreed on a generic work plan

- Prepared course materials for training of trainers in RxSolution

- Completed the RxSolution pilot report; develop a rollout strategy but implementation pending review by e-Health committee.

- Developed computer training material for MMS to learn to use netbooks

- Procured 45 personal computers for RxSolution implementation in SURE districts, which were delivered in January and February 2012

3.2 Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS

SPARS

- Rolled out of SPARS in 10 of the 42 implementing partner-supported districts in phase II; trained 19 MMS for STAR-EC and STAR East; selected MMS for Kalangala district supported by STRIDES

- Put implementing partner performance tracking matrix in place and presented the national roll out management plan to Pharmacy Division

- Presented the proposal for SPARS implementation by KCCA to the Directorate of Health Services for Kampala district; nominated two MMS

3.3 Overall access to EMHS improved through innovative district-level interventions

GPP Accreditation of public facilities

- GPP tools piloted and improved

TECHNICAL RESULT AREAS AND ACTIVITIES

This section of the report presents a narrative on the status of implementation of activities under the sub-result areas, challenges, and next steps.

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

Develop information system for tracking financing and EMHS funding

There is no progress on planned activities because MoH has not re-evaluated the need for this system. That said, SURE has responded in time to all MoH requests for information to facilitate the evaluation. The notification of award of the contract to develop FACTS has been overtaken by this event, but the vendor has extended the bid validity to June 2012. In consultation with USAID, SURE will evaluate the FACTS and PIP scope of implementation of next quarter in view of the lost time.

The key challenge remains the commitment by the MoH and its stakeholders to provide information to populate the system for both system testing and utilization. For example, access to data related to financing of EMHS through NMS has not been authorized.

Next steps

- Evaluate the feasibility of implementing the current scope of FACTS/PIP
- Collect financial data needed to operate FACTS through a strengthened collaboration with planning department followed signing of MOU
- Re-confirm PIP/FACTS functional requirements if approved for implementation
- Undertake financial data collection and analysis for 2009/10 & 2010/11
- Manual testing of the finds tracking system

Conduct financial assessment of EMHS utilization

There have been many attempts to assess EMHS funds utilization as part of SURE's Performance Management Plan indicators, but access to such information has proved difficult in the absence of a signed MoU with Ministry of Health. The focus of the coming quarter is to demonstrate to the Ministry of Health the benefits of tracking EMHS funds utilization so that these indicators can be reported as part of the annual health sector performance reports rather than SURE program performance reports.

Next steps

- Transfer indicators to Planning and Pharmacy Divisions

Prioritize resources for greater health impact

SURE supported an exploratory study to evaluate the effectiveness of the VEN strategy and the kit system. To answer these questions, the study investigated the availability of EMHS, analyzed EMHS budgets, estimated financing requirements for EMHS, assessed the alignment of vital EMHS with national health goals, and determined if the kit system can help achieve national goals.

This follow-on study linked essential medicines and supplies to health outcomes and was designed to specifically establish the effectiveness of the kit in improving access to vital medicines and supplies for those interventions, as an example, which address the major causes of death in women and children in Uganda and therefore contribute to achievement of national goals. The study builds on the documented major killers of women and children and identifies those vital medicines and supplies required for the most effective interventions required to meet Uganda's maternal and child health goals. The study used morbidity and population distribution to estimate the number of expected cases of the major killers of children under five and estimated the required quantity of vital medicines and supplies for comparison with quantities supplied using the kit system in the catchment area.

The study revealed huge differences between quantities supplied, issued and needed based on morbidity, and only a fraction of under five diseases are treated at the health facilities. Moreover most facilities experienced periodic stock outs of Vital EMHS and the VEN classification could be applied to increase availability of Vital items.

The remaining part of the study is to conduct a cost-effectiveness study of using the push or kit system vs. the pull or order-based system for providing VEN medicines and supplies for health centers.

Next step

- Explore the possibility for implementing cost effectiveness study of pull vs push system
- Finalize the health outcome study if NMS data can be obtained
- Support creation of equity in distribution of vote 116

SUB-RESULT 1.2: LEGAL, REGULATORY, AND POLICY FRAMEWORK REVISED TO PROMOTE COST-EFFECTIVE, EFFICIENT, EQUITABLE, APPROPRIATE USE OF AVAILABLE FUNDS AND HEALTH COMMODITIES

Assure signature to MoH/SURE agreement
No progress with the signing of the MoU.

Next step

- Follow up signing of the MoU
- Establish SURE Program Steering Committee

Result 2: Improved Capacity and Performance of Central Government of Uganda Entities in their Supply Chain Management Roles and Responsibilities

SUB-RESULT 2.1: IMPROVED CAPACITY OF NMS TO PROCURE, STORE, AND DISTRIBUTE NATIONAL EMHS

No progress made. NMS has requested SURE to resend a copy of the draft MoU with SURE program.
Because of the restrictions on the rollout of all information and communication technology-related initiatives, including the web-based ARV ordering and reporting system, the training of NMS team has been delayed. The new system has now been re-evaluated and approved for implementation and its success shall depend on the cooperation of NMS which will serve over 50% of ART sites in the country. NMS recognises the benefits of the new system and has requested its expansion to include ordering and reporting for HIV test kits.

Next step

- Follow up signing of MoU with NMS
- Follow up on the NMS Business Plan, propose a plan for SURE support

SUB-RESULT 2.2: IMPROVED CAPACITY OF MOH PROGRAM MANAGERS AND TECHNICAL STAFF TO PLAN AND MONITOR NATIONAL EMHS

Support MoH technical programs in commodity management

The overall technical program support structure consists of four Logistics Officers who provide project specific support to the four MoH technical programs (ACP, CPHL, NTLP, RH & NMCP). The Logistics Coordinator –Vertical programs provides backstopping support for the officers and for the planning and implementation oversight of SURE interventions at MoH technical programs. In addition, there is an international STTA to mentor and build capacity of the programs support team.

Support the AIDS Control Program. The roll-out of the web-based ARV ordering and reporting system, the support of the one-facility-one-supplier and the assessment of the ARV supply chain management system were the focus of SURE support during the reporting period. Recommendations from the assessment report which shall be based on a desk-review will inform priority areas of support to ACP.

Web-based ARV ordering and reporting: The development of the web-based ARV ordering and reporting system was completed in the previous quarter; however, implementation has not taken place due the E-Health Technical Working Group's directive to halt all e-Health initiatives. Nonetheless, a national roll out plan was approved by ACP which involves building a pool of 20 or more carefully selected system super-users from ACP, Resource Center, Pharmacy Division JMS, MAUL, NMS, and implementing partners supporting ART programs at various government and PNFP sites in the country. The super-users will then support and train facility-

based staff at ART-accredited sites to implement the new system. The few facilities without computers will continue to send hard copies of the ARV order and report form to their supervisory levels, where the report will then be entered and transmitted to the approved supplier (JMS, NMS, or MAUL).

While the roll out was stalled until the end of March 2012, the support team made system enhancements and continued to run demos for various stakeholders for buy-in. SURE made several presentations at meetings with MoH (Pharmacy Division, Technical Working Group), e-Health Technical Working Group); suppliers (JMS, MAUL, NMS); and the Clinton Foundation. Also, the team developed user manuals, prepared training materials, and mapped all ART sites. The JMS and MAUL teams responsible for receiving and processing facility ARV orders have received practical training in using the system.

Until now, facilities have quantified needs and prepared requisitions and utilization reports using the smallest basic units of tablets/capsules. This approach is rather complex and associated with many errors. The design of the web-based system has accommodated the recommendation of many stakeholders to switch from basic units to full standard packs when a facility orders and reports stock status.

In addition, the support team at SURE has developed ordering and reporting system performance indicators for ACP to review next quarter and which will provide the basis for baselines being established by supporting partners. The success of this system will facilitate the implementation of a one-supplier per facility practice to overcome existing problems associated with multiple sources of ARVs to a single facility. Because the web-based ARV ordering and reporting system is part of DHIS-2, it has now been approved by the e-Health harmonization committee.

ARV supply chain management systems assessment: The ARV logistics system assessment is intended to be quick and will largely be based on a desk review of the available reports, and interviews that shall focus on areas where the SURE program is able to provide assistance. A number of reports have already been identified and filed in preparation for this task.

Next steps

- Desk review of the ARV logistics system
- Train ARV supplier management teams and the selected system super-users
- Support partners to develop roll out plans to user sites, identify the resources needed, and provide for resource-constrained facilities to continue using paper-based order and report forms
- Establish the ordering and reporting system performance monitoring framework (to be integrated in the ARV supply chain management performance monitoring)
- Pilot the system in 18 sites, refine implementation plans, and undertake a live launch of the web-based ARV ordering and reporting system
- Monthly coordination meetings with ACP

Support the TB program. SURE, Pharmacy Division, and the TB program team recognize that efficient TB program commodity supply chain and information management systems will greatly

improve program management. The ongoing transition to streamline TB supplies into the mainstream of other EMHS including joint planning and execution of supply chain and information management activities will benefit the TB program. SURE activities during the period built on previous work supporting the TB program and NMS to plan and establish an effective framework for moving toward full integration of the supply chain management of TB commodities with that of the EMHS at NMS. The plan has great potential to create long-term value for the TB program because responsibility for commodity procurement, warehousing, and order fulfillment and distribution would be transferred to NMS, while the program would retain responsibility for increasing access to care, ensuring rational use, and information management.

The SURE team has vigorously supported and coordinated stakeholder meetings and worked behind the scenes to balance stakeholder priorities and help them to establish a logistics transition framework with essential controls and performance measures that will be critical to successfully synchronize the entire supply chain. The complexity of this transition necessitated the supply chain management and information systems assessment to inform the stakeholders as they try to adopt a set of initiatives for each phase of the transition. The priority during the reporting period was to complete the information systems assessment and to document key areas where change and attention is most needed to achieve TB program objectives. Through the SURE-supported assessments, we have assisted in TB supply chain problem analysis. The transition framework includes critical milestones on the path toward resolving barriers and supply chain synchronization, while delineating each party's roles and responsibilities.

Greater collaboration between NMS and the TB program has been achieved and shown in the number of meetings and speed in reaching consensus on key decision areas of change.

Discussion areas and decisions covered include—

- Reporting structure from all health units in the country, keeping in mind the mix of health centers —PNFP, private for profit and public
- System that ensures that all procurements made by NMS adhered to the standards set by the World Health Organization (WHO) for packaging medicines for DOTS
- Pre-qualified suppliers from WHO as suppliers for the anti-TB medicines
- Reviewed and made proposals on the roles and responsibilities of NMS, National TB and Leprosy Program (NTLP) staff, district supervisors, and zonal supervisors in light of the shift of distribution to NMS
- Review of the max-min stock levels for facilities considering there will be no more district warehousing of medicines
- Handling of reagents and laboratory supplies
- Accredited facility inventory list for the country
- Analysis of program logistics and treatment information needs

All stakeholders now have a good understanding of the changes taking place, the expected outcome, and the support needed. Early discussions on adapting the SPAS concept to the TB commodity management situation have taken place with a view to consider new roles for the NTLP, DTLS and ZTLS. Despite all the efforts to ensure a smooth transition, the country

experienced a 3months period of stock out of TB supplies ending March 2012 as the procurement process took longer than anticipated.

Arising out of the previous NMS and Ministry of Health meeting and in close collaboration with Pharmacy Division and NTLP, SURE helped develop an allocation list for TB medicines for NMS to address the stock-out situation. Furthermore, the SURE program helped NTLP coordinate partners, which facilitated distribution to TB treatment sites throughout the country. In light of changes in responsibility, the SURE team worked with NMS to develop of new order and reporting procedures.

The report of the supply and information system assessment is due for discussion next quarter. SURE continues to hold monthly coordination meetings with the TB program management team.

Next Steps

- Finalize and discuss the TB supply-chain and information system assessment report and develop a plan of actions to address agreed and prioritized support areas
- Review quantification of needs
- Follow up actions from the assessment report
- Monthly coordination meetings

Support the Malaria Control Program and the PNFP sector. SURE support to the Malaria Control Program is, in spite of malaria logistic management already being integrated into mainstream of EMHS, similar to the other technical programs, aimed at undertaking an overall medicines management review to identify problem areas. The review will lead into the development of an agreed support strategy and details plan of action. Moreover, SURE has supported the malaria control program related to PMI support to the PNFP facilities through JMS.

A shortage of medicines, including ACTs and RDTs, resulted from the phasing out of government of Uganda credit lines for PNFP facilities at JMS, which undermined service delivery. In February 2011, PMI responded by donating ACTs and RDTs to MoH through JMS. Between February and March 2011, 2,1 million ACT doses and 1,4 million RDTs were delivered to JMS.

SURE helped JMS forecast the consumption trends at PNFP health facilities through a consultative process and a desk review of consumption and morbidity data. A system was established where PNFP facilities were to maintain a maximum of four and minimum of two months of donated ACTs and RDTs, with a re-order cycle of two months. As such, JMS allocated four months' stock to PNFP facilities from April to June 2011. Also, facilities received a simple-to-use order and report form which was to be used to calculate and request for refill quantities of ACTs every two months. JMS used the forms to check for correctness of facility needs calculations.

Despite these initiatives, the re-ordering of the donated ACTs and RDTs remained very low, with only 20% of PNFP facilities making at least one re-supply request more than 6 months after the

initial allocation. Also, the quality of the few orders received at JMS was poor related to completeness and accuracy in calculating the quantity to order. Findings from a small number of supportive supervision visits showed significant proportion of facilities did not keep stock cards or updated cards which made it difficult to use stock-keeping records to estimate needs, maintain proper inventory, and account for donated stock at the facility. To measure progress toward increasing access and to facilitate effective stock management of ACTs and RDTs at PNFP facilities, detailed, accurate, and up-to-date information regarding the stock status, utilization rates, and stock cards use was needed. Therefore, a PNFP facility survey was commissioned by SURE & PMI in November 2011 to assess stock status/availability, establish factors underlying the low uptake of ACTs/RDTs and to build capacity in stock card use and reporting/ordering among PNFP facilities. During this quarter SURE helped in the analysis of the data and documentation of findings from 474 facilities.

Results of this survey have been discussed widely and recommendations proposed will be an integrated part of SURE future support to the malaria control program. For example, results showed that only 37% of all PNFP facilities have a stock card that is correctly updated, and therefore, only this proportion of facilities has accurate information for reporting and estimating future needs. The survey revealed the importance of the office of the Diocesan health coordinators in ordering and reporting ACT stock status and consumption. The report recommends adapting SPAS to build capacity and working through the diocesan health coordinators to ensure effective routine supervision of health facilities. SURE continues to provide regular updates on the stock status of ACTs and RDTs for PNFPs at JMS. This information is used in supply planning of donated ACTs at JMS.

Development of the Adobe data collection tool has been finalized for PMI and handed over with manual and instructions. Data has been successfully received and data analysis ongoing.

Next steps

- Support the Malaria Control Program and the QPP Unit to review the quantification of national needs for program commodities
- Derive an implementation plan for recommended actions to remedy ACT and RDT supply chain problems for PNFP
- Hold program meeting to identify and prioritize medicines management issues, develop strategy and an agreed plan of action for SURE support to the malaria program
- Establish a supply chain performance monitoring system for malaria commodities
- Hold monthly coordination meetings with the Malaria Control Program
- Develop an appropriate way to provide regular information on commodity availability at facility levels i.e. as part of the stock status report

Support and strengthen the Pharmacy Division

The SURE and Pharmacy Division weekly meetings have continued with participation of staff from the CPHL, the reproductive health program, the US Centers for Disease Control and Prevention (CDC), and the WHO. These meetings are intended to strengthen coordination and

share information. On 9 March, SURE and Pharmacy Division staff held a strategy review meeting to discuss program progress and implementation challenges. To facilitate continuous improvement and build capacity, SURE will support Pharmacy Division to make quarterly field visits to districts and health facilities to identify actions that stakeholders can take to enhance program impact.

SURE supported the bi-annual regional pharmacists meeting in February 2012, which implementing partners also attended. Again, the meeting objective was to update regional pharmacists on PD and SURE activities, clarify the role of partners and regional pharmacists, strengthen coordination and share ideas on how improve program implementation.

Next steps

- Support the Pharmacy Division quarterly visits to districts and health facilities
- Continue weekly coordination meetings

Support the NDA

The consultancy to cost out the services offered by NDA continued throughout the quarter, once agreement of deliverables was confirmed. The consultancy will end by 30 April, 2012. The consultancy report will enable NDA to properly value their services and set their fees accordingly.

NDA, SURE, and Makerere University started collaborating on a study to determine the extent to which pharmacists prescribe and doctors dispense in Uganda. Two Makerere University students have been identified to conduct the study. In April, NDA and SURE will co-sponsor a meeting with representatives from professional bodies to agree on the study design.

The server for the verification of imports system has been delivered. Before installation at NDA, NDA's system administrator has to be trained in managing the server to assure smooth and continuous operation. Because the existing administrator resigned on 1 April, the server cannot be installed until his replacement has taken over. Employment of replacement has proven challenging and will require the NDA board's approval. The contract of the seconded IT support staff to NDA will expiry mid 2012. SURE has in view of the constrained IT situation agreed to support a 6 month extension, which now pending a formal request.
The consultant delivered the final version of the information technology strategy and was paid. NDA has not yet signed off on the document despite several reminders.

Support to the National Drug Authority (NDA) also involved piloting the good pharmaceutical practices inspection tools that has been developed on the basis of the routine data collection tool used by the Medicines management supervisors (MMS). The piloting was carried out using drug inspectors and experienced MMS to test the tool at a number of SURE supported facilities.

Next steps

- Make decision on placement of the server and facilitate its installation at NDA or alternative at external host
- Install verification of imports system on to the server
- Finalize and publish the information technology strategy report
- Discuss with NDA management the results of the activity costing study
- Hold stakeholder meeting to have feed-back on study design for prescribing/dispensing issues
- Roll-out of routine inspection activities will start next quarter.

PIP/FACTS

The development of the pharmaceutical information portal (PIP) is also put on hold pending approval from the Director General of Health Services. This approval is expected after the e-Health consultant evaluates the PIP system; however, this consultant has not yet been hired, so considerable delay will be expected. In view of the time lost, SURE and USAID will need to review the scope of PIP implementation before committing to the earlier target of establishing a pharmaceutical information portal. The tender evaluation for the system development was finalized but pending signing. The selected supplier has agreed to await a decision till June 2012. The delay in the establishment of the PIP also is critical for the SPARS implementation and utilization of facility based data, collected by MMSs nationwide. Presently the data are managed on Excel but a stronger solution for facility data management and analysis is urgently needed.

Next steps

- Respond to further requests from the E-health TWG and the UNICEF consultant to facilitate a decision on the PIP system
- Expand and strengthen the data base for collecting facility based data collected by the MMSs to facilitate district and national reporting and data utilization

Support development of pre-service training program for health workers

A medicine supply chain management pre-service training and advocacy program has been established to ensure that all newly trained health workers are equipped with these necessary skills when they graduate. Makerere University implements this program under a contract with SURE.

Makerere University is working with stakeholders, such as training institutions, to revise student training programs by incorporating essential skill areas to manage and use medicines effectively. For example, Makerere has prepared two versions of curricula—advanced and basic—to meet training requirements for both pharmacists and pharmacy technicians (advanced) and doctors, clinical officers, and nurses (basic). These training materials are based on the widely accepted MMS training course materials. Next quarter, Makerere will pilot these materials.

In the previous quarter, Makerere collaborating with key institutions such as the National Council of Higher Education, accredited health worker schools, and health professional councils, to establish indicators to monitor the effectiveness of supply chain management training as envisaged in the advocacy program. During the reporting period, Makerere collected baseline data to establish current performance levels. The baseline assessment report will be ready at the end of next quarter.

Finally, Makerere University's Department of Pharmacy submitted its training of trainers report, which was approved on 5 March, 2012. The report included the initial proposals on the actual curriculum for different levels.

Next steps

- Finalize baseline assessment report
- Pilot training materials on 15 tutors from selected private and public training schools
- Publication and dissemination of the minimum skills package for different professional cadres

SUB-RESULT 2.3: SUPPLY CHAIN SYSTEM COST EFFECTIVENESS AND EFFICIENCY IMPROVED THROUGH INNOVATIVE APPROACHES

Innovative approaches under SURE cover work with the Uganda Medicines Therapeutic Advisory Committee (UMTAC), QPP Unit, JMS, and PIP/FACTS.

Support Uganda Medicines Therapeutic Advisory Committee

The consultant working on the Uganda Clinical Guidelines and Essential Medicine and Health Supplies List of Uganda (EMHSLU) finalized his work at the beginning of the quarter. Unfortunately, the consultant did not deliver quality documents, although several meetings were held between SURE and the consultant to explain the deliverables. The Ministry of Health needed the EMHSLU urgently, so SURE staff has used most of the quarter improving overall layout and technical details of the document.

The clinical guidelines also need an updated layout and harmonization of the recommended treatments with the EMHSLU. SURE is contracting with a consultant to take up this task, while another consultant has already started work on changing the format and updating the layout. With this external help, the clinical guidelines should be finalized by mid-May. The next quarter will focus on both the EMHSLU and Uganda Clinical Guidelines printed and planning their launch.

Because no UMTAC meetings occurred during this quarter, SURE will work again with the Ministry of Health to re-establish regular meetings.

Next steps

- Identify vendors for printing the Uganda Clinical Guidelines and Essential Medicine and Health Supplies List for Uganda
- Print Uganda Clinical Guidelines for SURE districts and 6,000 copies of the Essential Medicine and Health Supplies List for health facilities throughout Uganda
- Support the development of a launch strategy for Uganda Clinical Guidelines and EMHSLU
- Work with MoH to start holding regular UMTAC meetings and develop a strategy for further strengthening appropriate medicines use together with UMTAC

Support Quantification and Procurement Planning Unit

Comprehensive stock status report: Through the QPP Unit, SURE continues to support the production of the MoH's stock status report. Processing approvals for data collection at NMS has improved. Two Bi-monthly stock status reports for 1 January 2012 and 1 March 2012 were published and shared widely with the stakeholders.

Support quantification and procurement planning in MoH: The QPP strategy paper was discussed by stakeholders, revised and finalization. The draft report on the national laboratory quantification exercise was reviewed with NMS, CPHL, and Pharmacy Division.

The unit coordinated the emergency distribution of TB medicines procured under Government of Uganda funding. This involved production of allocation list and managing communications and quantification of stock for replenishment. In addition, the TB single stream funding quantification and procurement and supply management plan for the Global Fund was completed by the QPP Unit with SURE support. Orders were scheduled and submitted to Global Fund and the Global Drug Facility for nationwide delivery.

The QPP Unit supported the Global Fund's Focal Coordination Office in MoH to complete the health systems strengthening Round 10 procurement and supply management plan that was eventually approved. In addition the QPP Unit completed the malaria Round 10 procurement and supply management plan, which was approved by the Global Fund.

The unit helped the MoH carry out quantification for the national response plan to nodding disease in Northern Uganda. The unit worked closely with NMS to draft a pharmaceutical supply and distribution plan to the facilities. The unit also supported quantification for cervical cancer screening commodities for Ngora district as part of the presidential directive in February 2012.

These achievements show that the QPP Unit is increasingly instrumental in supporting the Global Fund and the Ministry of Health at large.
In line with the QPP gaining recognition and territory the workload increases and it has been agreed that SURE should second one more expert to support the QPP unit in the MoH.

Next steps

- Continue production of bimonthly stock status report.
- Explore the need for additional staff and help recruit a Global Fund staff person for the QPP Unit
- Disseminate the QPP strategy paper
- Conduct a quantification for HIV-related commodities and develop a supply plan
- Update the reproductive health commodities two-year supply plan
- Employ a second secondment to support the work of the QPP unit

Support JMS

Progress was made with JMS; priorities areas of support have been identified following the business process review have been agreed upon at the monthly coordination meetings. Among the priorities were a request to support improvements in warehouse efficiency, establish performance measurement, providing technical assistance to replace MACS and SAGE warehouse and accounting software solution, and technical assistance to develop an efficient distribution system.

SURE is currently developing specifications for a software solution to replace the MACS and SAGE software solution for JMS. Also, there is a need to strengthen JMS viability to become an effective supply agency providing alternative services to NMS. SURE is therefore preparing to support JMS to develop a Logistics Network Strategy and build its distribution capacity. A SoW for procurement of an expert to undertake a detailed analysis of the customer universe of JMS and its ability to distribute has been developed and agreed upon. The study will be initiated next quarter.

Next steps

- Procurement of the network study STTA
- Initiate the proposed network study
- Provide STTA to prepare specifications, request for proposal document, work plan, resource requirements and STTA schedule for acquisition and implementation of a new warehouse management, finance and accounting software to replace the MACS and SAGE software solution

RESULT 3: IMPROVED CAPACITY AND PERFORMANCE OF TARGET DISTRICTS AND USAID IMPLEMENTING PARTNERS IN SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES

SUB-RESULT 3.1: IMPROVED CAPACITY OF TARGET DISTRICTS AND HEALTH FACILITIES IN PLANNING, DISTRIBUTION, MANAGING, AND MONITORING EMHS

Develop and implement a district- and facility-level support package

Build facility-level supply chain management capacity: In this quarter, MMS training continued with Makerere University successfully passing the third set of trainees. Twenty participants attended the course, and 19 were from STAR-E and STAR-EC supported districts. This is the start of the roll out of SPARS in the districts not supported by SURE. The newly qualified MMS will attend a one-week field orientation program facilitated by the respective IPs to gain practical experience in conducting supervision and on-the-job training.

SURE will in a similar manner facilitate the field orientation of the MoH regional pharmacists, who after undergoing the MMS training, are preparing to manage SPARS roll out in none SURE supported districts and have oversight in SURE supported districts.

The MoH-USAID plan for printing new health management information system tools was circulated, and SURE was allocated the Yumbe district. The printing was delayed due to errors in specifications of the HMIS tools that Resource Center and Pharmacy Division subsequently corrected. SURE was also given go-ahead to print the corrected prescription and dispensing log for its 45 districts. The EMHS manual will be printed in 20.000 after it is signed off by the MoH. The high number will cover all the about 3000 public and PNFP facilities, and all training institutions ensuring wide availability and use of the manual as a managerial strategy to strengthen supply chain management.

***Build facility-level pharmaceutical financial management capacity*:** This activity was not implemented because the pharmaceutical financial management activity is not implemented until hospitals and Health Center level IVs reach target levels in medicines and supplies management. Facility supervision data showed that very few facilities had reached that level, and hence the postponement of financial management-related activities. In the next quarter, the pharmaceutical financial management materials will be developed and tested, and the first group of 22 MMS trained. District MMS with at least one good pharmacy practice-certified facility will be the first to receive training and implement on-the-job support to the health facility pharmacy and stores staff.

***Promote coordination and collaboration*.** SURE was involved in two initiatives designed to enhance collaboration of implementing partners at the district level. Saving Mothers Giving Life is a one year USAID-funded intervention implemented in four districts: Kamwenge, Kyenjojo, Kibaale, and Kabarole. The four districts now take priority, and reports with special focus on medicines and supplies for maternal and child health will be sent to USAID on a monthly basis. The second collaboration effort for USAID-funded partners is the District Operational Plan which is being piloted in four districts. The objective is to provide a framework for planning and coordinating USAID assistance. SURE participated in District Operational Plan activities in

Oyam and Mbale districts, where a joint plan was signed by all implementing partner Chiefs of Party with activities in the districts.

Regional management and coordination meetings. The regional field offices in the North, West, and South West organized two-day regional meetings that brought together District Health Officers (DHOs), MMSs, the MoH regional pharmacists, and logistics advisors for implementing partners operating in the region. Participants shared experiences and discussed the achievements following implementation of SPARS and the challenges and bottlenecks that are hindering full progress. Participants acknowledged the visible improvement in EMHS management at facility level and the timely updates on the medicines and supply situation in the district. This has enabled the district to make informed decisions on redistributing expired stock and ordering. The main problems raised included a need for more involvement of political leadership for increased visibility, lack of or poor stores infrastructure, delays in processing fuel and safari day allowances, as well as calls by MMS to increase their remuneration. SURE has approached Strengthening Decentralisation for Sustainability urging them on behalf of all IPs to initiate the review process of the Safari Daily Allowances that was agreed now several years back.

Next, SURE will help the DHOs hold regular coordination meetings and will develop capacity of MMS and the DHOs to use available resources more efficiently. The DHO and MMS will be given modems and telephone time for faster communication and report sharing. SURE also recognized the urgent need to speed up implementation of the recognition scheme especially at the facility level in order to ensure continued progress on GPP implementation.
***Improve infrastructure in selected facilities*.** Various reports point to poor health facility store design and disrepair as contributors to waste and inappropriate medicines management. In the reporting period, SURE recruited an expert to help assess the medicine stores conditions and estimate the investment required to bring all health facility stores to an adequate state of repair, which would enable them to apply good practices in store and stock management. To date, the expert has developed the assessment tool in consultation with Pharmacy and Infrastructure Divisions.

The lack of appropriate store shelving makes it difficult to improve storage practices such as properly organizing items, using stock cards, and labeling storage areas. Therefore, parallel to the ongoing national assessment of the stores conditions, SURE had the expert collaborate with the Ministry of Health to develop specifications and quantify shelving needs appropriate for each level of care in 45 districts. The expert prepared bid solicitation documents that include contract conditions, detailed approved shelf specifications, quantities required, and delivery schedules to the 45 districts.

Next steps

- Makerere University to train 44 MMS from non-SURE districts and replacement MMS from SURE-supported districts
- Print the EMHS manual, prescription and dispensing log, and health management information system tools for Yumbe district
- Complete pharmaceutical financial management training materials , pilot the materials, and train the first group of 22 MMS

- Disseminate and implement the recognition scheme for the DHO, MMS, and health facilities
- Help the DHO and district MMSs organize district logistics management meetings involving all stakeholders
- Participate in implementing partner collaboration and coordination activities
- Pilot the stores condition assessment tool
- Publish a bid invitation and issue bid solicitation documents for the procurement of medicine store shelves for 1,300 health facilities in 45 districts
- Coordinate the roll out of the national store condition assessment exercise

Implement the supervision, performance, and reward strategy (SPARS)

Train MMS in motorcycle use: 15 MMS were trained in defensive riding.SURE will have all the motorcycles in country next quarter and complete training of the remaining MMS.

Implement supervision and performance assessment. MMS visited and carried out on-the job-training in 832 facilities in the 45 SURE districts. The total number of visits in the quarter was 1044 visits of which 275 were first baseline visits. This is considerably more visits than the targeted 700. MMS are required to support up to 10 facilities every 2 months in order to bring facilities to acceptable standards within a year. The changes in the good pharmacy practices indicators in the facilities are described in the M&E section below. The focus in the next quarter will be on monitoring MMS efficiency and effectiveness and assessing the magnitude of improvements in EMHS management at facility level. This will enable more targeted support to MMS who show poor results.

Quality assurance. A data quality assessment conducted last quarter revealed a number of problems with reproducibility of the performance assessment data collected by MMS. The main problems were in assessment of indicators, recording of findings, and calculation of scores, as well interpretation of results. The data quality assurance team also finalized the guidelines for conducting a data quality assessment which was tested for the second time in the central region last quarter. A roll out strategy will be developed with a view of capacitating the regional offices, and subsequently the MMS, to carry out data quality assessments on a regular basis including testing of reproducibility

This quarter, 78 MMS from 3 SURE regions underwent a one day data quality review that involved desk exercises designed to address these data quality problems. In addition, the quality assurance team finalized guidelines on how to assess MMS' understanding of indicators and step-by-step process on how to carry out on-the-job support to help improve data collection, analysis, and interpretation. The regional field coordinators will support the district MMS, and the process will cascade down with district MMS supporting the health sub-district MMS. This quarter, 19 district MMS were assessed and trained.

Human resources: Pharmacy trained staff are very few and most often MMS are of other carders than pharmacists or pharmacy technicians. Therefore, it was greatly appreciated that MoH in an attempt to strengthen human resources related to logistic management have recruited

pharmacists in general hospitals. This is a positive step towards sustainability of SPARS if the pharmacists stay and eventually take on the role of district MMS. SURE will develop a curriculum and discuss with the Pharmacy Division on the best approach for capacitating the general hospital pharmacists.

Next steps

- Train the remaining 22 MMS in motorcycle riding
- Provide supervision and on-the-job training in 700 facilities
- Finalize and disseminate the data quality assessment guidelines and roll out plan
- Assess and train 70 MMS in data quality assurance, data cleaning and reproducibility.
- Develop a concept note on quarterly regional supervision by Pharmacy Division and implement in one region
- Complete field orientation of 11 regional pharmacists and implementing partner logistics advisors

New district communication and technology (netbook/RxSolution)

Focus during the reporting quarter has been on setting up netbooks, preparing a training strategy for the districts, and developing an automated district report template.
By the end of December 2011, all activities related to RxSolution were suspended due to the directive from Director General's office and an e-Health technical working group was established to review the overall MOH IT policies. Awaiting MoH approval, a training of trainer's course in RxSolution has been postponed and the roll out has been stalled.

SURE attended the MoH's eHealth technical working group meetings to inform participants about RxSolution and SUREs roll-out strategy. By the end of the quarter, we are still awaiting approval to move ahead.

Certain activities under RxSolution have continued, including support to already existing pilot sites to maintain and use of RxSolution and development of reporting skills at pilot sites.After being approached by MAUL, SURE gave a presentation and demonstration of RxSolution. MAUL felt that RxSolution fulfills their requirements for an electronic medicines management system.

Moreover, the 45 procured personal computers have been prepared, basic computer training material improved, and a plan made to prepare the MOH pharmacists to the expected logistic management computerizing. The Rx-Box has been finalized so that it is ready for roll –out. It is difficult to say how much the delay in Rx approval impact on the SURE roll out strategy, but it will will no doubt effect on the ability of data utilization and how fare SURE can develop and implement analysis tool in the next 2 years.

All hardware to be used in computerizing the MMS has now been procured. The 45 laptops for the district MMS arrived in February, and the 97 netbooks for the health sub-district MMS arrived in March. Soon after arrival, work was initiated on setting up one laptop and one netbook

with all required software installed. Those two prototypes were then cloned using special software, CloneZilla, which is freeware that is available on the Internet for download. After successfully cloning the computers, SURE internal staff received initial training in March to prepare the pharmaceutical field staff on how to train MMS and personalize their computers. A separate training was also done on how to distribute the electronic Adobe pdf form and use the system to extract the automatically aggregated data into Excel for further data analysis and report generation. The trainings target SURE pharmaceutical field staff and regional pharmacists who in turn shall train the MMS and distribute and collect the electronic Adobe pdf forms.

Working closely with SURE M&E and District team an effort has been made to develop an automated district report template which the SURE regional field staff can use to generate reports based on the collected data and in this way ensure timely data utilization.

Next steps

- Hold further meetings with MAUL to explore using RxSolution
- Develop reporting structure for computerized hospitals
- Respond to requests and support the UNICEF consultant in assisment of Rx as part of the MoH IT strategic assessment
- Make routine visits to RxSolution pilot sites
- Finalize RxSolution indicator manual based on WHO template
- Finalize rollout plan and categorize hospitals for rollout
- Generate and distribute the first district reports
- Finalize financial performance assessment tool and corresponding electronic form
- Train all MMS to use netbooks and electronic forms
- Expand use of the web-based support function for MMS

SUB-RESULT 3.2. IMPROVED CAPACITY OF SELECTED IMPLEMENTING PARTNERS IN QUANTIFYING, MANAGING, AND MONITORING EMHS

Support implementing partners and nongovernmental organizations to improve their capacity to manage EMHS

SURE has progressed well in supporting MoH implementing partners in rolling out SPARS in new districts. This quarter focused on training of newly appointed implementing partner-supported MMS and helping the implementing partners engage the districts and roll out supervision activities. Two partners (STAR-E and STAR-EC) are now implementing supervision activities in 10 districts; this number will reach 13 when all their MMS have been trained in the next quarter, and then 42 by close of the year when all phase-2 partners will be ready to roll out SPARS. Selected MMS from Kalangala district supported by STRIDES have now also been trained and Kampala City Council have indicated their interest in rolling out SPARS and having selected supervisors trained as MMSs.

Opportunities exist to expand the collaboration to include all health projects that significantly invest in medicines and health supplies including, among others, partners supported by CDC,

such as Baylor University and Malaria Consortium. SURE will work with Ministry of Health to engage new partners in the next quarter.

Implementing partners are sharing their proposals on essential modifications to SPARS made to meet their project objectives and address the unique aspects of managing specialized program commodities. While SURE recognize the needs for specializing the performance assessment to specific areas of focus such as AIDS, TB, malaria, it is also important that medicines management indicators continue being standardized and uniform nationwide. Work therefore, is ongoing with the technical programs to develop program specific performance assessment indicators i.e. specific on case management or laboratory testing and reporting. Such indicators that can be focused on together with a set of core medicines management indicators by IP. Importantly in this development is the identification of a SPARS coordinator within the Pharmacy Division and agreement to second a M&E expert to the pharmacy division. The recent PNFP facility survey report recommended strengthening of medicines management for PNFP facilities and SPARS is a good way to achieve this goal. Key stakeholders will have reviewed the report by next quarter, at which point the roll out of SPARS to build capacity of PNFP facilities will be decided, resources mapped, and structures agreed upon.
To strengthen the management of SPARS roll out a tracking matrix has been developed and shared with the Pharmacy Division. The matrix includes all the IP and other stakeholders involved in the SPARS roll out. Information of logistic back stoppers, trained MMS, performance etc is tracked in the system.

Next steps

- Support the diocese to strengthen medicines management at PNFP through a SPARS approach
- Support MoH to mobilize phase-3 partners to ensure national SPARS coverage
- Prepare strategy paper for Pharmacy Division to effectively manage the national SPARS roll out, including a system for facility performance information management and utilization
- Explore feasibility of designating core and supplementary medicines management (GPP) indicators.

Build capacity of storekeepers

On the basis of the MMS training modules a training curriculum for stores keepers was developed emphasising on supply chain management, essential medicines concept and national medicines policy. The training will be piloted next quarter. Four short term technical assistance (STTA) will be employed together with trained and strong performing MMS to implement the courses. The STTA will be lecturers from pharmacy schools from Makerere, Mbarara, and Kampala International universities as these are expected to have the necessary skills and as that is seen as a way to facilitate that the curriculum become part of the health professionals training. . The successful consultants will undergo MMS training to familiarize themselves with the materials and training methods and update their knowledge on the new tools and approaches to supply chain management.

Next steps

- Recruit and orient STTA
- Pilot the training course
- Develop a roll out plan for training of storekeeper from the 45 SURE districts.
- Implement training of next 25 stores managers.

SUB-RESULT 3.3. OVERALL ACCESS TO EMHS IMPROVED THROUGH INNOVATIVE DISTRICT-LEVEL INTERVENTIONS

Institute good pharmacy practices certification

SURE and NDA have completed a pilot inspection of health facilities for good pharmacy practice accreditation. The criteria for accrediting public health facility pharmacies and stores and the site readiness checklist have been finalized, and we plan to start the routine inspection activities toward end of next quarter. SURE may need to re-orient NDA inspectors to implement the certification inspections in the public sector and the tool is new and the approach more structured than is normally the case

During this quarter, the NDA GPP inspection tool was piloted and criteria for good pharmacy practice (GPP) certification were finalized in collaboration with SURE. We have also discussed the implementation plan, which we will decide on during the next quarter. Health facilities ready for good pharmacy practice certification needs to be identified, so certification can begin by the end of the next quarter. Selected NDA inspectors have been MMS trained to better understand performance assessment approach and indicators used in SPARS. Some of the apparent challenges for certifying public sector facilities is that only at some higher level facilities will the staff be pharmacists or pharmacy technicians and in many places will the space and shelving not be adequate. Supervision of the facilities can be made by the regional pharmacists but if this can be accepted as sufficient and what specifically will be required in terms of supervision frequency is not detailed.

We recruited a technical consultant to develop an information, education and communication strategy for the GPP certification program aimed at increasing public and health staffs awareness.. In the next quarter, the strategy will be developed having in mind that SURE is targeting to certify about 1600 facilities.

Next steps

- Develop information, education and communication strategy for increasing public awareness of the GPP certification scheme
- Develop implementation plan and modalities for roll out of GPP certification

Initiate GPP certification at selected qualifying facilities. Based on initial experiences make decision on the need for capacity building needs among the NDA inspectors

MONITORING AND EVALUATION

This section presents a summary and analysis of results accomplished by SURE project in the area of M&E. A number of monitoring and evaluation activities were undertaken during the quarter as stated below

Management of district data

A lot of data was collected by the MMS during the quarter and the team ensured that data validation was done by both the regional offices and M&E team before entry. At the Headquarters, this data was entered into the adobe database and analyzed using excel.

Data quality assurance

As mentioned earlier on, a number of quality assurance meetings were held with all regional teams to ensure that good quality data is collected. This involved lots of exercises that were done by the MMS regarding the calculation of the indicator and some multiple choice questions to ensure uniformity in scoring or interpretation of a given situation especially for indicators that are subjective. By the end of the meetings, MMS with difficulties were identified and given immediate support and more follow-up was done by the regional coordinators. Guidelines on how to conduct a data quality audit (DQA) were developed and shared with all regional teams. As a beginning process, with support from the M&E team, a reproducibility study was done in central region and the findings were shared with the regional office to help improve on data collection, indicator calculation and interpretation. This will be rolled out to other regions in the coming quarter.

Reporting

The M&E team during the quarter developed a district report format which was shared with all regional teams. Beginning with the next quarter, district reports will be developed and shared with all DHOs and Ministry of Health – Pharmacy Division.

Support was also provided to the Saving Mothers Giving Life project (SMGL) in the collecting and analysing of medicines availability data. A number of medicines were identified for this particular project and a data collection tool developed. This was provided to the MMS in the four SMGL districts i.e Kamwenge, Kyenjojo, Kabarole and Kibaale. This data will be entered in excel and reported to the SMGL M&E team every quarter.

The PEPFAR semi- annual report was also developed and submitted to the MEEPP database highlighting key achievements in the area of HIV/TB, laboratory and HMIS. PMP quarterly data was also collected and entered into to the UMEMS database.

Participation in partner M&E meetings

SURE participated in MEEPP and SMGL partner M&E meetings. In the SMGL meeting, SURE shared with other IPs availability data and was therefore required to track this data for future reporting purposes.

Performance Monitoring Plan (PMP)

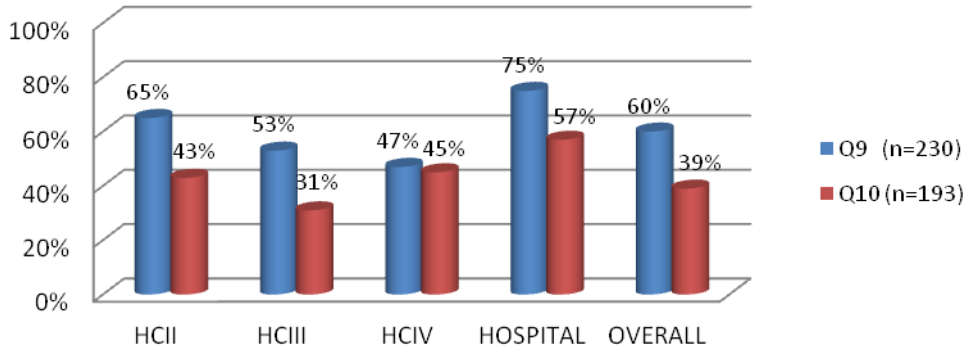
The SURE PMP was revised and two of the indicators were dropped basing on the fact that it was impossible to get data for the two indicators. SURE has therefore identified a set of 16 indicators that will be used to assess progress of the project. All indicator reference sheets were finalized and 2012 targets for PMP indicators were set. Data collection tools for PMP related data were also revised especially for the NMS availability indicator, international price indictor and training data.

Below are the results for indicators tracked on a quarterly basis.

i. Indicator 1.00: Percentage of health facilities with all six tracer vital essential medicines available on the day of survey.

The basket of the 6 vital essential medicines and supplies includes: Artemether Lumefantrine (for youngest age band), Cotrimoxazole 480mg, Measles vaccine, Oral Rehydration Solution, Depo-Provera Injectable and Sulphadoxine Pyramethamine. A great decline was noticed from 60% to ***39%*** of health facilities with all six tracer medicines available.

Figure 1: Percentage of health facilities with all six tracer medicines available on the day of the visit (By level of care)

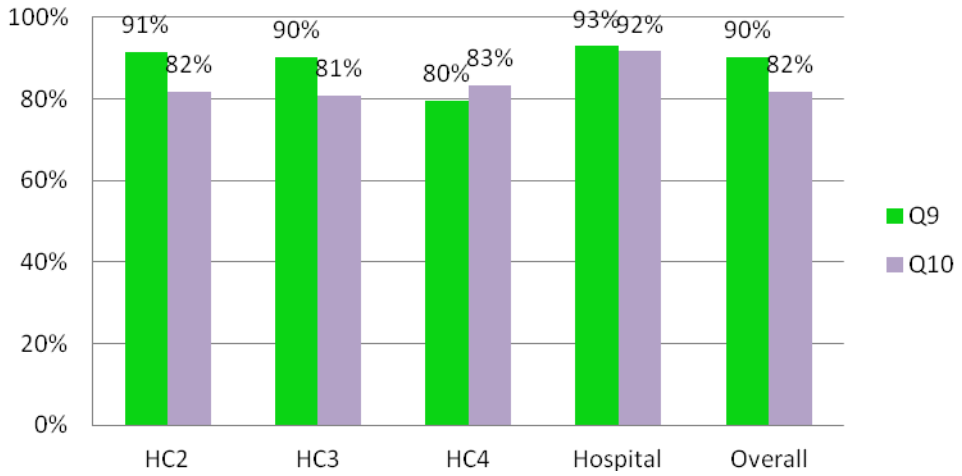


Results in figure 1 above show that there is an overall reduction in availability of the basket of the tracer medicines, which is also spread through the levels of care.

ii. Indicator 1.01: Percentage availability of basket of six tracer items on day of the visit

The average percentage availability of the six tracer medicines during the quarter was ***82%*** compared to 90% for the previous quarter showing a slight decline in availability, which decline was also evidenced at of the levels II, III and hospital. However, much as there was a decline for hospital level, the availability was still high above 90%.

Figure 2: Percentage availability of basket of six tracer items on day of the visit



In order to further assess the decline in availability in figure 1 and 2, further analysis of availability of each of the tracer medicines was assessed. Table 1 below shows that availability of cotrimoxazole was low for all levels of care showing that there might have been a problem at central supply level.

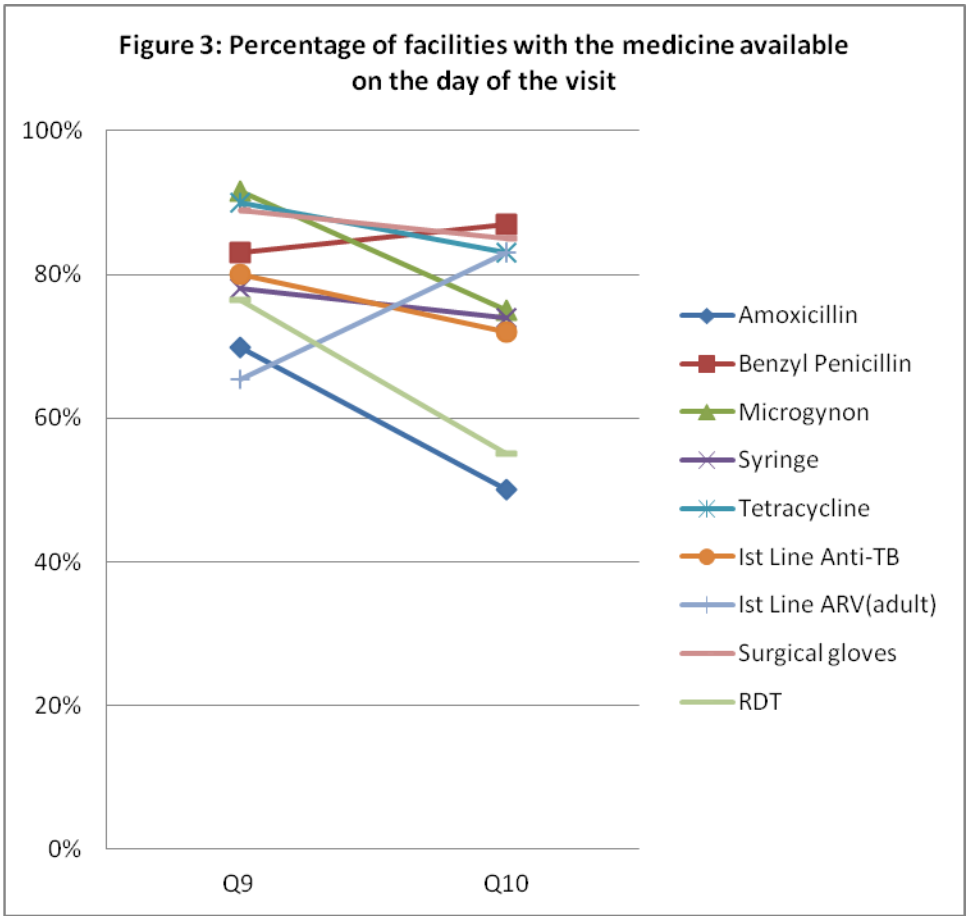
Table 1: Percentage of facilities with the tracer medicine available on the day of the visit

Level of care	Artemether Lumefantrine	Cotrimoxazole	Measles vaccine	Oral Rehydration Solution	Depo-Provera Injectable	Sulphadoxine Pyramethamine
HC2	83%	57%	83%	90%	91%	88%
HC3	90%	41%	79%	94%	91%	91%
HC4	91%	64%	91%	73%	82%	100%
Hospital	100%	71%	100%	100%	100%	83%
Overall	86%	52%	83%	91%	90%	89%

Results from the March 2012 stock status report revealed that Sulphadoxine/Pyrimethamine had stocked out and Cotrimoxazole remained below minimum. The low stock level at central level explains why cotrimoxazole is still a problem at all levels of care.

Availability of other medicines

Generally, a decline was noted in availability of the other medicines analyzed on figure 3 below except for only one i.e. Benzyl Penicillin which improved. Two of the medicines had availability below 60% that is amoxicillin and rapid diagnostic tests. For malaria RDTs, according to the stock status as at 1st March 2012, it was noted that they were out of stock. However, it was also noted that RDT stocks had started arriving and this is expected to restabilise the situation.



Analysing this data by level of care in table 2 below also revealed that the problem of low amoxicillin availability was mainly at HCII and III levels and therefore this problem might be attributed to the kit content. It is also worth noting that Microgynon and anti-TB were a problem at hospital level.

Table 2: Percentage of facilities with the medicine available on the day of the visit (by level)

	Amoxicillin	Benzyl Penicillin	Microgynon	Syringe	Tetracycline	Anti-TB	Ist Line ARV	Surgical gloves	RDT
HC2	43%	85%	77%	79%	78%	NA	NA	81%	61%
HC3	56%	88%	76%	63%	87%	NA	NA	88%	47%
HC4	73%	91%	64%	82%	100%	100%	82%	100%	NA
Hospital	71%	86%	50%	86%	83%	29%	86%	71%	NA
Overall	**50%**	**87%**	**75%**	**74%**	**83%**	**72%**	**83%**	**85%**	**55%**

iii. Indicator 2.21 Number of individuals trained in supply chain management and\or pharmaceutical leadership and management

SURE organized a number of trainings during the quarter. In line with supply chain management, SURE trained 21(male=18, female=3) medicines management supervisors. In addition, SURE organized trainings in motorcycle defensive riding and management of net books see table 4 below.

Table 4: Other trainings

Training	Female	Male	Total
Motor bike Defensive riding	2	9	**11**
Net book Training of Trainers	5	10	**15**
Note book Training of Users	1	8	**9**

iv. Indicator 2.31: Average lead time for order processing and delivery

On average, it took 28 days for NMS to process and deliver orders during the quarter. These days ranged from 9 to 48. This lead time was calculated as the difference between order stamp date and date supplies received at facility (n=7).

Other findings

A few other indicators assessed during the supervision showed some improvement in comparison with the previous quarter except filing of previous orders that showed a decline, which is attributed to the SPARS intervention.

Table 5: Other findings

Indicator	Q9	Q10
Percentage of health facilities with stock cards available for all tracer medicines	62%	65%
Percentage availability of stock cards at the health facilities	90%	90%
Percentage of health facilities where balance on hand agrees with physical count (for all 6 tracer medicines)	12%	28%
Percentage of health facilities that know what VEN stands for	24%	34%
Percentage of health facilities that file the following reports		
Discrepancy reports	15%	12%
Delivery notes	94%	96%
Previous orders made	63%	57%
Old prescription and dispensing logs	95%	96%

Next steps

- Develop M&E strategy
- Conduct M&E training for SURE, Pharmacy Division and other MoH staff
- Develop M&E training package for IPs
- Analyze control 2011 data and write report
- Collect and analyze data for central supply chain indicators
- Collection data for PMP indicators
- Update UMEMS partner reporting system with PMP data
- Roll out reproducibility / quality assurance of SPARS data to other regions

PROGRAM MANAGEMENT

Program implementation and staff recruitment

In the last three months, the program management unit has continued to support the program's technical areas by completing the majority of planned procurements. Information technology equipment for the planned district interventions and the NDA were procured and received, and 11 new motorcycles were delivered. Regarding the four stolen motorcycles last quarter, SURE worked with Chartis Insurance and KK Security to negotiate for the replacement of these motorcycles after investigations by USAID and other police contacts were completed. The program now has a total of 146 motorcycles, with five motor vehicles expected to be delivered by the end of April 2012. Currently, the program management unit is procuring items related to the district reward scheme and working on the due diligence needed to rehabilitate shelving in the 45 SURE districts, which will take about two months.

Operational and financial supportive supervision of the regional SURE assistant accountants was also started last quarter. This began with the northern region and will be rolled out to the other regions in the next quarter. Findings from this activity have been used to improve district program implementation with hopes to see improved quality reporting from the regional offices.

The semiannual program newsletter (*The Value Chain*) was finalized and sent for printing. In addition, the program has continued to regularly submit success stories to USAID and to carry out its program visibility efforts, with particular attention to Saving Mothers, Giving Lives districts.

The program management team organized and coordinated a staff retreat last quarter, and implementation of the resulting recommendations is planned for the next quarter

MMS' irregular submission of poor quality financial reports has resulted in delayed disbursements of funds to the regions for MMS payments. Also, identification of reliable motorcycle fueling and servicing points in the regions has remained a challenge.

Next steps

- Continue supporting procurement and distribution for district interventions
- Plan for SURE staff relocation to the new building
- Perform supervisory trips to regional and district offices to offer operational support
- Prepare for and undergo the SURE midterm review expected in May 2012

Staffing

This quarter we recruited five drivers, one for each regional office, to be matched with the five new motor vehicles being procured. The only open position remaining is the QPP Unit Officer planned to be hired next quarter after the need for the position is reconfirmed. In all, 63 of the 64 planned staff members have been hired. Annex 2 presents an update on actual and planned

staffing status as of 31 March 2012. The table below summarizes actual and planned full time staff numbers.

Time Period	31-Dec-09 (actual)	30-Jun-10 (actual)	31-Dec-10 (actual)	31-Mar-11 (actual)	30-Jun-11 (actual)	31-Dec-11 (actual)	31-Mar-12 (actual)	31-Dec-12 (planned)
Staff #	10	28	41	44	45	57	63	64

Next step

- Complete the recruitment according to planned positions as of 31 December 2012

Short-Term Technical Assistance

The table below illustrates the international short-term technical assistance positions that were newly mobilized during the quarter.

Last Name	First Name	Title/counterpart	Level of effort	Scope of Work
Ramlose	Jette	Editing consultant/SURE communication team	3 weeks Jan '12	Professionalize report formats and training materials (supply chain management and pharmaceutical financial management)
Osmand	Bernard	TB logistics management consultant/TBLP	3 weeks Feb '12	TB information system assessment
Busch	Tobey	M&E Associate/SURE management team	2 weeks March '12	Routine M&E support to SURE program
Cohen	Michael	M&E specialist/SURE management team	2 weeks March '12	Preparation for the midterm evaluation

Finance

The SURE program had spent about 84% ($10,471,158) of its current obligation ($12,418,023) by December 31, 2011. SURE has been operating for 33 months (since July 2009) and has an average monthly burn rate of $317,307. We are operating at close to full capacity, and we expect to increase our burn rate in the second half of 2012 when we are close to fully staffed and our MMS supervision efforts in all 45 districts are fully rolled out.

Following is a summary of disbursements against the cumulative work plan budget for 33 months up to 31 March, 2012.

As of March 31, 2012

		Actuals Yr 1 & Yr 2 (27 mos)	Year 3 Work Plan Budgeted (12 mo)	Total Budget Year 3 - Cumulative	Spent to date (33 months)	
	Line Item	**17-Jul-09 to 30-Sep-11**	**1-Oct-11 to 30-Sep-12**		**17-Jul-09 to 31-Mar -2012***	**Balance**
I.	**Salaries and Wages**	$ 2,367,298	$ 2,055,489	$ 4,422,787	$ 3,080,286	$ 1,342,501
II.	**Consultants**	$ 90,981	$ 302,050	$ 393,031	$ 187,960	$ 205,071
III.	**Overhead**	$ 1,210,368	$ 530,954	$ 1,741,322	$ 1,576,599	$ 164,723
IV.	**Travel and Transportation**	$ 361,950	$ 754,047	$ 1,115,997	$ 597,831	$ 518,166
V.	**Allowances**	$ 446,136	$ 251,296	$ 697,432	$ 547,909	$ 149,523
VI.	**Subcontracts**	$ 950,703	$ 1,905,465	$ 2,856,168	$ 1,580,820	$ 1,275,348
VII.	**Training**	$ 463,267	$ 1,104,122	$ 1,567,389	$ 589,787	$ 977,602
VIII.	**Equipment**	$ 629,215	$ 1,507,550	$ 2,136,765	$ 826,744	$ 1,310,021
IX.	**Other Direct Costs**	$ 1,070,015	$ 2,361,518	$ 3,431,533	$ 1,483,222	$ 1,948,311
Subtotal I. through IX.		**$ 7,589,933**	**$ 10,772,490**	**$ 18,362,423**	**$ 10,471,158**	**$ 7,891,265**
Cost Share Contibution**			**$ 1,134,979**	**$ 1,134,979**	**$ 1,064,496**	**$ 70,483**
Grand Total + Cost-Sharing		**$ 7,589,933**	**$ 11,907,469**	**$ 19,497,402**	**$ 11,535,654**	**$ 7,961,748**
Obligation Summary						
Obligation to date:					**$ 12,418,023**	**%**
Disbursed to date:					**$ 10,471,158**	**84%**
Obligation remaining:					**$ 1,946,865**	**16%**

**** July 17, 2009 to February 29, 2012 figures are actual and March 2012 Amounts are estimated.***

***** Cost Share Amounts as of June 30, 2011; total Cost Share required for the SURE program is $1,134,979.***

Progress

Accruals for 31 March, 2012 were submitted on 13March, 2012. In February 2012, the program went through an intensive internal audit. The interim report has already been discussed with management, and the feedback was positive with no significant areas of risk identified. When the final internal audit report is available, the finance and operations team will address the areas of risks described and move forward with MSH headquarters to identify appropriate identify corrective action procedures as appropriate.

Next step

- Review final February 2012 audit report and develop and implement corrective Action procedures as appropriate

Annex 2: Summary of SURE Staffing status as at 31 March, 2012

#	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	
	Logistics Training Officer	Gwoyita	Loi	1-Sep-09	Under EHG; Transferred to SDSI on Aug 20, '11.
4	Logistics Training Officer	Okello	Bosco	21-Nov-11	Replaced Loi Gwoyita, will be under MSH.
	ARV Procurement Advisor	Ntale	Caroline	1-Sep-09	100% charged to SCMS
5	Administrative Coordinator	Nakandi	Sarah	1-Mar-10	
6	Transport Lead	Kaweesa	Moses	18-Sep-09	
7	Pharm. FC–Central Office	Nakiganda	Victoria	14-Oct-09	
8	District Pharm. Strengthening Specialist	Mohammed	Khalid	2-Nov-09	
9	M&E/LMIS Coordinator	Belinda	Blick	30-Nov-09	
	Accountant	Bacia	Scovia	4-Jan-10	
10	Accountant	Natumanya	Dennis	9-Dec-11	Replaced Scovia Bacia
11	Finance and Admin. Mgr	Nguyen	Vinh	1-Feb-10	
12	PIP Tech. Advisor	Schaefer	Petra	1-Feb-10	EHG Staff
13	Lab Data Analyst - Secondment to CPHL	Baitwababo	Bernard	8-Feb-10	
14	Driver - Central Regional Office	Sekamatte	Timothy	8-Feb-10	
15	Logistics Data Manager - Secondment to NTLP	Sekalala	Shaquille	15-Feb-10	
	ARV Procurement Officer	Aboyo	Caroline	1-Mar-10	100% charged to SCMS
16	HR Generalist	Achilla	Carolyn	1-Mar-10	
	LMIS Specialist	Bagyendera	Moses	3-Mar-10	Resigned
	M&E Specialist	Semakula	Richard	3-Mar-10	
17	M&E Specialist	Nalwadda	Brenda	28-Nov-11	Replacement for Richard Semakula
18	Logistics Coordinator	Nabuguzi	Eric	22-Mar-10	
19	Logistic Officer – PNFP	Kadde	Stephen	22-Mar-10	
20	Logistic Expert - Finance/LMIS, MOH Secondment	Were	Lawrence	15-Apr-10	
21	Driver - Kampala HQ	Tumwesigye	Felix	10-May-10	

22	M&E, Logistics and AMU Coordinator	Konradsen	Dorthe	1-May-10	Title changed from Logistics/M&E Officer; Transferred to EHG on August 16,2011
23	Programs Operations Associate	Mugagga	Peter	1-Jun-10	
24	Communications Assistant	Natukunda	Julian	15-Jun-11	Appointed upon completion of internship
	M&E/LMIS Coordinator – Kampala	Elur	Bill	7-Jul-10	Resigned effective May 5, 2011
25	District Computerization Officer	Opio	Tom	26-Sep-11	Replacement for Bill Elur, with new title
26	IT Specialist	Muwanga	Peter	7-Jul-10	
27	Pharmaceutical Field Coordinator. – Mbale Regional Office	Umirambe	Emmanuel	7-Jul-10	
28	IT Officer - seconded to National Drug Authority	Nassimbwa	Hamidah	2-Aug-10	
29	Systems Administrator - seconded to Resource Centre	Tumwesigye	Alex	23-Aug-10	
30	Driver – Mbale Regional Office	Draleku	Derrick	15-Nov-10	
31	Assistant Pharmaceutical Field Coordinator – Mbale Regional Office	Kirunda	Anthony	15-Nov-10	
32	Assistant Pharm. FC – Kampala	Omalla	Samuel	15-Nov-10	
33	Pharm. FC. -Fort Portal	Nuwagaba	Timothy	15-Nov-10	
34	Pharm. FC – Lira	Okidi	Denis	15-Nov-10	
35	Driver - Fort Portal	George	Sekimpi	22-Nov-10	
36	Assistant Accountant - Mbale	Madras	James	26-Nov-10	
37	Driver – Lira	Obonyo	Chris	6-Dec-10	
38	Driver – Kampala	Olungat	Peter	2-Apr-12	John Mukisa transferred to Mbarara April 2, 2012
39	Assistant Pharm. FC - Fort Portal	Nantongo	Lynda	3-Jan-11	on EHG subcontract
40	Assistant Accountant – Fort portal	Tugume	Godfrey	17-Jan-11	Moved to Fort Portal in Sep '11 to replace Geoffrey Olwol (Asst. Acct.) who resigned; Program Ops Assistant position closed and new position of Program Ops Associate Created below
41	Program Ops. Associate – Central	Musinguzi	Michael	4-Jul-11	
42	Asst. Accountant Fort Portal	Tugume	Godfrey	1-Sep-11	
43	QPPU Coordinator	Okumu	Morris	22-Mar-11	EHG Staff
44	District Info. Mgmt Coord.	Hoppenworth	Kim	15-Apr-11	EHG Staff
45	Assistant Pharm. FC – Lira	Ondoma	Jimmy	6-Jun-11	

46	Pharm. Field Coord. – Mbarara	Agaara	Mark	18-Jul-11	RTT Staff
47	Quality Assurance Associate	Bagonza	David	1-Sep-11	
48	Assistant Pharm. FC– Mbarara	Gabula	Sadat	11-Jul-11	RTT Staff
49	Assistant Accountant – Lira	Okello	Ben	14-Jul-11	
50	HR Coordinator	Okot	Agatha	11-Aug-11	
51	Logistics Officer – Vertical & IP	Amuha	Monica	5-Sep-11	
52	Program Assistant	Khasoma	Susan	12-Sep-11	
53	Driver – Mbarara	Bidong	Richard	5-Sep-11	
54	Assistant Accountant – Mbarara	Walusimbi	Alex	15-Aug-11	
55	Administrative Assistant Mbarara	Nalubowa	Fatuma	1-Aug-11	
56	Receptionist/Admin Asst. – Lira	Ayugi	Christine	24-Nov-11	
57	M&E Assistant	Nabanoba	Allen	21-Nov-11	
58	M&E Assistant	Nakabugo	Stella	21-Nov-11	
59	Driver - Central Office	Okello	Charles	2-April-12	
60	Driver - Fort Portal	Asaba	John	2- April-12	
61	Driver - Lira Office	Okot	Michael	2-April-12	
62	Driver - Mbale Office	Buyi	Lawrence	10-April-12	
63	Driver – Mbarara	Mukisa	John	2-April-12	Transfer from Kampala
Existing staff as at March 31, 2012					**63**

Summary of full-time positions planned as at December 31, 2012

#	Job Title	Last Name	First Name	Hire dates	Comments
64	QPPU Officer	TBD	TBD	30-Jun-12	
Planned full time staff as at December 31, 2012					**1**

ANNEX-B: SUMMARY OF PROGRESS AGAINST PLANNED ACTIVITIES

The below table summarizes progress for each result and sub- result area against the planned activities

✓: Progressed ✓ ✓: Finalized 0: No action taken

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

Develop information system for tracking financing and EMHS funding (FACTS)

Planned:	***Progress:***
• Undertake financial data collection for year 2009/10 and 2010/11 0 • Undertake data analysis on for 2008/9 and 2009/10 and 2010/110 • System testing and analysis 0	• Secured commitment from the MoH planning division to design a manual pharmaceutical financial tracking system • Financial indicators revised to ensure manageable data collection

Financial assessment of EMHS utilization

Planned:	***Progress:***
• Establish a monitoring system for VEN utilization for EMHS & lab -✓	• Finalized the EMHS list • The revised Kit is VEN classified

Prioritize resources for greater health impact

Planned:	***Progress:***
• Support creation of equity in distribution of vote 116 0 • Assess what needs to be done in prioritization of pharmaceutical resources for health priority outcomes ✓	• Second exploratory study to to evaluate the effectiveness of the VEN strategy and the kit system carried out

Sub-Result 1.2: Legal, regulatory, and policy framework revised to promote cost-effective, efficient, equitable, appropriate use of available funds and health commodities

Assure signature to MoH/SURE agreement

Planned:	***Progress:***
• MoU signed for collaboration with MOH 0 • Establish SURE Program Steering Committee 0	• This is still pending signature by MoH • Pending signing of MoU

Result 2: Improved capacity and performance of central GoU entities in their supply chain management roles and responsibilities

Sub-result 2.1: Improved capacity of NMS to procure, store, and distribute national EMHS

Support NMS

Planned:	***Progress:***
• Following the release of the NMS business plan, a detailed plan for SURE support will be developed 0 • Develop revised support plan for NMS based on the new NMS strategic plan, if requested – 0	• Pending signing of MoU with MoH

Sub-result 2.2: Improved capacity of MoH program managers and technical staff to plan and

monitor national EMHS	
Support to MoH programs in commodity management	
Planned: HIV/AIDS • Finalize the implementation plan for the web-based ARV ordering system and start rolling it out to implementation partner-supported districts-✓ • Assess the HIV supply system to identify priority areas for intervention-0 • Monthly meetings with the program-✓	***Progress:*** • Implementation plan done and rolled out of web-based system authorized end of March. • Ongoing support to ACP based areas identified as part of the ARV supply-chain rationalization; a desk review is being considered to refine this support • ACP logistics support officer has attended periodic coordinating with the program
TB Program • Conduct follow-on STTA to assess the TB program's logistics management information system -✓✓ • Support development of a plan to manage the transition of TB commodity management to NMS/JMS -✓✓ • Support the QPP Unit in tracking TB commodities procurement -✓ • Finalize and disseminate the TB supply chain assessment and develop a comprehensive plan for strengthening the TB supply system-✓ • Conduct regular meetings with NTLP -✓✓	• Supply-chain assessment complement; draft report for discussion next quarter • Transition plan available and used to guide ongoing activities
Lab Commodities • Finalize job description and fill position of M&E Advisor secondment-✓✓ • Conduct lab logistics system assessment-✓ • Use assessment results to inform harmonization and integration of lab logistics into essential medicines system 0 • Conduct separate regular meetings with the CPHL team and CDC 0	• Two Consultant identified to conduct lab logistics assessment, work starts May 2012 • An M&E recruited to assist CPHL in setting up an M&E system for lab logistics
Malaria Program • Use routinely available data collected by MMS in SURE districts to regularly update the malaria program on availability of ACTs through monitoring of malaria supply chain performance 0 • Finalize the report from the private not-for-profit data collection and capacity building exercise and begin implementing recommendations-✓✓ • Monthly meetings with NMCP 0	• PNFP Survey Report done and shared with JMS, UPMB, NMCP and Pharmacy division

Support and strengthen the Pharmacy Division

Planned:	***Progress:***
• Continue meeting regularly with Pharmacy Division -✓✓ • Biannual regional pharmacists meeting held-✓✓ • Discuss quarterly progress✓✓	• Held weekly meetings with Pharmacy Division, • Held a Strategy Review meeting with Pharmacy Division team

Support to National Drug Authority

Planned:	***Progress:***
• Install server at NDA-✓ • Load the verification of imports system on the server 0 • Finalize and publish the information technology strategy report-✓✓ • Set up criteria for good pharmaceutical practices facility accreditation, which will be determined by MMS inspection-✓✓ • Conduct joint inspection with NDA to pilot the updated tool and criteria for certification-✓✓ • Finalize costing consultancy report-✓	• Pilot of GPP inspection tools done • Costing study ongoing, planned for completion next quarter • Server delivered, installation pending appointment of new staff

Support a pre-service training program for health workers

Planned:	***Progress:***
• Collect baseline data on the status of pharmaceutical training ✓ • Conduct advocacy meetings with key stakeholders 0 • Present curricula for approval-✓✓ • Initiate the drafting of tutors' training material ✓✓	• Collection of baseline data ongoing and expected to be complete in Q12 • Tutor training materials done and piloting planned for May 2012

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

Support to UMTAC

Planned:	***Progress:***
• Edit of the EMHS List and UCG-✓	• EMHS list prepared includes VEN classification of not only medicines but also supplies. • Consultant contracted for the final review of the UCG

Support to QPP Unit

Planned:	***Progress:***
• Finalize the QPP strategy paper - ✓ • Explore the need for additional staff and help recruit a Global Fund staff person for the QPP Unit-✓ • Follow up the appointment of the QPP Technical Committee -0 • Finalize the lab supplies quantification	• Updated PSM plans for approved Round 10 grants for TB, Malaria, HSS • Quantification of ARV under Round-7 phase 2.

report and supply plan-✓✓ • Conduct a quantification for HIV-related commodities and develop a supply plan - ✓✓ • Update the reproductive health commodities two-year supply plan-✓✓	
Support JMS	
Planned: • Hold monthly meetings ✓✓ • Develop intervention for improvement of business Process for key business functions ✓ • Finalize plan to introduce new MIS and develop detailed specifications -✓ • Develop implementation plan for procurement process improvement strategies and plan ✓✓ • Support Implementation of procurement process improvement plan 0 • Management of 3PL distributors 0 • Develop implementation plan for interventions for improving warehouse operations ✓✓ • Strengthening the MIS system at JMS ✓ • Revise SOW for the network strategy for JMS to make it fir JMS purpose and budget ✓ • Identify STTA to carry out a network strategy study ✓	***Progress:*** Meetings were held regularly to monitor progress of implementation • Prioritization done on the interventions to implement • Plan to introduce a new MIS finalized • An implementation plan was developed • The implementation is pending JMS board approval • Interventions on 3PL distribution were rescheduled until a client study is carried out and logistics network strategy is developed • An implementation plan was developed for improved warehouse operations • Draft specifications for function requirements were developed for the MIS • SOW revised and agreed upon by JMS • STTA identified and hiring process commenced
Develop PIP	
Planned: • Transfer the server set-up to the MoH, and launch the hand-over of the PIP server.- 0 • Sign contract with selected PIP development vendor -✓	***Progress:*** • Installation of the server at MOH is awaiting signing of the MoU • PIP development vendor contract negotiations finalized. Signing contract pending go-ahead from DG • Web based ARV ordering system integrated into DHIS2 and ready for roll-out
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	
Develop and Implement a district and facility level support package	
Planned • Print the EMHS manual and prescription /dispensing log ✓ • Makerere University trains 44 MMS in non-SURE districts in supply chain management ✓	***Progress***: • The Prescription/Dispensing log was finalized and sent for print. The EMHS manual is pending approval from MOH • Makerere University was able to conduct 1 training for 20 participants

• Provide field orientation to regional and implementing partner pharmacists 0	• The regional pharmacists were not oriented in the quarter
• Complete pharmaceutical financial management training materials and pilot them 0	• The PFM materials were not finalized and implementation of PFM pushed forward
• Hold SURE/DHO/MMS regional meeting in three regions ✓✓	• Three meeting were held in the North, West and SW region
• Support implementation of regular district logistics management meetings involving all stakeholders ✓	• Meetings attended organized by SDS and coordination meetings USAID under
• Complete statement of work for stores infrastructure review and recruit STTA ✓✓	• SOW was completed, SSTA hired, Data collection tools piloted and specifications for shelves being discussed
• Train 22 MMS in motorcycle riding✓	• 12 MMS trained as the remaining were yet to undergo MMS training
• Provide supervision and on-the-job training in 700 facilities✓✓	• 832 facilities were visited and staff received on the job support
• Develop a performance assessment quality assurance strategy and implement routine reproducibility tests to strengthen data quality✓✓	• 19 DMMS out of 45 supported to improve on understanding of indicators. SOP for routine reproducibility tests finalized
• Hold Pharmacy Division/SURE biannual meeting✓✓	• SURE/ PD meeting for regional pharmacists held and focused on SPARS implementation
• Develop specifications and initiate procurement of facility rewards✓✓	• Updated reward scheme for DHO, MMS and Health facilities circulated and procurement initiated

Implement new communication and information technology	
Planned	Progress:
• Finalize national work plan to support MoH in Rx roll out in non-SURE supported districts 0	• Pilot hospitals has been encouriaged to develop criteria for required report and examples given
• Work with MoH/IPs/UNICEF to explore national support options 0	• Training has been postponed until further notice from the eHealth TWG
• Hand over the Rx Box to MoH 0	• First 8 laptops prepared and 8 district MMS successfully trained in central region
• Coordinate rollout of RxSolution with MoH 0	• The first computers for RxSolution has been setup with all needed software
• Develop structure for computerized hospitals to report ✓	• All pilot sites have been approached and routine support done as needed.
• Conduct training of trainers program for RxSolution 0	• A district report template has been adopted in Excel and an automated interface developed and tested with SURE pharmaceutical field staff
• Train first group of hospital users in RxSolution 0	• The report on national roll out plan for Rx which include IP strategy is awaiting the decision
• Train MMS to use netbooks and electronic forms ✓✓	
• Prepare desktop computers for five	

hospitals ✓ • Expand use of the web-based support function for RxSolution 0 • Make routine visits to RxSolution pilot sites ✓✓ • Finalize RxSolution indicator manual based on WHO template ✓ • Prepare laptops and netbooks for MMS ✓✓ • Give netbooks to MMS ✓✓ • Finalize rollout plan and categorize hospitals for rollout ✓ • Test manual on data use and test entry of supervision data ✓ • Develop automated reporting forms for all levels to increase use of facility data ✓ • Finalize financial performance assessment tool and corresponding electronic form 0	from eHealth TWG
Sub-result 3.2: Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS	
Roll out MMS/SPARS strategy to implementing partners	
Planned: • Assist IPs to roll out SPARS in non SURE supported districts✓✓ • Implement training of MMS in non SURE supported districts: ✓✓ • Adapt SPARS for MoH technical programs and other medicine management situations within the public and private not-for-profit sectors • Review implementing partner plans and schedule MMS training in partner-supported districts	***Progress:*** • Roll out of SPARS in STAR-EC & STAR-East supported districts • Supported STRIDES to prepare work plan for Kalangala district • Standard SPARS tools shared with PD
Sub-result 3.3: Overall access to EMHS improved through innovative district-level interventions	
Establish accreditation certification system for GPP and GFP	
Institute good pharmacy practices certification	
Planned: • Finalize inspection tools and disseminate readiness performance criteria✓✓ • Agree on inspection details ✓✓ • Pre-test the NDA good pharmacy practices assessment tool and finalize the pass/fail criteria 0 • Recruit an STTA provider to develop a good pharmacy practices community involvement strategy ✓ • Initiate good pharmacy practice	***Progress:*** • Inspection tools were finalized • Inspection process agreed upon • Inspection tool yet to be piloted • SOW of completed and Candidates interviewed recruitment not finalized • GPP inspection not yet started

inspections in the central region 0	
Build Capacity of Storekeeper	
Planned: • Develop a curriculum and training materials for in-service training of storekeepers✓✓	***Progress:*** • Curriculum and Training materials developed