



SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE) PROGRAM

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



Quarterly Progress Report April–June 2013 (Quarter 15)

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, Imperial Health Sciences (formerly 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 ABBREVIATIONS	iv
Executive Summary	1
SURE Program Key Outputs Q15	4
Technical Result Areas and Activities	7
Result 1: Improved policy, legal, and regulatory framework to provide for longer-term stability and public sector health commodities sustainability	7
Sub-Result 1.1: Government of Uganda demonstrated commitment to improving health commodities financing	7
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	7
Result 2: Improved capacity and performance of central government of Uganda entities in their supply chain management roles and responsibilities	7
Sub-Result 2.1: Improved capacity of NMS to procure, store, and distribute the nation's EMHS	7
Sub-Result 2.2: Improved capacity of MoH program managers and technical staff to plan for and monitor national EMHS	8
Sub-result 2.3: Supply chain system cost effectiveness and efficiency improved through innovative approaches	17
Result 3. Improved capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities	19
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	19
Sub-result 3.2. Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS	23
Sub-result 3.3. Overall access to EMHS improved through innovative district-level interventions	24
TRAINING OVERVIEW: APRIL–JUNE 2013	26
MONITORING AND EVALUATION	28
PROGRAM MANAGEMENT	33
Operations	33
Staffing	34
Short-term technical assistance and international travel	34
Finance	35
ANNEX A: Summary of SURE staffing status as of JUNE 30, 2013	38
ANNEX B: Summary of progress against planned activities for Q15	42
ANNEX C: Schedule of MMS supervision visits in new districts	47

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ARV	antiretroviral
ART	antiretroviral therapy
CPHL	Central Public Health Laboratory
DHIS2	District Health Information Management Software Version 2
DHO	District Health Officer
EMHS	essential medicines and health supplies
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
PNFP	private not-for-profit
QPPU	Quantification, Planning, and Procurement Unit
RDT	rapid diagnostic test
SLMTA	Strengthening Laboratory Management Towards Accreditation
SPARS	Supervision, Performance Assessment, and Recognition Strategy
SURE	Securing Ugandans' Right to Essential Medicines [Program]
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
WAOS	web-based ARV ordering system
WHO	World Health Organization

EXECUTIVE SUMMARY

The 15th quarterly performance monitoring report (Q15) for the Securing Ugandans' Right to Essential Medicines (SURE) Program covers the period from 1 April to 30 June, 2013. The report presents progress on our implementation of the Year 4 program work plan and highlights both opportunities for positive change and the challenges we encountered. Also, the report shows the direction and speed of program implementation by describing how next steps can build on what we have achieved so far.

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

SURE designed a study to attempt to answer some of the questions on the current levels of funding allocations to health facilities and to what extent the allocations match the health facilities' needs. The findings of the study are intended to trigger policy makers to more equitably distribute funds to public health facilities.

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

SURE signed a memorandum of understanding with the National Medical Stores (NMS), which paves the way for greater engagement. The memorandum identifies potential areas for collaboration, including strengthening quality assurance systems and providing training for NMS staff in supply chain management.

SURE has devoted a lot of effort to the development of the web-based antiretroviral (ARV) ordering system (WAOS). During the quarter, long-awaited access to the system were granted by the director general of health services, and facilities were able to place orders mostly through the district biostatisticians. This has enabled health facilities to place timely antiretroviral (ARV) orders and has resulted in decreased workload at the warehouses, especially the NMS. WAOS has also made it possible to access service statistics more easily. However, an unreliable server could jeopardize the entire system if not addressed. On a monthly basis, a report is disseminated on the status of WAOS roll out.

A plan to implement SPARS for the tuberculosis (TB) program, which details SURE's level of support, has been discussed with the National TB and Leprosy Program (NTLP) manager and is undergoing final review. A concept note for strengthening TB management and care at facility level has been developed based on the SPARS concept but using a different set of indicators that are more relevant to supervision and assessment of TB programs. SURE has also helped address the country's multidrug-resistant (MDR)-TB medicine crisis by quantifying first-line and preventive TB medicine needs for the next shipment and by supporting procurement and supply management planning for other TB medicines. We have also calculated quantities that can be donated to other countries before they are lost to expiry.

SURE helped the Central Public Health Laboratory (CPHL) develop training materials covering the logistics module of the Strengthening Laboratory Management towards Accreditation (SLMTA)/SPARS. CPHL has successfully completed a number of laboratory supply chain rationalization activities and recruited several new staff members; however, overall progress has been slower than planned in implementation of the agreed support plan.

PipeLine databases were set up for antiretroviral therapy (ART), TB, malaria, laboratory and reproductive health programs, which are allowing the Quantification Procurement Planning Unit (QPPU) to routinely monitor all program areas, assess risks in the supply chain, and take timely action.

One of the Uganda Medicines and Therapeutic Committee's (UMTAC) main achievements has been to update the Uganda Clinical Guidelines (UCGs) with SURE support and distribute them to health workers. During the quarter, 10,000 copies of the guidelines were printed and an addendum providing supplementary information developed. The UCGs were launched countrywide in a series of regional meetings.

SURE continued to work with Joint Medical Store (JMS) in setting up a door-to-door distribution system for medicines and health supplies. JMS made a number of deliveries to various destinations country wide. On average, distribution for essential medicine and health supplies was done at cost of 3% of invoice value, which was much lower than anticipated. Implementation of a new enterprise resource planning solution (IFS) at JMS is still on track and expected to go live early next month.

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

The second national performance report on medicines management presented the status of the national Supervision, Performance Assessment, and Recognition Strategy (SPARS). By the end of June, the country had over 200 medicines management supervisors (MMS) who support 1,924 health facilities in 95 districts. During the quarter MMS made 515 supervision visits to mentor health facility staff—exceeding the quarterly target of 500.

SURE has supported MMS to implement SPARS in 1500 out of the 1700 facilities in the original 45 districts. 736 of these facilities have been visited 5 times which is the program target on number of visits per facility. SURE has also made significant progress to implement SPARS in 14 new districts. We selected the 39 MMS, trained them in supply chain management, and procured motorcycles, computers, and reward items. Most of the MMS completed training in motorcycle riding and computer use, paving way for full SPARS implementation in the next quarter. In addition, we have continued to support the Ministry of Health (MOH) in rolling out SPARS nationally; for example, 100 MMS have been trained from 36 non-SURE districts. We also supported implementing partners to develop budgeted work plans for SPARS roll out and data management. SURE is working with the four religious medical bureaus to use SPARS to improve medicines management in private not-for-profit (PNFP) health facilities. The adoption of SPARS by other implementing partners has progressed steadily, but implementation has been compromised by insufficient resources.

Pharmaceutical Financial Management training was conducted for 21 DMMS, 5 SURE regional field coordinators and 10 regional pharmacists. A protocol has been developed to study the impact of the roll out of PFM using 13 control and 26 intervention facilities in 14 districts. The PFM tool that is to be used in the intervention facilities will allow for monitoring of the health facility orders for compliance with VEN prioritisation.

SURE procured 2,465 shelves and completed their distribution to 1,540 government and PNFP health facilities in 45 SURE districts. MMS were trained and given tools to help assemble the shelves in the facilities. The assembly activities were launched at a colorful ceremony where USAID formally handed over the shelves to the Ministry of Health.

The good pharmacy practice (GPP) strategy requires National Drug Authority (NDA) district inspectors to be the main program implementers. Forty district inspectors received classroom training in how to perform the GPP inspections using the new inspection tool, and all regional inspectors received practical training as well. The target is to have more than 2000 facility based public sector pharmacies inspected.

The MOH/Pharmacy Division signed off on the direct supervision data system (DSDS) design, and testing has started on the system. To streamline data collection and analysis, SURE converted two manual tools (pharmaceutical financial management and good pharmacy practice) into electronic

versions. The online versions will give the data collectors and decision makers real-time access to the data and allow basic analysis for various reports.

Staff at the six hospitals where RxSolution, was installed in the last quarter were given on-site training and support to use the system to take inventory as their initial activity. To get implementing partners further involved in the rolling out RxSolution in PNFP facilities, SURE held a specialized training for staff from Medical Access Uganda Limited (MAUL) to use the system and set it up in the facilities they support.

Challenges

A number of challenges have affected activity implementation in the quarter key among them:

- The un-reliability of the WAOS server. The server has been on and off and this instability has been a major stumbling block to the adoption and use of WAOS.
- Development of the DSDS is severely delayed. Its full implementation during the life of the SURE program is crucial for its proper functioning and sustainability.
- Roll out of SPARS by some of the implementing partners has been very slow and this means that a full national implementation of the strategy has not happened as envisaged.

The table below summarizes SURE's primary outputs this quarter. Annex B shows SURE's summary of progress against planned activities.

SURE PROGRAM KEY OUTPUTS Q15

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

- Pilot of equity study completed in two sites and data collection launched in 41 sites
-

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

- Quarterly meeting that functions as a steering committee meeting was held with USAID and Pharmacy Division in June
-

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 EMHS

- NMS/USAID/SURE memorandum of understanding signed
 - Statement of work for technical assistance in quality assurance approved
-

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

MoH technical program support in commodity management

CPHL/Laboratory commodity management

- Training materials for SLMTA/SPARS covering logistics and health management information system developed
 - Computers for Lab SPARS purchased and loaded with standard software
 - Lab commodities supply chain rationalization activities progressed through a series of steps including revision of testing techniques and instrumentation by level of care and preparation of equipment data collection form for uploading into the district health information management software version 2 (DHIS2)
 - DHIS2 user training conducted for key CPHL staff
 - Computer database /systems analyst, logistics technical officer, and M&E intern recruited
-

National Malaria Control Program (NMCP)

- Bimonthly Private not for profit (PNFP) stock status and PipeLine report produced
 - Quality of PNFP orders received at Joint Medical Store assessed
 - Data collected for integrated community case management (iCCM) quantification
 - AMFm procurement and supply management plan reviewed
-

National TB and Leprosy Program

- Stock status for multidrug-resistant (MDR)-TB medicines determined and shared with key stakeholders
 - MDR TB medicine re-quantified based on in-country stock and expected shipment
-

AIDS Control Program

- Support for the roll out of the Web-based ARV ordering system (WAOS) continued with training, order follow up and implementation of the 1:1 strategy
 - 45 Health Initiatives for the Private Sector project sites trained in WAOS
-

- SURE printed 120 DHIS2 user manuals and 700 copies of WAOS job aids
 - Monthly status report on WAOS roll out developed and shared
 - Logistician employed and seconded to ACP
-

Support and strengthen the Pharmacy Division

- National cold chain assessment completed
 - Second national performance report on medicines management developed with SURE support, shared, and presented at district meetings and to the Medicines Procurement Management technical working group
 - Draft pharmaceutical sector M&E plan developed and submitted to Pharmacy Division for adoption
-

Quantification and Procurement Planning Unit

- Bimonthly stock status report with improved graphical format issued in May 2013 and discussed with technical programs, NMS, JMS, and MAUL.
 - Commodity security risks identified and presented to MOH technical groups for appropriate action
 - Monthly integrated Commodity Security Group meetings conducted to discuss stock status/pipeline and key recommendations made
 - Standard operating procedures (SOPs) in place for stock inter-warehouse transfers, but yet to be agreed on by the warehouses; stock transfer tracker in place
 - Mini-server installed at QPPU; PipeLine databases set up for HIV, malaria, TB, reproductive health and laboratory and updated bimonthly
 - Gap fill quantities for lab commodities and ARVs in the public sector submitted for US President's Emergency Plan for AIDS Relief (PEPFAR) and other donor support.
 - Quantification for safe male circumcision kits done; PipeLine database and supply plan to be set up in the next quarter
-

National Drug Authority (NDA)

- TruScan library updated and the equipment is in use increasing the medicine testing capacity of NDA
-

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

Uganda Medicines Therapeutic Advisory Committee (UMTAC)

- 10,000 copies of UCGs printed
 - UCG addendum developed and submitted for printing of 15,000 copies
-

Joint Medical Store (JMS)

- Pilot of door-to-door distribution with eight deliveries made to destinations all over the country
 - Schedule for JMS customers to synchronize and submit bimonthly, orders for trading stocks, ARVs, artemisinin-based combination therapies (ACTs) and other commodities published
 - IFS system on track to go live in July
 - Report on JMS door to door distribution completed and disseminated
 - Coordination meetings held monthly
-

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

- 515 supervisory visits made to health facilities in the 45 SURE districts
-

- 2,465 shelves distributed to 1,540 facilities in 45 districts
- 36MMS, regional pharmacists and SURE staff trained in pharmaceutical financial management
- 50 MMS trained 40 from new SURE districts, 6 from non SURE districts, 3 IP and 1 SURE staff
- 21 MMS trained in defensive motorcycle riding and given riding licenses
- 78 MMS trained in basic M&E
- 5 regional District Health Officer (DHO)/MMS coordination and SPARS meetings held
- 200 copies of the national stores assessment report covering 3,384 facilities printed and distributed to MOH, donors DHOs, implementing partners and other stakeholders

New district communication and technology (netbook/RxSolution)

- GCFLearn¹ installed on 200 USB sticks and distributed to approximately 150 MMS
- 5 staff members from MAUL trained in use of RxSolution
- On-site training and support provided to 6 PNFP hospitals
- Technical support for Rx Solution: Routine support visits initialized in 11 PNFP hospitals
- Template of electronic data collection form for pharmaceutical financial management developed
- Template of electronic data collection form for GPP developed

Pharmaceutical information portal (PIP)/DSDS

- Design document signed off
- Expert team from India seconded by contractor to deploy the system

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

SPARS

- 2 non-SURE districts adopted SPARS bringing the total of non SURE districts to 36
- 6 MMS trained from 2 Northern Uganda Health Integration for Enhanced Services (NU-HITES)-supported districts bringing the total number of trained MMS in non-SURE districts to 106
- SPARS implementation plan for PNFPs further developed; practical field orientation for trained bureau staff conducted; the four bureaus were supported to develop budgeted work plans
- Practical field orientation in SPARS provided for three Uganda Protestant Medical Bureau staff
- Monthly status report produced and shared with pharmacy division and implementing partners

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

Good pharmaceutical practice accreditation of pharmacies in public sector health facilities

- Practical training conducted for 5 regional inspectors on use of the new inspection tool
- Classroom training completed for 32 district inspectors on use of the new tool, importance of data quality, and practical tips for implementation
- 16 pharmacies in public health facilities inspected for GPP
- Regular coordination meetings held on GPP implementation

Monitoring and evaluation

- SURE program evaluation undertaken
- Q14 district reports developed and shared in all districts
- M&E basic training rolled out in Central, Northern, Eastern, and Western regions.
- Entry of SPARS data and analysis for 2012 kit survey accomplished
- USAID databases (MEEP and UMEMS) updated with SURE activities
- SMGL initiative supported through submission of monthly reports and participation in health facility assessments for end-of-program evaluation
- Work on impact assessment commenced with structure of articles for publication and scope of analysis of SPARS data defined

¹ Modular computer course for self-learning from GCF Learn foundation

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

SURE, in collaboration with the Pharmacy Division, started a study of the equity of resource allocation for EMHS at hospitals and health center (HC) IVs with a pilot conducted in Mukono HCIV and Kayunga hospital. The findings of the pilot were used to revise the data collection tool. A sample of 16 HCIVs, 11 district hospitals and 14 regional referral hospitals were selected using a purposive stratified method taking consideration to patient load; health facilities with resident MMS, reasonable scores on pharmaceutical management, and either high patient loads or low patient loads were included. The study tool had three main sections: needs assessment, budgets and allocations for EMHS, and availability of a basket of key medicines. Submission of data is expected in July and analysis and reporting soon thereafter.

Next steps

- Analyze data collected; give recommendations on budget line allocation
- Design VEN study
- Identify a finance STTA to address EMHS allocation

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 USAID, MOH Pharmacy Division, and SURE steering committee meeting was held in June. The focus of the meeting was on SURE's support to MoH special programs, information management, and district capacity building. In addition, participants discussed the national pharmacy conference in November, which will be an opportunity to showcase the program's work and share thoughts on future strategies for the pharmaceutical sector in Uganda. The minutes of the meeting will be used to write a brief about SURE activities for the Director General of Health Services.

Next steps

- Hold Pharmacy Division/USAID/SURE steering committee meeting.
- Prepare Year V work plan and discuss sustainability strategy with Pharmacy Division

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

USAID, NMS, and SURE completed their internal reviews and signed the memorandum of understanding that defines the terms and conditions under which SURE will engage with NMS. The memorandum

identifies potential areas for collaboration, including strengthening quality assurance systems and training NMS staff in supply chain management. Two NMS regional customer representatives were trained in supply chain management, and the other field staff from NMS will be trained in Q16.

Next steps

- Prepare a detailed work plan and budget to support NMS.
- Train remaining NMS customer care representatives on supply chain management.
- Arrange for short-term technical assistance in quality assurance for NMS.

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

AIDS Control Program. During the quarter, SURE’s assistance to the AIDS Control Program included the roll-out of the WAOS and support of the one-facility-one-supplier strategy (supply chain rationalization), and the option B+ roll-out.

Access to the DHIS2 / WAOS system was granted in April 2013, following a communication signed by the Director General Health Services. The communication was shared with all implementing partners, DHOs, facilities, and warehouses. A WAOS monthly progress report is shared electronically with key stakeholders including the district health offices, implementing partners and program staff. Table 1 highlights the progress made and summarizes the national warehouses’ current use of the system.

Table 1: Use of WAOS by warehouses

Zone (cycle)	Order deadline	Reporting rate % (no. of facilities)	Remarks
NATIONAL MEDICAL STORES			
Zone 3 (Cycle 6)	15 May 2013	89% (126/142)	Excludes paper orders
Zone 4 (Cycle 6)	27 May 2013	87% (107/123)	Excludes paper orders
Zone 5 (Cycle 6)	7 June 2013	14% (8/57)	3-day interruption due to server instability. Paper orders submitted by hand or by e-mail
Overall for the period		75% (241/322)	
JOINT MEDICAL STORE			
Zone 2 (Cycle 3)	15 May 2013	7 % (3/43)	Reporting rate was low because facilities were still adjusting to the recently released delivery schedule
Zone 3 (Cycle 3)	1 June 2013	9 % (3/32)	Facilities still adjusting to delivery schedule. System down time also affected use of the system
Overall for the period		8 % (6/75)	
MEDICAL ACCESS UGANDA LTD.			
Not specified	N/A	9% (11/126)	Figure is not disaggregated per zone. MAUL yet to update its delivery schedule to include all 126 facilities

The majority of the orders are currently being submitted by the district biostatisticians who have access to the DHIS2/WAOS system. To help them, the SURE program funded printing of 120 DHIS2 user manuals and 700 copies of WAOS job aids. These will be distributed at district level during the next quarter.

SURE has continued to support training as part of the WAOS system roll out. At least 70% of all implementing partners have completed or almost completed training in their districts. SURE recruited a logistics associate for 6 months to support the Health Initiatives for the Private Sector program-supported private for-profit facilities. WAOS has been rolled out to 45 of these sites. Training sessions on WAOS were held in Kampala and in Hoima districts in May (Table 2). All the trained facilities have computers, and 45 of the 58 active health facilities have access to the Internet at their workstations. The health facilities that were not able to attend the trainings are receiving on-site training.

During the quarter, staff from NMS, JMS, and MAUL were re-oriented on the use of the system and are being provided with ongoing support. However neither NMS, which processes the biggest bulk of antiretroviral therapy and preventing mother to child transmission orders, nor JMS is able to efficiently generate allocation lists due to poor internet connectivity. SURE information technology staff will work with the warehouses to try and resolve this problem.

Incomplete and inaccurate order forms submitted to the DHIS2/WAOS system hamper compilation of important information such as consumption data and patient statistics.

In-country technical expertise to make changes in the WAOS is lacking. An external consultancy is required even for minor modifications.

Table 2: WAOS training for Q15

Districts	Implementing partner representatives	Biostatisticians	Private for-profit facility representatives	Total
Hoima	2	4	11	17
Kampala	19	1	34	54
Total	21	5	45	71

Additional AIDS Control Program activities included the following—

- SURE worked with the QPPU to analyze the stock status of HIV commodities in both the public and private sectors for the bimonthly stock status report. The information was also used to update the stock on hand and PipeLine database. Currently, the MOH is reviewing its procurement and supply management plan, and SURE is leading the support for this activity. For example, SURE responded to a request to compile the number of patients on ART to inform the procurement and supply management review process and general planning.
- With the implementation of the WAOS, monitoring supply chain rationalization is easier. All facilities are linked to their respective warehouse in the system, which eliminates orders from being submitted to the wrong warehouse.
- Support to option B+ during the quarter centered on stock monitoring. WAOS facilitates extraction of patient numbers on option B+, which helps planning efforts.
- SURE worked with The AIDS Support Organisation to ensure that private for-profit facilities get access to free ARVs from JMS. SURE will also conduct joint supportive supervision visits to improve ART logistics in private facilities.

Challenges

- The instability of the server at the MOH Resource Center has been a major stumbling block to the adoption and use of WAOS. Both implementing partners and biostatisticians have threatened to go back to the old paper-based system because of the new system's unreliability.
- Resource Center delays in granting access rights to trained health facilities have slowed down adoption of the system.

Next steps

- Monitor roll-out and implementation of WAOS.
- Guide targeted supervision of facilities by implementing partners and regional pharmacists.
- Monitor the implementation supply chain rationalization via WAOS.
- Monitor implementation of option B+ and patient numbers using WAOS.
- Support the application process for \$120 million from the Global Fund for ART.
- Support private for-profit facilities to use WAOS.
- Support ACP and the resource centre to have a stable and reliable server for WAOS.

National TB and Leprosy Program. The SURE program has continued to support harmonization and integration of TB supplies into the main stream distribution by NMS. Coordination meetings between NTLP (with SURE secondment participation), PD and NMS have continued to be held during the quarter. In line with the former, SURE program supported the quantification exercise for first line TB medicines resulting in an order for the same being placed with the Global Drug Facility (GDF). SURE helped the NTLP generate the orders, have them processed through MOH, and send them for review to the Global Fund's Local Fund Agent. A list of NDA-approved TB medicines suppliers was submitted to GDF.

In collaboration with the AIDS Control Program, the NTLP coordinated the development of the isoniazid preventive therapy pre-planning process and budget alignment. This ensures that medicines ordered under the current Global Fund grant have back-up documentation together with a roll-out plan. In its support to both programs, SURE ensured that this pre-planning process was acceptable to both. The next step will include a series of technical meetings to finalize the drafting of policy documents and a roll-out plan for isoniazid preventive therapy.

The NTLP reviewed its MDR-TB medicines stock position at central and peripheral levels to determine available stock given its shelf life and quantities that could be loaned or donated to other countries to avoid losses due to expiry. SURE supported the collection, analysis, and presentation of the findings to NTLP. Key requirements for the analysis included—

- A mapping of patient trends for a two-year period to guide the forecasting of patient needs.
- Mapping the scale-up of patients on treatment in light of the multiple treatment units across the country.
- Projections of patient needs for the next six months given the NTLP strategy to increase patient access to treatment.
- Verification of MDR medicine needs based on the medicines due in country by end of August.

The head of the GDF procurement unit held a consultative meeting with the NTLP technical staff to iron out difficulties with the procurement and supply management processes and avoid future problems. The agreements were that—

- NTLP will receive an MDR-TB medicines quantification tool to help guide future quantification exercises.

- Snapshot data on medicines availability at health facilities will be collected as an interim measure.
- NTLP will update GDF on quantities of MDR medicines to be received in shipments due in August this year.

The NTLP plans to establish a unit that will coordinate relevant data across the program. SURE will be a member of the unit to ensure that together with other partners, supply chain-related data is fully incorporated with other sets of data to aid in decision making.

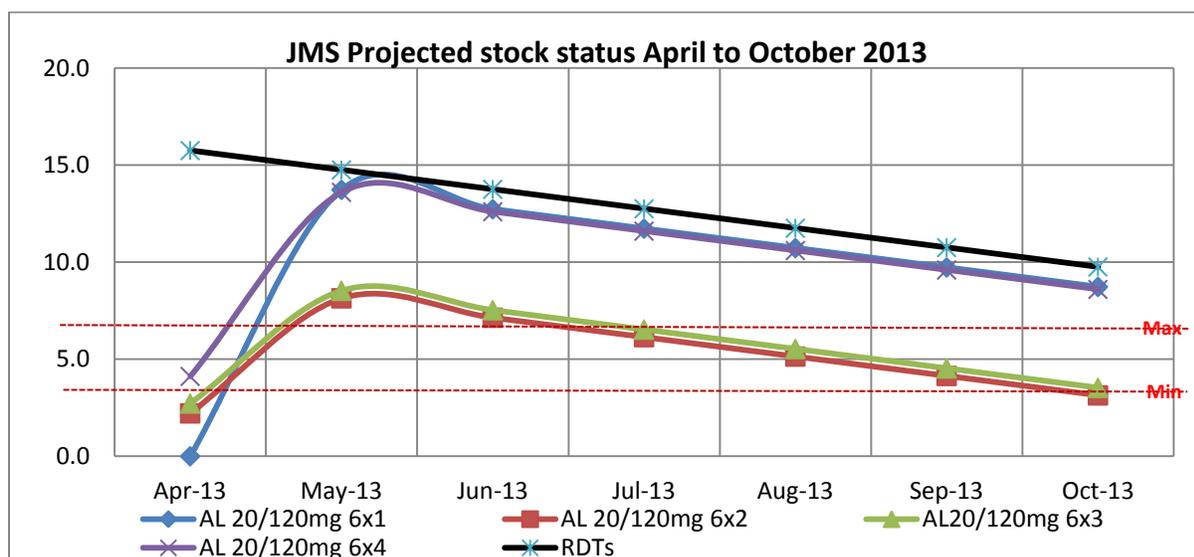
We revised the TB SPARS concept based on feedback from the NTLP program manager, and affirmed the scope of our support with our partner, TRACK TB. This revised concept will be the guiding principle behind SURE support to the program to track and assess performance and improve TB care and management at facility level. We also finished recruiting new staff members to support the TB SPARS implementation and supply chain data management. The new staff started off by drafting the TB routine performance assessment tool.

Next steps

- Collaborate with other partners supporting TB control and MOH to identify countries that can use medicines at risk of expiry.
- Finalize and pre-test TB routine performance assessment tool.
- Develop training materials for TB SPARS.
- Finalize work plan for the TB data manager.
- Finalize stock status report for TB medicines.
- Participate in the isoniazid preventive therapy policy document development.
- Prepare the logistics brief and relevant information for the upcoming TB program review.
- Coordinate the first partners’ meeting on TB logistics.

National Malaria Control Program. The SURE program has continued to help PNFP facilities order malaria commodities from JMS, including producing the PNFP bimonthly stock status report (most recently circulated in May 2013). Figure 1 presents an illustration of the kind of analysis possible using PipeLine 5.1.

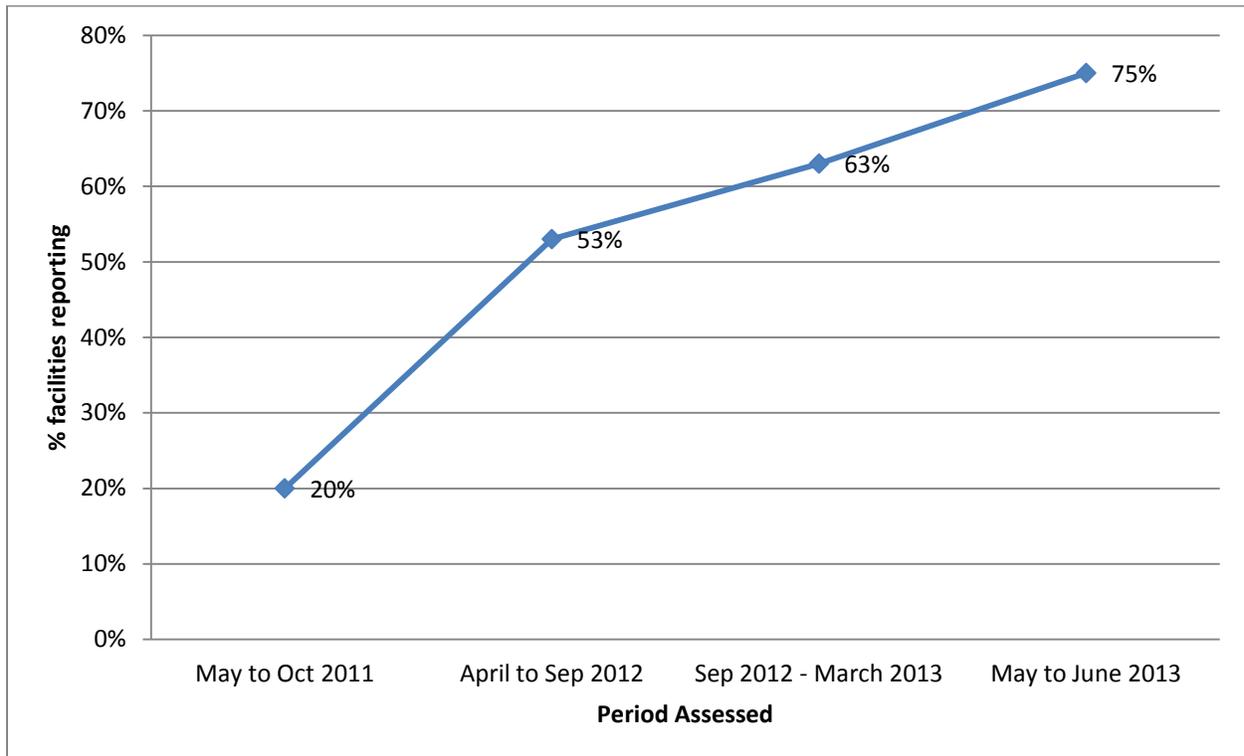
Figure 1: JMS projected stock status for antimalaria commodities: April–October 2013



The scenario is based on the assumption that the current stock of anti-malaria commodities remains constant. The peak in May indicates receipt of consignments. For the period shown, JMS should be sufficiently stocked until October, except for artemether-lumefantrine (AL) 6X3 and 6x2, which may drop slightly below the minimum recommended level.

To increase uptake of commodities, SURE has followed up with phone calls to facilities before the order deadlines according to the new JMS schedule. This effort coupled with a revised JMS communication strategy have resulted in an increased percentage of PNFP facilities reporting—from 63% for October 2012–March 2013 to 75% for May–June 2013, but quality is still very low. With the roll-out of PNFP SPARS to all PNFP facilities countrywide (not only among SURE supported districts) by the respective medical bureaus, we expect that the order quality will improve.

Figure 2: PNFP reporting trend for malaria commodities: 2011 - 2013



The revised PNFP malaria commodities order form has been revised to enable electronic ordering. This tool is ready and will be rolled out during the next quarter. Together with the QPPU, SURE collected and analyzed information on the stock status of malaria commodities in both the public and private sectors and updated the stock on hand and PipeLine data as of 1 May 2013. In addition, SURE continues to provide data for the quarterly procurement planning and management reporting and the Uganda needs assessment reports, which the WHO requires from Uganda as one of its 10 high-burden malaria countries.

During the quarter, SURE spent a lot of time helping NMCP revise the AMFm procurement and supply management plan as well as helping. The AIDS Support Organisation, a Global Fund Principal Recipient, to plan for malaria commodities. SURE is also collecting data for the quantification for iCCM, which will support the supply of commodities to the village health teams.

Next steps

- Monitor malaria commodities stock at JMS and produce bimonthly stock status and PipeLine reports.
- Roll-out the PNFP malaria commodities electronic order tool.
- Support the quantification for iCCM commodities.
- Perform periodic joint supportive supervision visits with JMS.

Central Public Health Laboratory. SURE facilitated a five-day training workshop for CPHL staff to customize/develop the training materials for SLMTA/SPARS covering logistics, equipment, health management information systems, and finance. The materials will be finalized in the next quarter. Forty net books were procured for the senior lab technicians who will operate as supervisors/mentors in the 20 roll-out districts. Implementation of lab SLMTA/SPARS continues to take place at a slower pace than anticipated due to a number of competing events e.g. developing a concept paper for lab supply chain rationalization and writing a funding application for a grant funded under CDC which required the attention of key CPHL technical staff responsible for SURE/CPHL work plan implementation.

While awaiting formal agreement on the HIV laboratory supply rationalization concept paper, CPHL has carried out other rationalization activities including—

- Holding a workshop to rationalize and standardize test menus, test techniques, operating procedures, and lab equipment, as well as to review tests and technology by level.
- Developing a laboratory order form based on bundles for automated equipment supplies with auto-calculations.
- Preparing the equipment data collection form to upload into the DHIS2.

The laboratory supply chain is complex due to the numerous reagents and supplies that are required to perform tests that often go together. The QPPU and CPHL devised a concept for bundling reagents and supplies for various categories of tests. Each bundle has a tracer item, resulting in 28 tracer items that represent categories such as CD4, chemistry, hematology, test kits, blood grouping, and others. Reducing the number of items has also meant that PipeLine can be used to track lab commodities. A PipeLine database was set up to allow for the management of lab commodity supply plans in three warehouses, NMS, JMS and MAUL. QPPU and CPHL also presented the supply plans by warehouse to a wide group of stakeholders to emphasize the desperate stock situation in the public sector, and as a result, part of the financing gap will be met by PEPFAR as well as the UK Department for International Development (DfID).

The CPHL is not currently receiving service statistics data from the health management information system (transmitted through the DHIS2) because the staff is not trained on the system. Consequently, SURE supported a five-day training course for select CPHL staff in DHIS2 operations. During the training, CPHL staff recognized that the lab form needed to be customized to capture aggregate data and essential lab indicators in order to generate lab-specific reports. The lab indicators also needed to be harmonized with international indicators to allow for comparisons across regions and countries. Without customization, meeting CPHL data and M&E requirements would be impossible. Therefore, further DHIS2 training to learn to customize lab-specific reports is planned for next quarter. CPHL's plan to revise its M&E framework to include SPARS indicators was delayed by a lack of progress on SLMTA/SPARS implementation; it will be done in the next quarter.

Other activities that SURE supported during the quarter included—

- Finalizing the lab logistics assessment report, which should have been printed in the last quarter.
- Training the M&E staff secondment to CPHL. The secondment attended a course in South Africa in June: *Laboratory Policy and Strategic Planning: The Next Steps, Implementation, Monitoring*

and Evaluation. The course provided information on the building blocks of a laboratory system, which are a prerequisite to developing indicators and an essential skill for an M&E officer.

- Recruiting a computer database programmer /systems analyst, an M&E intern, and a logistics officer after CPHL identified the need to boost human resource capacity.

Challenges

- The lab commodities stock crisis in the public sector continues to be a major challenge for CPHL, especially given the persistence of significant funding gaps. Addressing these ongoing demands takes up considerable staff time and distracts from planned activities.
- CPHL's weak information management system results in duplication of efforts and compromises the generation of information needed for planning and decision making.
- Resources from the government and donors are not sufficient to strengthen lab logistics systems. SURE's central level activities such as quantification would be strengthened if reliable data were collected and reported routinely from all HF. However, data management at HF level is weak and requires the setting up of a fully fledged LMIS system. The resources required to set up such a system are outside SURE's scope.

Next steps

- Continue implementation of lab SLMTA/SPARS.
- Continue supply chain rationalization activities.
- Support CPHL to revise the M&E framework to include SPARS indicators.
- Undertake further DHIS2 training for customization of lab-specific reports.
- Print and disseminate 100 copies of lab assessment report.

Support and strengthen the Pharmacy Division

At the request of the Pharmacy Division, SURE engaged a consultant to assess the national cold chain for vaccines, lab supplies, and essential medicines. The first phase was started in November 2012 and the final phase was in April 2013. The assessment found that the transfer of vaccine supply chain management from Uganda National Expanded Program on Immunisation to NMS did not appear to result in any loss of efficiency; however, an important weakness identified was the quality and management of the last-mile delivery from the district to the public health facility, which is managed by third-party logistics providers. The assessment recommended strengthening the logistics systems for both vaccines and gas to health facility level and improving the storage of vaccines and other cold chain items as they move through the supply chain.

SURE helped the Pharmacy Division develop detailed results framework, indicators, and indicator reference sheets for their M&E plan. This plan guides regular performance monitoring and can be adjusted to track newly implemented policies and interventions.

During the quarter, the second national performance report on medicines management for the period January–March 2013 was produced and disseminated. By the end of June, more than 200 MMS were supporting 1,924 facilities in 45 districts.

The three national level warehouses continued to confirm their support for a national universal product code but no consensus has been reached yet on the code that should be used.

SURE provided Pharmacy Division with 5 additional laptops and 13 modems to improve the communication capacity of all regional pharmacists. A special Internet forum has been created to facilitate discussion of pharmaceutical management issues among the regional pharmacists. The

Pharmacy Division was not able to clarify the status of the pharmacists in general hospitals, so their planned orientation meeting did not take place. In addition, Pharmacy Division staff participation in international courses on M&E and health insurance was not implemented as planned because of competing priorities.

Next Steps

- Collect and analyze data and prepare the pharmaceutical sector report.
- Circulate the national cold chain assessment report to relevant stakeholders.
- Continue weekly meetings with Pharmacy Division staff and attend technical working groups meetings.
- Hold SURE/Pharmacy Division/USAID steering committee meeting.
- Produce and disseminate the quarterly national performance report for April–June 2013.
- Plan and prepare for national pharmacy conference

Quantification and Procurement Planning Unit

During the quarter, the QPPU was involved in a number of quantification and procurement planning activities including the following—

- Revision of the public sector pipeline for ARVs and lab commodities, which generated six months of ARV and lab commodity need estimates. Based on these needs, PEPFAR committed to support the commodity gap ARVS (\$11 million), CD4 reagents (\$5.9 million) and HIV test kits (\$5.5 million) for May–December 2013.
- Quantification of safe male circumcision kits.
- Quantification for lab infection control commodities, which will be incorporated into the next lab quantification review.
- Analysis of trends in pediatric ARV consumption at NMS, and in collaboration with Clinton Health Access Initiative, revision of pediatric ARV orders for the public sector.

CPHL used the national lab quantification report from QPPU to advocate for funds to support lab supplies. As a result, DfID committed \$6 million to lab procurement, and QPPU was asked to allocate the money to fill the existing gaps. Additionally, the MOH submitted the lab quantification report to parliament to advocate for government funding for the next financial year. The report was also presented to UNAIDS for possible funding.

The QPPU uses the PipeLine 5.1 tool to monitor supply plans for program commodities. SURE had set up a PipeLine database for ARVs and has now set up databases for TB, malaria, lab, and reproductive health commodities, allowing the QPPU to routinely monitor all program areas, regularly assess risks in the supply chain, and take action in a timely manner. To build sustainability, a mini-server was installed in the Pharmacy Division to host all the PipeLine databases and thereby improve data security and accessibility for the program logisticians and Pharmacy Division staff.

Other activities that QPPU has been involved in during the past quarter include—

- Supporting logistics training at MAUL sites.
- Supporting SCMS to compile a national ARV risk assessment.
- Preparing a performance summary of the Global Fund Voluntary Pooled Procurement program in delivery of ARVs and lab commodities. The summary identified delays in deliveries and splitting

of shipments, which caused stock-outs, especially in the public sector. The analysis was shared with the Global Fund and corrective action was taken.

- Participating in meetings to prepare for the review of Global Fund procurement and supply management plans.
- Documenting the quantification methodology used and key assumptions made for each program area. The lab quantification report has been finalized; reports for HIV, malaria, and TB will be completed in the next quarter.

Challenges

- Access to stock data from some warehouses and health facilities is not timely, and facility data on patient numbers is lacking or of poor quality, which deters accurate quantification of needs.
- Delayed delivery by suppliers leads to stock-outs.
- The large funding gap for ARVs and lab commodities means that supply plans cannot always be followed, which results in stock-outs that are misconstrued as poor planning. In addition, the funding gap creates demand for piecemeal quantification, which increases the unit's work load. Finally, in the spirit of commodity rationalization, stock should be transferable from one target group to another, but such requests are not easily honored because of the fear that some partners have not planned adequately.

Next steps

- Finalize and disseminate quantification reports for HIV, malaria, and TB.
- Set up PipeLine database and supply plan for safe male circumcision commodities.
- Collaborate with technical programs to identify means of tracking commodity consumption at health facilities.
- Finalize in collaboration with the warehouses the SOPs for stock transfers.
- Conduct Global Fund procurement and supply management reviews for malaria and HIV.
- Review national lab quantification.
- Prepare MOH bimonthly stock status reports (1 July and 1 September) using upgraded format.
- Build capacity of regional pharmacists to accurately quantify and track EMHS needs.

Support to the National Drug Authority

SURE is supporting studies in Uganda on dispensing doctors and prescribing pharmacists. Both practices are potentially harmful to the patient if financial gains trump patient safety. Makerere University's research board approved the study descriptions and students completed the data collection for both studies. Data analysis and report writing are ongoing. The outcomes will be presented to NDA, MOH, and other stakeholders to inform them on a strategy to either better enforce existing laws or change the regulations concerning dispensing by doctors and prescribing in pharmacies.

One of NDA's main responsibilities is ensuring good quality medicine in the drug outlets in Uganda. In Year 3 SURE procured a TruScan to increase medicine quality testing as part of NDA's post marketing surveillance mandate. Training in how to use the equipment was provided to NDA staff and a reference library has been set up. A feasibility study of the TruScan and Minilab (another piece of medicine testing equipment donated by SURE) is to be conducted when the TruScan has been in use for three to six months.

SURE and NDA are also collaborating on GPP inspection, which is covered under section 3.3.

Challenges

- NDA and SURE held only one work plan meeting during the quarter. SURE supports NDA in several areas, and regular meetings facilitate implementation of activities and follow-up of action items.
- NDA staff members' official travel as well as understaffing delayed activity implementation.
- The SURE information technology secondment went on maternity leave early June and will not return before the end of her SURE contract. The NDA systems administrator has not yet been replaced. Due to the lack of technical expertise at NDA, SURE was unable to install the server as planned.
- NDA did not prioritize the verification of imports system, so there was no progress in its implementation.

Next steps

- Implement the consultancy on the wholesaler strategy, which will include developing tools and training materials for inspecting wholesalers and training NDA inspectors and wholesalers on the new requirements.
- Organize a stakeholder meeting to present findings from the dispensing doctors and prescribing pharmacists studies.

Support development of pre-service training program for health workers

SURE's commitment to supporting medicines management within professional health training institutions in Uganda will result in another 100 tutors from health institutions trained by October 2013. We are designing a study to assess the extent to which medicines management has been incorporated within selected health institutions following the earlier training of 60 tutors from 45 institutions.

Next step

- Impact assessment of the combined strategy to increase medicines management into the curriculum of health workers is ongoing.

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

Support Uganda Medicines and Therapeutic Advisory Committee

SURE's primary support to UMTAC is the development and implementation of a rational medicine use training course and the provision of reference material to public sector health workers. The training course will equip the health workers with skills on how to identify medicine use problems in their health facilities and carry out proven interventions to address the problems. Training material for the course was developed and reviewed in a meeting of 14 medicine experts. Makerere University will run the course next quarter.

The Pharmacy Division launched the 2012 Uganda Clinical Guidelines in regional meetings attended by the MMS and DHOs. An addendum to the UCGs was developed to include sections that were not sufficiently covered in the original document, such as elimination of mother-to-child transmission of HIV, updated malaria treatment guidelines, and side effects of family planning products. SURE will print the addenda to disseminate with the 10,000 available UCG copies. Dissemination will be through MMS and implementing partners.

Challenges

- Developing and printing the UCGs addendum has delayed dissemination of the UCG creating a significant time lag between the national launch and the actual distribution of the guidelines.

Next steps

- Finish development of training material and implement three rational medicine use trainings.
- Disseminate UCG and its addendum to health facilities.
- Finalise the practical guidelines for dispensers

Support to JMS

SURE continued to work with JMS to set up a door-to-door distribution system for medicines and health supplies. JMS has made a number of deliveries to various destinations (Table 3). On average, the cost to distribute essential medicine and health supplies was 3% of invoice value, which is much lower than anticipated. All customers who participated in the pilot expressed satisfaction with the service, although a few perceived that they could have picked up the deliveries themselves at a lower cost.

Table 3: Summary of JMS deliveries under the pilot distribution of EMHS

Region	No. of Customers	No. of Boxes	Invoiced Amount (Million UGX)	Distribution Costs (Million UGX)	% of Sales	Costs per Box (UGX)
West	5	589	103.1	3.6	3.5%	6,100
Southwest	3	320	96.0	1.8	1.9%	5,625
Eastern	9/16	466	100.1	1.5	1.8%	3,433
Northern	8/11	236	57.8	2.8	4.8%	11,864
Central	5/10	766	84.3	0.65	0.8%	848
Southwestern	6/7	222	31.4	1.7	5.4%	7,657
Northern	3/6	51	20.5	1.7	8.3%	33,333
Eastern	4	76	18.8	1.8	9.6%	23,684
Total		2,726	512.0	15.5	3.0%	5,686

Implementation of JMS's new ERP system has gone according to plan. Staff received training, super users have been identified, and testing of the system and migration of data are complete in readiness for the launch in July.

SURE seconded a consultant to JMS to support the development of a comprehensive M&E system. The consultant will also conduct an impact assessment of a number of critical business process interventions that JMS has undertaken recently. The M&E intern continues to capture data from PNFP facilities from the malaria order forms and ensures that facilities adhere to the ordering schedule. Analysis of the quality of the orders submitted and feedback to the health facilities when errors are found were ongoing with the aim of ensuring that reports that affect JMS decisions regarding ACT supplies are as accurate as possible. Other planned support for JMS including improvement of procurement processes has not been possible due to the high level of engagement that was required for the other interventions.

Next steps

- Support JMS to develop a plan for the roll out of door-to-door distribution.
- Implement the M&E short-term technical assistance consultancy.

District supervision data system (DSDS)

The Pharmacy Division signed off on the DSDS design document in June. Technobrain dispatched a team from India for the installation, testing, and deployment of the DSDS software, and we are now testing the system. The development of the system has been much slower than expected delaying its deployment. One of the DSDS server blades broke. A new blade was ordered and is expected in July. Meanwhile the system runs temporarily on a server that is marked for installation at NDA. The current delay of the development of the DSDS of more than 6 months has limited the time for training and usage dramatically. Any further delay can jeopardize the successful implementation of the DSDS and progress is monitored closely. SURE prepared a training schedule for the MMS to use the DSDS instead of Adobe for entering SPARS data. To collect and analyze the data, Pharmacy Division information technology and M&E staff were trained in the administration and use of SharePoint and InfoPath.

Challenges

- There is still no communication from the eHealth technical working group about the pharmaceutical information portal. We are preparing a plan with several alternative options in the event that the DSDS server cannot be placed at the Resource Center.
- Development of the DSDS is severely delayed due to a number of factors. Its full implementation during the life of the SURE program is crucial for its proper functioning and sustainability.

Next steps

- Finalize the testing of the DSDS and deploy the system.
- Train MMS and other stakeholders in use of DSDS.
- Install new blade and activate server.

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

SPARS implementation in the 14 new SURE districts has progressed rapidly. All 39 MMS attended the two-week course on supply chain management; in addition, 21 MMS were trained in defensive motorcycle riding and obtained their riding licenses, while 12 MMS received training in the Adobe system to collect and submit supervision data. In the next quarter, the remaining MMS will receive motorcycle and computer training and district MMS will receive practical field training by the field coordinators. SURE procured and delivered health facility rewards to distribute in the next quarter. To ensure rapid improvement in EMHS management at facilities, supervision visits in the new districts will occur monthly with emphasis on hands-on support to the health facility staff. The MMS will be monitored and followed regularly to ensure that their performance issues are immediately identified and addressed. Annex C illustrates the MMS supervision schedule for new districts.

Pharmaceutical financial management

Thirty-six staff including 21 district medicines management supervisors, 5 SURE regional field coordinators, and 10 regional pharmacists attended the one-week pharmaceutical financial management training conducted by facilitators from Makerere and Mbarara universities. Furthermore, SURE regional field coordinators attended practical training on the use of the pharmaceutical financial management performance assessment tool that resulted in an update of the tool.

The pilot study protocol was developed and the study is ready for implementation beginning next quarter, starting with practical training of DMMS. SURE sent the pharmaceutical financial management manual to the home office for final proofreading. The delay in implementation of PFM means that Good Financial Practices certification can only start in year V.

Next steps

- Train 44 medicines management supervisors.
- Provide practical field training to district MMS in pharmaceutical financial management and implement pilot study..
- Complete MMS training in motorcycle riding and computer skills.
- Print the pharmaceutical financial management manual.

Implement the supervision, performance, and recognition strategy

Medicines management supervisors continued to carry out performance assessment and on-the-job training of staff at health facility level. In the original SURE districts they conducted 515 supervisory visits in the quarter, which exceeded our target of 500. MMS made 1.7 visit per month against the overall target of 3.3 visits per month. This quarter reports on performance of MMS were shared with the District Health Officers during monthly meetings and they pledged to follow up MMS to ensure improved performance. Overall SURE has supported MMS to start implementation of SPARS in 1500 out of the 1700 facilities in the 45 districts and of these 736 facilities have been visited 5 times.

SURE collaborated with the Pharmacy Division to hold five regional coordination meetings that brought together district health officers from the 45 original SURE districts, MMS, regional pharmacists, and Pharmacy Division and SURE regional staff. During the meetings, participants discussed quarterly district reports and the national report and other topics including best practices in SPARS implementation, emerging issues with the roll-out of Option B+, and SPARS sustainability. The participants identified challenges such as the stockpiling of expired medicines, especially nevirapine tablets and cotrimoxazole, by the community health workers, poor ordering and reporting on ARVs at some facilities, nonadherence to standard treatment guidelines for cough and diarrhea, and sourcing funds to sustain SPARS in the future. The key recommendations were to train MMS to support health facilities in WAOS, distribute and launch UCGs to facility staff and districts, and include MMS in district health management team meetings and integrated district support supervision visits.

Improve storeroom infrastructure in selected facilities

SURE received the remaining batches shelves from the supplier in Malaysia. Distribution from regional stores to 1,540 health facilities was completed in the 45 SURE districts. Assembly of the shelves is ongoing at the facilities, and MMS were trained and given the necessary tools to assist the health facility staff assembling the shelving. A ceremony to formally hand over the shelves to the Ministry of Health was held at Butabika Hospital grounds in Kampala and attended by senior officials from USAID and MOH (see the cover photo).

Next quarter, SURE will receive a batch of 747 shelves to distribute to the 380 health facilities in new SURE districts. The shelves will provide relief from the long-standing problem of poor pharmaceutical storage infrastructure. SURE printed and distributed 200 copies of the stores assessment report to DHOs, partners, and MOH officials to help mobilize resources to refurbish the stores.

The development of the concept paper for studying redistribution and the assessment of storekeepers' performance has been carried over to the next quarter.

Other activities undertaken during the quarter include the following—

- SURE participated in the district management integrated planning meetings in Kasese, Oyam, Pader, and Isingiro districts. Reports and work plans were shared with the district management teams and other partners.
- SURE continued to participate in the Saving Mothers Giving Life initiative in the four districts of Kamwenge, Kibaale, Kabarole, and Kyenjojo, with MMS monitoring the availability of key maternal and child health drugs and sharing reports on a monthly basis. The first phase of the initiative ended on 30 June 2013, and an evaluation is currently underway. SURE helped develop the data collection tools and train research assistants for the health facility assessment. The SURE district pharmaceutical strengthening specialist participated in the development of a strategy to improve supply chain systems at district and facility level in Côte d'Ivoire and presented the SPARS strategy and experiences from Uganda.

Next steps

- Support MMS in SURE supported districts to carry out 500 supervisory visits in the next quarter.
- Help DHOs conduct 45 district coordination meetings.
- Participate in district operational plan meetings.
- Distribute shelves and rewards in new districts.
- Develop concept paper for redistribution study.
- Monitor performance data from trained storekeepers to assess training impact.

Electronic data collection

To help the district and health sub-district MMS collect and transmit performance data from health facilities, SURE has developed an electronic system that will automatically aggregate the data that the MMS send online. Currently, SURE receives electronic reports from the MMS through the regional offices via Acrobat/Excel, and after the data is cleaned and merged, it is used to generate the semi-automated district reports. A backup system has been set up using DropBox. During the quarter, SURE produced 200 USB sticks containing a self-learning computer course, GCFLearn, and distributed them to MMS in 59 districts (Figure 3).



The course will further prepare the MMS to transition to a fully automated data collection and reporting system—DSDS (see the PIP/DSDS section in this report).

SURE has further exploited the new electronic opportunities that DSDS provides and developed electronic versions of 2 tools to be used for pharmaceutical financial management and Good Pharmaceutical Practice. During the next quarter these opportunities will be harnessed to use the same system to set up real time reporting on selected indicators. SURE had earlier engaged the Pharmacy Division and the Resource Center 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 implementation of eHealth solutions there has been no further progress in establishing a national support solution. After the eHealth strategy for MoH is finalised, SURE will get involved again to have the SURE district computerization interventions included in the plan.

RxSolution

Hospitals, as major consumers of EHMS, are keen to implement new technology that can facilitate and support commodity management at their stores and pharmacies. The technology that was selected by pharmacy division MOH from an assessment of 16 possible solutions is Rx Solution. RxSolution supports supply chain management by tracking budget/price information, commodity availability, consumption, and inventory management functions, such as determining reorder levels. Hospitals will also be able to order online with NMS or JMS when they develop online capacity.

The last 6 PNFP hospitals that have been trained in use of RxSolution have been visited for initial stock taking and initializing actual use of the system. Further on-site post implementation training and support was performed in 10 PNFP hospitals where computers were installed in 2012-2013. The on-site training has focused on maintenance and testing of the system along with repetition of entering orders, receipts and requisitions in the system. To support use of the software more widely across the country, SURE trained 5 staff from MAUL in advanced use of RxSolution. Further collaboration is planned to assist MAUL in developing a strategy to achieve electronic stock management in MAUL supported PNFP facilities.

GCFLearn – an offline self learning modular computer training course covering basic computing, MS Office and database management was obtained free of charge from the GCFLearn foundation. The course has been installed on each of the 15 hospital computers to facilitate an increase in computer skills. In the hospitals where a stable internet connection has been achieved with the 3G modems, a backup system has been established which will allow for safekeeping of the data and facilitates data analysis.

The comprehensive catalogue of medicines, health supplies, and laboratory equipment has been expanded to include VEN (vital, essential, necessary) classification. This catalogue from RxSolution will be launched when hospital staff are capable of performing standard transactions and conducting a stock take. The comprehensive catalogue will later be implemented in new databases that will be updated from the central level. The catalogue will be maintained in a semi-automated manner to make it as easy for the health facility staff as possible.

Next steps

- Test functionality of the two electronic tools for pharmaceutical financial management and good pharmacy practice
- Develop basic analysis functionality of the PFM and GPP tools
- Conclude production of 110 RxBoxes
- Include all laboratory items in the RxSolution catalogue
- Develop and implement an Rx solution reporting structure for hospitals
- Conduct routine visits to five RxSolution pilot sites

- Follow up with JMS to test electronic ordering when the new system is launched at JMS
- Initiate use of the RxSolution online forum
- Initiate use of the RxSolution support forum to monitor support needs and requests
- Develop SOPs for current technology support structure

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

2 non-SURE districts adopted SPARS in the quarter bringing the total number of non-SURE districts with SPARS to 36. This followed the training of 6 MMS from NU-HITES-supported districts, leading to a total of 106 MMS trained in non-SURE districts by the end of the quarter. Currently, 319 health facilities in non-SURE districts have SPARS. The SURE program has worked closely with each partner to set targets that will feed into the national SPARS roll-out targets that the Pharmacy Division will monitor (Table 4).

Table 4: Status of national SPARS roll out by 30 June 2013

Number of districts with SPARS[#]	95
National SPARS coverage by district (%)	85%
Number of facilities with SPARS[*]	1,924
National SPARS coverage by facility (%)	53%
Number of trained MMS	291

[#]Number of districts with trained MMS

^{*}Number of facilities with at least one supervisory visit

During the last quarter, SURE focused on SPARS partners' ability to manage data in preparation for national reporting. Support visits were made to each partner to ensure that proper SPARS data management practices are in place, including paper and electronic filing systems, supervision and data entry tracking systems, and data management using Adobe. Twelve non-SURE districts submitted their SPARS data to the Pharmacy Division to feed into the SPARS national quarterly performance report. SURE conducted data quality assurance training for each implementing partner, so they can help their MMS better understand the indicators and improve data quality.

In June, SURE and Pharmacy Division worked closely with a new partner, Makerere University Walter Reed Project, to establish SPARS in Buvuma district. SURE gave the partner a SPARS implementation guide folder and helped them draft a budgeted work plan for SPARS roll-out for Ministry of Health review.

The NU-HITES program organized a regional workshop for DHOs in its districts to introduce and implement the SPARS concept. SURE shared experiences from its districts, which NU-HITES will use to help them launch SPARS in 11 districts in the Northern Region.

SURE worked closely with the four religious medical bureaus (Catholic, Protestant, Orthodox, and Muslim) during the last quarter to plan SPARS implementation in PNFP facilities. SURE helped the bureaus develop implementation work plans and gave bureau MMS practical field orientation (see section 2.2).

Monthly National SPARS roll out status reports, that detail SPARS implementation progress for each of the implementing partners, were prepared and widely shared with Pharmacy Division, IPs and other stakeholders.

Challenges

- Some partners such as World Bank, BTC and UNFPA have been very slow in implementing SPARS even after they committed to the strategy and defined which districts they would support. As such roll out of the strategy to the whole country has not been achieved to the extent envisaged.

Next steps

- Conduct practical field orientation for MMS trained .
- Hold SPARS review and coordination meeting in Q16.
- Generate monthly national SPARS rollout status reports.
- Support the four religious medical bureaus to implement SPARS in PNFP health facilities.
- Continue to support partners to roll-out MMS training in non-SURE districts and implement SPARS.

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

Institute good pharmacy practices certification

The NDA is introducing good pharmacy practice certification with technical support from the SURE program. GPP certifications help ensure compliance with minimum standards in public and PNFP sector pharmacies.

All NDA regional inspectors received practical training in Q15. They will be responsible for rolling out inspections in their respective regions by supervising five district inspectors from each region. SURE trained 32 district inspectors on the new inspection tool, the importance of data quality, and the certification criteria. With a target of 8 inspections per inspector per week, the 40 inspectors will be able to undertake up to 320 inspections in any one week. The target of inspecting all SURE supported facilities (about 2000) should be met by March 2014.

Six hundred thirty health facilities in SURE districts are ready for inspections—that is—they have received five supervisory visits by a MMS. SURE has developed an electronic tool that NDA staff will use to handle and enter the inspection data. The tool was developed in SharePoint, which is compatible with SURE's DSIDS.

An information, education, and communication campaign is planned to inform the public about GPP certification and to recognize health workers in the GPP-certified health facilities. NDA, SURE, and the Pharmacy Division agreed on the campaign theme and logo and poster content; a public relations company is working on developing the material. During the quarter, staff from the company visited a health facility to obtain a better understanding of SPARS and GPP to ensure that the content of the material is appropriate.

Challenges

- Practical training of the district inspectors was delayed for months because of NDA's competing priorities. Therefore, only 16 inspections took place this quarter.
- There have been signs that the public relations company working on the outreach campaign did not fully understand the GPP certification concept, which delayed development of the materials. We

expect that their visit to the health facility increased their understanding of the relevant concepts and development will be speeded up.

Next steps

- Public relations company to finish campaign material including signage, posters, brochures, banners, certificates, and documentary.
- Conduct practical training of 32 NDA district inspectors.
- Hold five health worker recognition ceremonies from GPP-certified health facilities.
- Train NDA focal person to handle electronic data.

Recognition of good district and facility performance

The best-performing MMS in the SURE supported regions were recognized at the regional meetings. The criteria for good performance was meeting the supervision target of three visits per month and contributing to increases of two points per indicator per visit. MMS who meet the criteria will receive a copy of MDS-3 (MSH's pharmaceutical management textbook). Criteria's for best performing health facilities and districts will continue to be recognized at national ceremonies. We plan to organise the reward ceremony in connection with the planned national conference on access to medicines to be held early December 2013.

Next step

- Select MMS, facilities and districts to be recognized in December conference

TRAINING OVERVIEW: APRIL–JUNE 2013

SURE completed all training activities that were planned for the quarter (Table 5). This is a result of the increased coordination among SURE’s capacity building unit, the technical personnel responsible for the other key result areas, and the regional SURE offices. The training calendar has been a critical tool to ensure adherence to plans.

Table 5: Summary of SURE training in Q15

Training Content	Dates	Female	Male	Total
DHIS2	15–19 April	3	11	14
MMS in new SURE districts	15–26 April	1	24	25
M&E advanced (pilot)	22–26 April	4	9	13
Pharmaceutical financial management (Eastern)	29 April–3 May	4	17	21
M&E basic (Central)	6–10 May	6	12	18
Pharmaceutical financial management (South Western)	13–17 May	4	15	19
M&E basic (Northern)	20–24 May	3	17	20
CPHL/SLMTA/SPARS	3–7 June	4	8	12
Netbook (Central)	4–6 June	1	17	18
M&E basic (Eastern)	3–7 June	4	16	20
MMS in new SURE districts	17–28 June	1	24	25
M&E basic (Western)	17–21 June	3	17	20
Defensive motorcycle riding	24–28 June	2	19	21
Total		40	206	246

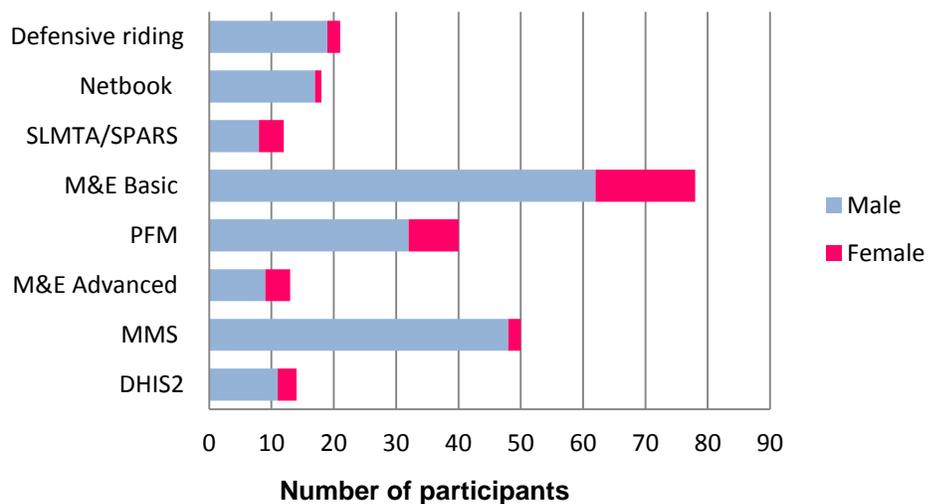
SURE renewed its partnership agreement with Makerere University, under which 100 tutors from selected health training institutions will be trained in addition to the 60 trained under the initial contract. In addition, 110 additional MMS will be trained from existing and new SURE districts. Late release of funds to Makerere for the training of trainers will require a change in the timing for deliverables specified in the contract.

The bulk of the basic M&E skills training for MMS in SURE districts was completed. Basic M&E courses will be run next quarter targeting the regional pharmacists, and some staff from the Pharmacy Division.

The pharmaceutical financial management courses scheduled under an existing contract were completed, but we are identifying others who might benefit from this training.

Defensive motorcycle riding and computer/netbook training for MMS from the new SURE districts was kicked off in the central region. Figure 4 shows the training participant break down by gender.

Figure 4: Courses and participants April-June



Next steps

- Train regional pharmacists, pharmacy division staff and others in M&E
- Present important components of how to organize trainings to select partners and staff who are involved in training planning with the aim of ensuring sustainability in the SPARS related training.

MONITORING AND EVALUATION

During the reporting period, the M&E unit validated and entered data received from the five regional SURE offices. The number of hard copies decreased following renewal of the Internet packages for the MMS. This reduced the data entry at the SURE head office. Also, the unit cleared the entire backlog of data that had not been entered and reconciled data that had not been captured in the database throughout all the regions. In the future the regional SURE offices are tasked to enter the data from those few MMS still submitting paper based.

A number of meetings were held with an MSH M & E consultant about writing articles for publication on some of the work SURE has done including the kit surveys, SPARS and the data quality assurance study on the reproducibility of the medicine management indicators used in the SPARS tool. Objectives, key words, and the titles of the publications were agreed on, and we discussed the best methods, background, literature search, and analysis of the data. First drafts of the articles will be ready for review in the coming weeks.

Statisticians from Makerere University have been engaged to undertake in depth analysis of the SPARS data. A series of meetings have been held and the strategies to use for analysis agreed on. The statisticians will work on the analysis in close collaboration with SURE staff until the exercise is completed towards the end of 2013.

SURE produced and shared district reports for January–March 2013 with the 45 SURE districts. We also shared areas requiring improvement with the district health teams so they can help MMS improve their performance. Meetings involved the DHOs, regional pharmacists, and MMS. The national SPARS reports supersede the national annual pharmaceutical sector survey which will not be conducted for 2013.

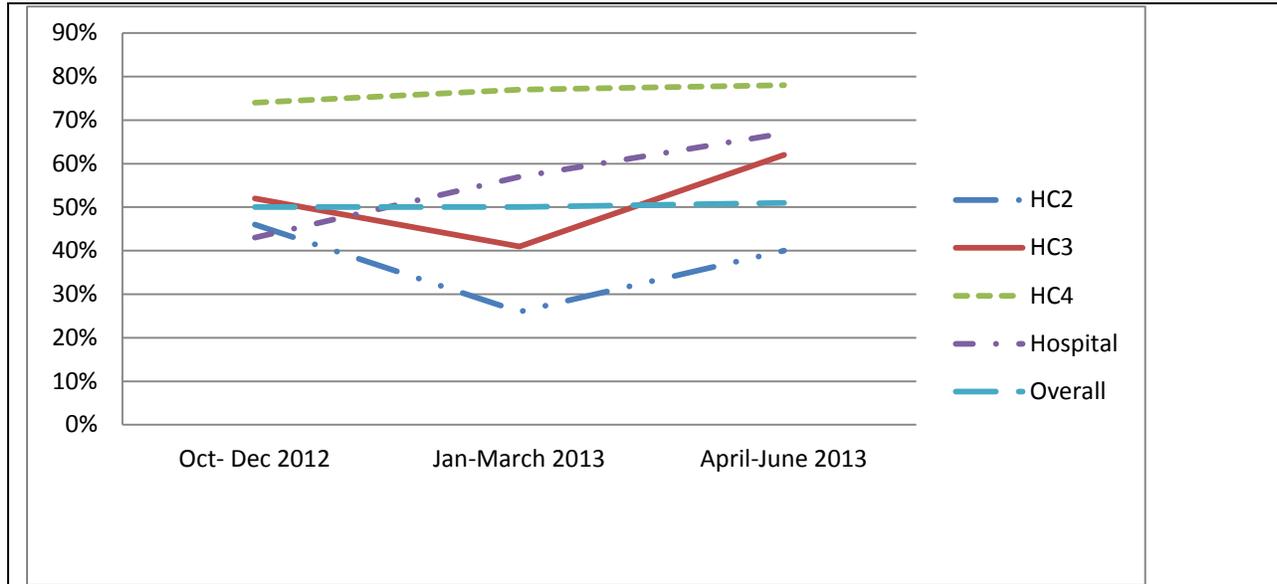
M&E training

Four basic M&E training sessions were conducted in Central, Northern, Western, and Eastern regions in collaboration with consultants from Makerere University, Mbarara University, and Kampala International University. The training objective was to equip the participants with problem-solving skills related to monitoring and evaluating medicines management interventions at health facilities.

Performance monitoring plan

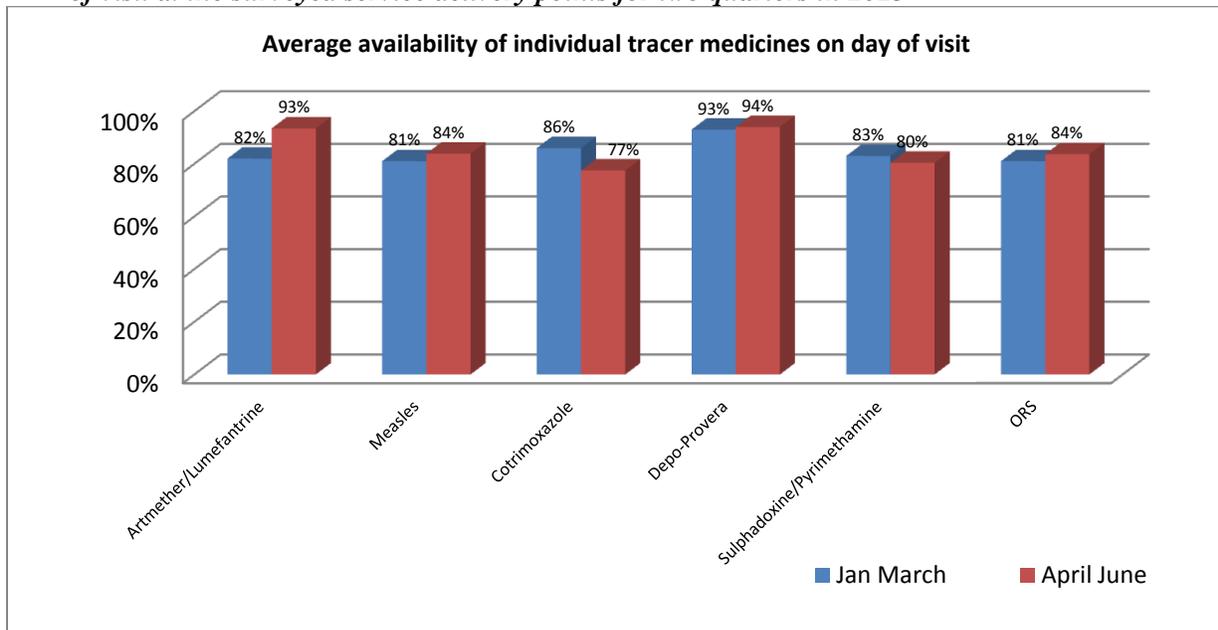
SURE's performance monitoring plan has 16 indicators, with 5 key indicators and 1 supplementary one that can be tracked quarterly and the others annually. Results for the quarterly indicators are illustrated below.

1.0 Percentage of health facilities with all 6 tracer vital essential medicines available on the day of visit over a period of three quarters



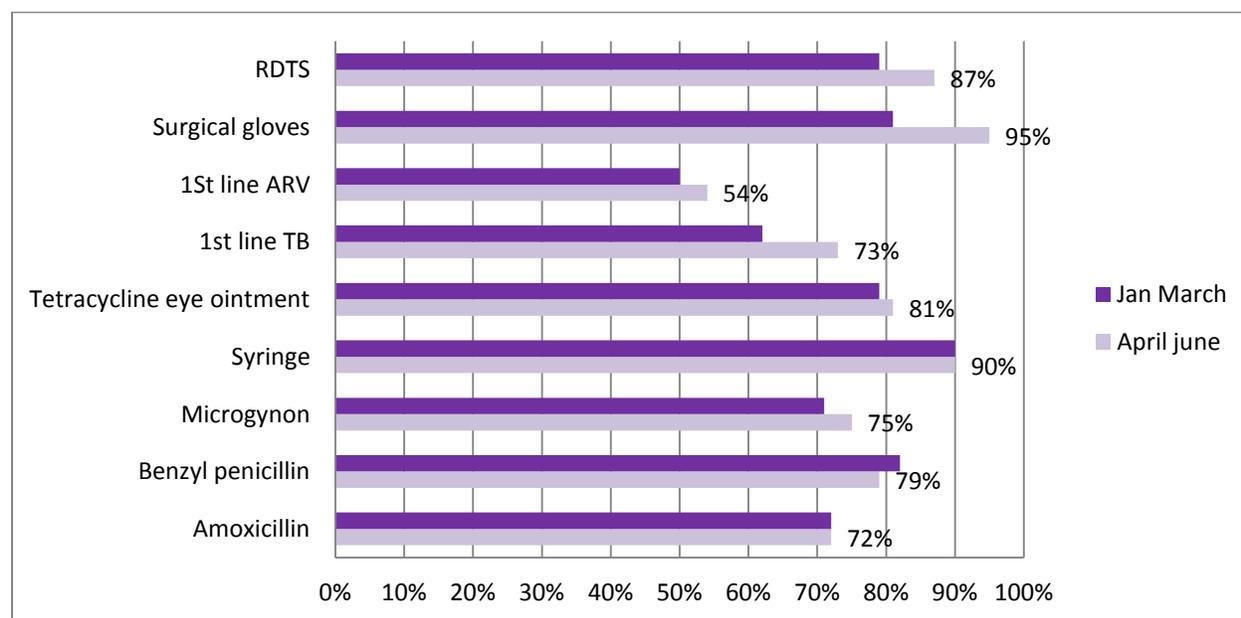
The availability of the tracer medicines improved in HC2, HC3 and hospitals. The tracer medicines are the medicines required to meet the minimum level of health care; however, facilities with all the items available on the day of visit is still low (51%) and patients in half of our facilities may not receive adequate and life-saving services. In spite of improved medicines management through SPARS, the major influencing factor on medicines availability is funding and underfunding remains an issue.

2.0 Average percentage availability of basket of 6 tracer vital medicines at health facilities on the day of visit at the surveyed service delivery points for two quarters in 2013



There is a noticeable improvement in availability of three of the six tracer items despite the low percentage of facilities with all the six items available. Availability of cotrimoxazole dropped due to an increase in the price to NMS.

2.0 supplementary: Availability of basket of other medicines at health facilities on day of visit at the service delivery points for two quarters in 2013



The figure above shows the availability of other medicines monitored, which improved overall in the last quarter. This means improved health service delivery to patients.

3.0 Average lead time from ordering to delivery at facility level

On average, it took 37 days (range 2–65 days) for NMS to process and deliver an order to a health facility. The NMS order cycle is 60 days; therefore, all facilities which report on time should receive a consignment every 60 days and therefore would not have a stock-out if all the supplies they ordered are provided and if they quantified their needs correctly. The lead time between receipt of an order at NMS and delivery of the consignment to the facility should not be longer than 60 days.

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

SURE project mainly provides support to health facilities through the implementation of SPARS strategy. During the quarter, a total of 514 facilities (see table below) were supported compared with 488 in the previous quarter. The staff of these facilities received technical assistance in the areas of stock management, storage management, dispensing practices, and prescribing practices and how to order and report.

Region	Number of facilities supported		
	April-June 2013	Jan-Mar 2013	Oct-Dec 2012
Central	101	67	98
Eastern	55	47	87
Northern	87	120	102
Southwestern	133	140	132
Western	138	114	135
Total	514	488	554

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

Type of Training	Total	Male	Female
Medicines and health supplies management	62	56	6
Procurement and supply management	0	0	0
Pharmaceutical financial management	40	32	8
Monitoring and evaluation	91	71	20
Total	193	159	34

SURE has three core training areas for strengthening the medicine and health supplies supply chain as presented in the table above. During the quarter, 193 individuals received training in these areas.

SURE Program evaluation

USAID commissioned a participatory evaluation of the SURE program, which was conducted between May and June 2013. The purpose of this evaluation was to determine—

- the extent to which expected results have been achieved and determine whether the deficit of results are still achievable or need to be adjusted to reflect realities of the current context, and
- where the SURE project needs to redirect its efforts to maintain a high probability of success in achieving key program results.

A five-member team led by an external international consultant conducted the one-month long evaluation. Other team members included an external local consultant and representatives from the Ministry of Health, USAID, and SURE. Evaluation methods included review of critical program documents, key informant interviews with stakeholders and SURE staff, and presentations on progress in each result area. Field visits to eight districts, supported by both SURE and implementing partners, involved discussions with district stakeholders.

Initial findings from the evaluation were shared with USAID and finalization of the report is ongoing.

Next steps

- Prepare and submit quarterly M & E and district reports.
- Conduct statistical analysis for the SPARS intervention.
- Continue the process of writing up experiences and impact of SURE/PD interventions
- Capture PNFP malaria data and follow up ordering by PNFP facilities.
- Collect additional data for the SPARS study.
- Train M&E team in STATA data analysis software.
- Conduct M&E trainings for Regional pharmacists and Pharmacy Division.
- Review recommendations from the SURE program evaluation and reflect where needed in year 5 work plan
- Develop Year 4 progress report and Year 5 work plan a with narrative

PROGRAM MANAGEMENT

Operations

This quarter the program management unit supported SPARS by receiving 2,465 high quality utility rack shelves and distributing them to over 1,500 health facilities. Depending on its size and need, each facility received from one to eight shelving units. These units will enable the facilities to meet a fundamental component of the GPP certification standards. An additional and final lot of 747 shelves will be distributed to health facilities in SURE's 14 new districts next quarter.

Support to SURE's 14 new districts included procurement of 41 Honda 125cc motorcycles for the MMS. The first group of 21 MMS successfully completed the 5-day motorcycle defensive riding course. A second and final riding course for the remaining MMS and the official hand over of the motorcycles are scheduled in July 2013. Additional support to the new districts includes the procurement of more than 75% of performance reward items and netbooks and modems for the MMS.

SURE funded the printing of 10,000 copies of the Uganda Clinical Guidelines and will distribute them to health facilities through SURE regional offices next quarter. A second lot of 15,000 UCGs will be printed later this year to cover the entire country; in addition, 2,000 one-page copies of medicines management SOPs are being printed and will be distributed to all health facilities, including those in the new districts.

Working closely with JMS, the operations unit completed the procurement of about \$200,000 worth of essential information technology equipment and software to upgrade JMS's accounting, finance, and warehouse management information systems.

Major contract management includes activities to be implemented by Saatchi & Saatchi and Makerere University. The Saatchi & Saatchi contract will produce visibility and branding for the GPP certification initiative. Design, printing, and distribution of materials and production of two videos will be concluded in the next quarter. SURE requested and received USAID approval to increase its subcontract with Makerere University by \$311,000, raising the new ceiling amount to \$934,885. Makerere will use the additional funds to identify and train 100 tutors in storage and stock management, national medicines policy, essential medicines concept, appropriate medicine use, monitoring and evaluation, and other areas, with the aim of incorporating these topics into the curriculum in the institutions and schools where the tutors teach. The funds will also be used to train 110 MMS in supply chain management.

The unit continues to orient and train staff and district teams (MMS and DHOs) in motorcycle management and other best practices through the various fora to discuss and address program implementation challenges, including quarterly staff meetings, regional district meetings, and trainings.

SURE office space has been expanded at the head office to accommodate additional staff recently hired and projected to be hired, plus the Central Region team.

Challenges

- The resignation of the Communications Associate prevented completion of the bi-annual program newsletter *The Value Chain* and other external publications. Success stories have not been submitted to USAID regularly, and updates of the SURE website (www.sure.ug) have also been delayed. These will be updated next quarter.
- The closure of the STRIDES program field operations in Fort Portal will result in SURE taking on full costs that were previously shared such as rent, utilities, maintenance, and security.

Next steps

- Receive and distribute the remaining utility rack shelves for the 14 new districts and continue to update the assets inventory list.
- Hand over the information technology equipment and motorcycles and complete the distribution of all SPARS reward items for the 14 new districts.
- Continue to draft sustainability plans for district activities, including identifying regional-based motorcycle service points, orienting the service providers in maintenance best practices, and working with USAID/head office to concretize the asset disposition.
- Work with the management team to draft the next program year work plan and budget and continue to work with home office on the close-out plan.
- Continue to closely monitor the program budget for the remaining 12 program months.

Staffing

New hires this quarter include—

- Two Technical Officers (East and Central regions for new district support)
- Technical Officer Rational Drug Use (new position)
- Senior Logistics Associate (new position)
- Project Specialist (replaces staff member who resigned)
- Two Accountants (East and Central regions for new district support)
- Senior Technical Officer TB SPARS (new position)

A Communications Associate and Project Specialist—NDA resigned from SURE in the last quarter.

As of 30 June, 2013 SURE had 82 staff members and 92 total planned staff members by 30 September, 2013. Annex C gives full details of SURE staffing as of 30 June, 2013. Actual and planned full time staff numbers are summarized in the table below.

	31-Dec-09 (actual)	30-Sep-10 (actual)	30-Sep-11 (actual)	30-Sep-12 (actual)	31-Dec-12 (actual)	31-Mar-13 (actual)	30-Jun-13 (actual)	30-Sep-13 (planned)
Staff #	10	33	57	72	75	77	82	92

Short-term technical assistance and international travel

The table below shows the short-term technical assistance providers 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
Kalidi	Rajab	M&E Trainer	Local	12 weeks	M&E Training
Kabanza	Robert	M&E Trainer	Local	12 weeks	M&E Training
Birabwa	Catherine	M&E Trainer	Local	12 weeks	M&E Training
Konings	Elke	M&E Studies Consultant	Intl	1 week	Technical Article Writing
Hobby	Peter	Communications Specialist	Intl	3 days	SURE visibility and communications
Wandera	Naome	M&E Consultant	Intl	26 weeks	Set up JMS M&E System
Duarte	Kyle	MIS Specialist	Intl	1 week	Support JMS MIS system Set Up

Next steps

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

Finance

SURE has now been in operation for 51 months (since July 2009) and has spent about 93% (\$20,328,440) of its current obligation (\$21,867,584) as of 30 June, 2013. The average monthly burn rate for the last three months has peaked at \$876,652. Taking into account current staff numbers and forthcoming activities including the Makerere University subcontract for training of MMS and tutors, NDA simplified grant for health facilities inspection, installation of PIP, continued rollout of the MMS supervision, and providing shelving to health facility stores, we expect our burn rate to be maintained and even increased for the remaining three months of the program year.

Life of Project Budget Report

Line Item	Actual Expenditures Years 1–3	Actual Expenditures Year 4	Total Expenditures to Date
	July 2009– September 2012	October 2012–June 2013	July 2009–June 2013
I. Salaries and Wages	\$4,030,718	\$1,352,680	\$5,383,398
II. Consultants	\$205,004	\$139,195	\$344,199
III. Overhead	\$1,895,807	\$572,281	\$2,468,088
IV. Travel and Transportation	\$873,862	\$396,130	\$1,269,992
V. Allowances	\$630,353	\$146,110	\$776,463
VI. Subcontracts	\$2,242,283	\$797,468	\$3,039,751
VII. Training	\$622,987	\$344,679	\$967,666
VIII. Equipment	\$1,277,330	\$973,589	\$2,250,919
IX. Other Direct Costs	\$2,721,625	\$1,106,339	\$3,827,964
Subtotal	\$14,499,969	\$5,828,471	\$20,328,440
Cost Share	\$1,069,934	\$0	\$1,069,934
Grand Total	\$15,569,903	\$5,828,471	\$21,398,374

Obligation to date	\$21,867,584	100%
Expended to date	\$20,328,440	93%
Obligation remaining	\$1,539,144	7%

Life of Project Budget	\$37,832,647	100%
Expended to date	\$20,328,440	54%
Balance remaining	\$17,504,207	46%

Program Year 4 Budget Report – October 2012 to June 2013

Line Item	Work Plan Budget	Expenditures Q 1	Expenditures Q 2	Expenditures Q 3	Total Expenditures	Balance 30 June 2013
	1-Oct-12 to 30-Sep-13	Oct – Dec 2012	Jan – Mar 2013	Apr – Jun 2013	Oct 2012 – Jun 2013	
I. Salaries and Wages	\$2,218,031	\$498,723	\$394,792	\$459,108	\$1,352,680	\$865,351
II. Consultants	\$185,176	\$31,306	\$63,226	\$44,663	\$139,195	\$45,981
III. Overhead	\$908,491	\$199,380	\$181,857	\$191,044	\$572,281	\$336,210
IV. Travel and Transportation	\$572,522	\$173,440	\$101,521	\$127,925	\$396,130	\$176,392
V. Allowances	\$326,467	\$15,582	\$53,413	\$69,773	\$146,110	\$180,357
VI. Subcontracts	\$1,685,066	\$148,496	\$328,868	\$320,104	\$797,468	\$887,598
VII. Training	\$579,316	\$104,745	\$147,247	\$92,686	\$344,679	\$234,637
VIII. Equipment	\$1,247,660	\$19,280	\$75,594	\$878,716	\$973,589	\$274,071
IX. Other Direct Costs	\$3,216,140	\$387,909	\$273,137	\$445,936	\$1,106,339	\$2,109,801
Subtotal	\$10,938,869	\$1,578,861	\$1,619,656	\$2,629,955	\$5,828,471	\$5,110,398
Cost Share	\$65,045	\$0	\$0	\$0	\$0	\$65,045
Grand Total	\$11,003,914	\$1,578,861	\$1,619,656	\$2,629,955	\$5,828,471	\$5,110,398
With Provisional Budget Ceiling*	\$8,359,730	\$1,578,861	\$1,619,656	\$2,629,955	\$5,828,471	\$2,531,259

* Out of the \$10.9 original budget, provisional approval was given for a budget ceiling of \$8,359,730

ANNEX A: SUMMARY OF SURE STAFFING STATUS AS OF JUNE 30, 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/ DCOP	Mohammed	Khalid	2-Nov-09	
8	M&E Specialist	Blick	Belinda		
9	Accountant II	Natumanya	Dennis	9-Dec-11	Resigned w.e.f July 15, 2013
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	Sekamatte	Timothy	8-Feb-10	
13	Senior Data Specialist - Secondment to NTLF	Sekalala	Shaquille	15-Feb-10	
	Senior HR Specialist	Achilla	Carolyn	1-Mar-10	Charges an average of 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	Senior IT Specialist	Opio	Tom	26-Sep-11	
19	Senior IT Specialist	Muwanga	Peter	7-Jul-10	
20	Technical Advisor– Mbale	Umirambe	Emmanuel	7-Jul-10	
21	Senior IT Associate - seconded to National Drug Authority	Nassimbwa	Hamidah	2-Aug-10	
22	IT Specialist- seconded to Resource Centre	Tumwesigye	Alex	23-Aug-10	
23	Driver III – Mbale	Derrick	Draleku	15-Nov-10	Resigned w.e.f July 31, 2013
24	Technical Advisor– Central	Anthony	Kirunda		
25	Technical Officer – Mbale	Omalla	Samuel	15-Nov-10	

#	Job Title	Last Name	First Name	Hire dates	Comments
26	Technical Advisor -Fort Portal	Nuwagaba	Timothy	15-Nov-10	
27	Technical Advisor – Lira	Okidi	Denis	15-Nov-10	
28	Driver III - Fort Portal	George	Sekimpi	22-Nov-10	
29	Accountant II - Mbale	Madras	James	26-Nov-10	
30	Driver III – Lira	Obonyo	Christopher	6-Dec-10	Resigned w.e.f July 31, 2013
31	Technical Officer - Central	Nantongo	Lynda	3-Sept-12	Original hire date 3-Jan-11
32	Accountant I – Fort portal	Tugume	Godfrey	17-Jan-11	
33	Senior Operations Specialist	Musinguzi	Michael	4-Jul-11	
34	Manager IT	Hoppenworth	Kim	15-Apr-11	EHG Staff
35	Technical Officer – Lira	Ondoma	Jimmy	6-Jun-11	
36	Technical Advisor. – Mbarara	Agaara	Mark	18-Jul-11	IHS Staff
37	Technical Officer– Mbarara	Gabula	Sadat	11-Jul-11	IHS Staff
38	Accountant I - Lira	Okello	Ben	14-Jul-11	
39	HR Specialist	Hamba M	Agatha	11-Aug-11	
40	Senior Technical Officer	Amuha	Monica	5-Sep-11	
41	Operations Coordinator	Khasoma	Susan	12-Sep-11	
42	Driver III– Mbarara	Bidong	Richard	5-Sep-11	
43	Accountant I –Mbarara	Walusimbi	Alex	15-Aug-11	
44	Administrative Coordinator - Mbarara	Nalubowa	Fatuma	1-Aug-11	
45	Administrative Coordinator - Lira	Ayugi	Christine	24-Nov-11	
46	M&E Associate	Nabanoba	Allen	21-Nov-11	
47	Senior Project Associate	Nakabugo	Stella	21-Nov-11	
48	Driver III - Central Office	Okello	Charles	2-Apr-12	
49	Driver III- Fort Portal	Asaba	John	2- Apr-12	
50	Driver III- Lira Office	Okot	Michael	2- Apr-12	
51	Driver III - Mbale Office	Buyi	Lawrence	10- Apr-12	
52	Driver III- Mbarara	Olungat	Peter	2- Apr-12	
53	M&E Specialist - secondment to CPHL	Batamwita	Richard	14-May-12	
54	Technical Officer - Fort Portal	Paalo	Julius	18-Jun-12	EHG Staff
55	Operations Coordinator	Nahabwe	Catherine	18-Jun-12	Promoted to a full time staff w.e.f. June 18, 2013
56	Operations Coordinator	Mirembe	Esther	18-Jun-12	Promoted to a full time staff w.e.f. June

#	Job Title	Last Name	First Name	Hire dates	Comments
					18, 2013
57	Finance Coordinator	Katabaika	Juliet Joy	27-Jun-12	Promoted to a full time staff w.e.f June 24, 2013
58	M&E Coordinator	Kakembo	Samuel	18-Jun-12	
59	Senior Technical Officer	Balyejjusa	Samuel	3-Sept-12	EHG Staff
60	Technical Officer	Achii	Pamela	13-Aug-12	
61	Technical Officer	Muwonge	Barbara	10-July-12	
62	Senior Technical Officer	Walusimbi	Denis	1-Aug-12	
63	IT Intern	Walugembe	Hakim	2-Jul-12	
64	M&E Coordinator	Namutebi	Mariam	3-Jul-2012	
65	Stores Intern- Mbale	Pacuto	Stella	20-Aug-12	
66	Stores Intern - Fortportal	Kikazi	Lillian Charity	17-Jul-12	
67	Senior MIS Advisor	Kakembo	Patrick	1-Nov-12	
68	Driver III- Kampala	Kaggwa	Fredrick	19-Nov-12	
69	Capacity Building Advisor	Talima	David	3-Dec-12	
70	Senior Technical Advisor	Remedios	Valerie	5-Jan-13	
71	M&E Intern	Kisembo	Julius	1-Feb-13	
72	M&E Intern	Walusimbi	Stewart N.	1-Feb-13	
73	M&E Intern- JMS	Naiga	Stella	1-Feb-13	Resigned w.e.f July 12, 2013
74	Principle Technical Advisor Supply Chain Operations	Kusemererwa	Donna	16-Mar-13	EHG staff
75	Technical Officer -Eastern	Musitwa	Rajab	2-Apr-13	
76	Technical Officer RDU	Namugambe Kitutu	Juliet	9-Apr-13	
77	Senior Logistics Associate	Kalema Nantale	Susanne	15-Apr-13	
78	Project Specialist	Lajul	Grace Otto	22-Apr-13	
79	Accountant- Central	Naluzze	Sophie	2-May-13	
80	Accountant- Eastern	Opira	Robert	6-May-13	
81	Technical Officer- Central	Twinomujuni	Fred	4-June-13	IHS staff
82	TB SPARS M&E Manager	Muhwezi	Darlington	24-June-13	
Existing staff as at June 30, 2013					82

Staff hired in this quarter

#	Job Title	Last Name	First Name	Hire dates
1	Technical Officer- Eastern	Musitwa	Rajab	2-Apr-13
2	Technical Officer RDU	Namugambe Kitutu	Juliet	9-Apr-13
3	Senior Logistics Associate	Kalema Nantale	Susanne	15-Apr-13
4	Project Specialist	Lajul	Grace Otto	22-Apr-13
5	Accountant- Central	Naluzze	Sophie	2-May-13
6	Accountant- Eastern	Opira	Robert	6-May-13
7	Technical Officer- Central	Twinomujuni	Fred	4-June-13
8	TB SPARS M&E Manager	Muhwezi	Darlington	24-June-13

Staff departures in this quarter

#	Job Title	Last Name	First Name	Exit dates
1	Communications Associate	Natukunda	Julian	3-Apr-11
2	Project Specialist	Kibuka	Sanyu	12-Apr-12

Full-time positions planned to September 30, 2013

#	Job Title	Last Name	First Name	Hire dates	Comments
1	TB Data Manager	Muwonge	Denis	TBD	New position
2	Senior M&E Advisor	Kamwesigye	Justus	1-Jul-13	Replacement
3	Communication Specialist	TBD	TBD	TBD	Recruitment halted. Roles mainly to Grace Lajul
4	IT Assistant	TBD	TBD	TBD	New position, recruitment pending
5	Senior Technical Officer, Lab	Namakula	Aidah	8-Jul-13	New position
6	M&E Intern, CPHL	Kasibante	Phillip	8-Jul-13	New position
7	Senior Programmer, CPHL	Kuboi	Godfrey	TBD	New position
8	WAOS support intern for JMS&NMS (2)	Waiswa	Ronald	10-Jul-13	New position
9	Drivers (2)	TBD	TBD	TBD	Replacement
10	Accountant	Ajwang	Jackline	1-Aug-13	Replacement
11	Quantification Intern	Lubowa	Godfrey	TBD	New position
Planned staff to September 30, 2013					13

ANNEX B: SUMMARY OF PROGRESS AGAINST PLANNED ACTIVITIES FOR Q15

Key to progress chart

Status

Finalised:

Results achieved but activity ongoing:

In progress (work still in progress):

Stalled / severely delayed/ no longer feasible:

Colour code



Activities Planned		Status			
		Q13	Q14	Q15	Q16
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					
Development of FACTS and resource utilization assessment					
a	Develop FACTS				
b	Assess utilization of EMHS resources (Equity study)				
c	Establish a monitoring system for VEN utilisation of EMHS and lab commodities				
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					
a	Establish program steering committee				
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					
Strengthen NMS efficiency and effectiveness					
a	Sign MOU and identify priority areas for support				
b	Develop a detailed implementation plan and obtain USAID approval				
Sub-result 2.2: Improved capacity of MoH program managers and technical staff to plan and monitor national EMHS					
Support to MoH programs in commodity management					
AIDS Control Program					
a	Support and implement an electronic ordering & reporting system (web based)				
b	Support streamlining of supply chain of HIV commodities (1supplier- 1 facility)				
	HIV commodities transition analysis and report				
d	Support quantification, procurement planning and financial tracking				
e	Support monitoring of performance of the HIV logistics system using MMS, 1:1 & web based system data				
National TB Control Program					
a	Disseminate TB assessment findings and recommendations				
b	Monitor the transition of TB supply to NMS				
c	Support integration of TB order form with EMHS order form				
d	Adapt MMS supervisory model for TB focal persons (TB SPARS)				

Activities Planned		Status			
		Q13	Q14	Q15	Q16
g	Support quantification, procurement planning and financial tracking of TB medicines				
CPHL					
a	Disseminate lab logistics system assessment report				
b	Support implementation of recommendations - lab supply chain rationalisation				
c	Adapt MMS supervisory model for district lab focal persons				
d	Support monitoring of performance of the lab logistics system (M & E)				
e	Support quantification, procurement planning and financial tracking				
Malaria Program					
a	Support PNFP sector malaria commodity management				
b	Adapt MMS supervisory model as a way to strengthen PNFP				
c	Support monitoring of performance of the logistics system				
d	Support quantification, procurement planning and financial tracking				
Other harmonisation efforts					
a	Assist in streamlining coding of EMHS by NMS and JMS				
b	Assist PD in assessing performance of NMS streamlining of TB, Vaccines and cold chain performance				
Support and strengthen the Pharmacy Division					
a	Support annual pharmaceutical sector review meeting				
b	Support regular performance assessment of medicines management at all levels				
c	Support orientation training of general hospital pharmacists				
d	Participate in international capacity building meeting/ conferences				
e	Conduct coordination meetings (weekly and biannual regional meetings)				
f	Sponsor secondments to the Pharmacy Division				
g	Support regional pharmacists (training, coordination, administration)				
h	Transform kit system to order-based system in a phased manner				
Quantification and Procurement Planning Unit					
a	Support MoH and partners forecast and quantify technical program EMHS needs				
b	Prepare bimonthly stock status report				
c	Build capacity in quantification and procurement planning				
d	Strengthen technical program commodity security committees				
e	Work towards sustainability of QPPU (advocacy strategy / stakeholder meeting)				
Support to National Drug Authority					
a	Develop ICT strategy aligned to NDA business strategy				
b	Develop system to capture imports and exports (VOI)				
c	Strengthen quality assurance/quality control functions				
d	Implement a wholesaler quality control strategy				
g	Conduct dispensing doctors and prescribing pharmacists study				
h	Strengthen NDA functional self-sufficiency and cost-effectiveness (cost study)				
Pre-service training program					

Activities Planned		Status			
		Q13	Q14	Q15	Q16
a	Develop training material				
b	Implement pharmaceutical training				
c	Advocate for revision of curricula to include pharmacy training				
d	Conduct impact assessment				
Sub-result 2.3: Supply chain system cost effectiveness and efficiency improved through innovative approaches					
Uganda Medicines and Therapeutics Advisory Committee					
a	Develop, update and launch Essential Medicine and Health Supplies List for Uganda				
b	Update and launch Uganda Clinical Guidelines				
c	Develop, launch and assess practical guidelines for dispensers/prescribers				
d	Share rational drug use information online				
f	Develop and implement rational use of medicine training in Uganda				
Implement VEN in procurement and ordering					
a	Develop strategy for VEN (NMS, JMS, PD)				
b	Conduct studies to guide VEN implementation				
c	Support VEN implementation at different health care levels (tool & kit assessments)				
d	Monitor VEN implementation				
Support to PNFP including Joint Medical Store					
a	Develop a JMS M&E function				
b	Improve procurement processes				
c	Develop and implement a JMS network optimisation strategy (Distribution)				
d	Support warehouse operations improvement				
e	Support MIS systems development				
Support to Private not for Profit (PNFP) central and facility level					
a	Develop an overall PNFP support plan				
d	Support private wings pharmacies and PCCP for viability				
e	Assess performance of JMS/NMS in distribution of EMHS				
f	Strengthen MAUL performance				
Result 3: Improved capacity performance of target districts and USAID implementing partners in supply chain management roles and responsibilities					
Sub-result 3.1: Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS					
Develop and implement a district and facility level support package					
a	Train MMS in Supply Chain Management				
b	Print and provide PFM manual to hospitals and HCIV				
c	Implement District MMS &RP training courses in PFM				
Implement supervision performance and recognition strategy					
a	Support MMS motorcycle use				
b	Undertake supervision and performance assessment				
c	Rollout SPARS to orphan districts				

Activities Planned		Status			
		Q13	Q14	Q15	Q16
d	Harmonize and integrate EMHS tools			Red	
e	Implement recognition scheme	Green	Green	Green	Green
f	Support district collaboration and coordination	Light Green	Light Green	Light Green	
g	Support MMS to implement 1 stock card 1 store strategy			Red	
Improve stores infrastructure					
a	Design and implement national store assessment	Green	Green	Green	Green
b	Procure and distribute shelves		Green	Yellow	
Implement new district communication and information technology					
a	Develop and implement MMS SCM support solution	Light Green	Light Green	Light Green	
b	Link info path routine data collection tool to the DSDS			Yellow	
c	Develop and implement electronic data collection tool for PFM			Light Green	
e	Strengthen computerized stock management with RxSolution	Light Green	Light Green	Light Green	
f	Provide basic computer training (Excel, Word, Email, internet) for PD, MMS	Yellow	Yellow	Light Green	
g	Convert existing pdf routine data form to InfoPath format			Yellow	
h	Train MMS, PD, RP, District pharmacists, IPs in electronic data collection		Green	Green	Green
Develop District Supervision Data System					
a	Define system requirements and design the system		Green	Green	Green
b	Develop the system		Yellow	Yellow	
c	Test and document the system			Yellow	
d	Train Pharmacy Division/SURE staff on Sharepoint/Infopath			Green	Green
e	Deploy the system			Red	
Sub-result 3.2: Improved capacity of selected implementing partners in quantifying, managing and monitoring EMHS					
Roll out MMS/SPARS strategy to implementing partners					
a	Support IPs to conceptualise Supervision Performance Assessment and Recognition strategy (SPARS)	Light Green	Light Green	Light Green	
b	Conduct national SPARS strategy review and coordination meetings		Light Green	Light Green	
c	Support IPs and CDC partners to develop workplans for implementation of SPARS non-SURE districts	Light Green	Light Green	Light Green	
d	Undertake MMS training in non-SURE districts as selected by IPs and CDC partners	Light Green	Light Green	Light Green	
e	Support religious medical bureaus to implement SPARS in PNFP health facilities (see 2.2 and 2.3)	Light Green	Light Green	Light Green	
f	Conduct SPARS district report generation and data utilization training for IPs		Yellow	Yellow	
g	Conduct QA training for IPs			Light Green	
Build capacity of storekeepers					
a	Train district and hospital storekeepers in supply chain management, performance monitoring, and reporting	Green	Green	Green	Green
b	Assess impact of training			Red	
Sub-result 3.3: Overall access to EMHS improved through innovative district level interventions					
Institute good pharmacy practices certification					

Activities Planned		Status			
		Q13	Q14	Q15	Q16
a	Develop and implement GPP IEC and community involvement strategy	Yellow	Yellow	Yellow	
b	Develop criteria for GPP certification	Green	Green	Green	Green
c	Develop electronic data entry tool for GPP inspections			Light Green	
d	Orient and train NDA inspectors		Green	Green	Green
e	Conduct GPP inspections of public health facility pharmacies		Yellow	Yellow	
f	Conduct GPP certification ceremony			Red	
Recognition of good facility and district performance					
a	Develop criteria and award good district and facility performance		Light Green	Light Green	
Initiate good financial practices certification					
a	Develop strategy and roll out the GFP certification scheme			Red	
Monitoring and Evaluation					
a	Review and implement PMP	Light Green	Light Green	Light Green	
b	Prepare donor and partner reports	Light Green	Light Green	Light Green	
c	Prepare district and national reports (Apr - Jun 2013)	Light Green	Light Green	Light Green	
Results documentation					
a	Monitor progress of SURE program	Light Green	Light Green	Light Green	
b	Evaluate SPARS strategy (impact, cost effectiveness, sustainability)		Yellow	Light Green	
c	Conduct <i>program</i> evaluation		Green	Green	Green
Data Utilisation					
a	Produce and disseminate reports widely (district reports, SPARS national report, vertical program reports, adhoc reports, SMGL reports)	Light Green	Light Green	Light Green	
b	Conduct data quality assurance survey	Green	Green	Green	Green
c	Descriptive study of the KIT supply	Yellow	Yellow	Yellow	
Assess national pharmaceutical interventions					
a	Conduct annual pharmaceutical sector survey	Light Green	Light Green	Red	
b	Conduct kit assessment			Yellow	
M & E capacity building					
a	Conduct M & E training		Green	Green	
b	Conduct article writing training			Red	
c	Support the M&E system in pharmacy Division , central supply chain agencies and vertical programs		Light Green	Light Green	

ANNEX C: SCHEDULE OF MMS SUPERVISION VISITS IN NEW DISTRICTS

Month 1	Month 2	Month 3	Month 4	Month 5
Performance Assessment One Complete Routine tool	Performance Assessment Two Complete	Performance Assessment Three Complete	Performance Assessment Four Complete	Performance Assessment Five Complete
On the job mentoring and coaching (Two days) <ul style="list-style-type: none"> Day 1. Stock cards Day 2. Stock cards and stock book 	On the job mentoring and coaching <ul style="list-style-type: none"> Stock cards and stock book 	On the job mentoring and coaching <ul style="list-style-type: none"> Storage management and ordering reporting 	On the job mentoring and coaching <ul style="list-style-type: none"> Dispensing quality 	On the job mentoring and coaching <ul style="list-style-type: none"> Prescribing quality
Tools to be supplied to HF <ul style="list-style-type: none"> Routine supervision tool Supervision book Allocated copies of the EMHS manual Template for appointment of stores and pharmacy in-charge Stock book 	Tools to be supplied to HF <ul style="list-style-type: none"> Reusable spider graph Essential medicines and health supplies list for Uganda Stock card 	Tools to be supplied to HF <ul style="list-style-type: none"> Expired and spoiled items register the borrow lend register Temperature monitoring book and thermometer Redistribution guidelines 	Tools to be supplied to HF <ul style="list-style-type: none"> Prescription dispensing logs SOPs for stock management 	Tools to be supplied to HF <ul style="list-style-type: none"> Uganda Clinical Guidelines

- 1. District MMS—To supervise three facilities and support health sub district MMS for two days every month*
- 2. Health Sub District MMS—To supervise five facilities per month*