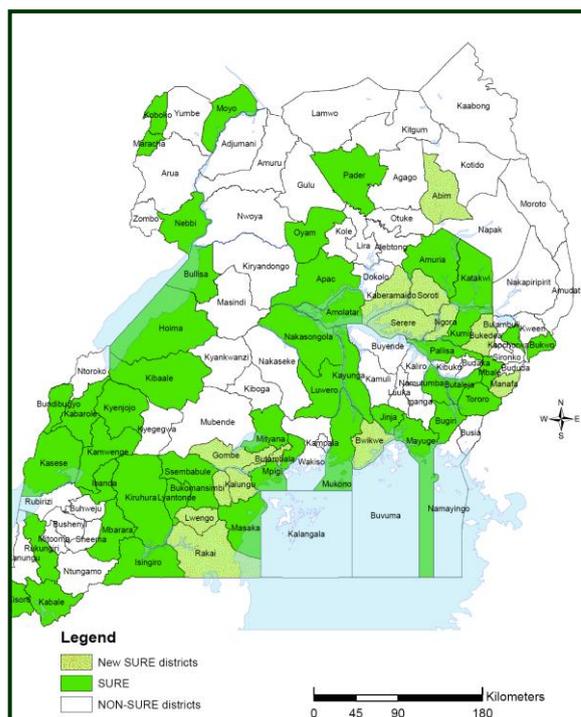




SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE) PROGRAM

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



Quarterly Progress Report

January–March 2013
(Quarter 14)

April 2013

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



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

About SURE

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

SURE Objectives

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

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

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONSIV

EXECUTIVE SUMMARY 1

SURE PROGRAM KEY OUTPUTS Q14 1

TECHNICAL RESULT AREAS AND ACTIVITIES 4

RESULT 1: IMPROVED POLICY, LEGAL, AND REGULATORY FRAMEWORK TO PROVIDE FOR LONGER-TERM STABILITY AND PUBLIC SECTOR HEALTH COMMODITIES SUSTAINABILITY 4

SUB-RESULT 1.1: GOVERNMENT OF UGANDA DEMONSTRATED COMMITMENT TO IMPROVING HEALTH COMMODITIES FINANCING 4

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 4

RESULT 2: IMPROVED CAPACITY AND PERFORMANCE OF CENTRAL GOVERNMENT OF UGANDA ENTITIES IN THEIR SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES 4

SUB-RESULT 2.1: IMPROVED CAPACITY OF NMS TO PROCURE, STORE, AND DISTRIBUTE THE NATION'S EMHS 4

SUB-RESULT 2.2: IMPROVED CAPACITY OF MOH PROGRAM MANAGERS AND TECHNICAL STAFF TO PLAN FOR AND MONITOR NATIONAL EMHS..... 5

SUB-RESULT 2.3: SUPPLY CHAIN SYSTEM COST EFFECTIVENESS AND EFFICIENCY IMPROVED THROUGH INNOVATIVE APPROACHES 13

RESULT 3. IMPROVED CAPACITY AND PERFORMANCE OF TARGETED DISTRICTS AND USAID IMPLEMENTING PARTNERS IN THEIR SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES 14

SUB-RESULT 3.1. IMPROVED CAPACITY AND PERFORMANCE OF TARGET DISTRICTS AND HEALTH FACILITIES IN PLANNING, 14

SUB-RESULT 3.2. IMPROVED CAPACITY OF SELECTED IMPLEMENTING PARTNERS IN QUANTIFYING, MANAGING, AND MONITORING EMHS 19

SUB-RESULT 3.3. OVERALL ACCESS TO EMHS IMPROVED THROUGH INNOVATIVE DISTRICT-LEVEL INTERVENTIONS 20

MONITORING AND EVALUATION 22

PERFORMANCE MONITORING PLAN..... 22

PROGRAM MANAGEMENT 26

OPERATIONS 26

STAFFING 26

FINANCE..... 29

ANNEX A: SUMMARY OF SURE STAFFING STATUS AS OF MARCH 31, 2013..... 31

ANNEX B: SUMMARY OF PROGRESS AGAINST PLANNED ACTIVITIES IN Q14 35

ANNEX C: DISTRICT PERFORMANCE ON SPARS: AVERAGE SCORE OF FACILITIES SUPERVISED: MARCH 2013 42

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ARV	antiretroviral
ART	antiretroviral therapy
CDC	US Centers for Disease Control and Prevention
CPHL	Central Public Health Laboratory
DGHS	Director General of Health Services
DHIS2	District Health Information Management Software Version-2
DHO	District Health Officer
EMHS	Essential medicines and health supplies
EMHSLU	Essential Medicine and Health Supplies List of Uganda
FACTS	Financial and commodity tracking system
GDF	Global Drug Facility
GPP	Good pharmacy practice
HC	Health Centre
JMS	Joint Medical Store
MAUL	Medical Access Uganda Limited
M&E	monitoring and evaluation
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
NU-HITES	Northern Uganda Health Integration for Enhanced Services [Project]
PIP	Pharmaceutical Information Portal
PMP	Performance Monitoring Plan
PMTCT	Preventing Mother to child Transmission
PNFP	private not-for-profit
PPMR	Procurement Planning and Management Reporting
QPPU	Quantification, Planning, and Procurement Unit
RDT	Rapid Diagnostic Test
SLMTA	Strengthening Laboratory Management Towards Accreditation
SPARS	Supervision, Performance Assessment, and Recognition Strategy
STTA	Short Term Technical Assistance/Assistant
SURE	Securing Ugandans' Right to Essential Medicines [Program]
TASO	The AIDS Support Organisation
TB	Tuberculosis
UCG	Uganda Clinical Guidelines
UGX	Uganda Shillings
UMTAC	Uganda Medicines Therapeutic Advisory Committee
USAID	US Agency for International Development
VEN	vital, essential, or necessary
VOI	verification of imports
WAOS	web based ARV ordering system
WHO	World Health Organization

EXECUTIVE SUMMARY

The 14th quarterly performance monitoring report (Q14) for the Securing Ugandans' Right to Essential Medicines (SURE) Program covers the period from 1 January to 31 March 2013. The report presents progress on implementation of the Year 4 program work plan and highlights both 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.

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

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

SURE developed a concept note proposing a study to investigate the equity of resource allocation for essential medicines and health supplies (EMHS) at hospitals and health centre (HC) IVs. The study will be done jointly with the Pharmacy Division; regional pharmacists and district medicines management supervisors (MMS) based in hospitals and HC IVs will collect the data in the field.

The Pharmacy Division and SURE management discussed how to proceed with the SURE steering committee and concluded that given the short remaining life of the program, the best way to discuss program progress will be through quarterly meetings of the Pharmacy Division, USAID, and SURE, with key resolutions communicated by the Pharmacy Division to the Director General of Health Services.

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

At a meeting in February 2013, the National Medical Stores (NMS) affirmed its interest in working with and receiving direct support from SURE. The memorandum of understanding to govern this collaboration was submitted to the solicitor general for approval, which is expected early in the next quarter.

As part of SURE's support to MoH technical programs, we conducted two trainings of trainers in the use of the web-based antiretroviral ordering and reporting system (WAOS); however, the launch of the program has been delayed by the Ministry of Health's (MoH) Resource Centre. In addition, we tracked physical orders and rerouted wrongly placed orders to their respective warehouses. We also revised the national quantification split for public and private sector needs to determine allocation of commodities to different warehouses. Implementing partners report that this supply chain rationalization has helped streamline facility ordering and reporting, and at central level, it has made stock transfers possible, thereby mitigating potential stock-outs.

During last quarter, the Quantification, Planning, and Procurement Unit (QPPU) supported the national disease control programs to produce gap analyses to inform the re-programming of Global Fund grants. The unit coordinated the review of national quantifications and forecasts of commodities for antiretroviral therapy (ART), tuberculosis (TB), malaria, and laboratory. The results were presented at a retreat organized by the Global Fund and used to reprogram procurement and supply management grants for the respective disease areas.

After the TB program switched a recommended treatment regimen from ethambutol isoniazid to rifampicin isoniazid, SURE was tasked with the development of a plan to guide the transition. SURE's draft plan is under review by key stakeholders in TB management. The complete plan will be costed and shared with the Global Drug Facility. In addition, with support from the SURE program, the TB program is in the final stages of establishing a monitoring and evaluation (M&E) unit along with other key partners in TB control. A fully functional M&E unit should result in better management and data utilization across TB control components leading to more informed decision making. This was a major recommendation in the recent TB supply chain assessment funded by USAID through SURE. Furthermore, the SURE program has developed a TB supervision performance assessment plan—TB supervision, performance, and recognition strategy (SPARS). SURE is recruiting a TB SPARS officer to implement this major activity.

SURE's recommendation in December 2012 to improve uptake of artemisinin-based combination therapies (ACTs) and rapid diagnostic test (RDTs) by contacting non-reporting facilities and urging them to order free commodities led to a doubling in the monthly consumption and ordering rate for malaria commodities in March compared to February. An increase in the rate of private not-for profit (PNFP) facilities placing an order at least once in the previous six months rose to 60% for March compared to 50% the previous month. Field visit results found the level of awareness among facilities about the free malaria commodities at Joint Medical Store (JMS) to be low, requiring further sensitization. SURE has seconded a data entry person to capture all information on the

ACT commodity order and report forms. She will also monitor non-reporting facilities and coordinate communication to facilities and the bureaus with the aim of improving commodity uptake.

The final laboratory logistics assessment report is ready for printing and dissemination. Following the assessment workshop, SURE met with Central Public Health Laboratory (CPHL) to agree on areas of SURE support, including adapting SPARS to Strengthening Laboratory Management towards Accreditation (SLMTA) and rolling it out to 20 districts/hubs to strengthen supervision and build capacity at facility level.

In support to the Pharmacy Division, SURE's seconded M&E officer started developing the division's M&E plan. Through a consultation process, the results framework and 35 indicators were developed. The officer also helped the Pharmacy Division in data analysis and reporting for the health sector strategic plan midterm review process and in producing the national performance report on medicines management for October–December 2012. The report was shared with development partners, District Health Officers (DHOs) and other key stakeholders involved in medicines management.

The Uganda Clinical Guidelines (UCG) 2012 and the Essential Medicines and Health Supplies List for Uganda (EMHSLU) 2012 were launched nationally in January and meeting participants received copies of the UCG and EMHSLU.

At JMS, the pilot for door-to-door distribution was launched at the end of March to Fort Portal and Kasese. All consignments were delivered within 24 hours of leaving JMS, and customers expressed satisfaction with the delivery. In addition to savings on the cost of transport, the customers stand to benefit from significant time savings because they do not have to send staff to Kampala to collect their orders.

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

During the last quarter, six more non-SURE districts rolled out SPARS, increasing the number to 34, which is 64% coverage. SURE also implemented SPARS start-up activities for 14 new districts, Abim, Kaberamaido, Soroti, Serere, Bukedea, Manafwa, Buikwe, Gomba, Bukomansimbi, Rakai, Lwengo, Butambambala, Kalungu, and Ngora; following USAID approval for SURE to support these districts in order to achieve national coverage. To expedite implementation and ensure that MMS are prepared, the SPARS rollout in the new districts will be done differently based on previous lessons learned. For example, tools such as the EMHS manual, dispensing trays, and dispensing envelopes will be given to facilities immediately at the first supervision visit, and not be included as part of the reward scheme.

Training activities included Makerere University's training of 48 in medicines management under its ongoing contract with SURE. The pharmaceutical financial management (PFM) training was rolled out with 33 trained in two sessions. Participants included 16 district MMS, 5 regional pharmacists, 8 general hospital pharmacists, and 4 SURE regional field coordinators. SURE contracted with lecturers from the pharmacy departments of Makerere University and Mbarara University of Science and Technology to conduct the PFM training to ensure that it becomes institutionalized. SURE also sponsored training sessions in M&E and RxSolution during the quarter.

MMS continued to carry out on-the-job training and performance assessment of medicines management at health facilities in their areas. They made a total of 561 supervision visits this quarter, which is less than the target of 700 visits. One of the reasons for the discrepancy is that more than 600 facilities have been visited 5 times, and after 5 visits, MMS reduce the frequency of supervision visits by increasing the interval from 2 months to 4 months.

At the beginning of this quarter, SURE reviewed the distribution of SPARS rewards, which showed that at the current rate, many facilities would not receive some of the rewards in their first year yet some reward items, such as dispensing trays, are needed to improve the quality of pharmacy practices. SURE implemented a plan that expedited rewards delivery by having the regional coordinators other than MMS deliver the items to the facilities. By the end of the quarter, 1,677 facilities had received all the key reward items. MMS have also received 5,000 UGX for every supervision report submitted electronically, and those who completed 15 visits per quarter were paid 45,000 UGX each as part of the MMS reward scheme.

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

SURE PROGRAM KEY OUTPUTS Q14

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

1.1 Government of Uganda demonstrated commitment to improving health commodities financing

Financial and commodity tracking system (FACTS) and resource utilization

- Concept note for a study on equity in resource allocation of essential medicines and health supplies (EMHS) developed
-

1.2 Legal, regulatory and policy framework revised to promote appropriate use of available funds and commodities

- Quarterly meeting with USAID and Pharmacy Division to replace the planned steering committee held
-

Result 2: Support to improve the capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities

2.1 Improved capacity at NMS to procure, store and distribute the nations EMHS

- NMS/USAID/SURE memorandum of understanding revised and updated (awaiting signing)
-

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

MoH technical program support in commodity management

CPHL/Lab commodity management

- Lab assessment report finalized and discussed
 - Implementation plan and budget for SURE support to CPHL with detailed activities including SLMTA/SPARS, information technology support, M& E plan, and secondment to CPHL developed
 - Concept paper on lab HIV commodities supply chain rationalization drafted
 - Three month gap analysis for lab commodities in response to stock out crisis conducted
 - Quantification of national laboratory commodity needs completed
-

NMCP

- PNFP SPARS implementation plan adopted by the religious medical bureaus
 - January–February report on management of President's Malaria Initiative (PMI) and pooled malaria items at JMS drafted
 - January–March WHO procurement planning and management reporting data and Uganda needs assessment reports drafted
 - Gap analysis for program commodity needs completed
-

NLTP

- National isoniazid quantification undertaken
 - Draft TB regimen switch plan developed
 - M&E indicators for commodity logistics defined
 - TB SPARS plan developed
 - Allocations of TB medicines per health facility defined
-

ACP

- 36 people trained as trainers in WAOS
 - Districts and ART sites to parent implementing partner mapped
 - Orientation of national warehouse WAOS users undertaken
 - WAOS performance indicator framework developed
-

- 3,000 ARV dispensing logs printed and disseminated

Support and strengthen the Pharmacy Division

- Pharmacy Division visit to health facilities that treat refugees supported
- Weekly coordination meetings with CDC, WHO, CHAI and other key stakeholders held
- Regional pharmacists and implementing partners meeting held
- M&E officer deployed to Pharmacy Division
- First national report on medicines management generated and circulated by Director General of Health Services

Quantification and Procurement Planning Unit

- March 2013 bimonthly stock status report developed and circulated
- Standard Operating Procedures NMS, JMS, and Medical Access Uganda, Ltd. (MAUL) on trading stock and harmonizing deliveries at advanced stage of development
- National quantifications for ART, lab, TB, and malaria and gap analysis and reprogramming of Global Fund procurement and supply management grants completed
- Quantification and supply planning of lab commodities for Joint Clinical Research Centre and prevention of mother-to-child transmission (PMTCT) Option B+ conducted
- Lab supply plans prepared for MAUL, USAID/Supply Chain Management System (SCMS), and Uganda Cares revised
- 37 staff trained in procurement and supply management
- Supply plans for ARV medicines transferred to Pipeline™ database

NDA

- Institutional Review Board approval for dispensing doctors study submitted
- Scope of work and possible candidates for the wholesaler short-term technical assistance (STTA) agreed on with NDA
- NDA server room readied
- All ports of entry connected to the head office

Pre-service training

- The advocacy handbook (minimum skills package) completed for publication
- Baseline report including assessment tool for monitoring implementation of pharmaceutical management curriculum in pre-service training submitted
- Contract with Makerere University for additional training of 100 tutors from 90 institutions and additional training of 110 MMS for the new 14 SURE districts drafted

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

Uganda Medicines Therapeutic Advisory Committee (UMTAC)

- UCG and EMHSLU 2012 launched nationally
- Two SURE staff attended international rational use of medicine course

Joint Medical Store (JMS)

- Implementation of JMS ERP system changeover plan to IFS Applications™ targeted to be operational by July 2013
- To-the-door delivery of JMS EMHS for five customers in Kasese and Fort Portal piloted
- Monthly meetings between JMS and SURE held

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

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

District support package

- District reports generated and discussed at district meetings
 - Memoranda of understanding signed for MMS for all 14 new districts
 - 38 MMS trained in supply chain management and 11 MMS in defensive motorcycle riding
 - 33 MMS trained in pharmaceutical financial management
 - 561 supervisory visits to health facilities made
 - 1,677 facilities rewarded with batch 1-5 rewards
 - District coordination meetings held in 45 districts
 - Redistribution guidelines disseminated to all facilities and MMS in 45 SURE districts
 - 720 shelves received in country
 - Stores assessment report finalized and presented at technical working group meeting
-

New district communication and technology (netbook/RxSolution)

- 26 hospital staff trained in use of RxSolution
 - Regional pharmacists from 14 hospitals trained in use and installation of RxSolution
 - GCFLearn installed on 80 USB sticks and procedure for production revised
 - On-site training in five hospitals held
-

PIP/DSDS

- Systems requirements specification signed off by the representatives of Pharmacy Division and SURE
 - Training scheduled for Pharmacy Division and SURE staff to use the SharePoint/InfoPath architecture beyond DSDS
 - Detailed proposal for restructuring the MoH Resource center and concept note outlining partners' concerns regarding this investment drafted
-

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

SPARS

- Number of non-SURE districts with SPARS increased to 34 (from 28 in Q13)
 - 26 MMS from non-SURE districts and 3 NU-HITES logistics advisors trained in supply chain management
 - 12 implementing partner staff trained in SPARS district quarterly performance report generation and data utilization
 - SPARS implementation work plan for NU-HITES developed and reviewed by MoH
 - Redistribution guidelines distributed to health facilities in non-SURE districts
 - SPARS rollout status reports generated and shared with implementing partners and other stakeholders
 - Uganda religious medical bureaus/SURE PNFP SPARS concept and implementation plan developed
 - 7 religious medical bureau staff and 12 Diocesan health coordinators trained as MMS
-

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

Good Pharmaceutical Practice (GPP) accreditation of public facilities

- NDA and SURE GPP contract signed
 - Criteria for certification agreed to and eight NDA inspectors trained in GPP through classroom training
 - 24 public sector health facilities inspected for GPP
-

Monitoring and evaluation

- Basic M & E training piloted
 - Third kit survey implemented, report under preparation
 - Saving Mothers Giving Life report generated
 - Second round of data quality assurance study and training implemented
 - 8 trained in online literature search
 - Q13 report submitted and approved
-

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

Develop Financial and Commodity Tracking System (FACTS) and resource utilization assessment

SURE, in collaboration with the Pharmacy Division, developed a concept note proposing a study to investigate the equity of resource allocation for EMHS at hospitals and HCIVs. Regional pharmacists and district MMS situated at hospitals and HCIVs will collect data. The equity study will guide the Pharmacy Division's proposed revisions to the allocation formula.

Next steps

- Conduct the equity study and give recommendations on budget line allocation
- Design VEN 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

Establish SURE steering committee

The Pharmacy Division and SURE management discussed the best way to proceed with the steering committee and concluded that given the short remaining life of the program, the steering committee was overtaken by events. Quarterly meetings of the Pharmacy Division, USAID, and SURE will instead be held and the Pharmacy Division will communicate key resolutions of the meeting to the Director General of Health Services.

Next steps

- Hold quarterly PD/USAID/SURE meetings
- Plan and prepare for pharmacy conference in November

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 the nation's EMHS

Strengthen NMS efficiency and effectiveness

At a meeting in February 2013, NMS affirmed their interest in working with and receiving direct support from SURE. The memorandum of understanding to govern such collaboration has been revised and submitted by NMS to the solicitor general for approval, which is expected early in the next quarter. In the meantime, SURE continues to look for opportunities for collaboration; for example, one staff attended the procurement and supply management training in March, and seven NMS regional customer care representatives are to participate in an upcoming medicines management training session. In addition, NMS regularly provided information for the stock status reports, procurement plans, commodity emergency group meetings, and web-based ARV ordering training.

Next steps

- Prepare a work plan and budget to support NMS
- Train NMS customer care representatives in supply chain management following expansion of the Makerere MMS training contract
- Collaborate on supply chain rationalization of HIV 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 for and monitor national EMHS

Support MOH technical programs in commodity management

Five officers provide logistical or M&E support to MoH technical programs: AIDS Control Program, National TB and Leprosy Program, and National Malaria Control Program (NMCP), and CPHL.

AIDS Control Program

During this reporting period, support to the AIDS Control Program included preparing for the rollout of WAOS and providing technical assistance to the one-facility-one-supplier strategy (supply chain rationalization), option B+, and Quantification Procurement Planning Unit (QPPU) activities.

The official use of the WAOS was set to start on 1 November 2012, however, the MoH Resource Centre had not granted user rights, so the system and related activities were put on hold. After pressure from USAID and the Director General Health Services a number of users were, toward the end of March, granted rights to enter orders. Users have been created at the Ministry, district, central warehouses, and at facilities with Internet connectivity. Moving forward, district biostatisticians should be entering orders for all facilities without Internet connectivity or access rights because they have access to DHIS2/WAOS. User accounts for implementing partners have not yet been created pending the development of guidelines on access to government systems compliant with Ugandan laws. SURE is also supporting development and implementation of an order and reporting monitoring system and the establishment and implementation of an SMS/telephone ordering system to ensure timely ordering and reporting.

SURE conducted two additional trainings of trainers in the use of the WAOS; one for 23 TASO staff members and another for 13 staff members from district health offices in Karamoja region excluding Napak, Moroto, and Amudat. So far, at least 65% of the implementing partners have conducted WAOS trainings with 334 persons trained to date. To further support the use of the ordering system, SURE printed 3,000 copies of an integrated ART and PMTCT dispensing log, which the AIDS Control Program will distribute to ART sites in all districts through implementing partners.

Monitoring the supply chain rationalization initiative involved ensuring that orders were submitted to the assigned warehouses. The monitoring was not as smooth as anticipated due to the delay in the start of the WAOS which would have facilitated tracking of this process. Nonetheless, SURE conducted analyses by tracking the physical orders and rerouting wrongly placed orders to their respective warehouses (in January 2013, 25 facilities out of about 700 sent their orders to the wrong warehouse). We revised the national quantification split for public and private sector needs to determine commodity allocation to the different warehouses. A 55% allocation was allowed for the public sector and 45% for the private. This was then used to review and update Pipeline stock for the different warehouses. Implementing partners reported that supply chain rationalization has helped streamline facility ordering and reporting, and at central level, it has made stock transfers possible, thereby mitigating potential medicine stock-outs and expiry.

Together with the QPPU, the AIDS Control Program collected, analyzed, and disseminated information on the stock status of HIV commodities in both the public and private sectors. This information was used to update the stock on hand and Pipeline data as of 1 January and 1 March 2013. Following Global Fund's decision to redirect funds from certain activities to commodities, a review and update was needed of the national quantification for HIV/AIDS commodities under the HIV Round 7 Phase 2 grant. Funds from "toxic activities" were redirected to HIV laboratory commodities. A revised procurement and supply management plan and budget were submitted to Global Fund for approval. QPPU conducted a gap analysis for ART and PMTCT commodities and presented it to the Global Fund's

Country Coordination Mechanism. This gap analysis will be used to lobby for additional funds to support the ART and PMTCT programs. In addition, at the request of USAID, SURE revised the PEPFAR quantification for ART to inform ARV budgeting.

Rollout of Option B+ to eliminate mother-to-child transmission has been phased in at different regions. The process required that implementing partners and facilities be trained prior to providing Option B+ commodities, and medicine needs were determined for the different phases. SURE and the Pharmacy Division were responsible for reviewing and updating the logistics component of the training materials at the request of the Clinton Health Access Initiative who had overall responsibility for the training. The complete initial medicine push for each individual facility was consolidated per implementing partner and submitted to the warehouses, which then issued these commodities to the implementing partners to distribute to their facilities. To further support Option B+ implementation, we monitored stock on hand and Pipeline stock. We have consistently presented status updates during Option B+ coordination meetings.

Challenges

- Use of the WAOS did not start off as planned due to the Resource Centre's delay in setting up users in the system. The system was not used and therefore no data retrieval, analysis, or utilization was possible. Presently, few of the approximately 989 certified facilities have access to both Internet and a computer. To ensure optimal use of WAOS, it will be critical, but a challenge, to increase the numbers of orders the facilities submit electronically. Having the biostatistician at the DHO input orders is a challenge.

Next steps

- Continue alerting MoH about granting all user access rights and determining the guidelines for access to systems
- Monitor support and follow-up rollout and use of WAOS including by implementing partners
- Continue expanding the number of facilities able to submit web based orders and grant them access
- Support regional pharmacists to conduct training of facilities without implementing partner support
- Guide targeted supervision of facilities by implementing partners and regional pharmacists
- Continue to monitor the implementation supply chain rationalization using WAOS
- Monitor implementation of option B+ and patient numbers using WAOS

National TB program

Re-quantification of medicines and supplies in light of the Global Fund TB program grant re-allocation was carried out earlier this year. The revision factored in the most recent price changes and the stock situation in country. It also factored in the regimen switch from ethambutol + isoniazid to rifampicin + isoniazid. This move generates the need for strong M&E functions at the program to track DOTS with the introduction of use of rifampicin + isoniazid. SURE was tasked with developing a plan to guide the treatment transition from ethambutol + isoniazid to rifampicin + isoniazid. SURE's draft is under review by key stakeholders in TB management including WHO and TRACK TB. The complete plan will be costed and shared with the Global Drug Facility who wants to understand how the TB program plans to introduce the new regimen and mitigate any losses. This is a high-priority activity for the TB program and donors.

The TB program hosted a Global Drug Facility mission to review practices used in medicines management and stock position in light of Uganda's new order for the Global Fund. The SURE program acted as the local coordination unit for their visits to various stakeholders. Global Drug Facility made the following recommendations—

- An emergency order for first line medicines must be placed.
- A transition plan to rifampicin + isoniazid should be sent to the Global Drug Facility.
- Strengthened communication is needed between the Global Drug Facility head office and the relevant agents handling medicines because the transition led to a change of roles and contact persons for key functions in supply planning and management.

- A strategy to increase childhood TB focus as a country and scale-up usage and rational use of pediatric TB medicines should be developed.

To strengthen the TB program's capacity to manage procurement and supply management, SURE trained two personnel from the program to prepare and review procurement and supply management plans; and develop strategies to address queries. A better understanding of Global Fund procurement and supply management policies and practices should help minimise delays in grant releases.

With support from the SURE program, the TB program is in the final stages of establishing an M&E unit comprised of key partners in TB control. A fully functional M&E unit should result in better management and utilization of data across TB control components and lead to more informed decision making. This was a major recommendation in the recent TB supply chain assessment funded by USAID through SURE. Furthermore, the SURE program has developed a TB supervision performance assessment plan—TB SPARS. SURE is recruiting a TB SPARS officer to implement this major activity.

Next steps

- Finalize the incorporation of logistics indicators into the M&E plan for routine monitoring at the TB central unit
- Introduce and implement TB SPARS
- Strengthen coordination with other partners involved in TB control
- Update the supply plan for anti-TB medicines
- Quantify multidrug resistant (MDR)-TB medicines
- Finalize the regimen switch plan
- Present a position brief to the Director General regarding the MDR-TB medicines situation
- Recruit a TB data specialist and TB SPARS officer

National Malaria Control Program

Following the Global Fund's decision to redirect funds into commodities, SURE helped the NMCP produce a gap analysis to inform the reprogramming. We reviewed and updated the national quantification of malaria commodities and prepared and presented a gap analysis that the Country Coordination Mechanism approved. The analysis determined that approximately \$30 million was needed for antimalarial commodities in 2013, with only \$21 million available, leaving a potential gap of \$9 million. Unfortunately, only \$5 million is available from the Global Fund reprogramming. The procurement and supply management plan annexes and budget were also revised and submitted to Global Fund for approval.

SURE's recommendation in December 2012 to improve uptake of ACTs and RDTs by contacting non-reporting PNFP facilities and urging them to order free commodities led to a doubling in the monthly consumption and ordering rate for malaria commodities in March compared to February. An increase in the rate of PNFP facilities placing an order at least once in the previous six months rose to 60% for March compared to 50% the previous month. To further improve uptake, SURE revised and piloted the PNFP order and report form in a number of facilities who reported that it was easier to use.

During the quarter, SURE and the religious medical bureaus developed a SPARS implementation plan for the PFNP sector, and 19 representatives from the Protestant, Muslim, and Orthodox medical bureaus, including Diocesan Health Coordinators, were trained as MMS. Regular coordination meetings were held between JMS, the medical bureaus, and SURE to coordinate logistics management capacity at PNFP facilities through the SPARS strategy (see 3.2 for additional information).

SURE, USAID, and JMS conducted a joint field visit in March 2013. They found the level of awareness among PNFP health facilities about the free malaria commodities from JMS to be low. Increasing sensitization and monitoring of orders coming to JMS are high priorities for the next quarter. SURE has seconded a data entry person to capture all information on the ACT commodity order and report forms received. She will also monitor non-reporting facilities and coordinate communication to facilities and the bureaus with the aim of improving commodity uptake. We analyzed the JMS Pipeline and stock data of January and February from JMS and prepared a PNFP

antimalarial commodity stock status report, which identified potential expiries leading to interventions that mitigated the risk of expiry of 8,000 packs of ACTs and 575,000 RDTs.

SURE attended the Roll Back Malaria Partnership meeting in addition to other NMCP meetings to discuss logistical issues. One pertinent issue from the Roll Back Malaria meeting was village health teams' access to malaria commodities from health facilities, which we will pursue further with Pharmacy Division. SURE continued to provide data for the quarterly procurement planning and monitoring report and the Uganda needs assessment reports (which WHO requires for Uganda as a high-burden malaria country).

Challenges

PNFP facilities' sale of ACTs that have been provided free of charge is a major challenge, and a solution is yet to be found.

Next steps

- Continue to review and report on the quality of PNFP malaria orders to JMS
- Train the Diocesan Health Coordinators from the Uganda Catholic Medical Bureau
- Help JMS manage free antimalarial commodities and prepare bimonthly stock status and Pipeline reports
- Support JMS to develop an antimalarial commodity ordering and reporting schedule for PNFP facilities
- Follow-up on the implementation of the recommendations made in the field visit report and PNFP antimalarial commodity stock status report

Central Public Health Laboratory

Following on from the lab supply chain rationalization activities from last quarter, SURE recognized the need to brief senior CPHL management and obtain their buy-in before any further activities. With support from SURE, CPHL coordinated the first meeting of the Lab Harmonization Committee whose initial focus will be to rationalize the HIV lab commodity supply chain. SURE developed a concept paper for the Director General of Health Services that describes the current funding, commodity, and information flows and tasks that need to be addressed to achieve improvements. In addition, widening the list of tracer items that are reported on the national stock status would better inform the availability of key lab commodities. This will be undertaken in the next quarter, and the items will also be tracked in PipelineTM, a software program that allows lab commodity management.

The laboratory logistics assessment report was edited and is out for printing and dissemination. Following from the assessment workshop, SURE met with CPHL to agree on areas of SURE support, including adapting SPARS to SLMTA (Strengthening Laboratory Management Towards Accreditation) and rolling it out to 20 districts/hubs to strengthen supervision and build capacity at facility level; updating the draft M&E plan with SLMTA/SPARS indicators; training on DHIS2; and continuing lab supply chain rationalization activities. Although limited availability of key staff members (logistics and M&E secondment to CPHL) due to competing activities; a number of urgent requests outside the scope of SURE support work (proposal for US Centers for Disease Control and Prevention [CDC], visits to the districts); and changes in funding mechanisms for lab supplies that have triggered the new supply chain rationalization activities slowed down implementation of planned activities, this is expected to change in the next quarter. In addition, SURE will support setting up a logistics management information system at central level next quarter and continue supporting CPHL with an international laboratory strengthening short-term technical expert.

In the last quarter, SURE, the QPPU, and CPHL conducted a national quantification of lab commodities and identified a large financing gap: total forecast value for the calendar year 2013 was approximately 54 million US dollars (USD). Of this, only USD 39 million was identified as committed from stakeholders, leaving a gap of approximately USD 15 million. The effect of this financing gap, caused partially by uncertainty in flow of funds from partners as well as the gradual scale-up of laboratory service capacity hubs and HIV-related clinical services, is likely to reach an availability crisis. SURE provided support in determining the immediate needs to cover a three-month supply for critical items.

Challenges

The looming stock-out crisis of lab commodities required a considerable amount of attention which was not anticipated at the start of the quarter. Although a series of meetings involving all stakeholders have been held to address the situation, no clear resolution is as yet available and the situation can only be expected to worsen.

Next steps

- Implement lab SPARS/SLMTA
- Revise the M&E framework to include SPARS indicators
- Continue support to lab supply chain rationalization
- Support CPHL staff to undertake DHIS2 training
- Recruit data administrator, M&E intern, and logistics support staff
- Increase list of lab tracer items to better represent lab stock availability
- Set up database in Pipeline™ for lab tracer items and routinely update supply plan
- Print and disseminate 100 copies of lab assessment report

Support and strengthen the Pharmacy Division

This quarter SURE hosted the second SURE steering meeting where Pharmacy Division, SURE, and USAID representatives discussed SURE activities focused on support to MoH special programs, information management, and district capacity building. The minutes will be used to write a brief about SURE activities to the Director General of Health Services.

The biannual meeting of regional pharmacists, SURE, and implementing partners was held at the beginning of the quarter. The two-day meeting covered implementation of EMHS activities, challenges, and way forward. The main recommendations included involving regional pharmacists more in the rollout of WAOS, having regional pharmacists put in place an EMHS budget and expenditure monitoring system as described in the pharmaceutical financial management manual, and SURE and the Pharmacy Division developing a study to assess the current EMHS allocation formula and determine the most equitable way of allocating the EMHS budget nationally.

The M&E secondment at the Pharmacy Division started work on developing the M&E plan. Through a consultation process, the results framework and 35 indicators have been developed. The seconded staff also supported the Pharmacy Division in data analysis and reporting for the health sector strategic plan midterm review process and the production of the first national performance report on medicines management. The report was shared with donors, development partners, implementing partners, and other stakeholders involved in medicines management. The report was presented at a meeting attended by DHOs, district staff MMS, and SURE regional staff.

Challenges

The orientation workshop for newly recruited general pharmacists did not take place due to lack of clarity about their status. It was not clear whether the government of Uganda would give them a one-year contract as was the case with the previous group. The Pharmacy Division will follow up and inform SURE once the issues are clarified.

Next steps

- Continue weekly meetings as well as technical working group meetings
- Hold quarterly SURE/Pharmacy Division/USAID steering meeting
- Produce the quarterly national performance report for the period January–March 2013
- Finalize M&E plan for Pharmacy Division by developing the indicator reference sheets defining the indicators
- Develop data collection tools and collect and analyze data
- Support health insurance training for Pharmacy Division staff
- Implement the orientation workshop for general hospitals

Quantification and procurement planning

The QPPU continues to receive an increasing number of requests to support EMHS quantification tasks of different scopes. It is now a well-established, effective central hub for coordinating EMHS needs and providing information on financing, quantification, procurement planning, and commodity availability for medicines and supplies.

The QPPU supported the national disease control programs to produce standardized gap analyses to inform the re-programming of Global Fund grants in 2013. The unit coordinated the review of national quantifications and forecasts of commodities for ART, TB, malaria, and lab. It helped programs carry out data collection, analysis, and use, perform financial gap analysis for the different disease components and interventions, and update the procurement and supply management plans for different grants. The results of the quantification and financing gap analysis were presented at a retreat organized by the Focal Coordinating Office of the Global Fund and used to reprogram procurement and supply management grants for the respective disease areas.

Summary table of financial gap analyses for various commodity categories (USD)

Program (area of quantification)	2013		2014		2015	
	National Need	Gap	National Need	Gap	National Need	Gap
Malaria (ACTs, RDTs, severe malaria)	29,712,045	11,090,872	28,067,231	9,597,446	22,996,584	14,999,339
ART	84,885,470	18,440,984	105,979,583	10,491,916	126,966,306	104,379,148
TB (Categories i, ii & iii)	2,283,942	0	2,518,383	1,498,543	2,348,250	2,348,250
MDR-TB ^a	299,722	0	299,722	0	299,722	0
Lab ^b	54,350,274	14,881,030	62,634,988	34,329,818	72,968,017	70,668,017

^a The number of new patients on treatment per year is fixed and the amount calculated represents the cost of the whole course of treatment for the target patients

^b Includes HIV test kits, CD4 reagents, hematology, viral load, early infant diagnosis, microbiology, and general reagents

The Unit also supported the Global Fund Principal Recipient (TASO) to revise its delivery schedules for ARVs after most shipments intended for November 2013 were accelerated to September 2013 to address gaps in the supply plan. In addition, the QPPU coordinated the forecasting and supply planning for laboratory requirements for Joint Clinical Research Centre for and supported sites. Other activities included quantification for PMTCT Option B+ phase 3, conducting a financial gap analysis for the lab supplies crisis, and review of lab supply plans for MAUL, USAID/SCMS and Uganda Cares.

To improve monitoring, the QPPU used the Pipeline tool to set up a database for ART medicines, which will be updated routinely and used to assess risks in the supply chain. The unit is in the process of setting up similar databases for TB, malaria, lab, and reproductive health, as well as a server to improve data security and accessibility by the program logisticians and Pharmacy Division staff.

In March, the QPPU coordinated and participated in a workshop on procurement and supply management planning based on Global Fund policies. The aim of the workshop was to increase the number of qualified logisticians and grant managers able to support the planning, implementation, and evaluation of medicines procurement and supply systems in Uganda. Participants (37) included staff of Pharmacy Division, MoH, the QPPU, managers and logisticians from key public health programs, managers of warehouses, and regional pharmacists.

To ensure that the bimonthly stock status report becomes more action-oriented, SURE discussed the stock status report of 1 March 2013 with key stakeholders including the Pharmacy Division Commodity Security Group, the MoH Technical Working Group on Medicines Procurement and Management, and the Health Policy Advisory Committee. As a result, decisions regarding stock management and control at the central warehouses were made, including stock trading between warehouses and adjustment of suppliers' delivery schedules to mitigate stock risks. To streamline cross-warehouse transfer of stock between NMS, JMS, MAUL, and Uganda Health Marketing Group, SURE developed a standard operating procedure (SOP) that covers a wide range of issues such as the responsibility

for the initiation of stock transfers, steps to be followed, financial implications, and the necessary authorizations required. The SOP has been discussed by all stakeholders and is close to finalization.

Challenges

- Stock data from some warehouses and consumption data from the MoH Resource Center are not obtained in a timely manner, and data to support accurate quantification of needs is lacking.
- Although a quantification calendar has been prepared to fit in with the MoH and partner budgeting processes, it is immediately out of date due to the increasing number of ad hoc demands for quantification tasks/exercises.

Next steps

- Finalize SOPs of stock transfers between warehouses as well as tool to track stock transfers
- Finalize quantification reports for HIV, malaria, and TB
- Continue production of MoH bimonthly stock status report
- Set up a mini-server to host QPPU data
- Set up and routinely update Pipeline databases for malaria, lab, TB, and reproductive health
- Support quantification and supply planning activities as per the quantification calendar
- Conduct joint meeting of technical programs to discuss the stock status report and Pipelines
- Perform quantification for safe male circumcision and set up Pipeline database and supply plan
- Continue STTA for quantification of various commodities

Support to the National Drug Authority

A health economist did a costing study in Q11 to inform fee structure changes to help the NDA operate from a healthier financial position. Although the report was approved six months ago, late last year NDA expressed concerns that the report did not include necessary information about the time/cost spent on different processes involved in their services. Last quarter, a SURE health economist consultant taught NDA finance staff how to collect data informing them about the different processes involved in each NDA service. It was agreed that if further assistance was needed, NDA would contact SURE.

In Year 3, SURE helped NDA finalize new medicines distribution guidelines as a way to separate the functions of pharmacies and wholesalers. This division of responsibilities will strengthen EMHS quality assurance practices at wholesalers, who in their new role will implement quality assurance practices including batch documentation control and sales tracking. In Q14, NDA and SURE agreed on the strategy for implementing these guidelines and to employ a short-term technical consultant to assist in the development of a phased implementation plan.

NDA has prepared the server room, which was a prerequisite for handing over the server next quarter. All ports of entry are successfully connected to the main office, so starting next month, the verification of imports (VOI) system technically could be launched. Unfortunately, NDA has not put any more effort into testing the VOI system. The contract of the SURE information technology secondment to NDA was extended through August 2013, but filling the existing gap in the systems administrator position is pending approval by the NDA board, which is a slowing down implementation. One person is being trained to support electronic data collection through Adobe forms related to GPP implementation.

SURE is supporting studies that Makerere University master degree students are conducting on the prevalence and behavior of dispensing doctors and prescribing pharmacists, which are prohibited under Ugandan law. Data collection was scheduled for January, but approval by the Institutional Review Board was delayed. Approval came at end of the quarter and testing and data collection started immediately. The outcomes of the studies are expected to inform NDA, MoH, and other stakeholders providing inputs to a strategy to either enforce or change the law.

Another important activity that SURE and NDA are collaborating on is the GPP inspection. This activity is covered under sub result 3.3.

Challenges

- In Year 3, SURE provided TruScan equipment for NDA to scale-up their medicine quality testing as part of their postmarketing surveillance activities. Last quarter, an assessment of the TruScan and the Minilab equipment were scheduled to take place; however, the TruScan library is still being updated, so the TruScan is not yet in use. The feasibility study of the TruScan and Minilab will be conducted when the TruScan has been put to use in ensuring quality control.
- Work plan meetings between SURE and NDA were more regular during Q14 with two meetings held which enabled progress on activities; however, key NDA staff are at times unavailable for several weeks at a time due to official travel or other commitments resulting in delays in some activities.

Next steps

- Finish data collection for dispensing doctors /prescribing pharmacists study
- Start implementing wholesaler strategy including development of training material for inspectors and implementation plan
- Hand over the server to NDA
- Assist in moving the VOI system into production
- Continue training in Adobe data collection

Pharmaceutical information portal /district supervision data system (DSDS)

Pharmacy Division and SURE representatives signed off on the systems requirements specification document, and the Technobrain team is now working on the design document. Several partners (SURE, MEEPP, CDC, UNICEF, WHO, META) are collaborating on a proposal for jointly funding and supporting the restructuring of the MoH Resource Centre, including the upgrade of infrastructure and staffing. However the current Resource Centre staff is not able to implement changes that are required; therefore, the plan depends on the MoH to commit to drastic changes within the Resource Centre.

Challenges

- There is still no communication from the eHealth Technical Working group about the pharmaceutical information portal or RxSolution implementation.
- Technobrain had to replace two staff members who were deemed incompetent to finalize the project resulting in a three-month delay—on top of the two months the DSDS had already been delayed. It is now expected that the system will be up and running in Q16.

Next steps

- Finalize the DSDS design and development process
- Sign off on the design document
- Start the development of the DSDS
- Train Pharmacy Division/SURE staff on SharePoint/InfoPath

Support development of pre-service training program for health workers

In March, SURE decided that at least one tutor from each health training institution should be trained in pharmaceutical management to raise the coverage from 37% (at October 2012) to potentially 100% of all institutions. Given that about 90 training institutions were still uncovered, a new contract was drafted with Makerere University to train 100 tutors from the remaining institutions. Makerere submitted the baseline survey report on monitoring the incorporation of pharmaceutical management training in the various pre-service curricula.

Publication of the minimum skills package which is to be used for running medicines management pre-service training for health workers is now ready for printing, launch, and distribution.

Next steps

- Print and launch the minimum skills package for distribution and implementation at training institutions

- Sign, obtain USAID approval and implement the training of tutors contract with Makerere University
- Prepare for monitoring impact of combined tutor training and advocacy strategy to be implemented by year end

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

Support Uganda Medicines and Therapeutic Advisory Committee

The Uganda Medicines and Therapeutic Advisory Committee (UMTAC) is an MoH committee responsible for improving rational use of medicine. SURE supports UMTAC with two staff in the secretariat. A number of activities were undertaken under the committee's mandate as listed below.

The UCG 2012 and the EMHSLU 2012 were launched nationally in a large and well-attended meeting in January. Presentations on the update and use of both documents were included and participants received copies of the UCG and EMHSLU. The printing of UCG was delayed due to issues with identifying printing companies capable of delivering acceptable products. Ten thousand copies of UCG are currently being printed and are expected early next quarter. Practical guidelines with information about medicine will be developed for dispensers in lower-level health facilities. SURE will support regional launches of the two documents to coincide with district meetings in the SURE supported regions.

Two SURE staff members attended an international training in rational use of medicine in February. They will now develop training material for a Uganda version of the course. The course will teach health workers how to identify medicine use problems and implement strategies to improve rational use of medicine in the health facility. The format for the practical medicines dispensing guidelines for lower level units has been confirmed. The guidelines will include information that is essential for the dispenser, such as basic patient information and safe medicine use during pregnancy or while breastfeeding. Correct use of the guidelines will improve both patient safety and service quality.

Challenges

- The need to pay sitting allowances for UMTAC meetings has constrained the number these meetings. There is no immediate solution because it is an MoH expense because as an implementing partner, SURE cannot fund sitting allowances.

Next steps

- Prepare for regional launches and plan for dissemination of the 10,000 UCG and EMHSLU 2012
- Continue development of rational use of medicine training course
- Continue to develop practical guidelines for dispensers

Support JMS

The pilot of door to door distribution for EMHS was launched end of March to Fort Portal and Kasese with five consignments. All consignments were delivered within 24 hours of leaving JMS, and customers expressed satisfaction with the delivery. For this trip, the cost of distribution was ~3.5% of the value of the consignment with a unit transport cost per box of 6,100 UGX. In addition to savings on the cost of transport, the customers stand to benefit from significant time savings because they do not have to send staff to Kampala for order collection as well as enhancements in the quality of the delivery system. JMS also increases efficiency through better work planning arising from scheduling and route implementation. Following additional testing, in April, JMS will start scheduling deliveries so that health facilities submit their orders for EMHS, ARVs and ACTs simultaneously. The experience on the actual distribution costs will be used to define an allocation formula, and the cost of transport will become part of the medicine cost to ensure uniform prices independent of location of the health facilities.

SURE, in collaboration with JMS, completed a performance assessment for 2011–2012 using 17 indicators. The assessment showed that JMS performed well in the areas of financial management, customer service, and procurement planning. Gaps were most evident in the area of warehouse and inventory management. One of the

inventory management indicators was the availability of six vital tracer medicines, which was low at 61% (for the period between April–June 2012). The medicines were artemether / lumefantrine, benzyl penicillin injection, cotrimoxazole 480 mg tablets, amoxicillin 250 mg capsules, doxycycline 100 mg tablets, and the triple fixed-dose combination AZT/3TC/NVP. A much better result was calculated for order fulfillment where customers received 80% of what they ordered on average against a target of 90%. SURE has agreed to second an M&E staff person to JMS to ensure continued performance monitoring of business processes including distribution, web-based ARV ordering, and handling of donated commodities.

The implementation of the new ERP system for JMS has progressed fairly well. JMS staff was introduced to the system in February, and a list of customizations required in the system to meet JMS specific needs was agreed upon with the contractor. Comprehensive staff training and system testing is planned for May with launch scheduled for July.

Next steps

- Continue vendor's implementation of the new ERP for July launch
- Support completion of the JMS pilot phase of door-to-door distribution and assist in the introduction of scheduling and to the door delivery

Support Medical Access Uganda Limited

MAUL opted not to have a business process review done but agreed to explore collaboration with SURE on rolling out PNFP SPARS, implementing RxSolution, and ensuring that WAOS functions well in the facilities that they support.

Next steps

- Follow up with MAUL on potential areas of collaboration

RESULT 3. IMPROVED CAPACITY AND PERFORMANCE OF TARGETED DISTRICTS AND USAID IMPLEMENTING PARTNERS IN THEIR 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 essential medicines and health supplies

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

SURE implemented start-up activities for 14 new districts, Abim, Kaberamaido, Soroti, Serere, Bukedea, Manafwa, Bwike, Gomba, Bukomansimbi, Rakai, Lwengo, Butambambala, Kalungu, and Ngora. To achieve national coverage SURE was given USAID approval to support these districts. Memoranda of understanding have been signed with the 14 districts following an expression of interest from the district leadership. In addition, the districts nominated their 14 district MMS and 25 health sub-district MMS. SURE recruited two assistant field coordinators and two accounts assistants to beef up staff in Central and Eastern where the bulk of the new districts are located. The SPARS rollout in the new districts will take into consideration lessons learned from initial SPARS roll out. For example, tools such as the EMHS manual, EMHSLU, dispensing trays, and dispensing envelopes will be given to facilities immediately at the first supervision visit.

Makerere University trained 48 persons in medicines management as part of the ongoing contract with SURE. The participants included 38 MMS from non-SURE districts, 6 replacement MMS from SURE districts, and the remaining 4 from implementing partners. Next quarter training will focus on the MMS from new districts.

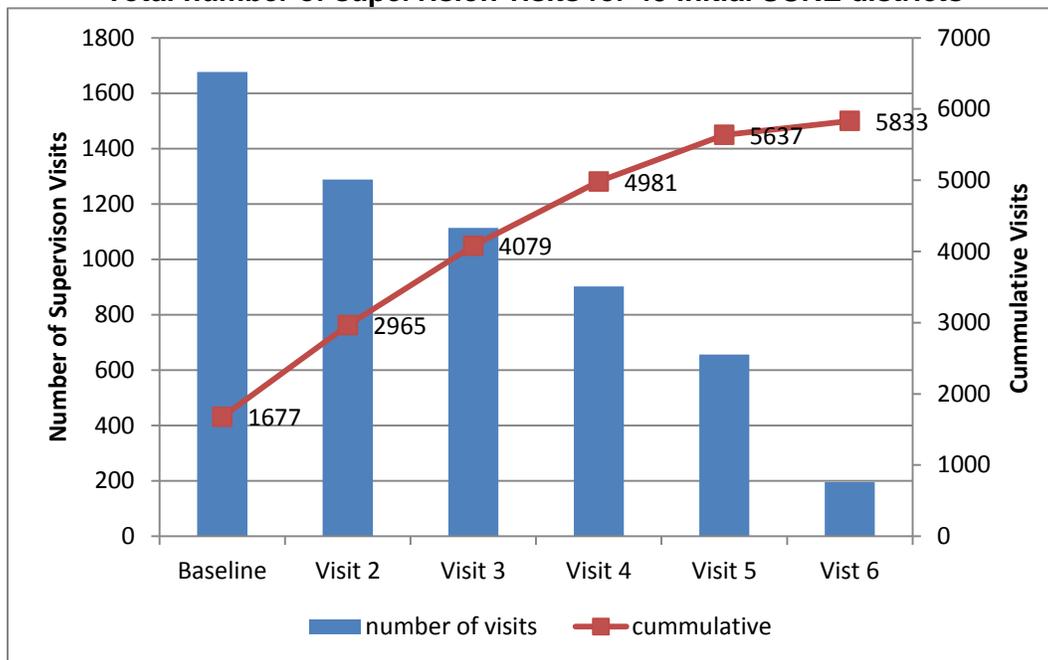
This quarter, pharmaceutical financial management training was rolled out. The participants included 16 district MMS, 5 regional pharmacists, 8 general hospital pharmacists, and 4 SURE regional field coordinators. SURE contracted with lecturers from pharmacy departments of Makerere University and Mbarara University of Science and Technology to conduct the training to ensure that this new training becomes institutionalized. The pharmaceutical financial management performance assessment tool was finalized after piloting in one district. The next step is to carry out field training of the district MMS in financial supervision using the electronic version of the tool in Adobe.

Implement supervision, performance, and recognition strategy

Thirteen participants were trained in defensive motorcycle riding comprising 11 SURE replacement MMS and 2 MMS from districts supported by implementing partner, STRIDES.

MMS continued to carry out on-the-job training and performance assessment of medicines management at health facilities in their areas. MMS made a total of 561 supervision visits this quarter, which is less than the target of 700 visits. One of the reasons for the discrepancy is that more than 600 facilities have been visited 5 times and after 5 visits, MMS reduce the frequency of supervision visits by increasing the interval from 2 months to 4 months hence fewer visits; 29 of 148 MMS have completed 5 visits at all facilities in their areas of support.

Total number of supervision visits for 45 initial SURE districts



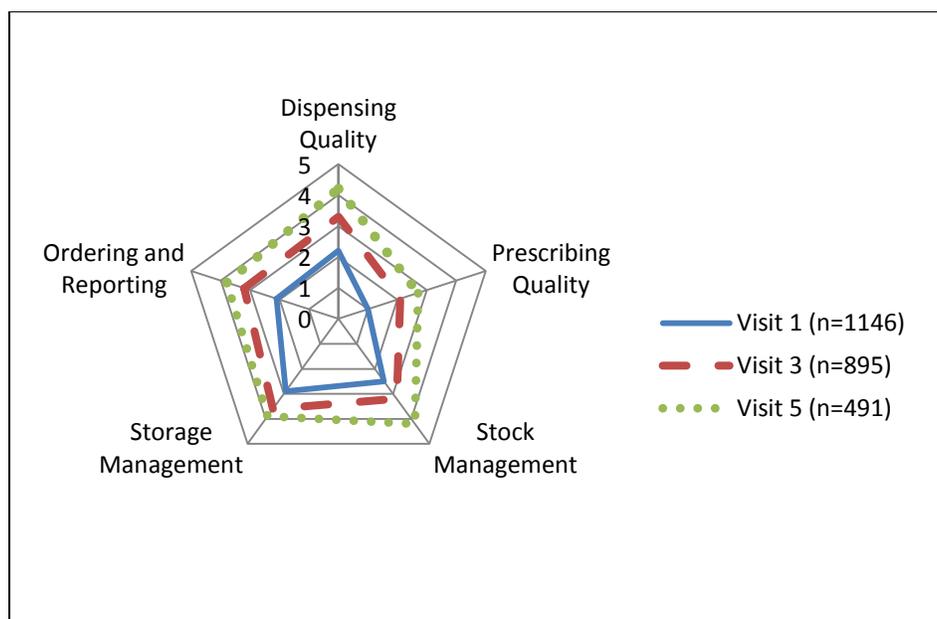
This quarter SURE did a comprehensive review of the supervision data to assess the effectiveness and efficiency of MMS visits, and as shown in the table below, improvements are needed in a number of areas. For example, the average number of MMS visits per month based on the last 10 months of data is below 3, except for the Eastern region. The targets for visits are three per month for district MMS and five per month for health sub district MMS. The average increase in assessment score per visit also reflected low performance. An average improvement in assessment score of less than 2 per visit implies that few facilities will reach the target score of 20 after 5 visits because the average baseline score was 10 out of 25. A summary of the assessment scores per district are presented in Annex C.

MMS Performance: May 2012–March 2013

Region	Number of MMS assessed	Average no. of visits per MMS per month	Average increase in assessment score per MMS per visit	Percentage of MMS with average assessment score increases per visit above 1.5
Central	35	1.2	1.1	20%
East	37	3	1.1	18%
West	30	1.4	0.9	16%
North	21	2.2	1.9	71%
South West	32	2	1.6	46%

To address and improve MMS performance the following actions will be implemented: closer monitoring of MMS activities and monthly performance report discussed with the DHO; mentoring and coaching for MMS who are weak in specific areas, such as using the stock book; and further training to improve computer skills. A positive change is observed in indicators as a result of SPARS, as illustrated in the figure below.

Average Scores on Five Indicators after Visits 1, 3, and 5



At the beginning of this quarter, we reviewed the distribution of rewards, which revealed that at the current rate of reward distribution, many facilities would not receive some of the rewards by their fifth visit, yet some of the reward items, such as dispensing trays and bottles, are required for improving the quality of pharmacy practices. We drafted a plan for expedited rewards delivery and implemented it by having the regional coordinators deliver the items to the facility instead of working through the MMS. By the end of the quarter, 1,677 out of 1,750 facilities had received all the reward items. MMS have also received 5,000 UGX for every supervision report submitted electronically, and those who completed 15 visits in the quarter were paid 45,000 UGX each as part of the MMS reward scheme.

SURE supported DHOs in all the 45 districts to implement quarterly coordination meetings, which bring together the District Health Management Team, the administration and political leadership, as well as partners in the district. The meetings cover medicines and health supplies management based on the district quarterly report. The regional pharmacists highlighted the main points in the new MoH redistribution guidelines that were distributed to all facilities in the 45 districts. The main issues that came out of the meetings included poor performance by some MMS, stock-outs of vital medicines in some facilities, overstock of certain items in all facilities in the districts, the

high cost of redistribution, political implications of redistribution across districts, stock-outs of vaccines, and lack of artesunate injection after a change of treatment policy. Resulting recommendations were to monitor MMS activities and regularly report to the DHO, provide more support for weak MMS, share district quarterly reports more widely, and involve NMS in the meetings. SURE will support a survey to document how the redistribution has been implemented, its implication and estimated costs.

Saving Mothers Giving Life and district operational plan initiatives

SURE participated in eight district coordination meetings under the district operations plans initiative where quarterly reports are presented and one district work plan is developed that reflects activities of all partners. SURE has continued to participate in the Saving Mothers Giving Life initiative in the four districts of Kamwenge, Kibaale, Kabarole, and Kyenjojo, with MMS actively monitoring the availability of key maternal and child health drugs and sharing reports on a monthly basis. SURE participated in the national Saving Mothers Giving Life review conference, where we made a joint presentation under the quality improvement cluster. The conference highlighted the success of the initiative in reducing maternal mortality and the plan to extend the initiative to more than four additional districts.

Improve storeroom infrastructure in selected facilities

Key findings of the national stores assessment report was presented to the Pharmacy division and Medicines Management and Procurement TWG. The main findings of the assessment included the following:

- 60% of the medicine stores nationwide and 80% of dispensaries need all their shelves replaced or to receive shelves for the first time.
- About 14,800 stand-alone shelving units are required for medicine stores in 3,384 health facilities and over 4000 half-closed stand-alone shelving units are required for their dispensing rooms or areas.
- The required investment for all the necessary interventions is estimated to be USD 14.1 million. Of this, an estimated USD 6.7 million is required for civil works on medicine stores, USD 1.0 million for civil works on dispensaries, USD 4.4 million for medicine store shelves, USD 1.6 million for dispensary shelves, USD 120,000 for pallets, and the remaining USD 200,000 for equipment such as refrigerators and dispensing trays. The estimates made for civil works on dispensaries considered only those facilities with a properly designated dispensing room.

The final report will be distributed to all DHOs, development partners, and other able to assist in refurbishing the stores. On its part, SURE finalized the procurement of shelves from the manufacturer, Wintech Malaysia and a first batch of 720 units was received in March. In total over 3000 shelving units will be provided to about 1950 health facilities in the 59 SURE districts. Health centre II's will each get a single shelving unit while HCIII, HCIV and hospitals will get 2, 4 and 8 units respectively. The MMS will be given tools to help assemble the shelves at the health units. Next quarter, a formal handover ceremony of the shelves to MoH will take place in Kampala.

Next steps

- Obtain USAID approval, sign and implement the contract to train 110 in medicines management MMS from new SURE districts, implementing partners, technical programs, and new SURE staff
- Run PFM training including for 21 remaining district MMS
- Roll out practical PFM field training for 45 district MMS
- Support district MMS to start pharmaceutical financial management supervision in 20 hospitals and HC IVs
- Finalise the PFM impact study design
- Complete the procurement of 39 motorcycles and sets of riding gear for MMS from new districts
- Train 39 MMS in defensive riding
- Support MMS to carry out 500 supervisory visits
- Hold five regional MMS/district health office/SURE meetings
- Participate in Saving Mothers Giving Life and district operational plan meetings
- Print and distribute stores assessment report
- Distribute shelves in 45 districts and hold shelf launch ceremony
- Select rewards for new districts and start the procurement process

- Develop concept paper for redistribution study
- To assess impact of the completed store keepers training in hospitals and HCIVs , analyse performance data from the facilities managed by the trained store keepers

District communication and technology

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. Some of the MMS have very little knowledge about computers and require basic training to enable them to use the electronic data submission system. To equip them with basic skills, SURE is providing GCFLearn software, which is a self-learning course on a USB stick. During the quarter, SURE received 550 USB sticks and developed a system to transfer the software to the USB sticks in bulk. After tests and modification of the system, SURE is now ready to mass produce and distribute. We developed guidelines for USB stick usage along with an interface for using GCFLearn on the smaller netbook screens and distribution has been started.

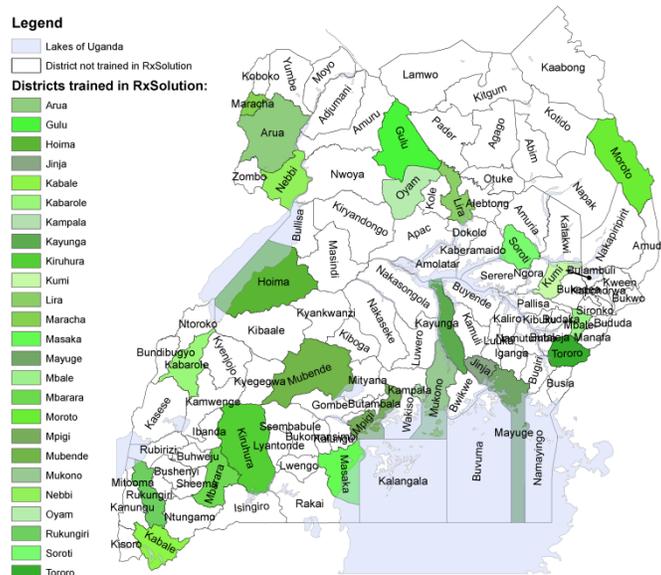
RxSolution

The MOH selected RxSolution software to use in hospitals to track budget/price information, commodity availability, consumption, and inventory, such as determining reorder levels. Hospitals will be able to order online from NMS or JMS when they develop online capacity. During the quarter, SURE trained 26 persons from 6 PNFP hospitals and 3 partners (IDI, MAUL, SUSTAIN). Other staff trained were from public hospitals. We conducted further onsite training in the nine PNFP hospitals where computers were installed in December 2012. The onsite training has focused on repetition of entering orders, receipts, and requisitions in the system and preparing the initial stock take, which will be key to initialize actual use of RxSolution. Another six PNFP hospitals received RxSolution and should start using of the system after stock taking.

GCFLearn, a computer training course, has been installed on each of the 15 hospital computers to build computer skills among staff. In hospitals with a stable Internet connection using 3G modems, we installed a backup system that will allow safekeeping of the data and facilitate data analysis. Due to the massive effort it takes to generate a complete product catalogue, RxSolution will be launched when hospital staff are comfortable with doing the above-mentioned transactions and the stock take. After the catalogue has been established, it will be loaded into new databases that will be updated from the central level, making it as easy for the facility staff as possible.

In the second quarter of Year 3, the MOH put a full stop to implementation of all eHealth related interventions. This meant for SURE that we were limited to preparing for RxSolution rollout to the PNFP hospitals SURE has handed over 20 RxBoxes to the Pharmacy Division and trained regional pharmacists as trainers in RxSolution This will enable the pharmacy division to roll out Rx solution to MOH facilities at a later point in time.

Districts where RxSolution training has been run



Challenges

- SURE had earlier engaged the Pharmacy Division and the Resource Centre to develop a strategy for hardware and software support and select a vendor to provide this support at facility level. Due to the halt of eHealth activities, we have made no further progress in establishing a national support solution for MoH. However PD has identified an IT expert attached to the division whose capacity SURE is building so that he can provide technical support for Rx Solution.

Next steps

- Produce and distribute USB sticks for MMS
- Configure computers for MMS in 14 new districts
- Coordinate netbook trainings of MMS in the 14 new SURE districts
- Conduct on-site training at 6 PNFP hospitals for RxSolution
- Initiate use of the RxSolution forum at 15 hospitals
- Conclude production of 110 Rx Boxes
- Conclude first draft of a Joint Product Catalogue Uganda
- Install desktop computers in MoH PD for maintaining the catalogue
- Develop and implement a structure for stock management reporting for hospitals
- Increase collaboration with MAUL to develop a work plan to train PNFP hospitals to use RxSolution and give a full demonstration of RxSolution capabilities
- Make routine visits to RxSolution pilot sites
- Finalize the RxSolution indicator manual based on WHO template
- Develop SOPs for current software support structure and software update
- Continue to build capacity of the IT expert at PD

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

During the last quarter, six more non-SURE districts rolled out SPARS, increasing the number of non-SURE districts implementing SPARS to 34, which is 64% coverage. Twenty-six MMS from non-SURE districts and three NU-HITES program logistics advisors underwent the two-week classroom training in medicines management. In addition, 20 MMS from non-SURE districts were supported in practical field orientation. SURE also helped the NU-HITES program to develop a budgeted work plan for SPARS implementation in 11 districts in Northern Uganda. The work plan was reviewed and approved by MoH Pharmacy Division. To harmonize SPARS data management and facilitate transfer of SPARS data into the DSDS at MoH, implementing partners were trained in using the Adobe system for data validation and entry. Last quarter, a follow-on training in how to generate the SPARS district quarterly performance report and use the data was conducted for 12 implementing partner staff members. Nine district reports (covering October–December 2012) were generated for nine non-SURE districts. Quarterly national SPARS rollout status reports were widely shared with implementing partners, development partners, and other relevant stakeholders. Stock redistribution guidelines were also shared through implementing partners to health facilities in non-SURE districts.

Status of national SPARS rollout as of March 31, 2013

National overview	January	February	March
Number of districts with SPARS ^a	73	79	79
National SPARS coverage by district	65%	71%	71%
Number of facilities with SPARS ^b	1,608	1,660	1,781
National SPARS coverage by facility	43%	45%	50%
Number of trained MMS	219	239	252

^aNumber of districts with trained MMS

^bNumber of facilities with at least one supervisory visit

Challenges

- Insufficient resource allocation for SPARS by implementing partners has compromised its effective implementation and progress in implementing SPARS in Karamoja region has been slow.

Next steps

- Undertake training of selected MMS in non-SURE districts
- Conduct practical field orientation for trained IPs
- Conduct SPARS data quality assurance training for implementing partners
- Meet with Belgian Technical Cooperation to plan for SPARS implementation
- Hold SPARS strategy review and coordination meeting in June 2013
- Generate monthly national SPARS roll out status reports
- Support religious medical bureaus to implement SPARS in PNFP health facilities
- Continue supporting implementing partners who are already implementing SPARS

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

Institute Good Pharmacy Practices certification

The Good Pharmacy Practices (GPP) certification was strengthened with the addition of a new SURE staff person late in Q13, so more regular follow-up with NDA has made it possible to move on several areas. Additionally, the contract between NDA and SURE for GPP inspections was signed, making it possible to start the inspections. Criteria for certification were developed and agreed upon, classroom training of eight NDA inspectors was conducted, a strategy for practical training for five additional NDA inspectors was developed, and 24 health facilities were inspected.

The public awareness of the GPP certification of public sector facilities is crucial for ensuring sustainability and support for the strategy. SURE has contracted a public relations firm to ensure an effective campaign. The GPP certification awareness campaign include development of awareness materials, such as posters and brochures, and provision of certificates to health workers. Development of informational materials will start as soon as the public relations company, NDA, Pharmacy Division, and SURE agree on the content of the material.

Next steps

- Conduct practical training of five regional NDA inspectors
- Conduct classroom training by trained NDA inspectors for five selected district inspectors in at least three NDA regions
- Conduct practical training of district NDA inspectors
- Carry out 35 GPP inspections in facilities
- Build consensus on the GPP awareness strategy and informational material content (NDA, Pharmacy Division, and SURE)
- Start development of informational material

Recognition of good district and facility performance

Stakeholders agreed that one way of recognizing districts and facilities that are performing well will be to award them certificates of recognition handed over during meetings. Facilities that are top in the district league will be recognized with a special certificate at the district coordination meetings and the two best performing districts per region, according to the league table in the national SPARS report, will be recognized during the shelf handover ceremony next quarter.

Next step

- Award certificates of recognition

TRAINING OVERVIEW: JANUARY–MARCH 2013

Monitoring and Evaluation

The pilot M&E training targeted mainly SURE staff and a few district MMS. Following the pilot, two training packages were designed: a basic package to train and equip the MMS in simple skills of identifying key problems and advanced M&E that is intended for Regional Pharmacists and DHOs.

Pharmaceutical Financial Management

Two pilot training sessions were held in the West, Fort Portal, and in the Central, Kampala, which resulted in a number of changes to the training manual and related materials.

Medicines Management

There were two medicines management courses done during the quarter. The next focus will be new SURE districts and some of the implementing partners.

Rx Solutions

Two trainings were conducted for targeted hospital administrators and pharmacy and store staff at PNFP hospitals.

Procurement and Supply Management

The planned course content under this technical assistance included key aspects of the procurement and supply management systems based on in-country Global Fund management case studies.

Course	No. sessions	No. participants	% Male	% Female
Monitoring and evaluation	1	16	63	38
Pharmaceutical financial management	2	33	85	15
Procurement and supply management	2	37	57	43
RxSolution	2	43	44	56
Medicines Management	2	48	81	19
TOTAL	9	177	66	34

Key challenges

- Delays were experienced in finalizing the pharmaceutical financial management manual due to the revisions required after it was piloted and the need to align it with changes in NMS order handling procedures.
- Synchronization of the training schedule with the regional schedules still poses a challenge. Even when communication to the regions has been on time, activities are still planned to be conducted simultaneously and many times with the same participants. The small pool of human resources working on medicines management issues further compounds the problem because they have to be drawn into each training program.

Upcoming training and related activities

- Finalization of the pharmaceutical financial management manual and related materials and rollout of the last two trainings in the East and South West regions.
- M&E advanced training course and redesign of training materials.
- Roll out of the M&E basic package training in the regions.
- DHIS2 training for CPHL staff to increase access to service statistics data transferred through the health management information system and transmitted through the recently developed and adopted DHIS2.
- supply chain management, defensive motorcycle riding, and computer training for all MMS in the new SURE districts.

MONITORING AND EVALUATION

During the quarter, data flowed continuously, but the number of tools submitted electronically decreased due to the expiration of most of the MMS' Internet packages. The central M&E team entered data and cleared the entire backlog. The workload related to ensuring MMS data quality will decrease when the DSDS is complete. In the meantime, MMS receive information on errors at the district coordination meetings. Next quarter, a data check and reconciliation will ensure that cited supervision numbering is correct and names of facilities are similar in the national and regional data storage systems.

SURE conducted data quality assurance surveys in 10 randomly selected facilities in five districts, one from each of the 5 regions, to assess the reproducibility of the 25 indicators. One district was chosen per region and six MMS selected facilities in relation to their performance. We are analyzing the data and drafting an article. Preliminary results show that continuous training needs to be done and some indicators need to be redefined to ensure better understanding of indicators.

District reports for October to December 2012 were produced and shared with the 45 SURE districts during district meetings. Areas requiring improvement were discussed with the district team with an aim of improving MMS' performance

We re-analyzed the data for the 2012 annual pharmaceutical sector survey because some facilities had been visited by other implementing partners, thereby nullifying the earlier analysis.

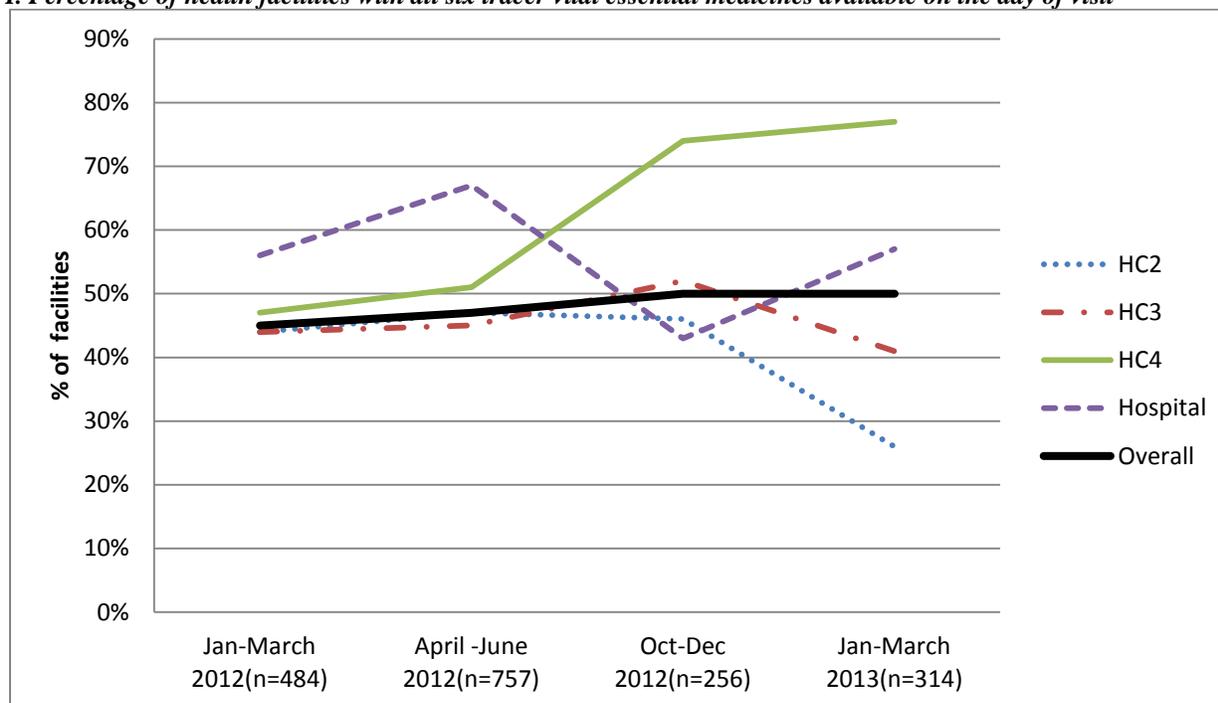
SURE rolled out the M&E pilot training and will hold the advanced M&E training in April. Subsequent M&E basic and advanced trainings are scheduled to run from May to August in all five regions with technical assistance from Makerere University.

During this quarter, the Pharmacy Division results framework was revised and finalized along with 35 indicators that have been developed to monitor the performance of the pharmaceutical sector. SURE is also supporting the development of the M&E plan for the division as well as data analysis and writing of the health sector strategic and investment plan midterm review report. Next steps are to develop indicator reference sheets and the pharmaceutical sector policy report.

An M&E intern was recruited to JMS who has helped with data entry for malaria order forms sent by PNF facilities. The backlog of orders since June was cleared, and the intern is currently compiling list of facilities that have not placed malaria orders since January for further follow-up.

Performance Monitoring Plan

The SURE performance monitoring plan (PMP) was reviewed during the last quarter and changes included removal of targets for indicators outside of SURE's control. We shared the revised PMP with USAID and are awaiting approval. The PMP has 16 indicators, with 5 indicators that can be tracked quarterly. Quarterly results for these indicators follow.

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

The score on availability of all six tracer medicines declined most markedly for HCII but also for HCIII. Hospitals and HCIV showed better availability on the tracer medicines than the previous quarter. The low scores for HCII are attributable to stock-outs of measles vaccine in particular.

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

On average, it takes 38 days (range: 13–58 days) for NMS to process and deliver an order to the health facility. This is a significant improvement from last quarter where the average lead time was 56 days. The NMS order cycle is 60 days—that is—a facility should, if they order in time, receive a consignment every 60 days. Shortening of the time between order and receipt facilitates planning at health facility level and reduces the potential for stock-outs.

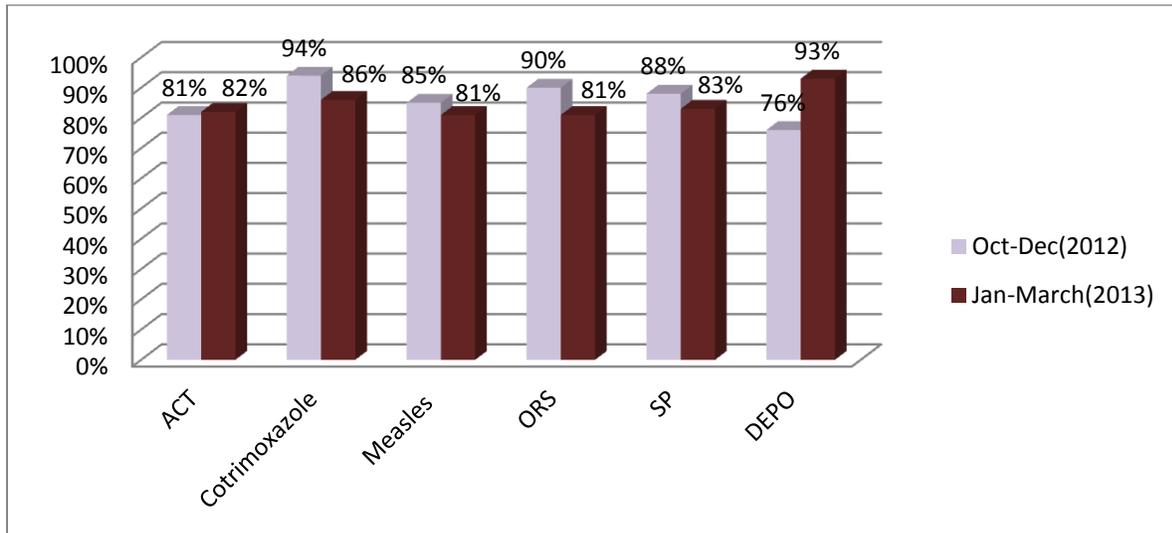
III. Number of public facilities supported with technical assistance for pharmaceutical supply chain management

The SURE program mainly provides support to health facilities through the implementation of SPARS. During the quarter, 488 facilities (see table below) were supported. The decline in the facilities supported compared to the previous quarter is attributed to a number of competing activities in the quarter including training which took away from supervision time. The staff at these facilities received technical assistance in the areas of stock and storage management and dispensing and prescribing practices and how to order and report. However, by the time of reporting, some supervisors had not submitted March reports to the regional offices, so those reports are not included in the count.

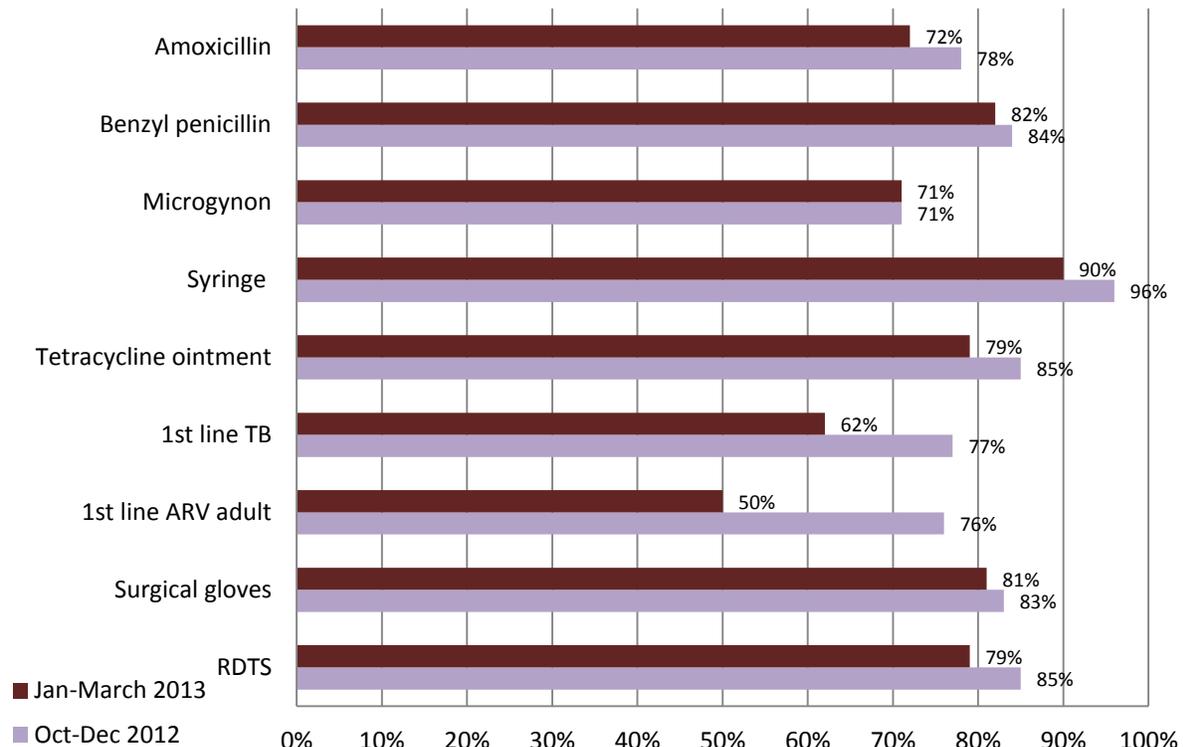
Region	Number of Facilities Supported	
	October - December 2012	January - March 2013
Central	98	67
Eastern	87	47
Northern	102	120
South Western	132	140
Western	135	114
Total	554	488

IV. Average percentage availability of a basket of 6 tracer vital medicines at health facilities on the day of visit at the surveyed service delivery points

Availability of most of the tracer medicines declined except for Depo-Provera which improved significantly compared to last quarter. It appears that the demand for that product among patients is low, while NMS supply is consistent, thus increasing availability at the facilities. Average availability of the six tracer medicines was 84%.

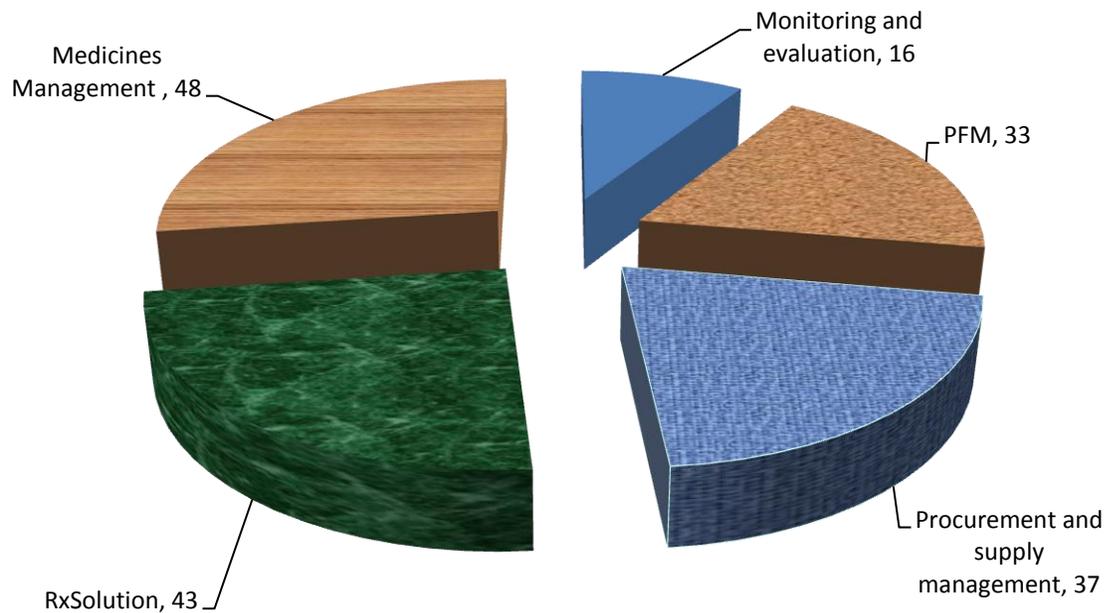


In addition, we tracked the availability of another nine medicines and health supplies. The availability of these also declined this quarter with only a third of the items averaging greater than 80% as shown in figure below.



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

During the quarter, 177 individuals were trained in different areas, as illustrated below.



Next Steps

- Continue routine data management
- Support SURE's end of project evaluation
- Complete the data quality assurance study article
- Participate in or conduct STATA and M&E training
- Develop M&E staff team skills in STATA
- Conduct basic and advanced M&E training in all regions
- Pilot advanced M & E training

PROGRAM MANAGEMENT

Operations

The unit worked with home office contracts office to finalize the NDA simplified grant which was signed. Implementation of public and PNFP health facility inspections leading to GPP certificates have started. Furthermore, the unit finalized and signed a contract with Saatchi & Saatchi to create promotional materials to increase GPP visibility and community awareness. These materials will be ready during the next quarter.

The unit offered support in editing, formatting, and printing key documents including the Uganda Clinical Guidelines and Re-Distribution Guidelines, the Stores Condition Assessment Report and the Pharmaceutical Sector Report (2011). Success stories were submitted to USAID and MSH partners. The unit also updated its website with periodic reports, case studies, and job advertisements.

The unit has started to work closely with MSH headquarters operations unit to develop strategies and plans for the program close-out next year. This includes a plan to transfer title of the items used by the district teams (motorcycles and information technology equipment) as soon as possible. We completed a program wide asset verification exercise in the 45 SURE districts in anticipation of a disposition plan to be submitted to USAID.

The team has continued to hold operational and administrative weekly meetings and quarterly staff meetings and has supported regional district coordination meetings. District team meetings are taking place regularly to discuss and work through program implementation challenges at the regional office and head office. It is through these platforms that the teams share experiences and try to address challenges as well as train/orient staff on emerging implementation trends.

Next Steps

- The first bi-annual issue of the SURE Program newsletter—*The Value Chain*— will be printed and circulated in the next quarter.
- Receive the remaining utility rack shelves and prepare official hand-over of the utility rack shelves to Ministry of Health
- Coordinate transportation and distribution of the utility rack shelves
- Purchase, receive, and distribute information technology and motorcycles for the 14 additional districts
- Work with headquarters' contracts department to extend Makerere University's fixed price contract to cover additions numbers of persons to be trained whereafter seek USAID approval
- Propose to USAID the transfer of titles for the items given to district teams
- Implement the new MSH guidelines on individual and entities clearance procedures
- Continue to work with headquarters on the close-out plan.
- Closely monitor the program budget for the remaining 15 program months through regular review of the technical activities against the annual budget, subcontracts, procurements, and short-term technical assistance plan

Staffing

Four staff members resigned during the quarter: a Technical Officer, the Principal Quality Advisor, the Deputy Director/Principle Technical Advisor, and the Senior M&E Advisor. The departure of these staff precipitated a revision of our organizational structure, and we have since quickly filled in the key staffing gaps with additional recruitment to take place next quarter. Following the new organizational structure and expansion of the program to 14 new districts, SURE hired five staff members to fill the positions of Senior Technical Advisor, Principle Technical Advisor Supply Chain Operations, and three M&E Interns. We conducted interviews Accountants for East and Central regions, Senior Logistics Associate, Technical Officer for East and Central regions, Senior M&E Advisor, M&E Specialist JMS, and Communications Specialist. These positions will be filled in the next quarter.

As of March 31, 2013 SURE has 77 staff members, and total planned staff by September 30, 2013 is 89. Annex 2, presents an update on staffing (actual and planned) at the end of March 31, 2013. 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)	30-Sept-12 (actual)	31-Mar -13 (Actual)	30-Sept-13 (planned)
Staff #	10	33	57	72	76	89

Staff resignations have created short-term gaps in the program implementation. Efforts are constantly underway to find replacements as soon as possible program implementation is not delayed.

Next steps

- Complete the recruitment for the vacant positions by June 30, 2013
- Work with the Country Operations Management Unit to develop retention strategies in light of program close-out next year

Short-Term Technical Assistance and International Travel

The table below illustrates the providers of short-term technical assistance and international travel that took place during the quarter and a brief description of their tasks.

Last Name	First Name	Title/counterpart	Status	LOE	Scope of Work
Remedios	Valerie	Senior Technical Advisor	Full time staff		Reporting to duty in Uganda
Matowe	Lloyd	Pharmaceutical Supply Management Consultant	International STTA	3 weeks	Pharmaceutical supply management training
Sebwato	Cyrus	Store Rehabilitation Consultant	International STTA	1 week	Travel to Malaysia for shelves pre-shipping inspection
Burke	Eileen	Lab Consultant	International STTA	27 weeks	CPHL capacity building
Delamare	Philippe	MIS Consultant	International STTA	6 weeks	Cold chain systems assessment/ Piloting a distribution system for JMS
Harris	David	RxSolution Implementation Expert	International STTA	2 weeks	RxSolution end user training
Johnson	Keith	Program Support Manager	International STTA	2 weeks	Management Support – travel paid by MSH SDSI project – time shared with SDSI and SURE
Nuwagira	Peter	Pharmaceutical Financial Management Consultant	Local	9 weeks	Pharmaceutical financial management training
Otto	Robert	Pharmaceutical Financial Management Consultant	Local	9 weeks	Pharmaceutical financial management training
Nakiyingi-Miiro	Jessica	Statistician	Local	9 weeks	Monitoring and evaluation
Nsubuga	Rebecca	Statistician	Local	3 weeks	Monitoring and evaluation

Last Name	First Name	Title/counterpart	Status	LOE	Scope of Work
Mabirizzi	Joseph	M&E Consultant	Local	4 weeks	M&E training (contract extended for LOE 20 days)
Lubega	Joseph	QPPU Specialist	Local	16 weeks	Pharmaceutical quantifications
Kusemererwa	Donna	Supply Chain Expert	Local	6 weeks	Support interventions to central supply agencies and the Ministry of Health central level policy change

Finance

SURE has now been in operation for 45 months (since July 2009) and has spent about 81% (\$17,698,485) of its current obligation (\$21,867,584) as of March 31, 2013. The average burn rate for the last six months was \$533,086. Taking into account current staff numbers and forthcoming activities including the NDA simplified grant for health facilities inspection, installation of PIP, information technology assistance to JMS, continued rollout of the MMS supervision, and providing shelving to health facility stores, we expect our burn rate to considerably increase over the next two quarters.

Life of Project Budget Report

Item No.	Line Item	Actual Expenditures Years 1 to 3	Actual Expenditures Year 4	Actual Expenditures to Date
		July 2009 to September 2012	October 2012 to Mar 2013	July 2009 to March 2013
I.	Salaries and Wages	\$ 4,030,718	\$ 893,572	\$ 4,924,233
II.	Consultants	\$ 205,004	\$ 94,532	\$ 299,536
III.	Overhead	\$ 1,895,807	\$ 381,237	\$ 2,277,044
IV.	Travel and Transportation	\$ 873,862	\$ 268,204	\$ 1,148,823
V.	Allowances	\$ 630,353	\$ 76,337	\$ 699,348
VI.	Subcontracts	\$ 2,242,283	\$ 477,364	\$ 2,719,647
VII.	Training	\$ 622,987	\$ 251,993	\$ 874,979
VIII.	Equipment	\$ 1,277,330	\$ 94,873	\$ 1,372,204
IX.	Other Direct Costs	\$ 2,721,625	\$ 660,403	\$ 3,382,671
Subtotal		\$ 14,499,969	\$ 3,198,516	\$ 17,698,485
Cost Share		\$ 1,069,934	\$ 0	\$ 1,069,934
Grand Total		\$ 15,569,903	\$ 3,198,516	\$ 18,768,419

Obligation to date	\$ 21,867,584	100%
Expended to date	\$ 17,698,485	81%
Obligation remaining	\$ 4,169,099	19%

Life of Project Budget	\$ 37,832,647	100%
Expended to date	\$ 17,698,485	47%
Balance remaining	\$ 20,134,162	53%

Program Year 4 Budget Report – October 2012 to March 2013

Item No.	Line Item	Year 4 Work Plan Budget	Year 4 Expenditures Q 1	Year 4 Expenditures Q 2	Total Year 4 Expenditures	Year 4 Balance at 31 March 2013
		1-Oct-12 to 30-Sep-13	Oct – Dec 2012	Jan – Mar 2013	Oct 2012 – Mar 2013	
I.	Salaries and Wages	\$ 2,218,031	\$ 498,723	\$ 394,792	\$ 893,572	\$ 1,324,459
II.	Consultants	\$ 185,176	\$ 31,306	\$ 63,226	\$ 94,532	\$ 90,644
III.	Overhead	\$ 908,491	\$ 199,380	\$ 181,857	\$ 381,237	\$ 527,254
IV.	Travel and Transportation	\$ 572,522	\$ 173,440	\$ 101,521	\$ 268,204	\$ 304,318
V.	Allowances	\$ 326,467	\$ 15,582	\$ 53,413	\$ 76,337	\$ 250,130
VI.	Subcontracts	\$ 1,685,066	\$ 148,496	\$ 328,868	\$ 477,364	\$ 1,207,702
VII.	Training	\$ 579,316	\$ 104,745	\$ 147,247	\$ 251,993	\$ 327,323
VIII.	Equipment	\$ 1,247,660	\$ 19,280	\$ 75,594	\$ 94,873	\$ 1,152,787
IX.	Other Direct Costs	\$ 3,216,140	\$ 387,909	\$ 273,137	\$ 660,403	\$ 2,555,737
Subtotal		\$ 10,938,869	\$ 1,578,861	\$ 1,619,656	\$ 3,198,516	\$ 7,740,353
Cost Share		\$ 65,045	\$ 0	\$ 0	\$ 0	\$ 65,045
Grand Total		\$11,003,914	\$ 1,578,656	\$ 1,619,656	\$ 3,198,516	\$ 7,885,398

Progress

- Accruals for March 31, 2013 were submitted on March 22, 2013.
- 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.
- The finance team was trained on how to access the MSH central accounting system Navigator and generate various finance and accounting reports from the system.

Next steps

- Garner support from USAID on the proposed transfer of titles for the items given to district teams.

ANNEX A: SUMMARY OF SURE STAFFING STATUS AS OF MARCH 31, 2013

#	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	Senior Capacity Building Program Specialist	Okello	Bosco	21-Nov-11	
4	Senior Operations Specialist	Nakandi	Sarah	1-Mar-10	
5	Driver IV	Kaweesa	Moses	18-Sep-09	
6	Technical Advisor	Nakiganda	Victoria	14-Oct-09	
7	Principle Technical Advisor	MoHammed	Khalid	2-Nov-09	
8	M&E Specialist	Blick	Belinda	30-Nov-09	
9	Accountant II	Natumanya	Dennis	9-Dec-11	
10	Senior Finance and Admin. Mgr	Schulz	Alfred	26-Nov-12	
11	Senior Technical Advisor	Schaefer	Petra	1-Feb-10	EHG Staff
12	Driver III- Central Regional Office	Sekamate	Timothy	8-Feb-10	
13	Senior Data Specialist -Secondment to NTLP	Sekalala	Shaquille	15-Feb-10	
	Senior HR Specialist	Achilla	Carolyn	1-Mar-10	Charges ~ 30% time to SURE
14	Senior Technical Officer	Were	Lawrence	15-Apr-10	
15	Driver III- Kampala HQ	Tumwesigye	Felix	10-May-10	
16	Senior Technical Advisor	Konradsen	Dorthe	1-May-10	EHG staff
17	Senior Operations Officer	Mugagga	Peter	1-Jun-10	
18	Communications Associate	Natukunda	Julian	15-Jun-11	Resigned w.e.f 3-April-13
19	Senior IT Specialist	Opio	Tom	26-Sep-11	
20	Senior IT Specialist	Muwanga	Peter	7-Jul-10	
21	Technical Advisor- Mbale	Umirambe	Emmanuel	7-Jul-10	
22	Senior IT Associate - seconded to National Drug Authority	Nassimbwa	Hamidah	2-Aug-10	
23	IT Specialist- seconded to Resource Centre	Tumwesigye	Alex	23-Aug-10	
24	Driver III – Mbale	Draleku	Derrick	15-Nov-10	
25	Technical Advisor– Central	Kirunda	Anthony	15-Nov-10	
26	Technical Officer – Mbale	Omalla	Samuel	15-Nov-10	
27	Technical Advisor -Fort Portal	Nuwagaba	Timothy	15-Nov-10	
28	Technical Advisor – Lira	Okidi	Denis	15-Nov-10	

29	Driver III - Fort Portal	Sekimpi	George	22-Nov-10	
30	Accountant II - Mbale	Madras	James	26-Nov-10	
31	Driver III – Lira	Obonyo	Christopher	6-Dec-10	
32	Technical Officer - Central	Nantongo	Lynda	3-Sept-12	Original hire date 3-Jan-11
33	Accountant I – Fort portal	Tugume	Godfrey	17-Jan-11	
34	Senior Operations Specialist	Musinguzi	Michael	4-Jul-11	
35	Manager IT	Hoppenworth	Kim	15-Apr-11	EHG Staff
36	Technical Officer – Lira	Ondoma	Jimmy	6-Jun-11	
37	Technical Advisor. – Mbarara	Agaara	Mark	18-Jul-11	RTT Staff
38	Technical Officer– Mbarara	Gabula	Sadat	11-Jul-11	RTT Staff
39	Accountant I - Lira	Okello	Ben	14-Jul-11	
40	HR Specialist	Hamba	Agatha M.	11-Aug-11	
41	Senior Technical Officer	Amuha	Monica	5-Sep-11	
42	Operations Coordinator	Khasoma	Susan	12-Sep-11	
43	Driver III– Mbarara	Bidong	Richard	5-Sep-11	
44	Accountant I –Mbarara	Walusimbi	Alex	15-Aug-11	
45	Administrative Coordinator - Mbarara	Nalubowa	Fatuma	1-Aug-11	
46	Administrative Coordinator - Lira	Ayugi	Christine	24-Nov-11	
47	M&E Associate	Nabanoba	Allen	21-Nov-11	
48	Senior Project Associate	Nakabugo	Stella	21-Nov-11	
49	Driver III - Central Office	Okello	Charles	2-Apr-12	
50	Driver III- Fort Portal	Asaba	John	2- Apr-12	
51	Driver III- Lira Office	Okot	Michael	2- Apr-12	
52	Driver III - Mbale Office	Buyi	Lawrence	10- Apr-12	
53	Driver III- Mbarara	Olungat	Peter	2- Apr-12	
54	M&E Specialist - secondment to CPHL	Batamwita	Richard	14-May-12	
55	Technical Officer - Fort Portal	Paalo	Julius	18-Jun-12	EHG Staff
56	Training Intern	Nahabwe	Catherine	18-Jun-12	
57	Program Support Interns	Mirembe	Esther	18-Jun-12	
58	Finance Intern	Katabaika	Juliet Joy	27-Jun-12	
59	M&E Intern	Kakembo	Samuel	18-Jun-12	
60	Senior Technical Officer	Balyejjusa	Samuel	3-Sept-12	EHG Staff
61	Technical Officer	Achii	Pamela	13-Aug-12	
62	Supply Chain Intern	Muwonge	Barbara	10-July-12	
63	Supply Chain Intern	Walusimbi	Denis	1-Aug-12	

64	IT Intern	Walugembe	Hakim	2-Jul-12	
65	M&E Intern	Namutebi	Mariam	3-Jul-2012	
66	Stores Intern- Mbale	Pacuto	Stella	20-Aug-12	
67	Stores Intern - Fort Portal	Kikazi	Lillian Charity	17-Jul-12	
68	Senior MIS Advisor	Kakembo	Patrick	1-Nov-12	
69	Project Specialist	Kibuka	Sanyu	16-Nov-12	Resigned w.e.f 12- Apr-13
70	Driver III- Kampala	Kaggwa	Fredrick	19-Nov-12	
71	Capacity Building Advisor	Talima	David	3-Dec-12	
72	Senior Technical Advisor	Remedios	Valerie	5-Jan-13	
73	M&E Intern	Kisembo	Julius	1-Feb-13	
74	M&E Intern	Walusimbi	Stewart N.	1-Feb-13	
75	M&E Intern- JMS	Naiga	Stella	1-Feb-13	
76	Principle Technical Advisor Supply Chain Operations	Kusemererwa	Donna	16-Mar-13	EHG staff

Staff hired this quarter

#	Job Title	Last Name	First Name	Hire dates
1	Senior Technical Advisor	Remedios	Valerie	5-Jan-13
2	M&E Intern	Kisembo	Julius	1-Feb-13
3	M&E Intern	Walusimbi	Stewart N.	1-Feb-13
4	M&E Intern- JMS	Naiga	Stella	1-Feb-13
5	Principal Technical Advisor Supply Chain Operations	Kusemererwa	Donna	16-Mar-13

Staff departures this quarter

#	Job Title	Last Name	First Name	Exit dates
1	Technical Officer	Ogwal	Henry Jackson	15-Jan-13
2	Principal Quality Advisor	Bagonza	David	31-Jan-13
3	Deputy Director/Principle Technical Advisor	Kidde	Saul	7-Feb-13
4	Senior M&E Advisor	Nalwadda	Brenda	17-Feb-13

Full-time positions planned to September 30, 2013

#	Job Title	Last Name	First Name	Hire dates	Comments
1	M&E Specialist (JMS Secondment)	Lyazzi	Ivan	TBD	New position
2	Accountant (Central)	Naluzze	Sophie	TBD	New position
3	Accountant (Eastern)	Opira	Robert	TBD	New position
4	Senior Logistics Associate (HIPS)	Kalema Nantale	Susanne	TBD	New position

5	Technical Officer (Eastern)	Musitwa	Rajab	2-Apr-13	New position
6	Technical Officer (Central)	Twinomujuni	Fred	TBD	New position
7	Senior Technical Officer TB	TBD	TBD	TBD	New position
8	Data Management Specialist TB	TBD	TBD	TBD	New position
9	Senior M&E Advisor	Kamwesigye	Justus	TBD	Replacement
10	Project Specialist -- GPP	Grace Otto Lajul	TBD	TBD	Replacement
11	Communications Specialist	TBD	TBD	TBD	Replacement
12	IT Assistant	TBD	TBD	TBD	New Position
13	M&E Intern CPHL	TBD	TBD	TBD	New Position
14	Technical Officer RDU	Namugambe Kitutu	Juliet	9-Apr-13	New Position
15	Database Systems Developer CPHL	TBD	TBD	TBD	New Position

ANNEX B: SUMMARY OF PROGRESS AGAINST PLANNED ACTIVITIES IN Q14

Key: ✓: progressed ✓✓: finalized 0: no action taken

Result 1: Improved policy, legal and regulatory framework to provide for longer term stability and public sector health commodity sustainability	
Sub result 1.1: Government of Uganda demonstrated commitment to health commodities financing	
<i>Development of FACTS and resource utilization assessment</i>	
Planned	Progress
Use DGHS authorization to collect partner and EMHS expenditure and budget data 0	All efforts to try and implement medicine expenditure tracking have been futile
Analyze EMHS financing data and share results 0	Collection of financing data was not possible
Recruit an STTA provider to develop and initiate the equity study ✓	A concept note to kick start the equity study has been developed
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	
<i>Memorandum of Understanding</i>	
Planned	Progress
Follow up on establishment of program steering committee 0	Quarterly meetings of PD, USAID and SURE to discuss program progress and brief DGHS
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 nation's EMHS	
<i>Strengthen NMS efficiency and effectiveness</i>	
Planned	Progress
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	Collaboration on various commodity management activities ongoing
Sign MOU and identify support areas	MOU revised and submitted to solicitor general, support areas agreed on
Sub-result 2.2: Improved capacity of MoH program managers and technical staff to plan and monitor national EMHS	
<i>Support to MoH programs in commodity management</i>	
AIDS Control Program	
Planned	Progress
Support IPs' WAOS training of supported facilities ✓	IPs' continued to train facilities though at a slower pace due to WAOS implementation delay
Support RPs on WAOS training of non-IP supported districts 0	Delay in assigning access rights by RC halted this
Monitor the implementation of WAOS ✓	Progress compromised by user rights issues
Guide targeted supervision by IPs and RPs 0	Access rights were granted; facilities tagged to suppliers within the system. Delayed access rights did not permit supervision
Support roll out of Supply Chain Rationalization ✓	Orders to wrong warehouses were re-routed
Support and monitor roll out of option B+ ✓✓	Option B+ medicines were quantified and allocations for

	initial push availed to ACP
Monthly meetings 0	Weekly ACP meetings attended by seconded staff with follow up of logistics issues
TB Program	
Planned	Progress
Develop M&E to track SCM performance at all levels ✓	M&E indicators have been developed
Support and monitor TB distribution and ordering following the transition ✓	Supported allocation of TB medicines to facilities
Redefine the roles of the district, develop a continuous performance improvement (SPARS) ✓	TB SPARS implementation and roll out plan has been developed
Support INH quantification with QPPU ✓✓	INH quantification done
Revision of the quantification to factor in use of RH ✓✓	Quantification was revised
Phase out plan for EH ✓	Draft plan available
Discussion of the split of distribution roles between NMS and JMS 0	The prevailing environment does not appear to be conducive
Integrate TB order form in EMHS 0	Discussions held among stakeholders but no consensus reached
CPHL	
Develop and implement lab SPARS ✓	Detailed plan developed for implementation of lab SPARS, including revision of tool, selection of districts/hub, mentors, updating of training materials, training and roll out of supervision and performance assessment
Hold stakeholders meeting on lab SPARS 0	Delayed due to capacity constraints at CPHL, to be done Q15
Select mentors for lab SPARS 0	Delayed due to capacity constraints at CPHL, to be done Q15
Coordinate the training programs for national trainers and facility mentors 0	Delayed due to capacity constraints at CPHL, to be done Q15
Roll out the core activities for lab SPARS 0	Delayed due to capacity constraints at CPHL, to be done Q15
Strategy for integration of HF stores discuss with CPHL and partners 0	Discussions held with stakeholders but no consensus reached, CPHL favours separate lab stores
Disseminate assessment report 0	Report to be disseminated in Q15
Build M & E capacity at CPHL 0	Lab STTA to build M & E capacity in the unit in Q15
Revise and implement the M&E framework to include SPARS indicators ✓	Draft M&E framework developed
Support lab supply chain rationalization ✓✓	Concept paper covering Lab SCR prepared and submitted to DG, first meeting of Lab Harmonization Committee met
Support lab commodity needs quantification ✓✓	National Lab quantification undertaken
Finalize detailed implementation plan for SURE support to CPHL including the need for further secondments ✓✓	Detailed budgeted implementation work plan presented and agreed with CPHL

Malaria Program	
Periodic review of quality of PNFP orders ✓✓	Quality of the PNFP facility orders assessed
PNFP SPARS Implementation plan ✓✓	PNFP SPARS implementation plan developed and adopted by the bureaus
DHC training for PNFP SPARS ✓✓	18 DHCs trained
Analyze and share SPARS data specific to NMCP ✓	Data was shared
Support management of PMI (pooled stock) commodities at JMS, bimonthly reports ✓✓	Bimonthly reports on management of PMI and pooled malaria items at JMS
Track and monitor funding trends and gaps for program commodities ✓	Commodity gap analysis done
Harmonize ordering for malaria commodities by government and PNFPs 0	Revised PNFP order form
Analyse and share SPARS data specific to NMCP	
National coding system	
Planned	Progress
Finalize the design of a national codification system ✓	Concept note including proposed system options approved by PD
Support and strengthen the Pharmacy Division	
Planned	Progress
Program management	
Continue supporting Pharmacy Division quarterly visits to districts and health facilities ✓✓	Visit to assess EMHS management issues in refugee facilities approved
Continue weekly coordination meetings ✓✓	Weekly coordination meetings held
Support regional pharmacists implementing partner meeting in January ✓✓	Regional meeting held in January
Deploy new M&E advisor ✓✓	M&E advisor stationed at Pharmacy Division
QPPU	
Continue production of bi-monthly stock status report ✓✓	Bi-monthly stock status report prepared and shared
Improve stock status report graphics and supplement it with health facility stock status for selected items ✓	Graphical format of stock status report improved
Support the national disease control programs with procurement and supply management plans for GF grants ✓✓	<ul style="list-style-type: none"> Updated national quantifications for ART, TB, malaria and Lab, financing gap analysis and supply planning Updated PSM plans for different grants under PR 1 & 2
Support the quantification and supply planning activities as per the quantification calendar ✓✓	Quantification and supply planning for lab requirements of JCRC and PMTCT Option B+
Support to National Drug Authority	
Planned	Progress
Strengthening of quality assurance/control functions 0	TruScan equipment still not in use so feasibility assessment has been delayed
Revise and implement GDP and wholesaler strategy	Scope of work and possible candidates identified. Waiting

✓		for NDA approval of candidate
Conduct studies on dispensing doctors and prescribing pharmacists ✓		Institutional Review Board (IRB) approval of and data collection started for one study. IRB approval expected soon for other study
Follow-up with NDA on server room preparation ✓✓		Server room prepared by NDA
Help launch the VOI system 0		<ul style="list-style-type: none"> • Secondment extended to further facilitate system launch expected Q15 • Ports of entry connected to main office in Kampala
Assess feasibility and use of TruScan and Minilab 0		Equipment not yet in use, feasibility study once equipment is deployed
Pre-service training program		
Planned		Progress
Finalize publication of minimum skills package for launch and distribution ✓		Revision of package complete; next is mass printing followed by launch and distribution
Finalize the assessment tool and design a strategy for monitoring pre-service training ✓✓		Assessment Tool finalized; next is discussion on a strategy for monitoring pre-service training
Draft contracts for additional training for 40 tutors from 40 institutions ✓✓		Contract drafted for training of 100 tutors from about 90 institutions
Sub-result 2.3: Supply chain system cost effectiveness and efficiency improved through innovative approaches		
Uganda Medicines and Therapeutics Advisory Committee		
Planned		Progress
Printing of UCG ✓		Printing ongoing
Launch of UCG and EMHSLU ✓ Dissemination of UCG and EMHSLU 0		National launch completed. Regional launch delayed due to delayed printing of UCG
Develop training material for RDU training ✓		Development of RDU training material ongoing
Start development of practical guideline for dispensers ✓		Template for practical guidelines identified
Support to PNFP including Joint Medical Store		
Planned		Progress
Support vendors implementation of JMS ERP ✓		Implementation has suffered some delays but is still on track to go live in July
Support procurement of IT equipment ✓✓		Done
Complete indicators to measure outcomes of technical support and the new ERP ✓		Indicators for JMS performance developed, draft indicators for system change available
Pilot distribution of EMHS on two JMS routes ✓		One route - South Western undertaken
Provide STTA for a business process review for MAUL 0		MAUL declined STTA

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	
<i>Develop and implement a district and facility level support package</i>	
Planned	Progress
Makerere to train 44 MMS mostly from IP supported districts ✓✓	38 MMS trained
PFM training for 37 remaining DMMS ✓	33 trained
Finalize PFM supervision tool ✓✓	Done
Initiate implementation of PFM in selected HC IV and Hospitals 0	Piloted in two facilities
<i>Implement supervision performance and recognition strategy</i>	
Planned	Progress
Train 5 MMS in Defensive riding ✓✓	11 MMS trained
Support MMS to carry out 700 supervisory visits ✓	561 visits done
Support DMMS to start PFM supervision in 20 hospitals and HC IV 0	Not done
Initiate discussions on planned handover of Motorcycles and Computers to MMS at end of project ✓✓	Inventory verification completed and final transfer of ownership by USAID
Implement Distribution of Batch 3, 4, 5 rewards to eligible facilities ✓✓	Expedited distribution of rewards implemented
Support DHOs in 30 districts to hold EMHS stakeholder coordination meetings ✓✓	Meetings held in 45 districts
Participate in SMGL and DOP meetings ✓✓	Participated in SMGL and DOP activities
STTA to finalize Stores Assessment Report ✓✓	Report finalized Vendor selected
Hold dissemination workshop for key stakeholders ✓	Report reviewed by PD and Technical working Group
Complete procurement process for firm to distribute shelves ✓✓	RFQ sent out, bids evaluated, vendor selected and awarded
Launch shelf distribution in central region 0	Launch postponed to April
<i>Develop district technology and communication</i>	
Planned	Progress
Configuration and distribution of USB sticks to MMS, RxSolution users, DHOs, regional/district pharmacists, MoH PD&RC staff ✓	80 USB sticks produced
Selection of 6 more PNFP or public hospitals for RxSolution based on stock/Store management performance ✓✓	6 hospitals selected in close collaboration with the regional offices based on performance in store and stock management
Conduct training of 3 staff per hospital ~ 20 participants ✓✓	26 staffs trained from hospitals and further 3 IPs were trained
Initiate use of the RxSolution forum at 15 hospitals	A forum has been allocated but needs configuration before

with on-site trainings ✓	launch
Conclude production of 110 RxBoxes 0	Limited progress in production of Rx Boxes
Develop and implement a reporting structure for hospitals ✓	The Uganda team is now able to generate customized reports from RxSolution
Engage MAUL to develop a work plan to train PNFP hospitals in use of RxSolution ✓	2 staff from MAUL were trained on installation and use of RxSolution
Conduct training of MoH and IPs in use of the Rx Tool Box ✓✓	Staff from 3 IPs trained – IDI, MAUL and SUSTAIN
Make routine visits to RxSolution pilot sites ✓	Only 1 pilot site was visited. Problems were solved
Finalize RxSolution indicator manual based on WHO template 0	The Uganda team got input from South Africa to facilitate development
Develop a knowledge database for easy troubleshooting and solving of issues relating to RxSolution initially using the forum ✓	See above; forum needs configuration before launch
Identify software in use in South Africa for electronic ordering ✓✓	JMS has been engaged and a data format has been created that will work with the new system under implementation at JMS
Develop PIP/DSDS	
Planned	Progress
Approve Systems Requirements Specification ✓✓	Software requirements specification for the DSDS signed off by MoH and SURE
Design Dimensional model ✓	Dimensional model under review
Sub-result 3.2: Improved capacity of selected implementing partners in quantifying, managing and monitoring EMHS	
Roll out MMS/SPARS strategy to implementing partners	
Planned	Progress
Hold SPARS strategy review and coordination meeting ✓✓	SPARS coordination meeting held in January with attendance from MoH, IPs and Regional Pharmacists
Train 57 MMS from non-SURE districts as selected by IPs ✓	26 MMS trained from non-SURE districts
Practical Field Orientation for trained MMS from non-SURE districts ✓	20 MMS from non-SURE districts supported in practical field orientation
Support religious medical bureaus to implement SPARS in PNFP health facilities ✓	6 Religious Medical bureau staff and 12 DHCs trained in SCM
Support MoH to develop a work plan for SPARS implementation in NU HITES supported districts ✓✓	<ul style="list-style-type: none"> PNFP SPARS concept and work plan developed. 3 NU-HITES logistics advisors trained and completed practical field orientation
Conduct SPARS district report generation and data utilization training for IPs ✓✓	<ul style="list-style-type: none"> 12 IP staff trained on SPARS district quarterly report generation and data utilization District reports generated for 9 non-SURE districts Monthly national SPARS roll out status reports generated and disseminated to stakeholders
Build capacity of storekeepers	

Planned	Progress
Monitor performance data from trained storekeepers to assess impact 0	Not possible due to time constraints
Hold the orientation workshop for general hospital pharmacists 0	Not possible due to unclear status of the pharmacists
Sub-result 3.3: Overall access to EMHS improved through innovative district level interventions	
<i>Institute good pharmacy practices certification</i>	
Planned	Progress
Develop and implement GPP IEC strategy ✓	Contract with PR company signed. Material content to be agreed upon with NDA, PD and PR company
Develop certification criteria for GPP certification ✓✓	Criteria developed in collaboration with NDA grant signed
Sign NDA and SURE GPP certification grant ✓✓	
Orientation and training of NDA inspectors ✓	8 NDA inspectors were classroom trained in use of tool and certification criteria
Start GPP inspections ✓	24 health facilities were GPP inspected
<i>Recognition of good facility and district performance</i>	
Planned	Progress
Develop plan for recognizing good district and facility performance ✓	Districts and facilities that perform well are to be given certificates of recognition
<i>Initiate good financial practices certification</i>	
Planned	Progress
Develop job description for person to roll out the GFP certification scheme 0	Not done
<i>Monitoring and Evaluation</i>	
Planned	Progress
Collect data on PMP indicators ✓	Some data collected
Conduct data quality assurance survey ✓✓	Surveys done in all regions (5), reports to be shared in Q15
Prepare district and national reports (Oct-Dec 2012) ✓✓	District reports generated and shared at district meetings, national report shared with relevant stakeholders
Conduct M & E training ✓	Pilot of basic M& E training done, pilot of advanced training scheduled for April
Prepare donor and partner reports ✓✓	Quarterly report for prepared

