



SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE) PROGRAM

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Quarterly Progress Report

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Securing Ugandans' Right to Essential Medicines
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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. A strong pharmaceutical supply system ensures that Uganda’s population has access to good quality essential medicines and health supplies.

<p>SURE Objectives</p> <hr/> <ul style="list-style-type: none">• 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 the Euro Health Group, Fuel Group/Pharmaceutical Healthcare Distributors-RTT, Makerere University, and the Infectious Disease Institute.

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

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ACRONYMS AND ABBREVIATIONS

ACP	AIDS Control Program
ACT	artemisinin-based combination therapy
ART	antiretroviral therapy
ARVs	antiretrovirals
CDC	US Centers for Disease Control and Prevention
CPHL	Central Public Health Laboratory
DHIS2	district health information management software version-2
DHO	District Health Officer
DSDS	District Supervision Data System
ERS	Enterprise Resource planning (System)
FACTS	financial and commodity tracking system
GPP	good pharmacy practice
JMS	Joint Medical Store
M&E	Monitoring and evaluation
MAUL	Medical Access Uganda Limited
MMS	Medicines Management Supervisors
MoH	Ministry of Health
MSH	Management Sciences for Health
NDA	National Drug Authority
NMCP	National Malaria Control Program
NMS	National Medical Stores
NTLP	National TB and Leprosy Program
PFM	pharmaceutical financial management
PIP	pharmaceutical information portal
PMI	President's Malaria Initiative
PNFP	private not-for-profit
QPPU	Quantification, Planning, and Procurement Unit
SMGL	Saving Mothers Giving Life [initiative]
SPARS	supervision, performance assessment, and recognition strategy
STTA	short term technical assistance
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
VOI	verification of imports
WAOS	web-based ARV ordering system

EXECUTIVE SUMMARY

The 13th quarterly performance monitoring report (Q13) for the Securing Ugandans' Right to Essential Medicines (SURE) Program covers the period October 1 to December 31, 2012. The report presents progress on implementation of the Year 4 program work plan and highlights opportunities for positive change and challenges encountered. Also, the report shows the direction and speed of program implementation by describing how next steps can build on what has been achieved so far.

Q13 was productive and almost all of the program areas experienced good progress, particularly rolling out the web-based antiretroviral (ARV) ordering system (WAOS), strengthening Joint Medical Store (JMS), harmonizing essential medicines and health supplies (EMHS), needs quantification and supply planning, strengthening pre-service training to cover supply chain skills, computerizing and strengthening district information management, and rolling out the supervision, performance assessment, and recognition strategy (SPARS) to achieve national coverage.

The midterm review of the SURE program work plan and strategies, which had been rescheduled to September/October 2012, did not take place.

SURE's progress during the reporting period is summarized below.

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

The development of a simple EMHS financial tracking system coordinated through the Quantification, Planning, and Procurement Unit (QPPU) at Pharmacy Division is expected to progress faster following the authorization by the Director General Health Services to contact development partners and ask them to share EMHS expenditure and budget information starting in January 2013. The mapping of financing data sources and the development of data collection tools was completed in October 2012. The design of these tools and the planned data collection prioritizes areas of special interest to the government of Uganda and its partners, which include program commodities for HIV, tuberculosis (TB), malaria, laboratory services, and reproductive health.

The SURE program sponsored two participants to present a poster at the 2nd Global Symposium on Health Systems Research that reviewed current research, innovative ideas, and strategies for strengthening the field of health systems research under the theme of "inclusion and innovation towards universal health coverage."

SURE piloted a pharmaceutical financial management (PFM) capacity building program during this reporting period and has taken initial steps to implement prioritization of expenditure on vital commodities through the VEN (vital, essential, necessary). Additional information on the PFM is provided under Result 3. We had preliminary discussions with Pharmacy Division on designing the equity study to assess methods of EMHS resource allocation.

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

To harmonize the procurement, distribution, and tracking of US President's Emergency Plan for AIDS Relief (PEPFAR)-funded commodities and optimize the use of limited resources, a strategic decision was made during the PEPFAR country planning activities in consultation with the Ministry of Health (MoH) to rationalize supply-chain management of ARVs, lab commodities, and cotrimoxazole. The rationale being streamlined reporting that is expected to improve services, especially now that the country aspires to significantly scale-up both laboratory service capacity and HIV-related clinical services. Building on work done under ARV supply-chain rationalization, SURE is supporting the Central Public Health Laboratory (CPHL) to effectively manage the process and achieve the MoH's one-facility-one-supplier policy. SURE has drafted a work plan for rationalizing the lab supply chain and discussed stakeholder coordinating mechanisms with CPHL.

During this quarter, SURE sponsored one participant to attend the regional conference on managing TB medicines in Zanzibar that was organized by the Systems for Improved Access to Pharmaceuticals and Services Program in collaboration with the World Health Organization and select Stop TB partners. Uganda's team also included Uganda's TB Program Manager and USAID representatives. The conference presented a good opportunity to the team to network with other TB stakeholders in the region.

SURE continues to collaborate with the National Medical Stores (NMS), JMS, Global Fund to Fight AIDS, Tuberculosis and Malaria, the QPPU, and technical programs to support the production of the MoH's bi-monthly stock status report.

In November 2012, Pharmacy Division and SURE held a one-day strategic meeting to discuss the SURE Year-4 work plan. The shared understanding of priorities strengthens the quality of collaboration and the program's chances to deliver planned activities before the end of the program. The collaboration with Pharmacy division continues to be a strong and conducive collaboration which is most critical for the success of SURE.

Uganda's clinical guidelines were finalized and printed in Q13 and a launch strategy was developed. Preparations are ongoing for the national launch scheduled for January 2013.

SURE's support to JMS progressed significantly during the quarter. For example, the vendor to implement a new Enterprise Resource planning (System) (ERP) system was chosen, and implementation will begin by mid-January. SURE supported the employment of a MIS expert to be seconded to JMS to facilitate the information system transition. SURE has supported the design and preparation for piloting the third party door-to-door distribution of EMHS at JMS, which is expected to start next quarter.

Collection and analysis of performance monitoring indicators for JMS was completed, and SURE will discuss interventions to strengthen some areas with JMS in the coming quarter.

SURE in collaboration with Pharmacy Division and JMS started assessing cold chain capacity and supply system bottlenecks during this quarter, an assessment that will be finalized in the coming quarter.

No progress was made with NMS as the signing of the Memorandum of Understanding between NMS and SURE and the sharing of the NMS business plan is still awaited. The MoU

with NMS has still not been signed. However, some capacity building and support to NMS has been agreed and implemented this quarter.

SURE is also supporting the MoH to create a health commodities universal codification system. The discussion with the Pharmacy Division leadership has been productive, and we gathered experiences from other national systems to inform the design of the Uganda system. SURE is now helping the MoH draft guidelines to create and manage this system that will be used to engage key stakeholders to come to consensus on the concept.

Weekly meetings with the MoH Pharmacy Division have continued, which provide program accountability to the MoH but also a forum to resolve challenges, answer questions, and solicit opinions for new ideas in the SURE program. Support to the Pharmacy Division has also included the recruitment of a new candidate to fill the position of Pharmaceutical Monitoring and Evaluation (M&E) Expert who will establish systems to manage information from various partners and periodically prepare sector performance reports and provide overall coordination of the national SPARS.

The contract for developing the District Supervision Data System (DSDS) was signed and a team from Technobrain (U) Ltd. was dispatched to develop the system requirements specification. Several interviews with district and central stakeholders were done. The system requirements specification was delivered and an MoH and SURE team is reviewing it. The final version is expected to be ready end of January.

SURE, in collaboration with National Drug Authorities and Pharmacy Division, will work with an advertising agency to develop and implement an outreach and communication strategy to involve communities in the recognition of and demand for good pharmacy practice (GPP) accreditation at their health facilities. The tendering process for selecting the advertising agency was completed in this quarter along with the draft Information, Education and communication strategy.

The commissioning of the verification of imports (VOI) system and the continuity of information technology systems support at NDA is severely hampered by staff attrition and the inability of the NDA management to recruit new staff without the NDA board's approval.

The eHealth Technical Working Group has not received any communication about the status of the government's information and communication technology initiatives moratorium.

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

During the first quarter of project year 4, SURE trained all 147 medicines management supervisors (MMS) a second time in how to use computers, and selected MMS were trained a third time to catch up with the rest. At the end of the quarter, SURE got approval to use the offline computer training tool called GCFLearn (www.gcflearn.org). The tool was tested at the last of 13 trainings with great success and positive feedback from the MMS attending.

At the end of November, SURE held 1 training session with 26 staff members from 9 hospitals on how to use the stock management software, RxSolution. We managed to get the computers installed at the nine hospitals before the end of December. SURE has prepared a set of initially 20 RxBoxes to be given to PD for use in none SURE supported districts and by selected implementing partners and stakeholders.

Following a reorganization in SURE whereby a highly skilled SPARS and M&E trained pharmacist was tasked to coordinate and facilitate the SPARS roll out in none-SURE supported districts, much progress has been seen and SPARS is now being rolled out in 28 more districts supported by Implementing Partners.

The stores condition assessment report has been discussed with Pharmacy Division and will be presented to stakeholders next quarter. Following a successful tender negotiation process, a purchase order for 2,645 high-quality shelves sufficient for 3,800 square meters of storage space was issued and delivery is expected next quarter. Up to 1,200 health facilities in 45 districts will receive shelves depending on the store size and the allocation formula.

While the SURE Program is making progress, remaining challenges include:

- A 14-month delay to authorize the implementation of pharmaceutical information portal (PIP) and RxSolution.
- Resource constraints among implementing partners to roll out WAOS and SPARS and inadequate capacity to manage facility performance monitoring data in implementing partner-supported districts.
- Implementation of financial tracking systems especially at central level has been severely constrained by difficulties in accessing financial and to some extent also commodity information. Though many attempts, using different venues, was made by SURE, strongly supported by the Pharmacy Division and the MOH, it might not be possible to success in this planned activity and obtain the necessary information from all key stakeholder.

The table below summarizes SURE’s primary outputs this quarter.

SURE Program Key Outputs Q13

Result 1: Improved policy, legal, and regulatory framework to provide for longer-term stability and public sector health commodities sustainability
<i>1.1 Government of Uganda demonstrated commitment to improving health commodities Financing</i>
Development of Financial and Commodities Tracking System (FACTS) and Resource Utilization assessment
<ul style="list-style-type: none"> • FACTS implementation reviewed, data sources mapped and data collection tools developed • Aggregate government EMHS budget data collected • Partial partner EMHS financing data collected: USAID, World Bank • DGHS has formally requested partners’ EMHS expenditure and budget data.
<i>1.2 Legal, regulatory, and Policy framework revised to promote cost-effective, efficient, equitable, appropriate use of available funds and health commodities</i>
Implement Policy Option Analysis recommendations and MOU
<ul style="list-style-type: none"> • Terms Of Reference for SURE Program Steering Committee at Pharmacy Division awaiting MoH to establish the Committee
Result 2: Improved capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities

2.1 Improved capacity at NMS to procure, store and distribute nation's EMHS

Strengthen NMS efficiency and effectiveness

- NMS staff invited to attend training in Quantimed and Pipeline system and NMS attended training in the use of the Web-based ordering system
 - collaboration in the development of the Stock Status Report and the QPP unit
-

2.2 Improved capacity of MoH program managers and technical staff to plan and monitor national essential medicines and health supplies

Support MoH technical programs in commodity management

AIDS Control Program (ACP)

- WAOS upgrade and enhancements completed
 - WAOS training of trainers completed (implementing partners, Regional Pharmacists, MoH)
 - Districts and antiretroviral therapy (ART) sites mapped to parent implementing partner
 - Central store WAOS users oriented
 - WAOS performance indicators developed, new ACP staff recruited
 - Communication plan for supply chain rationalization of ARVs drafted
 - Periodic meetings held with ACP
-

National TB and Leprosy Program (NTLP)

- Development of allocation of TB medicines to facilities supported
 - Clearing of medicines under Global Drug Facility supported and coordinated
 - Preliminary partners' meeting held to revise supervision tools with SURE as lead for logistics
 - Periodic meetings held with NTLP
-

CPHL/lab commodity management

- National laboratory assessment report finalized and presented at stakeholder meeting
 - CPHL M&E framework developed, indicators discussed and agreed on
 - Proposals for lab supply chain rationalization developed and shared with CPHL/Aids Control Program (ACP)
 - Lab needs quantified
 - Consensus achieved on adaption of SPARS model in SLAMTA implementation
 - Detailed work plan for SURE support drafted
-

National Malaria Control Program (NMCP)

- Quality of private not-for-profit (PNFP) facility orders assessed
 - PNFP SPARS Implementation plan discussed with TASO, Medical Bureaus, JMS
 - Bimonthly reports on management of President's Malaria Initiative (PMI) developed and pooled malaria items at JMS
 - Periodic meetings with the NMCP team held
-

Other Streamlining efforts

- initial meetings for for streamlining coding initiated with Pharmacy Division and JMS
-

Support and strengthen the Pharmacy Division

- Weekly meetings held with Pharmacy Division
 - TWG meetings attended and strengthened
 - Supervisory visits for Pharmacy Division supported
 - Pharmacy Division staff, regional pharmacist and general pharmacists taking part of SURE support training activities
 - Sponsored the Principle Pharmacist to attend the Health Systems Research conference in Beijing
 - Seconded a new M&E/SPARS expert and continued seconding QPP unit and logtics secondments
-

Support QPP in MoH

- Advanced quantification methodologies course implemented successfully
- Quantimed and Pipeline training completed
- Bimonthly Stock Status Report (SSR) improved, timely and discussed with technical programs, NMS, Medical Access Uganda Limited (MAUL), JMS
- Quantification of needs and supply planning completed for ARVs, cotrimoxazole, and reproductive health, and lab commodities

Support and strengthen NDA

- GPP certification pilot report drafted and discussion about certification criteria and groups initiated
- Costing study followed up with support from health finance short-term technical assistance (STTA)
- VOI system installed on a temporary server
- Contract of information technology support secondment Extended and systems administrator secondment reallocated from MoH Resource Center to NDA
- NDA supported in entering backlog of data into the VOI system
- Systems administrator began training in blade server technology

Support implementation of Pre-service training program for health workers

- Targeted number of trained tutors achieved earlier than planned
- Ministry of Education recommended inclusion of pharmaceutical management skills in curricula review for all health workers
- Training materials produced in soft copy

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

Uganda Medicines Therapeutic Advisory Committee (UMTAC)

- Uganda clinical guidelines finished and printed

Support to PNFP including JMS

- Design and preparation completed for JMS pilot distribution of EMHS
- Procurement process completed for acquisition of a vendor to implement a new ERP for JMS with frame agreement signed
- Procurement process of information technology equipment to support implementation of JMS's ERP started
- Data collection and analysis of JMS' key performance indicators completed
- Design of a universal codification system started
- Assessment of the national cold chain system for health commodities started

Result 3: improved 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

Develop and Implement district/facility level support package

- 44 MMS trained
- EMHS manual distributed
- PFM training material and manual piloted,

Implementation supervision, performance, and recognition strategy (SPARS)

- Coordination meetings in 15 districts held
- Five regional District Health Office/MMS meetings held
- Participated in District Operation Plans and Saving Mothers Giving Life
- MMS supervised 567 facilities
- Supply shelves purchased for 1,200 health facilities
- Stores condition assessment report completed, to be disseminated by the Pharmacy Division

Implement new district communication and information technology/computerisation (netbook/RxSolution)

- 147 MMS trained in computers
- GCFLearn tested offline and found appropriate for future use

- 550 USB sticks procured to expand GCFLearn usage
 - 26 hospitals staff members trained in use of computerized stock management
 - 9 PNFP hospitals equipped with computer systems
-

PIP/DSDS

- PIP architecture and vision presented to the eHealth consultant
 - Development of the DSDS started; the first step is the systems requirements definition, which is now under review by MoH and SURE.
-

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

Roll out SPARS to implementing partners

- Number of non-SURE districts with SPARS increased to 28
 - 37 MMS from non-SURE districts and 4 implementing partner logistics advisors underwent MMS training
 - Six implementing partners trained in use of the Adobe system for SPARS data management
 - EMHS manuals distributed to health facilities in non-SURE districts
-

Build capacity in Stores keepers

- last 21 stores keepers trained in SURE supported districts as planned
-

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

Initiate GPP certification

- Project Specialist hired to support implementation of GPP certification
 - Public relations company identified and communication and outreach plan for informing population of GPP certification finished
-

TECHNICAL RESULT AREAS AND ACTIVITIES

This section discusses the status of activity implementation under the three result areas.

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 demonstrated commitment to improving health commodities financing

Development of FACTS and resource utilization assessment

In this reporting period, the program set out to support the MoH to manually collect development partners' and public sector medicines and health supplies financing data. There was some progress made when the Director General Health Services (DGHS) authorized the data collection tools and proposed communications to partners in December 2012.

Also, SURE offered to support the MoH through the Divisions of Budget & Finance to organize a strategic retreat for key government players and partners to assess and share information on public sector medicines financing in Uganda. The retreat was intended to determine how stakeholders will interact to share information needed to operate FACTS. Unfortunately, this activity did not attract the needed support and was eventually cancelled. As a result, there is no overview of available EMHS resources to date, and the MoH has limited capacity to effectively monitor EMHS funding, expenditure, and funding gaps. EMHS funding data is critical to forecasting and planning for national EMHS needs coordinated through the QPPU.

The above notwithstanding, the Pharmacy Division was authorized to approach partners and ask them to share EMHS expenditure and budget information beginning January 2013. Mapping of financing data sources and the development of data collection tools was completed in October 2012. The design of these tools and planned data collection will prioritize areas of special interest to the government and its partners, including program commodities for HIV, TB, malaria, laboratory services and reproductive health. The SURE program will support this activity, including analyzing data to demonstrate what benefits the MoH would experience from establishing a financial tracking system.

On the other hand, the program set out to address the severe inequities that exist in the allocation of funds for essential medicines, but made no progress because the international expert withdrew his name from the team during the reporting period. A new expert is being recruited to support the equity assessment and develop recommendations that aim to reduce wastage and stock-outs and increase availability of EMHS.

Additionally, SURE sponsored two participants to attend the 2nd Global Symposium on Health Systems Research that reviewed current research, innovative ideas, and strategies for strengthening the field of health systems research under the theme of "inclusion and innovation

towards universal health coverage.” In particular, the symposium discussed how health systems research can be strengthened to provide evidence for improved policy and action particularly towards universal health coverage and equity in service delivery. The participants from Uganda (Mr. Morries Seru from Pharmacy Division and David Bagonza from the SURE program) presented a poster, “Effectiveness of a kit supply system to scale up priority healthcare interventions towards universal health coverage: A case for maternal and child health services in Uganda.”

Next steps

- Use DGHS authorization to collect partner EMHS expenditure and budget data
- Analyze EMHS financing data and share results
- Recruit an STTA provider to develop and initiate the equity study

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

Implement Policy Option Analysis recommendations signature of memorandum of understanding (MOU)

Having signed the memorandum of understanding between the MoH and SURE in May 2012, the priority in Year 4 was to establish a SURE program steering committee. No progress was made, but various forums exist to interact with departments and MoH management as well as with key stakeholders. While the absence of this committee has not hindered program implementation, SURE continues to follow-up with MoH on the need for this committee to formally guide implementation, review progress, strengthen ownership, and address bottlenecks with representatives from MoH, Pharmacy Division, USAID, and SURE.

Next step

- Follow-up on the establishment of the 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 nation's EMHS

Strengthen NMS efficiency and effectiveness

The NMS has not requested direct support from SURE and the memorandum of understanding to govern such collaboration has not been authorized. Instead, SURE continues its collaboration with NMS by inviting staff to take part in training in quantification and procurement planning

such as in Quantimed, Pipeline, advanced quantification methodologies, and web-based ARV ordering. NMS has participated in the WAOS training only. Also, SURE continues to support the integration of TB commodities supply with management of other EMHS at NMS. The WAOS is key to the implementation of the one-supplier one-facility concept for ARVs intended to eliminate multiple supply channels for ARVs.

In view of the limited time available to implement the SURE program, the opportunity to plan new activities may have expired for NMS. Collaboration shall continue on ongoing activities implemented through other MoH departments.

Next step

- Continue collaboration on WAOS, integration of TB supplies with EMHS, supply chain rationalization of ARVs and lab commodities, national stock status monitoring, and quantification of EMHS needs.

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

To ensure sufficient technical program support, and to fully utilize the favorable conditions and political will that now exist to rationalize and harmonize supply chain management for all technical programs, an international Health System Strengthening expert was recruited during the reporting period and the overall team expanded to include more seconded staff. The current support structure consists of six Logistics program staff supported by a Logistics Coordinator who provide project-specific support to the MoH technical programs: ACP, NTLP, NMCP, and the M&E Advisor for CPHL.

Support the AIDS Control Program (ACP)

The roll-out of the web-based ARV ordering and reporting system, support of ARV supply-chain rationalization (one-facility-one-supplier), and program management support were the focus of SURE's support to ACP this quarter. Additionally, the ACP team works closely with the QPPU to support a number of needs including quantification, procurement planning, and financial tracking activities.

Web-based ARV ordering and reporting system: In the previous quarter, five regional training-of- trainers sessions for implementing partners and regional pharmacists were done and additional system requirements and enhancements were completed by a consultant. The system was updated to include an integrated ARV and prevention of mother-to-child transmission (PMTCT) order form, reports that are more descriptive including user contacts for ease of follow-up, and more validation rules to enhance accuracy and completeness of data.

Following the system enhancements, DHIS2 ARV user manual was revised to reflect all the new system changes. The manual has now been sent for printing and will be distributed in the next

quarter. To further support the ordering system's use, an integrated ART and PMTCT dispensing log has been developed that will be printed and disseminated in the next quarter.

Successful implementation of the new ordering system for ARVs requires full ownership and buy-in by key stakeholders. To achieve this, five one-day regional district health office (DHO) stakeholders' workshops were conducted in October. The purpose of these meetings was to inform DHOs of the new web-based ARV ordering system (WAOS), communicate the new development in supply chain rationalization and communicate and clarify the roles of the DHOs in view of the WAOS, option B+, and supply chain rationalization.

Implementing partners and regional pharmacists were trained as trainers of WAOS; they are required to cascade the training to all DHOs and facilities with computers and Internet connectivity. SURE checked training progress by implementing partners this quarter. So far, over 60% of the partners have conducted trainings for 157 persons. SURE is following up on implementing partners that have not conducted trainings with trainings planned for January 2013. A training budget for regional pharmacists to facilitate training in non-partner supported districts has been drafted, and the trainings have been scheduled in the next quarter. In addition, meetings with the central medical warehouses were conducted to update them on system enhancements.

The official launch of the WAOS was intended for November 2012, but was delayed by the time needed to set up users in the system by the MoH Resource Centre. ACP sent official communication to the Resource Center to speed up this process. SURE developed a detailed monitoring plan of the WAOS.

There have been some challenges in the WAOS roll out by implementing partners, largely because the partners could not pay the cost of trainings as originally planned. Most had to wait for the next budget period starting October 2012 to start the trainings. Also, the delay to approve user rights by the MoH Resource Center slowed progress.

Rationalize ARV supply chains: One of the existing challenges in HIV/AIDS logistics is that more than one supplier provides commodities to one facility. Until September 2012, implementing partners provided buffer stocks to facilities. A one-supplier-one-facility policy was officially initiated in October 2012. Under this system, accredited health facilities have been segmented to receive their ARVs from NMS or JMS or MAUL and a "parent" support system has been established linking all facilities to a supporting Implementing Partner and/or regional pharmacists. This development enabled SURE to support improvements in the WAOS that lock a health facility into one approved supplier. Facilities were also grouped in their respective delivery zones within the WAOS. Facilities have begun to implement the system, and SURE recruited staff to help ACP manage and monitor the rationalization process.

Rollout the Option B+: This was initiated in the previous quarter and technical assistance has been provided to track the uptake and pipeline of Option B+ medicines. Following rollout of Option B+ to the Phase 1 sites in the central region, SURE assessed the implementation and held a stakeholder's workshop to inform rollout to Phase 2 sites. Feedback from this December 2012

meeting required a need to update the PMTCT quantification to factor in additional commodities. This update will take place next quarter.

Next steps

- Support and follow-up implementing partners' rollout and use of WAOS through the SURE ACP secondment
- Print revised ART dispensing logs for the SURE-supported districts and all PNFP facilities
- Support regional pharmacists to conduct training of facilities without implementing partner support
- Monitor implementation of the WAOS through the SURE logistics secondment to the ACP
- Guide targeted supervision of facilities by implementing partners and regional pharmacists
- Support and monitor the rollout of HIV commodities supply chain rationalization (one facility-one supplier)
- Quantify Option B+ medicines

Support the TB program

As part of NTLP's revision of its strategic and operational plans, the SURE program supported the finalization of the strategic plan to ensure that important elements for pharmaceutical supply chain management were factored in. The operational plan is in its final stages pending partner commitments to areas of support to the NTLP. The revisions will ensure maximization of resources and partner collaboration for better TB management. They also pave the way for innovative approaches to supply chain management in light of the transition from vertical supply—continuous performance improvement strategies are a key objective of the program and should give opportunity to MoH, SURE, and NMS to restructure support to and collaboration with the program. During this quarter, emphasis was placed on supporting NMS to coordinate clearance of first- and second-line TB medicines and related supplies from Global Fund procurements. Most of these supplies are currently in country, which averts the looming stock-outs the country faced.

SURE sponsored one participant to attend the regional conference on management of TB medicines in Zanzibar that was organized by the Systems for Improved Access to Pharmaceuticals and Services Program in collaboration with the World Health Organization and select Stop TB partners. Uganda's team also included the TB program manager and USAID representatives. The program manager's presentation highlighted the progress in supply chain functions as well as the critical challenges. The outcome of the conference was for participants to draft an activity plan to resolve challenges and chart a way forward for strengthening supply chain functions.

The SURE program collaborated with the TB CARE I project to develop training materials for supply chain functions to incorporate into the curriculum for health workers in the Kampala zone. Efforts like these strengthen implementing partner presence in supply chain management, which in turn, allows the TB program to receive reliable information on facilities countrywide through partner feedback reports and discussions.

As part of a strengthened TB/HIV collaboration, the SURE program was asked to develop a reporting mechanism for the National Coordination Committee to provide updates on the supply chain situation of medicines for ART and TB programs. This reporting mechanism will act as an early warning system to the committee so they can develop remedies to avoid shortages or interrupted supply. This is a new initiative that we hope can span the essential medicines supply chain system. Quantification for isoniazid preventive treatment (IPT) is another activity was initiated in November that is due for completion by the end of January 2013. The activity is jointly led by the ACP and the NTLP with technical support from the QPPU.

Next steps

- Develop M&E to track supply chain management performance at all levels
- Redefine the roles of the district; develop a continuous performance improvement strategy (TB-SPARS)
- Hold periodic meetings
- Support INH quantification with the QPPU
- Revise the quantification to factor in use of regional hospitals
- Phase out plan for EH
- Increase NMS role to coordinate communication with district supervisors
- Letter accepting mission from Global Drug Facility
- Discuss the split of distribution roles between NMS and JMS

Support and strengthen lab commodity management (CPHL)

A draft M&E plan for the CPHL has been developed that details monitoring indicators and how they will be measured with a special focus on lab logistics. To strengthen supervision and build capacity at facility level, SURE held preliminary discussions with CPHL to build on previous work and adapt the supervision performance assessment and recognition (SPARS) model to lab commodity and services management. Currently, CPHL is implementing Strengthening Laboratory Management toward Accreditation in selected hospitals. The adaptation of SPARS for the laboratory will be based on accreditation requirements; a number of activities are scheduled to start next quarter.

The STTA team delivered the final report of the lab logistics systems assessment, and SURE organized a stakeholder's workshop to discuss the priority problems and what can be done to solve them in a short and long-term. The assessment collected baseline information on laboratory information management systems, and those findings have been included in the comprehensive laboratory assessment report.

During this reporting period, the SURE program collaborated with Infectious Diseases Institute and CPHL to review the CPHL M&E framework for laboratory services covering the 14 thematic areas of laboratory services performance monitoring prescribed under Strengthening Laboratory Management toward Accreditation.

During the quarter, CPHL responded to SURE's recommendation to develop lab tracer items. These items have been included in the national stock status report as well as facility level indicators on availability of lab commodities.

Until September 31, 2012 the procurement of PEPFAR-supported HIV-related laboratory commodities was managed solely by NMS under a cooperative agreement with the US Centers for Disease Control and Prevention (CDC). Previously, PEPFAR implementing partners were procuring buffer stocks to supplement the NMS credit line system. As a result, there were multiple supply sources for lab commodities serving the public and PNFP sector. In addition to wastage and unpredictable supply flow, the parallel supply systems undermined efforts to develop the national supply system.

To harmonize the procurement, distribution, and tracking of MoH/PEPFAR-supported commodities and to optimize the use of limited resources, a strategic decision was made during the PEPFAR country planning activities in consultation with MoH to consolidate the buffer procurement and share the responsibility of lab commodity procurement between NMS, Supply Chain Management System project, and MAUL by January 2013. The rationale was to streamline reporting under a harmonized ordering and delivery system to improve lab services—especially important given plans to significantly scale up both laboratory service capacity (hubs) and HIV-related clinical services. Building on work done under ARV supply-chain rationalization, SURE is supporting CPHL to ensure the achievement of the one-facility-one-supplier policy. SURE developed a work plan for lab supply chain rationalization and discussed with CPHL. The resources needed to implement this plan have to be identified and coordinating mechanisms agreed on, including the establishment of a lab task force to manage key issues related to the rationalization effort. CPHL, with SURE support, drafted a briefing note on lab supply rationalization for the DGHS and MoH senior management.

Challenges in supporting CPHL have included the delay in finalizing the lab assessment report and the changes in funding mechanisms for lab supplies that triggered the new supply chain rationalization activities.

Next steps

- Develop and implement lab SPARS
- Hold stakeholders meeting on lab SPARS
- Select mentors for lab SPARS
- Coordinate the training programs for national trainers and facility mentors
- Rollout the core activities for lab SPARS
- Revise and implement the M&E framework to include SPARS indicators
- Support lab supply chain rationalization
- Support lab commodity needs quantification
- Finalize detailed implementation plan for SURE support to CPHL including the need for further secondments

Support the Malaria Control Program and the PNFP sector

During the quarter, SURE supported a review of six months' worth of PNFP malaria commodities orders. Findings indicated that only 53% of the facilities had placed at least one order in six months. This uptake level of donated ACTs is very low considering that health

facilities are required to request new supplies every two months. The report has been discussed, and short-term and long-term remedial actions to increase demand agreed on. In the short term, all facilities that do not place new orders in the previous six months will receive a phone call. Also, SURE will provide field-based support to PNFP facilities in collaboration with JMS during their periodic support supervision. In the long term, development and rollout of PNFP SPARS and the establishment of door-to-door delivery capacity at JMS will address the most severe problems.

SURE continues to monitor and report the stock situation of malaria commodities funded through PMI, DFID, and Global Fund at JMS. A risk of pediatric ACT formulations expiring at JMS was averted by trading stock with NMS where uptake is significantly higher. Bimonthly PNFP stock status reports have greatly been improved and are shared widely.

SURE staff participated in the NMCP partners' meeting where SURE support to the program was included into the work plan.

Next steps

- Review quality of the PNFP malaria orders periodically
- Train Diocesan coordinators for PNFP SPARS
- Analyze and share SPARS data specific to NMCP
- Support management of Presidential Malaria Initiative (pooled stock) commodity management at JMS including bimonthly reports
- Hold monthly meetings
- Track and monitor funding trends and gaps for program commodities
- Harmonize ordering for malaria commodities by government and PNFPs

Other harmonization efforts

During the quarter, SURE initiated stakeholder meetings to assist in streamlining coding of EMHS, important not only for the implementation of "one supplier - one facility" but also related to computerization and electronic ordering.

Next steps

- Develop coding system proposal and assist in consensus building

Support and Strengthen the Pharmacy Division

The newly employed Pharmaceutical M&E Advisor resigned to take up a WHO employment, but the appointment of a replacement was expedited and the advisor is expected to report in January. SURE and MoH Pharmacy Division weekly meetings have continued with participation from the CPHL, the reproductive health program, and the CDC. These meetings are intended to strengthen coordination and information exchange. In addition, Pharmacy Division and SURE held a one-day strategic meeting to discuss SURE's Year 4 work plan. The shared understanding of priorities strengthens the quality of collaboration and the programs chances to deliver planned activities. To facilitate continuous improvement and build capacity, SURE supported Pharmacy

Division staff visits to districts and health facilities to recommend actions for SURE and stakeholders to improve effectiveness of program activities.

Next steps

- Continue supporting Pharmacy Division quarterly visits to districts and health facilities
- Continue weekly coordination meetings
- Support regional Pharmacists/IP meeting in January
- Deploy new M&E Advisor

Support the Quantification and Procurement Planning in MoH

The QPPU is attracting an increasing number of requests to support EMHS quantification tasks of different scope. It has established itself as an effective central hub for coordinating EMHS needs, and information on financing, quantification, procurement planning, and commodity availability for medicines and laboratory and health supplies. In view of the growing volume and complexity of tasks, the QPPU has created a quantification calendar to make sure that country needs are determined in time to feed into the MoH and partner budgeting processes.

Capacity building in advanced quantification methodologies—Quantimed and Pipeline. During the quarter, the QPPU undertook three capacity-building activities in advanced EMHS quantification methodologies, including the use of the electronic tools, Quantimed and Pipeline. The purpose of the training was to improve knowledge and skills of key logistics staff from Pharmacy Division, QPPU, technical programs, JMS, MAUL, The AIDS Support Organisation (TASO)/Global Fund, and other national level staff involved in needs forecasting. In total, 25 staff attended the training programs which presented a great opportunity for networking and creating stronger collaboration for future procurements. They are already using the new knowledge and skills to improve tools and approaches to EMHS forecasting.

Comprehensive stock status report: Through the QPPU, and with SURE support, the MoH's bimonthly stock status report continued to be used to support timely decision making to prevent stock-out and expiry of key program commodities. The stock status report of November 1, 2012 was compiled and discussed by the MoH Technical Working Group and the Health Policy Advisory Committee and shared widely with stakeholders. As a result, decisions regarding stock management and control at the central warehouses were made, including trading stock between warehouses and analyzing supply gaps to mobilize funds from development partners. Improvements to the report during this period included expansion to cover pipeline monitoring for the next six months (up from three) and the addition of vaccines and indicator lab commodities. Future improvements were also agreed upon.

Support development of forecasting and supply planning: The QPPU continued its role of coordinating information from the Pharmacy Division, MoH programs, and development partners to forecast and review requirements of medicines and health supplies, including participation in development of procurement and supply management plans for Global Fund grants. For example, the unit supported the Global Fund Principal Recipient (TASO) to quantify and develop supply plans for ARVs (Global Fund Round 7 Phase 2) and ACTs (Global Fund

Round 10 Phase 1). In addition, QPPU coordinated the forecasting and supply planning for reproductive health commodities for both the private and public sectors. Other activities included quantifying laboratory supply requirements for Joint Clinical Research Centre and implementing partners, carrying out supply planning for PMTCT Option B+ phase 2 commodities, developing a national supply plan for condoms, and reviewing assumptions in preparation for the national laboratory quantification exercise.

Challenges to the QPPU this quarter include the timely access to stock data from some warehouses, access to consumption data from the MoH Resource Center, limited use of the stock status report, and the lack of data to support accurate quantification of needs.

Next steps

- Continue production of bimonthly stock status report
- Improve stock status report graphics and supplement it with health facility stock status for selected items
- Support the national disease control programs with procurement and supply management plans for Global Fund grants
- Support quantification and supply planning activities as per the quantification calendar

Support and strengthen NDA

Support to NDA during Q13 was characterized by very irregular NDA/SURE work plan meetings. Prior to this quarter, the most recent meeting had been on August 20, and the following meeting was held on December 11. The irregular meetings resulted in delayed implementation of planned activities; for example, the assessment report of Minilab and TruScan equipment was not started as planned.

SURE's primary support this quarter comprised activities that could be continued without a lot of NDA participation. One activity was the study of the prevalence of dispensing doctors and prescribing pharmacists that Makerere University master degree students conducted. Under Ugandan law, dispensing doctors and prescribing pharmacists are not allowed. The law was established to protect patients, who may be compromised when financial considerations compromise patients' safety. The outcomes of the studies will inform NDA, MoH, and other stakeholders on a strategy to either enforce or change the law. The students have used this quarter to perfect the study design and both students received practical training in routine data collection.

NDA funds their activities through fees for services, such as licensing and inspections. A costing study was undertaken by a health economist in Q11 to inform fee structure changes. These changes will help NDA operate from a healthier financial position. Although NDA approved the report six months ago, in this quarter, management expressed concerns that the report did not include necessary information about the time/cost spent on different NDA services. NDA needs this additional information to increase efficiency, thereby retaining the same fee structure for some services while increasing revenue. A meeting was held between NDA's finance

department, SURE, and a SURE-funded health economist consultant. The new consultant expressed concern over the results from the first report and worked with NDA to teach them how to collect data to inform themselves about the different processes involved in each service available.

The replacement of the Information Technology Systems Administrator is still pending approval from the board. The report presenting the options for support of the technology systems (outsourced/ in-house/a mix of both) has not yet been presented to the NDA board. This and the discontinuation of the SURE full time seconded information technology support officer at the end of January poses a serious risk to the continuity NDA's information technology systems.

SURE provided two data clerks to enter the backlog of data into the VOI system, which occurred because of staff attrition at NDA. To facilitate the installation of the VOI system on the dedicated server, SURE's seconded systems administrator attended one course at Hewlett Packard in Kenya. The preparation of the server room will not be supported by SURE and needs to be finalized by NDA before the server is installed. The second (and last) training is therefore pending, awaiting the progress with the preparation of the server room. Handing over of the server and continued IT support was made conditional of the NDA finalizing the server room.

Next steps

- Collect data for Dispensing Doctors/Prescribing Pharmacists assessment
- Develop and start implementation of wholesaler strategy
- Follow-up with NDA on server room preparation
- Help launch the VOI system
- Connect the other stations to the Virtual Private Network

Support development of pre-service training program for health workers

In Q13, the minimum skills package for the different health worker cadres was developed. SURE will disseminate the document to all institutions that have had trained tutors. EMHS manuals were disseminated during training-of-trainer sessions. Sixteen more tutors were trained, bringing the total number trained to 60 from 34 institutions. The total number of health training institutions is about 120. This leaves a large number of institutions not covered; an additional 40 tutors, one per institution, would raise that coverage to above 50% of all institutions.

Two contracts with Makerere expired, with final reports submitted on advocacy and training of trainers. The additional training for 40 schools will be implemented through individual contracts. The third contract with Makerere on supply chain management training was extended during Q13, to May 31, 2013, due to implementing partners' slow uptake of SPARS.

Makerere also developed an assessment tool together with the baseline report to enable monitoring of the pre-service training program. However, the report and tool are yet to be discussed and approved by SURE.

An important achievement that was an outcome of the advocacy strategy was the recommendation by the Ministry of education to include pharmaceutical training in the curriculum of all health workers.

Next steps

- Finalize publication of minimum skills package for launch and distribution
- Draft contracts for additional training for 40 tutors from 40 institutions
- Finalize the assessment tool and design a strategy for monitoring pre-service training

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

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

Uganda Medicines Therapeutic Advisory Committee (UMTAC)

UMTAC is an MoH committee responsible for improving rational use of medicine. SURE supports UMTAC with two staff members in the secretariat. Meetings are irregular, so SURE's support to rational use of medicine is mostly through working with the UMTAC secretariat.

Launch of the Essential Medicines and Health Supplies List for Uganda 2012 and Uganda Clinical Guidelines 2012 were planned for launch in this quarter. Because a review of the clinical guidelines showed that information on doses and specific medicines was missing and the document was not very reader-friendly, the publication was delayed. Another clinical consultant added the missing information, while SURE staff and a layout editor worked extensively on improving the quality of the document. During the quarter, SURE planned the strategy for launching the guidelines and list. The national launch is planned for January, while subsequent regional launches will take place during SURE district meetings with stakeholders in SURE-supported districts..

SURE also started developing plans for a rational use of medicine course. Existing material was identified and will be reviewed in the coming quarter together with articles describing successful interventions for changing irrational use of medicine.

Next steps

- Launch the Essential Medicines and Health Supplies List for Uganda 2012 and Uganda Clinical Guidelines 2012 nationally
- Plan regional launches
- Continue developing a rational use of medicine training course
- Sponsor participation in international rational use of medicine course by UMTAC secretariat members
- Start work on VEN implementation

Support to PNFP including JMS

SURE continued to support JMS to improve efficiency, but also to explore ways to expand its capacity to better serve private sector clients. SURE funded an STTA provider to finalize the design and preparation of a pilot for distributing EMHS to selected JMS routes. The pilot will be implemented in the coming quarter after agreement is reached on the pricing structure for clients. SURE also helped JMS organize site visits that informed the selection of the vendor to implement the ERP. Preparations for ERP implementation included completion of vendor selection, contract signing, and development of the environment. The ERP development was start in mid-January 2013. Launch is still on schedule despite a month delay and the launch date remains July 1. The procurement process for equipment to support the ERP implementation also began in this quarter and will be concluded in the coming quarter. To facilitate and ensure timely implementation of the ERP, SURE seconded an IT/System expert to JMS.

SURE helped JMS build an M&E framework for monitoring interventions and develop indicators for measuring system change interventions in warehousing, procurement, management information systems, sales, and distribution. Agreement on these indicators will be concluded in the coming quarter. SURE has supported JMS's collection of baseline data on warehouse performance to inform the evaluation of the effectiveness of several future interventions and technical assistance.

SURE discussed possible collaboration with MAUL and agreed on areas of technical assistance required. A collaboration agreement will be signed in the coming quarter. To kick off the support, SURE will carry out a business process review.

Next steps

- Support vendor's implementation of JMS's new ERP
- Support procurement of information technology equipment for the ERP
- Complete indicators to measure outcomes of technical support to JMS and introduction of the new ERP
- Pilot distribution of EMHS in two of JMS' distribution routes
- Finalize the design of the national codification system
- Provide STTA for a business process review for MAUL

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

Makerere University trained 57 persons in two training sessions as part of an ongoing contract with the SURE program. The participants included new SURE staff members, MMS from non-

SURE districts, and replacement MMS from SURE districts. The training program will prepare MMS from partner-supported districts to start SPARS in the districts they support. Next quarter more MMS will be trained as more partners come on board with SPARS.

This quarter, SURE finalized the PFM manual and developed trainer and trainee guides for the five- day training program. Both the manual and the training materials were piloted in two training sessions with participants, including regional pharmacists, university lecturers from pharmacy departments, and selected district MMS. SURE used participant feedback to revise the materials and rollout of the training will start next quarter. PFM will be implemented in selected hospitals and Health Center (HC) IVs using on-the-job mentoring and coaching based on the SPARS model. Next quarter, the PFM assessment tool will be piloted, finalized, and disseminated for routine use by the district MMS. Furthermore, to account for lab supplies, SURE has sought input from CPHL, which will be included in the final manual.

Next steps

- Train 44 MMS, mostly from implementing partner-supported districts (Makerere)
- Conduct PFM training for 37 remaining district MMS
- Finalize PFM supervision tool
- Initiate implementation of PFM in selected HC IVs and hospitals

Implement supervision, performance, and recognition strategy (SPARS)

Supervision and performance assessment. MMS continued to carry out on-the-job training and performance assessment of medicines management at health facilities in their areas. A total of 554 facilities were visited and total 629 visits made. Many facilities have now received five visits each, and will be put on the list of facilities ready for inspection by NDA. Performance on the 25 indicators point to improvement in some areas after a number of visits although variation in the level of change is discussed in more detail in the M&E section. During the visits, MMS distributed and oriented the health workers on the contents of EMHS manual. Next quarter, the MMS will introduce redistribution and handling of expired medicines guidelines to facility staff during the supervision visits. Coaching and on-the-job training for PFM will be introduced in selected hospitals and HC IVs.

MMS motorcycle use. The SURE regional offices put in place mechanism to ensure proper use of log books by MMS, mainly through more checks on and support to MMS. Previous reviews showed that many MMS did not properly reconcile fuel and distance travelled. Next quarter the regional offices will focus on ensuring security following the loss of two motorcycles, reportedly due to theft. SURE will explore the possibility of installing tracking devices on motorcycles and other portable items, such as laptops, used by MMS. Five new MMS will be trained in defensive riding in Q14.

Recognition scheme. MMS delivered batch 1 and 2 rewards to facilities that had baseline assessments as well as those that put in place a proper stock card system for all items in the EMHS store. MMS who reached the target of 15 supervision visit in 3 months were rewarded 45,000 UGX in addition to 5,000 UGX per data form submitted electronically. The DHOs were oriented on becoming more involved in SPARS implementation, particularly in coordinating the

different district stakeholders and ensuring that EMHS issues get high visibility in the districts' planning and management forum. These activities will continue in the next quarter, and eligible facilities will begin to receive batch 3, 4, and 5 items

District coordination and collaboration. SURE held five regional meetings to review SPARS implementation in 45 districts and discussed ways of handling some of the challenges that slow down progress. The meeting brought together DHOs, MMS, Regional Pharmacists, Implementing Partners and SURE regional field coordinators. Issues raised included how to effectively involve political leaders in understanding EMHS issues, sustainability plan for SPARS after SURE, slow improvement in achieving prescribing indicators, poor stores infrastructure affecting indicator scores and delays in fuel top-ups and reimbursement of day allowances. As a way forward, participants agreed that—

- SURE will review administrative processes to reduce delays.
- SURE will expedite the dissemination of the stores assessment report to enable districts to source funds for refurbishment.
- The DHOs will disseminate the district SPARS quarterly report to wider group of stakeholders.
- SURE will work with UMTAC to develop and implement a strategy to target prescribers.
- SURE and the Pharmacy Division will implement a sustainability plan.

The second of the regional meetings was dedicated to discussing data quality assurance issues, which is described in the M&E section.

Fifteen districts held one-day district coordination meetings organized by the DHO. In the meeting the District MMS presented the first quarterly report generated by SURE. The reports show performance of the district and individual facilities based on the 25 EMHS indicators. Next quarter in addition to Strengthening Decentralization for Sustainability led collaborative activities SURE will support the DHOs in the 45 districts to hold coordination meeting focusing solely on EMHS management and using the quarterly reports as a starting point the discussions

SURE participated in the Saving Mothers Giving Life initiative in four districts in the western region. We continued to collect, analyze, and disseminate data to the stakeholders on key maternal and child health medicines. The MMS in the initiative's districts ensured that excess medicines were redistributed and stock-outs were promptly reported to the relevant stakeholders.

The SURE regional teams worked closely with their counterparts in the Strengthening Decentralization for Sustainability program to ensure that activities funded by partners are included in the district work plans for the next financial year (2013/2014). SURE participated in the signing of district operational plans in the Bugiri, Luwero, and Kamwenge.

Improve storeroom infrastructure in selected facilities. SURE's STTA provider finished the assessment of storeroom and dispensing areas covering 3,384 PNFP and public facilities. SURE and the MoH Pharmacy and Infrastructure divisions reviewed the report; feedback will be reflected in the final report. Next quarter the report will be disseminated to all DHOs and implementing partners. Detailed information on cost of refurbishing the individual facilities

aggregated at district level should make the report a valuable tool for resource mobilization. In the meantime, SURE awarded the contract for 2,465 shelving unit to Wintech, a manufacturer in Malaysia. Next quarter, SURE will finalize the allocation plan for the shelves and choose a vendor to distribute the items to facilities.

Next steps

- Pilot and finalize the PFM performance assessment tool
- Train five MMS in defensive motorcycle riding
- Support MMS to make 700 supervisory visits
- Support district MMS to start PFM supervision in 20 hospitals and HC IVs
- Initiate discussions on handing over motorcycles and computers to MMS at end of project
- Distribute batch 3, 4, 5 rewards to eligible facilities
- Support DHOs in 30 districts to hold EMHS stakeholder coordination meetings
- Participate in Saving Mothers Giving Life and district operational plan (DOP) meetings
- Arrange for STTA to finalize stores assessment report
- Hold stores assessment dissemination workshop for key stakeholders
- Complete procurement process for firm to distribute shelves
- Launch shelf distribution in central region

New district communication and technology (netbook/RxSolution)

To help the district and health sub-district MMS collect and transmit performance data from health facilities, SURE developed an electronic system that automatically aggregates data sent online by the MMS. The system differs from manual and other electronic data collection systems because MMS in the field can complete electronic *pdf* forms offline and then send them when he or she gets online. In Year 3, SURE developed the system and finalized the tool. By the end of the year, SURE regional offices were receiving electronic reports directly from the MMS. The regional offices share the data with the M&E team using Acrobat/Excel, and after cleaning and merging of the data, it is used to generate the semi-automated district report. A backup system has been set up using DropBox.

During the first quarter of Year 4, the second round of computer training was concluded as planned. In addition, SURE submitted a short description on how GCFLearn software could be used to train the MMS to the GCF Foundation, who allowed SURE to download the tool. For everyone to increase their computer literacy, SURE ordered 550 USB data sticks to distribute with a training guide.

SURE has engaged the Pharmacy Division and Resource Center to develop a strategy for hardware and software support and selected a vendor to provide this support at facility level. However, due to the MoH moratorium, no further progress has been made. After the current eHealth consultant finalizes the eHealth strategy for MoH, SURE will have the SURE district computerization interventions included in the plan.

In Year 2, SURE helped the Pharmacy Division select and test RxSolution software and develop a national plan to computerize hospitals. During the first quarter of Year 4, SURE trained 26 staff members from 9 PNFP hospitals and installed computers after each signed an expression of interest in agreement with USAID and MoH Pharmacy Division. SURE installed GCFLearn on the computers, and the hospitals have started practicing with RxSolution; during the second quarter of Year 4, hospitals will initiate actual use. Before initiation, a complete product catalogue has to be generated and installed on each hospital computer. For this activity, SURE is using staff from RxSolution pilot hospitals who know the products well and can generate the right descriptions in the system.

SURE created the RxSolution Tool Box (RxBox) as a training tool for hospital staff, which has been successfully handed over to the Pharmacy Division who requested 20 more RxBoxes. The continuous support to three pilot sites has been extended and information on trouble-shooting is being collected.

Next steps

- Configure and distribute USB sticks to MMS, RxSolution users, DHOs, regional/district pharmacists, and MoH Pharmacy Division and Resource Center staff members
- Select six more PNFP or public hospitals for RxSolution installation based on stock/store management performance
- Train three staff members per hospital (approximately 20)
- Initiate use of the RxSolution online forum at 15 hospitals with on-site training
- Conclude production of 110 RxBoxes
- Develop and implement RxSolution data reporting structures for hospitals.
- Engage MAUL to develop a work plan to train PNFP hospitals to use RxSolution
- Conduct training of MoH and implementing partners in use of the RxBox
- Make routine visits to RxSolution pilot sites
- Finalize RxSolution indicator manual based on World Health Organization template
- Develop a knowledge database for easy troubleshooting relating to RxSolution, initially using the forum
- Identify software being used in South Africa for electronic ordering

PIP/District Supervision Data System (DSDS)

The vision and architecture of the PIP was presented at two meetings with an eHealth consultant; however, unfortunately, no further information was received on the status of MoH's moratorium on information technology projects.

Additional meetings were held with the DGHS, MoH Resource Center, and donors to take stock and evaluate organisational structure and infrastructure problems encountered at the Resource Center and to come up with sustainable solutions. A full report will be presented in early 2013.

The contract for developing the DSDS was signed, and a team from Technobrain (U) Ltd. was dispatched to develop the system requirements specification, including conducting several interviews with district and central stakeholders. The first draft of the specifications is being

reviewed by a team of MoH and SURE; the final is expected to be ready end of January. We are two months behind on schedule because of the delay in signing the contract and the request to replace one of Technobrain's assigned staff members.

Because of the reduced scope of the DSDS, the position of the Data Warehouse Architect was not refilled.

Next steps

- Review the systems requirement specification document
- Approve the systems requirement specification
- Start the DSDS design and development process

Sub-result 3.2. Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS

Roll out MMS/SPARS strategy to implementing partners

A number of implementing partners and other organizations are helping to build capacity at district level in supply chain management with funding from USAID, CDC, Belgium Technical Collaboration, UK's Department for International Development and the World Bank. In Year 3, all districts in Uganda were mapped out and partners were allocated specific SPARS districts by MoH Pharmacy Division

During the last quarter, 15 more non-SURE districts rolled out SPARS, increasing the total to 28 districts. Also, 37 MMS from non-SURE districts underwent the two-week classroom training in supply chain management; 22 of these completed practical training and are now doing routine supervision. In addition, four implementing partner logistics advisors from Infectious Diseases Institute, STAR SW, and TASO underwent MMS training. SURE helped implementing partners that started SPARS implementation last quarter such as the World Bank, to develop budgeted work plans. To harmonize SPARS data management and facilitate data collection into a central database at MoH, six implementing partners (STAR E, STAR EC, STAR SW, STRIDES, Infectious Diseases Institute, and SUSTAIN) were trained in the Adobe system for data validation and entry. Supervision data entry is currently in progress. MoH distributed EMHS manuals to health facilities in non-SURE districts through implementing partners. The remaining challenge is the lack of implementing partner resources by to implement the SPARS.

Next steps

- Train 57 MMS from non-SURE districts
- Provide practical field orientation for trained MMS
- Conduct training for implementing partners in district performance report generation, SPARS data utilization, and quality assurance
- Support SPARS work plan development for the USAID funded program NU-HITES
- Hold SPARS strategy review and coordination meeting

Build capacity of storekeepers

The last group of 21 storekeepers and general pharmacists were trained in Fort Portal in October. The training materials will be handed over to the Pharmacy Division so that implementing partners can train their storekeepers. The outcome of the training is yet to be assessed, but we expect more integrated management of EMHS in the health facilities. There is a need to minimize multiple stores and stock cards and implement a one-store policy for EMHS. In the next quarter, the MMS will assist the storekeeper to start the integration process

The orientation of 39 additional general pharmacists was planned but the Pharmacy Division advised against it because of issues with their contract status. In Q14, SURE will work with the Pharmacy Division to hold this workshop.

Next steps

- Monitor performance data from trained storekeepers to assess impact
- Hold the orientation workshop for general hospitals

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

Initiate good pharmacy practices (GPP) certification

Lack of meetings with NDA during the quarter made it difficult to move forward on activities requiring NDA input. For example, we did not receive comments on the report for the pilot of the GPP tool, which took place in July, or to discuss certification groups and criteria before a meeting held in mid-December.

In previous quarters, NDA and SURE agreed that SURE would provide a grant to fund inspectors' per diem and transportation costs for GPP inspections, and that the NDA would fund the inspection fee, salaries and other costs involved in the inspection. The grant disbursement was expected at the beginning of Q13; however, USAID did not approve it until December, which resulted in a major delay in GPP inspections. The grant will be signed early next quarter where GPP inspection is planned to be rolled out.

A strategy for sensitizing the population about GPP certification was developed previously, but budget cuts forced revision of the initial plan to focus on communicating the meaning of GPP certification to the population using the health facilities. The plan, which was developed in collaboration with a public relations company, was presented to NDA and Pharmacy Division this quarter. Development and implementation of the material will take place next quarter.

Next steps

- Agree on certification criteria
- Pilot final GPP inspection process
- Develop and train NDA inspectors in inspection, certification, and data entry

-
- Roll out GPP inspection to 24 health facilities
 - Finalize contractual issue

Recognition of good district and facility performance

Little progress was made in developing the criteria and the type of rewards for the best district and best facility. SURE will have further discussions with stakeholders to agree on details.

Next step

- Develop plan for recognizing good district and facility performance

Initiate Good Financial Practices (GFP) Certification

No progress was made in developing the GFP certification scheme. This will be initiated late next quarter as facilities first needs to institute financial practices.

Next step

- Develop Job description for person to roll out The PFP certification scheme

MONITORING AND EVALUATION

This section summarizes SURE's achievements in the last quarter in the areas of training, SPARS implementation, and major monitoring /evaluation activities including surveys, studies, and evaluations.

Key outputs

- Rolled out data entry responsibilities to the MMS
- Held data quality review meetings in all regions
- Developed and shared all district reports and the national medicines management performance report
- Finalized data analysis for the kit survey and annual pharmaceutical sector survey
- Finalized development of M&E training materials
- Finalized the results framework for the pharmaceutical sector M&E plan
- Collected baseline data for the JMS performance indicators

Data management

During the quarter, a change in data entry involved training MMS to start entering facility performance data was initiated. All regions received the training, and MMS started entering data their data. Some are still challenged by data entry, and their forms are sent to Kampala for entry. Nonetheless, this has reduced the big backlog and other data entry challenges tremendously.

Ensuring quality of the data entered by the MMS is the biggest task at hand, and this will decrease when the DSDS is completed.

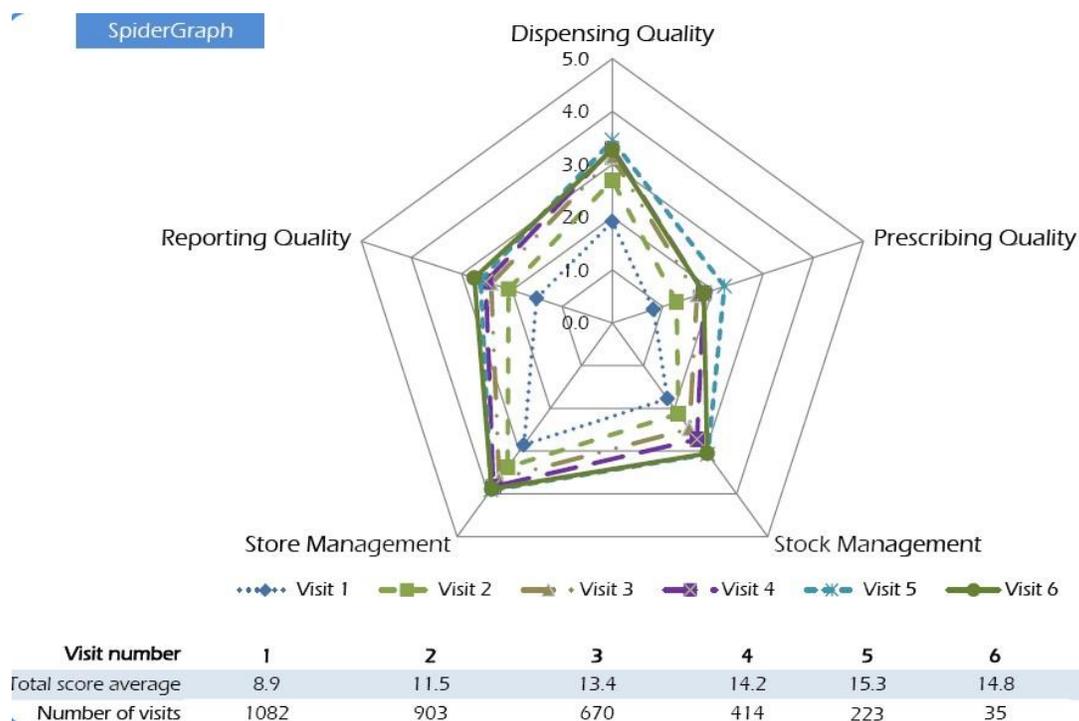
Data quality

SURE conducted data quality review meetings in all five regions during this quarter. A total of 146 MMS were taken through exercises and discussions of problematic indicators identified in the last data quality assessment. These meetings are meant to increase understanding and interpretation of the performance assessment indicators.

Data utilization

District reports for July–September 2012 were produced and shared with the 45 districts and Pharmacy Division. SURE presented these reports in the regional meetings to help improve medicines management at the districts. To facilitate use of these reports, the regional field coordinators were taken through a one-day training of the guidelines and reports. Quarterly districts reports will from now on be produces and shared routinely.

The national report has been finalized and is ready for dissemination in the next quarter. The report provides information on the medicines management status including availability of a basket of 13 EMHS and documents the improvements following SPARS from visit 1 to visit 6 as shown in below spider-Graph;



Special surveys

SURE finalized the data analysis for the 2012 annual pharmaceutical sector survey, and report writing is in progress. The annual pharmaceutical sector 2011 was finalized and ready for printing and dissemination in January. In addition, the third kit assessment was finalized and report writing is progressing.

M&E training

During the quarter, SURE hired an M&E training consultant to develop M&E training materials. A pilot training of the course material is scheduled to take place in the last week of January.

M&E support to Pharmacy Division

SURE is currently supporting the Pharmacy Division in improving their M&E plan, and during the quarter, the results framework was developed. SURE and the Pharmacy Division will develop indicators that will be used to track performance of the pharmaceutical sector in the coming quarter. Moreover, SURE developed a number of ad hoc reports to serve specific purposes defined by the Pharmacy Division or other stakeholder based on the SPARS data.

M&E support to JMS

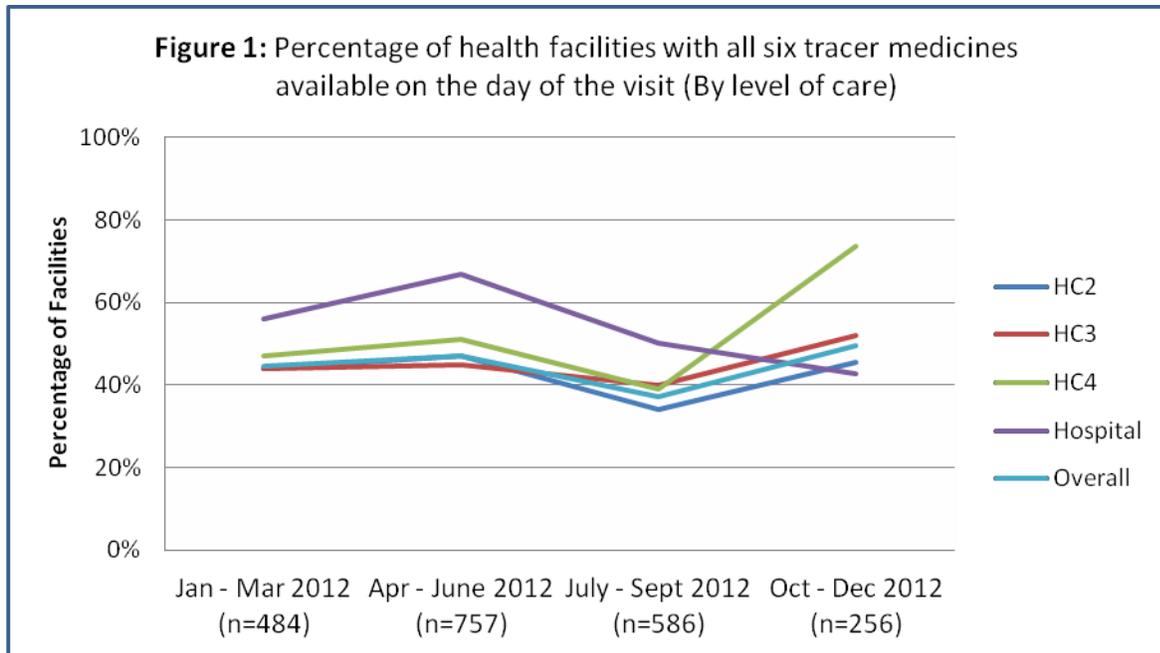
Following the finalization of the indicators to track JMS performance, SURE collected baseline data. The year 2011/2012 was considered as baseline year. This assessment will serve as the benchmark for JMS's performance every year.

Performance monitoring plan

The SURE performance monitoring plan was reviewed during the quarter and changes included removing targets for indicators outside of SURE's control. SURE shared the revised plan with USAID for approval. The revised plan has 16 indicators, with 5 indicators that can be tracked quarterly. Results for these indicators from the last quarter follow.

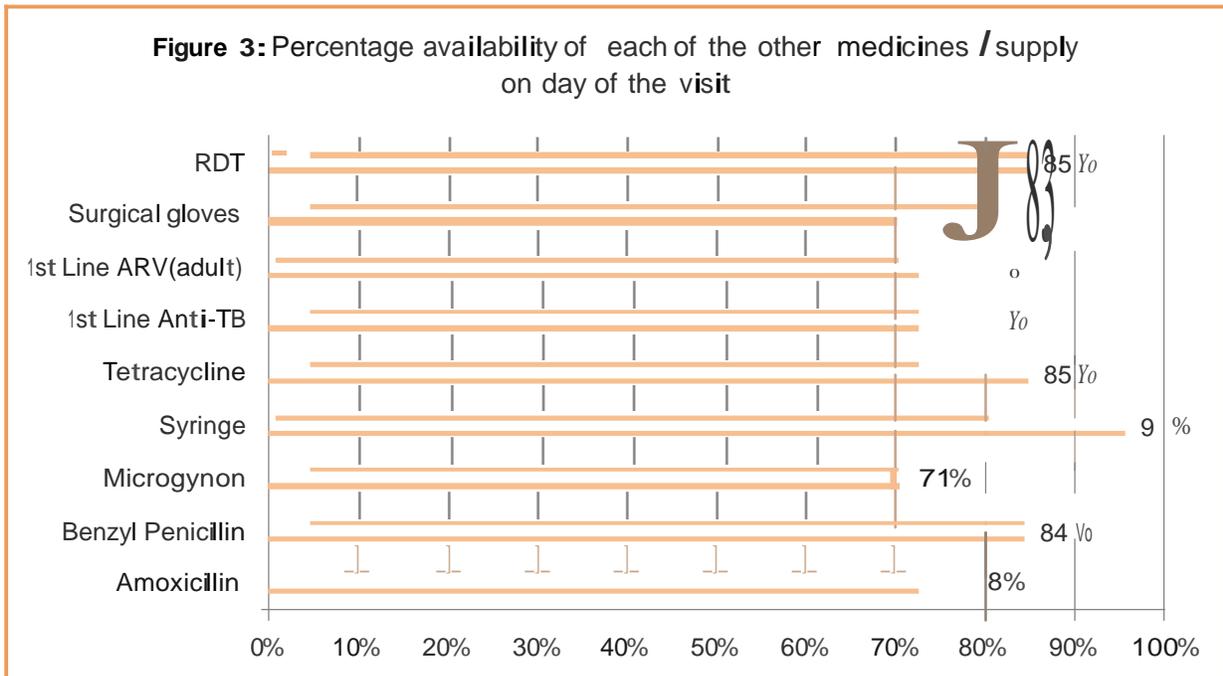
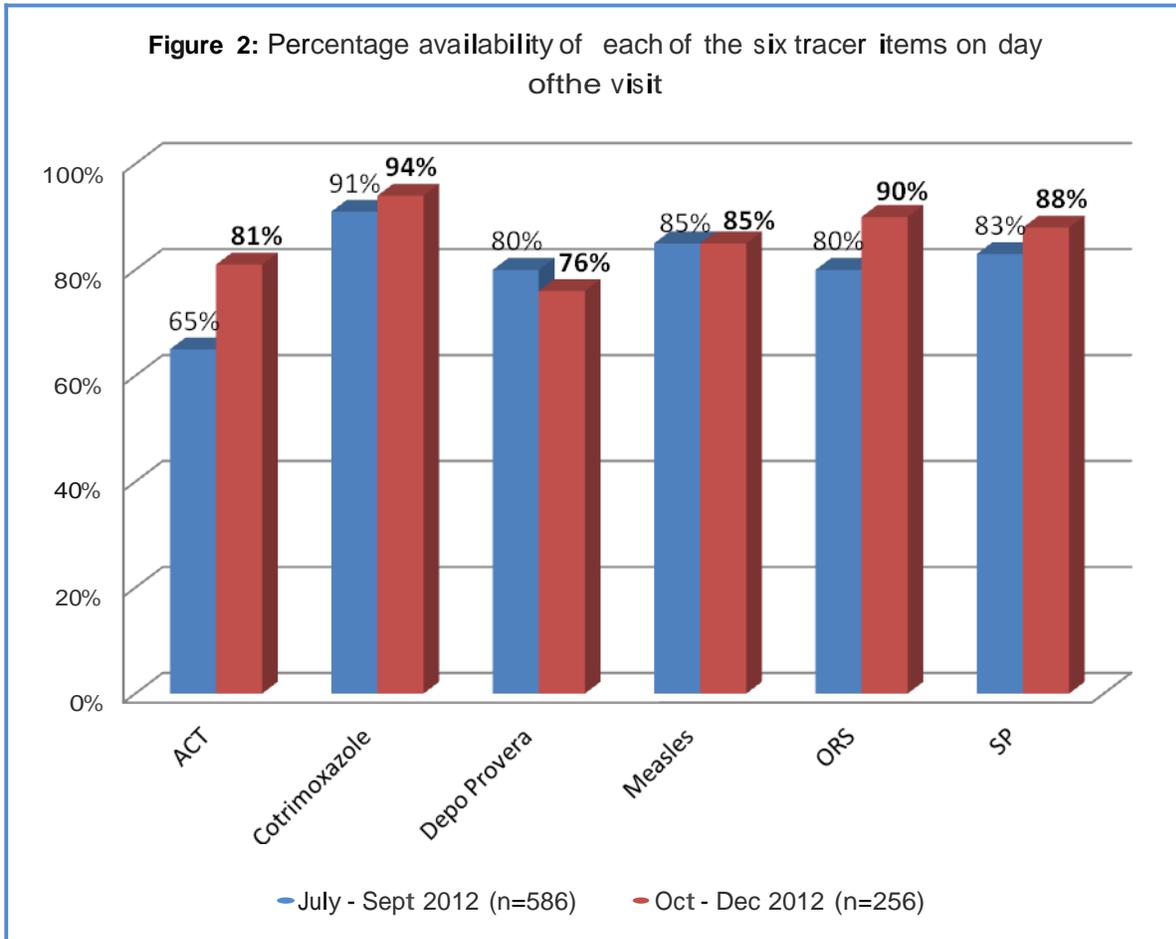
1.00. Percentage of health facilities with all six tracer vital essential medicines available on the day of visit.

The percentage of health facilities with ALL six tracer medicines was 50% compared to 37% the previous quarter. The six tracer medicines include cotrimoxazole, artemether-lumefantrine (ACT), sulfadoxine-pyrimethamine (SP), oral rehydration salts, measles vaccine, and depoprovera. These medicines should always be available to provide the Minimum Health Care Package. Availability ranged from 40–60% for most of the facilities except at HC IV level, which spiked to 74%. Regardless of the level of care, availability improved generally. Figure 1 illustrates the availability of ALL six tracers, while figure 2 below shows the changes in availability of each medicine individually.



1.01. Average percentage availability of a basket of six tracer medicines at health facilities on the day of visit at the surveyed service delivery points.

The average percentage availability of the six tracer medicines was 86% during the quarter, compared to 80% for the previous quarter. Figure 2 below shows the significant improvement in availability of artemether-lumefantrine—from 65% in the previous quarter to 81%. The ACTs that were provided by PMI and delivered by JMS contributed to this improvement. Availability of other medicines were better than 70%, which was quite good (figure 3).



2.21. Number of individuals trained in supply chain management and/or pharmaceutical leadership and management

SURE has in this quarter trained more than 165 in supply chain related areas. Most persons were trained in quantification training followed by MMS training, detailed data is provided in the table below.

Table 1. Number of individuals trained in Q13

Training topic	Number of trainees		
	Male	Female	Total
Stores management	17	5	22
Medicines management Supervision (MMS)	44	13	57
Pharmaceutical financial management	18	4	22
Pipeline	21	13	34
Quantimed	23	7	30
Total	123	42	165

2.31. Average lead time from ordering to delivery at facility level.

On average, it takes 56 days (range: 6–88 days) for NMS to process and deliver an order to the health facility. The NMS order cycle is bimonthly (60 days); facilities that did not meet this lead time could have stock-outs before receiving their next order.

3.11. Number of public health facilities supported with technical assistance for pharmaceutical supply chain management.

SURE’s primary support to health facilities is through SPARS. During the quarter, 554 facilities were supported (table 2). Facility staff received technical assistance in the areas of stock management, storage management, dispensing practices, prescribing practices, and how to order and report. By the time of reporting, however, some supervisors had not submitted December reports to the regional offices, so those reports are not included in the count.

Table 2. Number of facilities supported in Q13

Region	Number of facilities supported
Central	98
Eastern	87
Northern	102
Southwestern	132
Western	135
Total	554

Next Steps

- Collect performance monitoring data
- Prepare and submit quarterly report to USAID database

- Compile and submit PEPFAR semi-annual report to the MEEPP database
- Conduct routine data management including validation, entry, cleaning, and merging
- Conduct data quality assessment in all regions
- Develop district and national reports on data utilization
- Develop national report utilization guidelines
- Train SURE Pharmaceutical Field Coordinators on how to use the national report
- Collect additional data for the SPARS study
- Conduct statistical analysis for the SPARS intervention
- Pilot the PFM data collection tool
- Initiate the PFM study in all regions
- Finalize the third kit assessment report and the 2012 annual pharmaceutical sector survey
- Finalize pharmaceutical sector M&E plan
- Enter malaria data at Joint Medical Stores
- Conduct M&E training for initially regional pharmacists, district MMS, SURE and MoH staff

PROGRAM MANAGEMENT

Program implementation and staff recruitment

During the quarter, SURE's program management unit completed needed procurements for all planned activities both operational and technical, which has allowed the program implementation to ramp up significantly. Increased support to SPARS has included the distribution of medical items for the health facilities including tablet counting trays, tumblers, and thermometers; provision of performance recognition items including wall clocks and mugs; and provision of data collection and reporting tools (stock cards, dispensing logs, etc). The unit is closely monitoring this distribution to ensure effective and efficient delivery and reporting.

The program management unit also placed the purchase order for 2,465 utility rack shelves; the first lot of 720 units is expected in the country in March. Efforts are underway to identify possible vendor(s) to distribute the shelves from the regional offices to health facilities.

Weekly operational and administrative meetings, bimonthly regional operations meetings, and district team meetings have continued during the quarter to work through program implementation challenges at the regional and head offices. During these meetings, the teams share experiences and challenges, receive additional training/orientation, and share emerging implementation trends.

Weekly management team meetings with counterparts and orientation meetings with the USAID Agreement Officer Representative continue along with SURE's attendance at Medicines Procurement and Management-Technical Working Group meetings with MoH central level programs.

SURE aims to increase awareness of the program's activities among partners and communities where we work. The second biannual issue of the SURE newsletter, *The Value Chain*, was completed and circulated. We continued to submit success stories to USAID, and the program produced factsheets that indicate milestones. Promotional T-shirts and caps have also been produced and distributed widely.

Other communication efforts included—

- Encouragement of visits to the SURE program website (www.sure.ug) that is used to disseminate periodic reports, case studies, and job advertisements
- Work with the districts and MoH teams to plan for technical program/district related outreach, field activities, and public information campaigns
- Collaboration with partners (NDA, NMS, JMS, MoH, and technical programs) to prepare poster presentations and working papers for seminars and conferences and to print and publish reports

Finally, the unit has continued to work closely with MSH headquarters contacts to develop strategies for the program close-out. Efforts are underway to initiate the transfer of title for the items that have been given to the district teams (motorcycles and information technology equipment).

Challenges

The program management was challenged by the thefts of motorcycles and laptops from the districts teams, despite the rigorous emphasis on the safety and security of the program equipment and tools. Though these items are comprehensively insured, such losses create gaps in the program implementation.

Next steps

- Continue working with teams to ensure financial and operational compliance to MSH and USAID rules and regulations
- Initiate the procurement of information technology and motorcycles planned for Year 4
- Finalize procurement of transportation and distribution services for the store shelves
- Identify SURE program support for coordinating distribution and delivery of shelves
- Finalize procurement of GPP publicity campaign vendor
- Finalize signing and initiation of the NDA GPP accreditation simplified grant
- Garner support from USAID on the proposed transfer of titles for the items given to district teams
- Monitor the budget closely for the remaining 18 program months by comparing technical activities against the annual budget, subcontracts, procurements and STTA plan
- Work closely with head office to develop a sustainability plan and a close-out plan

Staffing

This quarter, SURE recruited six staff to fill the position of Senior MIS Advisor, Project Specialist (NDA Support), ACP Technical Officer, Capacity Building Advisor, Senior Finance & Admin. Manager and Driver.

In addition, during the quarter MSH carried out a job evaluation exercise which resulted into a change in titles for most of the staff. This report therefore reflects the new staff titles.

As of December 31, 2012, there are 75 staff members, and total planned staff by September 30, 2013 is 86. **Annex 2, Summary of SURE Staffing status** presents an update on staffing status (actual and planned) at the end of **December 31, 2012**. Actual and planned full time staff numbers are summarized in the table below.

Time Period	31-Dec-09 (actual)	30-Sep-10 (actual)	30-Sep-11 (actual)	31-Dec-11 (actual)	30-June-12 (actual)	30-Sept-12 (actual)	31-Dec-12 (Actual)	30-Sept-13 (planned)
Staff #	10	33	57	58	64	72	75	86

Next steps

- Complete the recruitment for the vacant positions by March 31, 2013

Short Term Technical Assistance and International Travels

The table below illustrates the international STTAs and international travels that took place during the quarter and a brief description of their tasks.

Last Name	First Name	Title/counterpart	LOE	Scope of Work
Suraratdecha	Chutima	Pharmaceutical Financing Consultant	2 weeks	Health Financing Review/ Annual Medicines Expenditure Tracking Study/ Costing Study Findings Dissemination and Recommendations/ Economic Evaluation of how Much V, E and N can be Procured for the Available Funds/ PCCP
David Bagonza (MSH)	Morries Seru (MOH)	Principle Quality Advisor & MOH staff	1 Week	Health System Research Symposium - Beijing
Saul Kidde	Edgar Murumba/ Ben	MSH Staff & JMS staff	1 Week	Vendor Site Visit in Namibia

	Asiimwe			
Kim Hoppenworth/ Opio Tom	Paul Bamwoze	District Computerisation staff (MSH)/ MOH Staff	2 weeks	RxSolution Site visits in South Africa
Tumwesigye	Alex	IT Specialist	1 Week	Attend Training in Nairobi on Implementing HP Blade System Solutions
Kagoma	Charles	QPPU Consultant/ MOH	1 Week	Quantification and Quantimed Training
Oumer	Anduallem	QPPU Consultant/MOH	3 Weeks	Quantification and Quantimed Training
Walkowiak	Helena Anna	QPPU Consultant/MOH	1 Week	Quantification and Quantimed Training
Harris	David	RxSolution Implementation Expert	1 Week	RxSolution End User Training
Schulz	Alfred	Finance and Administration Manager	2 Weeks	Orientation at MSH home office.

Finance

Progress:

- Accruals for December 31, 2012 were submitted on December 12, 2012.
- The program management unit has continued to support in-house training and capacity building sessions for staff as part of the implementation of the internal audit recommendations issued in June 2012. Administration teams took a refresher course on various operations policies and procedures in November 2012.
- The new Finance and Administration Manager Alfred Schulz joined SURE in November 2012.

Next quarter activities:

- Prepare for an internal audit expected for the year 2012
- Conduct a physical inventory of all assets.
- Submit a disposition plan for selected assets.
- Program management unit will conduct a refresher training for all administration and finance members of staff on selected topics.
- Major procurement of shelves and their distribution to the health centers.

ANNEX A: SUMMARY OF SURE STAFFING STATUS AS OF DECEMBER 31, 2012

ANNEX-A: SURE STAFFING STATUS AS AT DECEMBER 31, 2012

#	Job Title	Last Name	First Name	Hire dates	Comments
1	Office Assistant I	Naluggwa	Patricia	1-Aug-09	
2	Project Director III	Trap	Birna	1-Sep-09	
3	Deputy Director/ Principle Tech. Advisor – Supply Chain Operations	Kidde	Saul	1-Sep-09	
4	Senior Capacity Building Program Specialist	Okello	Bosco	21-Nov-11	
	Senior Procurement Advisor	Kyaterekera	Nicholas	4-Oct-12	Replaced Carol Ntale. 100% charged to SCMS
5	Senior Operations Specialist	Nakandi	Sarah	1-Mar-10	
6	Driver IV	Kaweesa	Moses	18-Sep-09	
7	Technical Advisor	Nakiganda	Victoria	14-Oct-09	Replaced Eric Nabuguzi
8	Principle Technical Advisor	Mohammed	Khalid	2-Nov-09	
9	M&E Specialist	Blick	Belinda	30-Nov-09	Replaced Haroon Seruli at Pharmacy Division
10	Accountant II	Natumanya	Dennis	9-Dec-11	
11	Senior Finance and Admin. Mgr	Schulz	Alfred	26-Nov-12	Replaced Vinh Nguyen.
12	Senior Technical Advisor	Schaefer	Petra	1-Feb-10	EHG Staff
13	Driver III- Central Regional Office	Sekamatte	Timothy	8-Feb-10	
14	Senior Data Specialist - Secondment to NTLP	Sekalala	Shaquille	15-Feb-10	
	Senior Procurement Specialist	Aboyo	Caroline	1-Mar-10	100% charged to SCMS
	Senior HR Specialist	Achilla	Carolyn	1-Mar-10	Charges an average of 30% time to SURE
15	Senior M&E Advisor	Nalwadda	Brenda	28-Nov-11	
16	Senior Technical Officer	Were	Lawrence	15-Apr-10	
17	Driver III- Kampala HQ	Tumwesigye	Felix	10-May-10	

#	Job Title	Last Name	First Name	Hire dates	Comments
18	Senior Technical Advisor	Konradsen	Dorthe	1-May-10	EHG staff
19	Senior Operations Officer	Mugagga	Peter	1-Jun-10	
20	Communications Associate	Natukunda	Julian	15-Jun-11	
21	Senior IT Specialist	Opio	Tom	26-Sep-11	
22	Senior IT Specialist	Muwanga	Peter	7-Jul-10	
23	Technical Advisor– Mbale	Umirambe	Emmanuel	7-Jul-10	
24	Senior IT Associate - seconded to National Drug Authority	Nassimbwa	Hamidah	2-Aug-10	
25	IT Specialist- seconded to Resource Centre	Tumwesigye	Alex	23-Aug-10	
26	Driver III – Mbale	Derrick	Draleku	15-Nov-10	
27	Technical Advisor– Central	Anthony	Kirunda	15-Nov-10	Replaced Victoria Nakiganda
28	Technical Officer – Mbale	Omalla	Samuel	15-Nov-10	
29	Technical Advisor. -Fort Portal	Nuwagaba	Timothy	15-Nov-10	
30	Technical Advisor – Lira	Okidi	Denis	15-Nov-10	
31	Driver III - Fort Portal	George	Sekimpi	22-Nov-10	
32	Accountant II - Mbale	Madras	James	26-Nov-10	
33	Driver III – Lira	Obonyo	Christopher	6-Dec-10	
34	Technical Officer - Central	Nantongo	Lynda	3-Jan-11	On EHG subcontract. Resigned May 2012. Rehired effective Sept 3, 12
35	Accountant I – Fort portal	Tugume	Godfrey	17-Jan-11	
36	Senior Operations Specialist	Musinguzi	Michael	4-Jul-11	
37	Manager IT	Hoppenworth	Kim	15-Apr-11	EHG Staff
38	Technical Officer – Lira	Ondoma	Jimmy	6-Jun-11	
39	Technical Advisor. – Mbarara	Agaara	Mark	18-Jul-11	RTT Staff
40	Principle Quality Advisor	Bagonza	David	1-Sep-11	
41	Technical Officer– Mbarara	Gabula	Sadat	11-Jul-11	RTT Staff
42	Accountant I - Lira	Okello	Ben	14-Jul-11	
43	HR Specialist	Hamba M	Agatha	11-Aug-11	
44	Senior Technical Officer	Amuha	Monica	5-Sep-11	
45	Operations Coordinator	Khasoma	Susan	12-Sep-11	
46	Driver III– Mbarara	Bidong	Richard	5-Sep-11	

#	Job Title	Last Name	First Name	Hire dates	Comments
47	Accountant I –Mbarara	Walusimbi	Alex	15-Aug-11	
48	Administrative Coordinator - Mbarara	Nalubowa	Fatuma	1-Aug-11	
49	Administrative Coordinator - Lira	Ayugi	Christine	24-Nov-11	
50	M&E Associate	Nabanoba	Allen	21-Nov-11	
51	Senior Project Associate	Nakabugo	Stella	21-Nov-11	
52	Driver III - Central Office	Okello	Charles	2-Apr-12	
53	Driver III- Fort Portal	Asaba	John	2- Apr-12	
54	Driver III- Lira Office	Okot	Michael	2- Apr-12	
55	Driver III - Mbale Office	Buyi	Lawrence	10- Apr-12	
56	Driver III- Mbarara	Olungat	Peter	2- Apr-12	Transferred to Mbarara effective Nov 19, 12
57	M&E Specialist - secondment to CPHL	Batamwita	Richard	14-May-12	
58	Technical Officer - Fort Portal	Paalo	Julius	18-Jun-12	EHG Staff
59	Training Intern	Nahabwe	Catherine	18-Jun-12	
60	Program Support Interns	Mirembe	Esther	18-Jun-12	
61	Finance Intern	Katabaika	Juliet Joy	27-Jun-12	
62	M&E Intern	Kakembo	Samuel	18-Jun-12	
63	Senior Technical Officer	Balyejjusa	Samuel	3-Sept-12	EHG Staff
64	Technical Officer	Achii	Pamela	13-Aug-12	
65	Supply Chain Intern	Muwonge	Barbara	10-July-12	
66	Supply Chain Intern	Walusimbi	Denis	1-Aug-12	
67	IT Intern	Walugembe	Hakim	2-Jul-12	
68	M&E Intern	Namutebi	Mariam	3-Jul-2012	
69	Stores Intern- Mbale	Pacuto	Stella	20-Aug-12	
70	Stores Intern - Fortportal	Kikazi	Lillian Charity	17-Jul-12	
71	Senior MIS Advisor	Kakembo	Patrick	1-Nov-12	
72	Project Specialist	Kibuka	Sanyu	16-Nov-12	
73	Technical Officer	Ogwal	Henry Jackson	29-Oct-12	
74	Driver III- Kampala	Kaggwa	Fredrick	19-Nov-12	Replaced Peter Olungat in Kampala
75	Capacity Building Advisor	Talima	David	3-Dec-12	
Existing staff as at December 31, 2012					75

Staff Hired in the Quarter

#	Job Title	Last Name	First Name	Hire dates	Comments
1	Senior MIS Advisor	Kakembo	Patrick	1-Nov-12	New position
2	Project Specialist	Kibuka	Sanyu	16-Nov-12	New position
3	Technical Officer	Ogwal	Henry Jackson	29-Oct-12	New position
4	Driver III- Kampala	Kaggwa	Fredrick	19-Nov-12	Replace Peter Olungat in Kampala
5	Capacity Building Advisor	Talima	David	3-Dec-12	New position
6	Senior Finance and Admin. Mgr	Schulz	Alfred	26-Nov-12	Replaced Vinh Nguyen,

Staff Departures in Quarter

#	Job Title	Last Name	First Name	Hire dates	Comments
1	Finance and Admin. Mgr	Nguyen	Vinh	1-Feb-10	Resigned effective Oct 8, 12.
2	Pharmaceutical M&E Specialist	Seruli	Haroon	20-Aug-12	Resigned Nov 14, 12
3	Driver – Mbarara	Mukisa	John	3-Jan-11	Transferred to STRIDES Project effective Nov 12, 12

Full-time positions planned to September 30, 2013

#	Job Title	Last Name	First Name	Hire dates	Comments
1	Senior Technical Advisor	Remedios	Valerie	Jan 5, 2013	New Position
2	M&E Specialist (JMS Secondment)	TBD	TBD	TBD	New position
3	Accountant (Central)	TBD	TBD	TBD	New position
4	Accountant (Mbale)	TBD	TBD	TBD	New position
5	Technical Advisor	TBD	TBD	TBD	New position
6	M&E Intern	TBD	TBD	TBD	New position
7	M&E, PFP Logistics Officer	TBD	TBD	TBD	New position
8	Technical Officer	TBD	TBD	TBD	New position
9	Technical Officer	TBD	TBD	TBD	New position
10	Lab. Logistics Officer	TBD	TBD	TBD	New position
11	M&E TB	TBD	TBD	TBD	New position
Planned staff to September 30, 2013					11

ANNEX-B: SUMMARY OF PROGRESS AGAINST PLANNED ACTIVITIES IN Q-13

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:

- Collect GoU & partner EMHS expenditure, key product categories, PU/PD retreat. 0
- Set up and test a manual FACTS, linked to QPPU roles: 0
- Design a medicines expenditure tracking study: 0
- Establish a system for sharing medicines financing data, review financing indicators: ✓
- Establish a monitoring system for VEN utilization for EMHS & lab 0

Progress:

- STTA to review FACTS implementation, reviewed data sources and DC tools
- Aggregate GoU EMHS budget data collected
- Partial partner data: USG, RH
- DGHS formally requests for partners EMHS expenditure & budget

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:

- Establish SURE Program Steering Committee 0

Progress:

- TOR developed and PD reminded awaiting MOH action. Implementation continue indedendently.

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:

- Sign MoU and identify support areas 0

Progress:

- MoU not signed, No direct support to NMS

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

- Implementation of WAOS: ✓ ✓
- Support IPs on training of supported facilities ✓ ✓
- Support RPs on training of non-IP supported districts 0

Progress:

- WAOS System upgrade and enhancements
- WAOS Training of Trainers (IP, RP, MoH)
- Mapping of districts & ART sites to parent IP
- Orientation of central store WAOS users
- WAOS performance indicators, recruitment of

- Support central stores in use of the WAOS ✓
✓
 - Support roll out of option B+ and SCR ✓✓
 - Monitoring of progress on WAOS, SCR and Option B+ roll out ✓
 - Monthly meetings ✓
 - new ACP staff
 - Communication plan for SCR
 - Regular meetings
-

TB Program

- Support and monitor TB distribution and ordering following the transition 0
 - Develop M&E to track SCM performance at all levels 0
 - Redefine the roles of the district, develop a continuous performance improvement (SPARS) 0
 - Integrate TB order form in EMHS 0
 - Regular meetings 0
 - Support INH quantification with QPPU ✓
 - Support allocation of TB medicines to facilities
 - Coordinate clearing of medicines under GDF
 - Preliminary partners' meeting held to revise supervision tools with SURE as lead for logistics
 - Periodic meetings
-

Lab Commodities

- Develop lab SPARS manual and training materials, define DLFPs role 0
 - Strategy for integration of HF stores, discuss with CPHL and partners 0
 - Disseminate assessment report and prepare work plan for systems strengthening: SCM, financial tracking & management, information systems) ✓
 - Build the M&E capacity at CPHL level, baseline indicator DC ✓
 - Monthly meetings 0
 - M&E framework developed, indicators discussed
 - Proposals for lab SCR developed (new activities)
 - Quantification of needs ongoing
 - Consensus on adoption of SLMTA for lab SPARS
-

Malaria Program

- Review quality of the PNFP malaria orders; identify and support improvements needed -✓
 - PNFP SPARS Implementation plan-✓
 - Analyze and share SPARS data specific to NMCP 0
 - Support management of PMI (pooled stock) commodity management at JMS, bimonthly reports-✓✓
 - Monthly meetings -✓
 - Quality of the PNFP facility orders assessed
 - PNFP SPARS Implementation plan discussed with TASO, M/bureaus, JMS
 - Bimonthly reports on management of PMI and pooled malaria items at JMS
 - Periodic meetings
-

Support and strengthen the Pharmacy Division

Planned:

- Continue meeting regularly with Pharmacy Division -✓✓
- Support supervisory visits to districts and

Progress:

- Held weekly meetings with Pharmacy Division,
-

facilities✓✓

Support to National Drug Authority

Planned:

- Assess feasibility and use of Truscan and Minilab - 0
- Conduct studies on dispensing doctors and prescribing pharmacists ✓✓
- Strengthen NDA functional self-sufficient and cost-effectiveness ✓✓
- Install server at NDA-✓
- Load the verification of imports system on the server-0
- Commission the VOI system into production-✓
- Connect the regional offices to the head office by VPN-✓

Progress:

- Entered the backlog of data into the VOI
- Started training the seconded systems administrator
- NETWORK
- Activity rescheduled to Q15 when Truscan has been in use for 6 months allowing for assessment of feasibility
- Studies designed and students ready for data collection in Q14
- STTA met with NDA and highlighted issues with the costing study and possible way forward

Support a pre-service training program for health workers

Planned:

- Increase number of qualified tutors, print pharmaceutical training materials ✓✓
- Finalize development of advocacy materials ✓✓

Progress:

- Targeted number of trained tutors achieved earlier
- Inclusion of pharmaceutical training recommended by Ministry of education concurrent with curricula review
- Training materials available in softcopy

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

Support to UMTAC

Planned:

- Printing of UCG ✓✓
- Launch of UCG and EMHSLU ✓
- Develop training material for RDU training

Progress:

- Finalizing UCG delayed but UCG printed end of quarter
- Launch delayed due to delayed printing. Preparations ongoing. National launch scheduled for 29th January. Regional launches to follow
- RDU training material identified

Support to QPP Unit

Planned:

- CB in advanced quantification methodologies ✓✓
- CB in application of electronic tools for quantification (Quantimed) and supply planning (Pipeline) ✓✓
- Bimonthly SSR and strengthen data utilization by technical programs, donors, procurement agents, etc✓
- Quantification of needs and supply planning based on calendar of activities ✓✓

Progress:

- Bimonthly stock status report prepared and shared
- Advanced quantification methodologies course
- Quantimed & Pipeline training
- Bimonthly SSR improved, timely and discussed with technical programs, NMS, MAUL, JMS
- Quantification of needs and supply planning : ARVs, RH, Cotrim, RH, lab
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Support JMS

Planned:

- Development of an JMS M&E function, recruit staff ✓✓
- Customer/distribution network optimization study ✓✓
- Support acquisition, installation and implementation of MIS hardware ✓✓
- Develop SoW for the assessment of private wings pharmacies 0

Progress:

- M&E staff interviewed for JMS
- Distribution network optimization study completed, design and preparations for distribution pilot with 3PL completed.
- Supported acquisition, of a vendor to implement a new ERP and commencement of the procurement process for the ERP hardware
- Cold chain assessment commenced
- Proposals developed for Universal coding of EMHS
- Held discussions with MAUL on possible support areas and required TA.

Develop PIP/DSDS

Planned:

- Equipment and software installation ✓
- Software Requirements Specification (SRS) ✓
- Design Dimensional model 0
- Training in MS BI stack ✓✓

Progress:

- Software Requirements Specification for the DSDS developed and under review by MOH and SURE
- PIP vision and architecture presented to the eHealth consultant
- Batteries needed replacement
- Not enough progress by Technobrain staff
- Interviews with stakeholders, source review, output review
- 2nd version of the System Requirement Specification
- Dimensional model under review
- Training started (SURE and PD)

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

- Train 44 MMS mostly from implementing partner-supported districts (Makerere) ✓✓
- Pilot pharmaceutical financial management training for selected persons; then update pharmaceutical financial management manual and training materials ✓✓
- Hold district coordination meeting in 12 remaining districts ✓✓
- Hold five regional DHO/MMS meetings to review SPARS implementation ✓✓
- Participate in district operational plan and Saving Mothers Giving Life meetings and reviews ✓✓
- MMS to carry out supervision and on the job training in 700 facilities ✓✓
- Conduct data reproducibility surveys in three regions and update data quality training materials ✓
- Hold orientation meetings on data quality for all 146

Progress

- MUK Trained 57 persons
- Piloted in two training sessions
- Completed coordination meetings in 2 district central region, 8 districts South west and 4 districts Eastern region
- Attended DOP signing in Bugiri Kamwenge and Luwero
- Update of training materials based on previous reproducibility survey

- MMS ✓✓
- Regional field office/regional pharmacists provide supportive supervision to 45 district MMS ✓✓
- 45 districts visited

Implement new communication and information technology

<p>Planned</p> <ul style="list-style-type: none"> • Install computers in 5 hospitals ✓✓ • Train staffs from 9 hospitals ✓✓ • Develop support reporting tool ✓✓ Have 2nd round of computer training of the 147 MMS ✓✓ • Finalize semi-automated national report ✓✓ • Convert pdf form to InfoPath ✓ Develop SOPs for support tools ✓ • Generate customized reports for export from Rx and import into the DSDS ✓ • Data Utilization beyond the hospital ✓ Capacitate MoH PD in supporting and maintaining Rx sites ✓ • Develop draft structure for a centralized support center in resource center ✓ 	<p>Progress:</p> <ul style="list-style-type: none"> • Computers installed in 10 hospitals. • 26 staffs trained from 9 hospitals. • Pdf form for user support and error reporting developed and distributed. • 147 MMS trained 2nd time and selected MMS trained 3rd time to catch up • National report tool handed over to M&E. Collaboration established with TechnoBrain who is working on the conversion. • SOP drafted. • Training done in South Africa on customizing reports and exporting selected data from Rx in a structured way. • Poster and other documents acquired for analysis. • MoH PD IT staff involved in planning, installing, training and supporting the RxSolution hospitals. • Workgroup established across different IPs to come up with ideas on how best to support resource center.
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Sub-result 3.2: Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS

Roll out MMS/SPARS strategy to implementing partners

<p>Planned:</p> <ul style="list-style-type: none"> • National SPAS strategy review and coordination meetings (to be held in Jan 13) 0 • Undertake MMS training in non-SURE districts as selected by IPs ✓ • Support PNFPs to implement SPARS ✓ • Support MoH to develop a work plan for SPARS implementation in World Bank, MAUL, DFID, and NU HITES-supported districts ✓ • Develop a strategy for SPARS implementation in orphan districts ✓ 	<p>Progress:</p> <ul style="list-style-type: none"> • SPARS Concept paper widely shared with the IPs • SPAS Implementation guide developed and shared with the IPs • Meetings and discussions held with each IP on SPAS strategy • Together with MoH, supported World Bank and IDI in development of budgeted work plans for SPAS implementation • 37 MMS trained from non-SURE districts • 4 IP logistics advisors from STAR SW, IDI and TASO underwent MMS training • Supported Partners already implementing SPARS (STARS) • Ongoing discussion with MAUL, NUHITES an Medical Bureaus • Strategy for orphan districts developed and <i>presented to USAID</i>
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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

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| <ul style="list-style-type: none"> • Planned: • Develop and implement GPP IEC strategy ✓ • Develop certification criteria for GPP certification ✓ • Sign grant and start GPP inspections 0 • Orientation and training of NDA inspectors 0 | <ul style="list-style-type: none"> • Progress: • PR company identified and strategy developed • Draft GPP certification criteria ready. Approval in January meeting • Approval of grant delayed thus implementation delayed. No inspections during this quarter. • Implementation of GPP inspections delayed so no practical training |
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Build Capacity of Storekeeper

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| <p>Planned:</p> <ul style="list-style-type: none"> • STTS will train 24 store keepers and three general pharmacists ✓✓ | <p>Progress:</p> <ul style="list-style-type: none"> • 22 trained and the activity completed |
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Monitoring and Evaluation

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| <p>Planned:</p> <ul style="list-style-type: none"> • Review and implement PMP ✓ • Prepare partner and donor reports ✓✓ • Data Quality Assurance ✓✓ • Data Utilization ✓✓ • Conduct M&E training ✓ | <p>Progress:</p> <ul style="list-style-type: none"> • PMP was reviewed and shared with USAID. Pending approval • The USAID performance reporting database was updated and the annual PEPFAR report was submitted to MEEPP. • The data quality review meetings were held with all 5 regions • All 45 district SPARS reports were produced and disseminated. The national report was also produced. • All M&E training materials have been produced and training will take place in the next quarter. |
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