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Final Evaluation Report
Of
SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE)
PROJECT

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

About SURE

The Securing Ugandans' Right to Essential Medicines (SURE) Program aims to ensure that the population of Uganda has access to adequate quantities of good quality essential medicines and health supplies (EMHS) by strengthening the national supply chain for essential health commodities. To achieve this goal, SURE's seeks to improve:

- Uganda's policy, legal, and regulatory framework to produce pharmaceutical supply chain stability and sustainability
- Capacity and performance of central level government and private not-for-profit entities, especially the National Medical Stores and Joint Medical Store, to carry out their supply chain management responsibilities
- Capacity and performance of districts, health sub-districts, and implementing partners in their supply chain management roles

Table of Contents

About SURE.....	1
List of Tables and Figures	Error! Bookmark not defined.
Acronyms and Abbreviations.....	3
EXECUTIVE SUMMARY.....	7
INTRODUCTION AND BACKGROUND.....	9
METHODOLOGY.....	9
FINDINGS	11
CONCLUSIONS	24
RECOMMENDATIONS.....	24
Annexes:	26
References.....	65

Acronyms and Abbreviations

ACP	AIDS Control Program
ACTs	Artemisinin-based Combination Therapy
ART	Antiretroviral Therapy
ARV	Antiretroviral
CAO	Chief Administrative Officer
CPHL	Central Public Health Laboratory
CPM	Center for Pharmaceutical Management (MSH)
DHC	Diocesan Health Coordinator
DHE	District Health Educator
DHO	District Health Office(r)
DMS	Drug Management Supervisors
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EHG	Euro Health Group
EHSLU	Essential Health Supplies List for Uganda
ELCLU	Essential Laboratory Commodities List for Uganda
EMHS	Essential Medicines and Health Supplies
EMHSLU	Essential Medicine and Health Supplies List for Uganda
EMLU	Essential Medicines List for Uganda

FACTS	Financial and commodity tracking system
GFATM	Global Fund for AIDS, TB and Malaria
GOU	Government of Uganda
GDP	Good Distribution Practice
GPP	Good Pharmacy Practices
HC	Health Center
HF	Health Facility
HISS	Health Information System Strategy
HSD	Health Sub-districts
HSSP	Health Sector Strategic Plan [Government of Uganda]
IDI	Infectious Disease Institute
IP	Implementing Partners
JMS	Joint Medical Store
M&E	Monitoring and Evaluation
MAUL	Medical Access Uganda Limited
MMS	Medicines Management Supervisors
MOFPED	Ministry of Finance, Planning, and Economic Development
MOH	Ministry of Health
MOH- PD	Ministry of Health, Pharmacy Division
MOH- RC	Ministry of Health, Resource Center

MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MUK	Makerere University Kampala
NDA	National Drug Authority
NMCP	National Malaria Control Programme
NMS	National Medical Store
NPSSP	National Pharmaceutical Sector Strategic Plan
NTLP	National Tuberculosis and Leprosy Program
PD	Pharmacy Division
PFM	Pharmaceutical Financial Management
PFP	Private For Profit
PHC	Primary Health Care
PIP	Pharmaceutical information portal
PMP	Performance Monitoring Plan
PNFP	Private Not-For-Profit
POA	Policy Option Analysis
PPDA	Public Procurement and Disposal of Public Assets Authority
QA	Quality Assurance
QPP	Quantification, planning, and procurement
QPPU	Quantification and Procurement Planning Unit
RDT	Malaria Rapid Diagnostic Tests
SLMTA	Strengthening Laboratory Management Towards Accreditation
SOW	Scope of Work
SPARS	Supervision Performance Assessment Recognition Strategy
STAR-E	Strengthening TB and HIV/AIDS Responses in Eastern Uganda
STAR-EC	Strengthening TB and HIV/AIDS Responses in East Central Uganda
STTA	Short Term Technical Assistance
SURE	Securing Ugandans' Right to Essential Medicines (program)

TB	Tuberculosis
TOT	Training Of Trainers
TWG	Technical Working Group
UCG	Uganda clinical guidelines
UGX	Uganda Shilling
UMTAC	Uganda Medicines Therapeutic Advisory Committee
USAID	U.S. Agency for International Development
USD	US dollar
VEN	Vital Essential and Necessary medicines
WHO	World Health Organization

EXECUTIVE SUMMARY

In July 2009, USAID Uganda awarded Management Sciences for Health (MSH) a five-year, \$39 million Cooperative Agreement to implement the Securing Uganda's Right to Essential Medicines (SURE) project. SURE's overall goal is to ensure that Ugandans have access to adequate quantities of good quality essential medicines and health supplies (EMHS) by strengthening the national supply chains.

In 2013, USAID Uganda undertook an evaluation of the SURE Project. The purpose was to determine the extent to which expected program results have been achieved, whether the deficit of results are still achievable or need to be adjusted, and where the SURE project should redirect its efforts to maintain a high probability of success in achieving key program results.

A five member evaluation team, with varied pharmaceutical and supply chain expertise, reviewed the SURE program using a multi-pronged approach including document review, interviews with key stakeholders and implementing partners, and field visits to all levels of the health system.

Key Findings

SURE has achieved impressive and sustainable results in areas key to improving availability and access to EMHS. Furthermore, with intensified efforts by SURE and the responsible partners, measurable results can be achieved in areas that are lagging. As a result, SURE does not need to substantially redirect its efforts to achieve key program results.

Highlighted findings include:

Policy, Legal, and Regulatory Framework Improvements. While more time will be required to systemically change the Government of Uganda's (GOU) policies, laws and regulations that affect the availability and access to EMHS and supply chain management, SURE has still improved policy, legal and regulatory framework to provide for longer-term stability and sustainability of public sector health commodities. This can be seen through the GOU's commitment to improving financing of health commodities and initiatives to make system changes that promote most cost-effective, efficient, equitable, appropriate use of available funds and health commodities

National-Level Capacity Building. Improvement in capacity and performance of central GoU *and Private Not-For-Profit (PNFP) entities* in their supply chain management roles and responsibilities including:

- Joint Medical Store's (JMS) streamlined business processes, new information management system and 'last mile' distribution system
- Ministry of Health's (MOH) centralized unit for quantification and procurement planning, structured M&E of pharmaceutical sector, creation of Ugandan Medicines and Therapeutic Advisory Committee to integrate and update national list of medicines, health and laboratory supplies and revised logistics management information system tools

Good Distribution Practice and Good Pharmacy Practice: National Drug Authority's certification system for Good Distribution Practices for wholesalers and Good Pharmacy Practices for private and public outlets will facilitate the monitoring of the product quality during distribution at the wholesalers; and storage at the public and PNFP health facilities thus ensure quality of quality products to the patient.

District-Level Capacity Building. Capacity and performance of target Districts and USAID Implementing Partners have improved in their supply chain management roles and responsibilities including:

- Structured supervision, performance assessment and routine reporting on health commodity management and availability of key tracer EMHS
- Financial management of EMHS budgets
- Overall access to EMHS improved through innovative district-level interventions

Program Partnerships and Project Organization. These were not areas of focus for the team as the topic was considered more relevant for the evaluation in year three, rather than year four when the evaluation was finally conducted.

Recommendations

The evaluation team recommends a continuation of the SURE Project. SURE has achieved significant advances in increasing Ugandans' access to essential medicines and health supplies. The full scope of work will not be completed by the SURE project end date in 2014.

Other key recommendations include:

- Expanding Supervision Performance Assessment Recognition Strategy (SPARS) to all districts
- Continuing support to Pharmacy Division, technical programs and Central Public Health Laboratory (CPHL)
- Providing additional resources as required to expand supervision visits, and achieve desired health systems improvements
- Working to get NMS fully on board with the program
- Supporting key stakeholders (NMS, MoH, JMS) to develop appropriate, equity-based resource allocation model
- Reviewing resource allocation to NMS to optimize availability and access
- Considering establishment and support of a data hub in Pharmacy Division (PD) with links to Resource Center

INTRODUCTION AND BACKGROUND

In July 2009, USAID/Uganda awarded Management Sciences for Health (MSH) a five-year, \$39 million Cooperative Agreement to implement the Securing Ugandans' Right to Essential Medicines (SURE) project. The project's overall goal is to ensure that the population of Uganda has access to adequate quantities of good quality essential medicines and health supplies (EMHS) by strengthening the national supply chain for essential health commodities.

MSH, with subcontractors Euro Health Group, Fuel Group/Pharmaceutical Healthcare Distributors-RTT and Makerere University is responsible for working collaboratively with the Government of Uganda and other key partners to strengthen the GoU's capacity and performance in managing the key components of the supply chain including financing of health commodities, forecasting and quantification of program needs, procurement, quality assurance, storage and distribution to end user health facilities, and logistics information management systems at all levels of the supply chain.

In 2013, the USAID mission in Uganda requested an evaluation of the SURE Project. The purpose of this evaluation is 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.

The evaluation team consisted of five members:

- Dr. Libby Levison, Team Leader, international consultant supply chain systems
- Ms. Peace Kabagambe, Ugandan pharmaceutical consultant
- Mr. Martin Oteba, Pharmacist, Assistant Commissioner, Pharmacy Division, Ministry of Health Uganda
- Ms. Stella Nakabugo, Pharmacist, Senior Project Associate, SURE Project
- Ms. Rebecca Copeland, Senior Supply Chain Systems Advisor, USAID Uganda.

METHODOLOGY

Evaluation team used a multi-pronged approach including:

Document review

The external consultants reviewed SURE project documents, including, but not limited to annual reports, annual work plans, National and District SPARS performance reports, training materials and other M&E documents identified as relevant.

Briefings from SURE project team

The SURE project team provided briefings about the project during the first week (May 6-May 10) at the SURE project office. A complete list of these briefings and the SURE staff members involved can be found in the annexes.

Key informant interviews

The evaluation team interview key informants from the following institutions:

- MoH (Pharmacy Division, Quantification and Procurement Unit, M&E staff, AIDS Control Program, National Malaria Control Program, National TB and Leprosy Program, Center for Public Health Laboratories, National Medical Stores, National Drug Authority (NDA) and the MoH Resource Center.
- Private-not-for-profit partners: (UPMB, JMS). Due to the limited time, we did not interview UCMB.
- Makerere University School of Pharmacy, as MSH partners in the SURE program.
- Implementing partners: The evaluation team met with implementing partners of other USAID projects that collaborate with SURE including STAR-SW and STAR-EC during field visits. The team met STRIDES in their Kampala office, as well as meeting Medical Access Uganda Limited (MAUL) and TASO.

Attempts to interview senior staff of the MOH Resource Center were not successful.

Field visits

Districts in which implementing partners other than SURE are operating was one criterion for selection of districts for site visits as explained below.

According to the SURE project result areas, 40% project effort is dedicated to improving management of EMHS at the facility level. Because of this, the evaluation team originally planned to spend 7 days of the 24 working days outside of Kampala on field visits to regional and district health teams. These were divided into three field visits facilitated by MSH/SURE. The final site visit plan became:

- Central region: Mukono (May 10), Mityana (May 24)
- Southern region: Masaka, Ibanda, Sheema and Mbarara. (May 15-17)
- Eastern region: Jinja, Buyende. (May 23)

Data collection questionnaire

The team developed a questionnaire to use during interviews. The questionnaire, which collects both qualitative and quantitative data, was designed mainly to ensure that the same questions were asked in all site visit interviews. Minor changes were made to the questionnaire following a pilot test of the data collection questionnaire in Mukono District, principally regarding the order of questions. In addition, the team developed a list of questions for technical programs.

FINDINGS

To what extent has the SURE project achieved its overall goal of ensuring adequate EMHS?

SURE has achieved impressive and sustainable results in areas key to improving availability and access to essential medicines including:

National Level Institutional Results

1. Pharmacy Division and MOH Technical Programs (Malaria, TB, AIDS Control, CPHL)

MOH coordination and operations have been strengthened. A new central unit in the Pharmacy Division (PD), the Quantification and Procurement Planning Unit (QPPU), now successfully manages national quantification and supply planning of commodities in collaboration with MOH technical program staff. GOU and donor partners, including USG and GFATM, coordinate their procurements according to the national procurement plans. The stock status of key commodities and supplier performance is regularly monitored by QPPU and information reported through the coordination forums for AIDS and Health development partners, MOH technical working groups and related commodity security working groups. The enhanced planning and coordination has facilitated the approval of procurement and supply management plans in GFATM grant applications.

The enhanced collaboration also enabled the MOH and partners to work together to develop and implement a rationalization scheme for the HIV supply chain which eliminated the multiple, parallel delivery channels previously operated by MOH and donor partners. Information on broader pharmaceutical sector performance is now readily available through annual pharmaceutical sector surveys, special studies (e.g. assessment of the essential medicines kit-based supply system), and routine monitoring and evaluation carried out by the PD, contributing valuable information to health sector performance reports and MOH decision-making.

Furthermore, with support from the SURE project, MoH established the Uganda Medicines Therapeutic Advisory Committee (UMTAC), which has since updated the Uganda Clinical Guidelines (UCG) and expanded the Essential Medicines List (EML) to include health and laboratory supplies for the first time.

SURE has supported the MoH/PD with the update, review and harmonization of logistics management tools, including ordering and stock level reporting tools. SURE researched and then created guidelines on developing universal item codes for EMHS to allow synchronization of data across reports, projects, sectors, partners and facilities.

Are results deficits still achievable?

SURE has made sufficient progress in building the capacity of the PD to plan and monitor EMHS. Likewise, moderate progress has been made in improving the capacity of the technical staff of ACP and NLTP to manage the related medicines and health supplies. In contrast, slow progress has been made in the NMCP and CPHL, expected results may not be achieved within the remaining project life.

2. Joint Medical Store (JMS)

JMS is a key supply chain entity, responsible for supplying EMHS to approximately 600 private-not-for-profit (PNFP) largely faith-based facilities that provide subsidized health care across the country. SURE technical and financial support enabled JMS to streamline their warehouse operations and install a new management information system to improve efficiency and planning; establish a structured ordering and distribution system and last mile distribution service using private third party logistics providers to provide better service to existing clients and attract new customers, replacing the previous inefficient cash-and-carry system. As a result, PNFPs will save an estimated \$12 million in transport and medicine mark-up costs. It can be assumed that, by setting up this system, JMS is incentivizing the private transport industry for pharmaceuticals to improve their capacity and quality of service.

Are results deficits still achievable?

The SURE project is certainly making tremendous progress in the activities designed to enhance the capacity of JMS to procure, store and distribute supplies of EMHS to the PNFP and private sector. Since SURE is on course to achieve the expected results within the remaining project lifetime, no amendment should be made accordingly.

3. National Drug Authority (NDA)

Through SURE support, NDA:

- Acquired equipment (Truscan) that facilitates the rapid detection of large quantities of counterfeit medicines.
- A blueprint for an ideal information system that facilitates the tracking of the different medicines from registration to the market was developed.
- Was able to extend its regulatory role to the public and PNFP health facilities in an effort to ensure adherence to the Good Pharmacy Practice (GPP) and as a result, ensured delivery of quality medicines to the patients.
- SURE and NDA have made good progress in the implementation of Good Distribution Practices to regulate product quality through pharmaceutical wholesalers.

Given the NDA's central role in regulating quality of EMHS in Uganda, the few results listed above are disappointing, however, it should be noted that NDA did not have a Board for over 18 months, paralyzing their activities.

Are results deficits still achievable?

Though the results are still not achievable during the remaining project life, it should be noted that NDA adopted several of these interventions and expressed willingness to finance their implementation.

4. National Medical Store (NMS)

Though NMS is a strategic partner in the public sector health supply chain, SURE has made very minimal progress in improving their capacity to procure, store and distribute national supplies of EMHS; this is probably due to their late buy-in. Whereas NMS participated in the Policy Options Analysis in early 2010, it appears that there was no consensus on some recommendations for improvement of NMS. This resulted in a delay in signing of the Memorandum of Understanding until May 2013; this was an NMS prerequisite for collaboration with SURE.

In November 2013, NMS requested support in the following areas: Technical assistance in fleet management and distribution

- Support for acquisition of mutually agreed warehouse equipment
- Technical assistance for strengthening quality assurance systems in NMS
- Capacity building for NMS management in warehouse management, distribution and governance
- Training of Customer Care Representatives in medicines management.

Are results deficits still achievable?

Due to the late request from NMS and limited remaining project life and budget, SURE was not able to support any of the above except for training in fleet management and distribution.

District Level System Results

Structured Performance Assessment and Supervision (SPARS)

Through the SPARS strategy, there are clear and measurable results in all five areas of medicines management (stock management, stores management, dispensing quality, prescribing quality, ordering and reporting) across the country.

SpiderGraphs are used to illustrate facility, district and national improvements in medicines management. Each of the five components of medicines management receives a score from 0 to 5; the total possible score is 25. Facility SpiderGraphs are completed on-site by the MMS; the data can be used by the facility in-charge and the DHO for planning purposes. Facility data is entered by each MMS and aggregated at the district and national levels to create district and national reports.

The SpiderGraph in **Error! Reference source not found.**Figure 1 shows the improvement in scores for all five (5) medicine management components as of March 2013. Some 1486 sites are included in this analysis, across all 45 SURE districts.

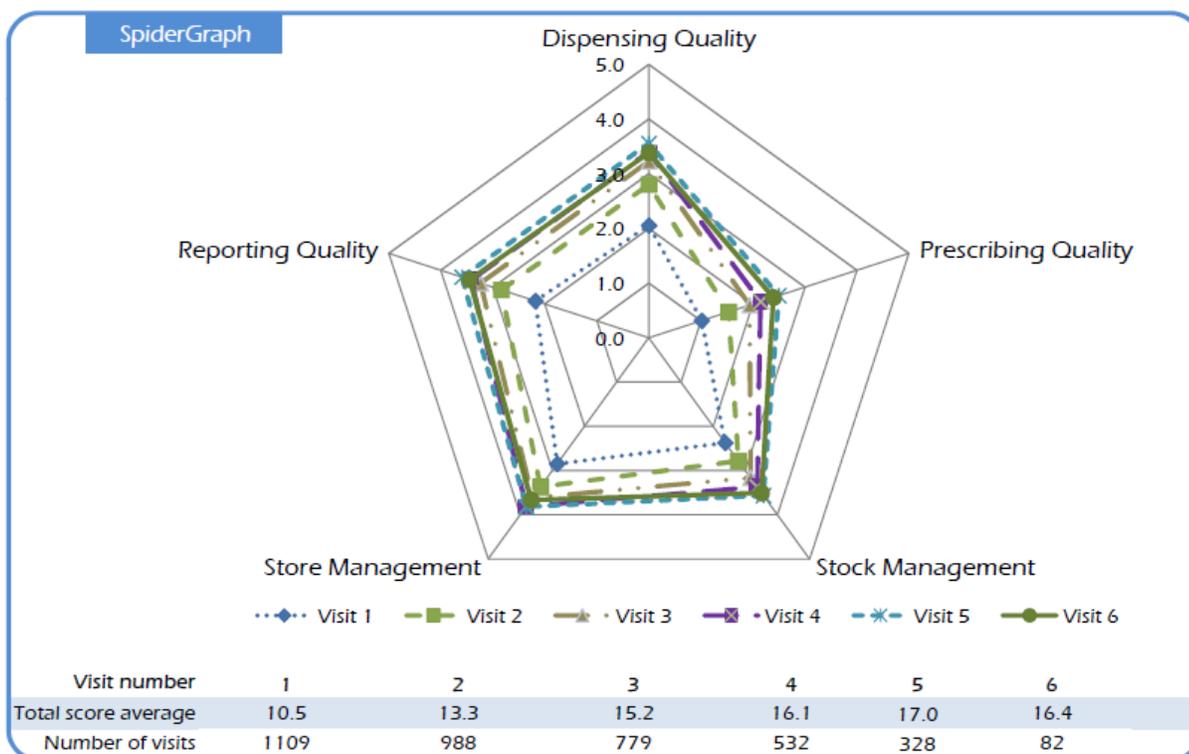


Figure 1: National SPARS SpiderGraph, March 2013

Guidelines, tools and systems were also developed for district and sub health district staff based upon evidence that a combination of performance assessment, regular support supervision, mentoring is most effective in building knowledge, skills and improving practices. The Supervision, Performance Assessment and Recognition Strategy for medicines management was adopted by the Pharmacy Division as a national program and is being implemented in 105 districts by a network of 456 trained district and health sub-district Medicines Management Supervisors (MMS).

The SPARS approach has demonstrated substantial improvements: from baseline to the sixth visit, facility performance on the 25 indicators showed an average 65 percent improvement across the five SPARS areas: storage management, stock management, ordering and reporting, prescribing and dispensing practices. Further, data collected by MMS over 4,000 supervisory visits reveal a strong positive relationship between how well a facility scores on SPARS indicators and the availability of medicines in the facility.

Hospitals and HCIVs with the highest performance score (15-20 out of a possible 25) had an average of 90 percent of the 15 tracer medicines available while the poorest performers only had 73 percent of the items

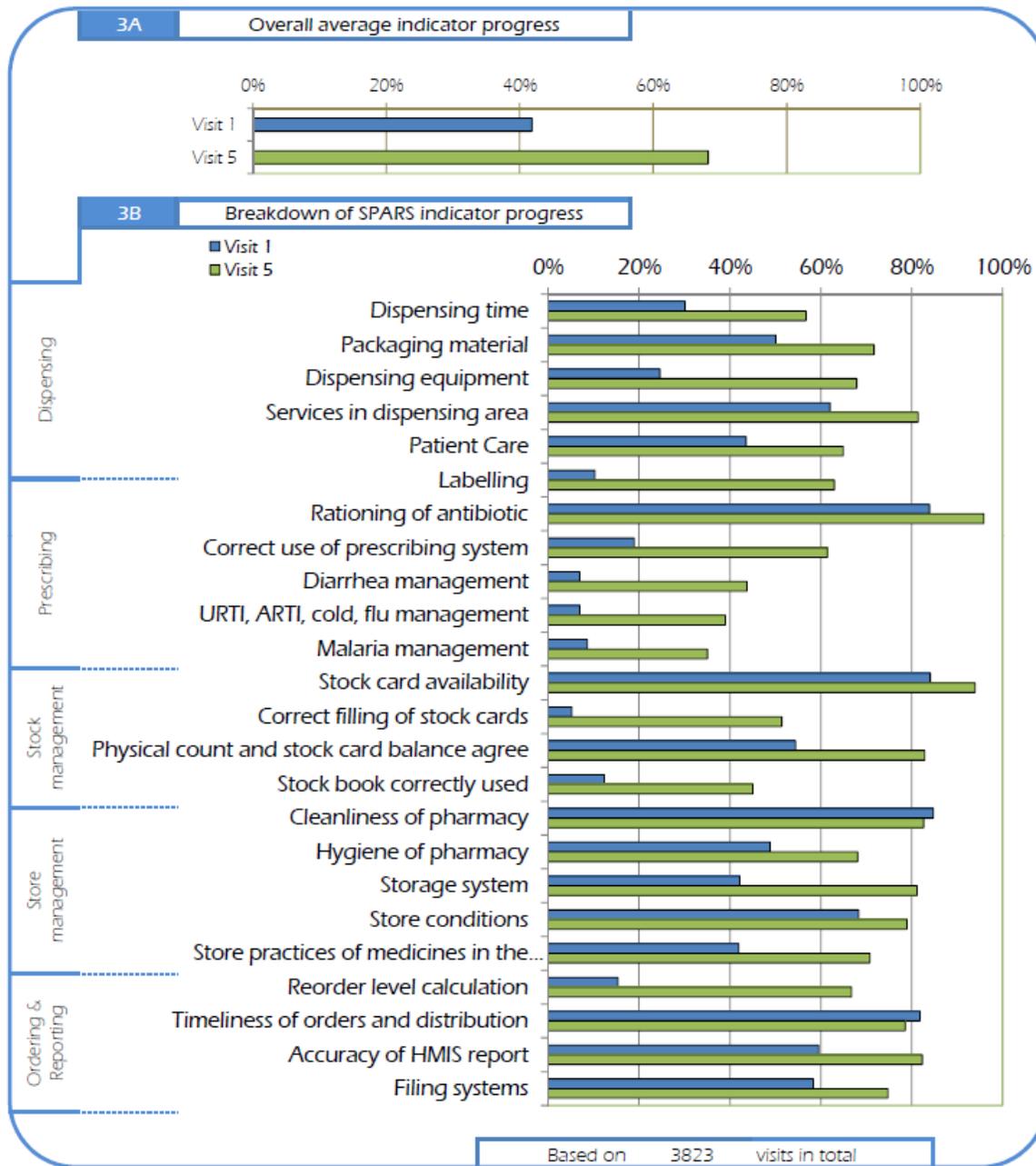


Figure 2: National Progress on SPARS Indicators

available. Among lower level facilities that receive kits the better performers had greater availability of the 15 items (83%) than poorer performers (76%). The data suggests that staff managed their resources differently than did the poorer performers, resulting in fewer stock outs of the tracer medicines.

Very importantly, interviews with district and facility staff, conducted as part of the SURE program in May 2013, showed a high level of confidence that these medicine management improvements would continue after the end of SURE because “they now know how to do it”. SPARS training and supervision modules specifically for TB (SPARS-TB) and Laboratory (SPARS-Lab) are being developed for roll out in 2014.

SURE was asked to analyze facility performance and medicines availability to see if there is a correlation. This analysis was done once for HC4s and Hospitals – that is, facilities that in the public sector order their own EMHS – and a second time for HC2s and HC3s – facilities that in the public sector receive a bi-monthly kit of EMHS supplies. The results are in below in figures 3 and 4:

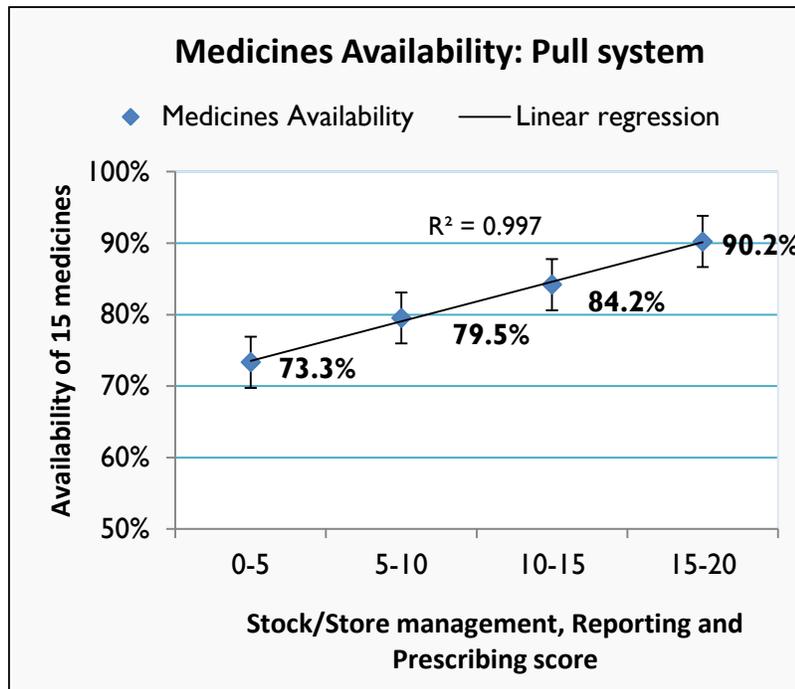


Figure 3: Medicine availability in HC4 and Hospitals

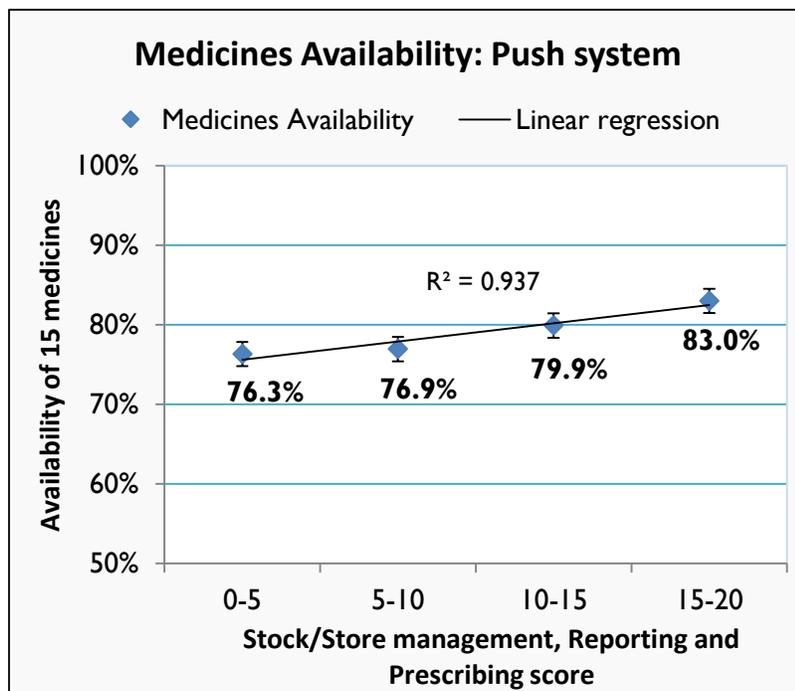


Figure 4: Medicine availability in HC2 and HC3

Improving storage conditions

Based on the results of the nationwide assessment of physical conditions in the medicine stores, SURE agreed to supply a total of 3,222 shelving units to 1,927 health facilities in the 59 SURE districts. HC2s will each get 1 shelving unit, HC3s will get 2 units, HC4s will get 4 units and hospitals will get 8 shelving units. The delivery of these shelves was in process at the time of the evaluation. The shelves are extremely sturdy, adjustable and will greatly improve storage of EMHS in the SURE districts.

In addition, new medicine management tools (stock books, dispensing registers) and dispensing trays have been made part of the SPARS Recognition system.

During site visits, the evaluation team was repeatedly told by the health facilities how much the shelving units are appreciated and what a difference they make. The stock management tools were also appreciated.



Figure 5: New shelving unit (with assembly instructions)

Pharmaceutical Finance Management

SURE developed the Pharmaceutical Finance Management (PFM) program and the accompanying manual and a training program in an effort to develop the capacity of the health facility and district personnel to adequately manage their budget allocations with the overall goal of ensuring the availability of medicines and health supplies. As at the time of this evaluation, the roll out had only been initiated. As such, it is evident that the results will not be achieved within the remaining project life.

Are SURE's technical and strategic approaches the right choices to date?

SPARS and SPAS IP

SPARS is an innovative strategy that builds supply chain management capacity at the facility level with on-the-job mentoring and performance assessment. The evidence shows it is an effective approach for achieving improvements and feedback from MMSs and health facility staff feedback indicates that the improvements can be sustained because "we now know what to do". SPARS has proven itself to be a right approach, particularly when compared to the old model of classroom training in logistics management which has very poor, if any, demonstrable results.

Medicines Management Supervisors (MMS) conduct bimonthly visits to health facilities mentoring the health facility personnel on five components of medicines management:

- a. Stock management
- b. Stores management
- c. Dispensing quality
- d. Prescribing quality
- e. Ordering and reporting

Through the SURE project, these MMS have received training in medicines management, data management, among others in an effort to ensure adequate skillset for their role. Furthermore, facilitation in terms of motorcycles is availed to the MMS in the SURE supported districts. Through the recognition scheme, incentives are availed to the health facilities with improvement in medicines management.

As a result of gains noted after its rollout in the SURE supported districts, the MoH adopted SPARS as a national strategy in September 2011. The remaining districts were mapped to Implementing Partners (IPs) based on their existing program presence in an effort to facilitate a national rollout; with SURE taking on an additional 14 districts. The SPARS strategy in these districts is referred to as "SPAS IP."

Strengthening Joint Medical Stores capacity

To date, the SURE project has implemented various interventions in an effort to strengthen the Joint Medical stores address the challenges in procurement, storage and distribution identified during the POA.

SURE used numerous short term technical assessments (STTA) to understand the existing context thus inform the design and implementation of appropriate interventions for the different entities. Some of these include are presented in the table that follows:

Intervention	Recommendation/ Result
Post Implementation Review of MACS-SAGE at JMS	Findings indicated that System development lifecycle was not followed, resulting in the selection of MACS-SAGE that did not meet the business requirement. Recommendation: move to a more robust ERP that supported the business requirements of these entities.
Distribution of Medicines 3PL Management Assessment and RFQ specification design for JMS	Facilitated the design of an appropriate distribution network for JMS. Enhanced JMS capacity to manage 3PL distribution services by: developing appropriate policies and procedures; defining selection criteria for 3PL; assessing their capacity; and defining key indicators for measuring 3PL performance.
Business Process Review	Enhance JMS efficiency by eliminating up to 30% of all activities, whilst minimizing 61% of non-value activities to only 3%.
Improve availability, ordering and stock management of EMHS in PNFP health facilities	Modify SPARS for PNFPs and to support the last mile distribution of JMS, among others.

SURE seconded a Technical Advisor to support JMS to manage the entire project lifespan of transition to a more robust ERP from the MACS-SAGE. As the Project Manager, he provided technical support to JMS right from defining the required system requirements through to the selection, acquisition and implementation of an appropriate ERP.

SURE intends to second an M&E person to support the implementation of the M&E framework designed for JMS. The delay in recruitment for this position was reportedly due to the remaining short project life, which may not easily attract potential personnel.

Strengthening the capacity of Pharmacy Division and Technical Programs to manage EMHS

In an effort to support the Pharmacy Division and Technical Programs in the supply chain management of medicines and health supplies, SURE implemented different interventions as discussed below:

SURE assigned technical personnel to the Pharmacy Division and Technical programs to support the logistics management of the EMHS whilst addressing the existing human resource constraints.

SURE has seconded three technical personnel to Pharmacy Division, two of whom constitute the QPPU whilst the other supports rational medicine use and implementation of VEN in procurement and ordering. Prior to these secondments, Pharmacy Division was short-staffed with only 4 personnel, one of whom is assigned to support the GAVI grant.

Intervention	Recommendation/Result
Nationwide assessment of medicine stores and pharmacies	Findings indicated: poor physical infrastructure, lack of shelving and dispensing tools. Result: Installing 3,222 shelving racks in approximately 1,927 health facilities.
Leverage Uganda Pharmaceutical Sector Report 2010 and 2011	Findings indicated need to strengthen the pharmaceutical sector both in the public and PNFP health facilities.

Intervention	Recommendation/Result
Assessment of the Essential Medicines kit-based supply system in Uganda	Anecdotal evidence indicates that NMS uses the findings from these kit surveys to revise the kit content and quantities bi-annually.
Assessment of TB supply chain system	Use of SPARS-TB to strengthen the TB supply chain along all levels; and monitoring of the TB supply chain.
Laboratory Logistics System Assessment	Adapt SPARS for laboratory logistics management into the recently launched Strengthening Laboratory Management Towards Accreditation (SLMTA).

Strengthening NDA capacity to regulate EMHS quality

In an effort to strengthen NDA regulation capacity of EMHS in the public and PNFP health facilities, NDA in collaboration with SURE, developed the GPP tool that entails the SPARS principles. As at the time of this evaluation, NDA had trained 42 NDA inspectors and 48 dispensaries (pharmaceutical outlets) in the public and PNFP health facilities had been inspected. An additional 2000 dispensaries are scheduled for inspection. In addition, SURE worked with NDA to develop Good Distribution Practices (GDP) that will facilitate monitoring of the quality of products during distribution through Pharmaceutical wholesalers. It is too early to determine whether these approaches were right (i.e. they have the desired results) because they were only being rolled out in Year 4.

Training allied health workers in medicine management

Due to the shortage of pharmacy personnel in Uganda, in-service training has been used to build the capacity of health facility personnel in medicines management. In an effort to ensure sustainability, SURE developed a pre-service module of medicines management for incorporated in the curriculum of health professional training institutions.

SURE, through its partners, Makerere University School of Pharmacy designed and adapted existing Medicines Management training to develop an appropriate module. Advocacy has been done with the relevant institutions to support the incorporation into curriculum of health professional training institutions. As at the time of this evaluation, 45 tutors¹, of which 49% are female, from 34 health professional training institutions had been trained. So far, Ministry of Education and Sports has recommended that this module is included in the existing curriculum pending curricula review.

Once incorporated, it is anticipated that every graduate of a health professional training institution will have skills in medicines management, thus ensure better management of health commodities at the health facilities whilst minimizing costs of in-service training, among other benefits.

Storekeeper training

SURE's decision to design and implement a training course for storekeepers at HC IVs and hospitals was done because this cadre was rarely included in training courses despite their key role in commodity

¹ SURE. 2012. *The integration of Pharmaceutical Medicines Management training in the pre-service curriculum of health professional training institutions, Report on Training of Tutors*. Kampala, Uganda. December 2012

management (receipts, inventory management, stores maintenance, ordering and reporting). Storekeeper feedback to the Evaluation team was positive.

Providing facility staff with pharmaceutical financial management training

One impact option identified by the POA was to address the issue that health workers are responsible for financial management of their facility budget but receive no financial training. As a result, according to the POA, health facilities do not manage their budget in the most optimal manner. There are several potential outcomes:

- Without complete and up-to-date financial information, health facilities risk to underspend or overspend their budget.
- Lack of knowledge of medicine prices, and the inability to relate medicine prices to the facility pharmaceutical budget, is one contributor to poly-pharmacy.
- Lack of knowledge of the facility's pharmaceutical budget allocation makes it extremely difficult to budget those resources over the fiscal period, which directly impacts commodity availability throughout the fiscal period.

The Pharmaceutical Finance Management (PFM) strategy will run in parallel to SPARS. DMMSs, Regional and hospital pharmacists and SURE regional staff will receive both classroom and practical training to enable them to monitor and track pharmaceutical budget lines. These supervisors will work with the staff at HC4s and Hospitals who order the medicines, in a SPARS-like model, on budget monitoring and order vetting. New tools will be provided to the HC4s and hospitals, including a commitment register and budget tracking sheets, as well as the EMHSLU which includes the VEN categorization of all health commodities. This will allow the facility to monitor what percentage of their order is spent on Vital items. The MMSs will supervise PFM at the facilities using a PFM tool that will measure facility performance.

SURE's original PFM strategy included HC2s and HC3s. However the introduction of kits for the lower level facilities in the public sector has resulted in SURE focusing just on the higher level facilities. The original PFM proposal also included lab commodities, but due the difficulties in accessing the laboratory credit lines, this has been postponed indefinitely.

PFM rollout is planned for the original 45 SURE districts. Rollout will be phased, with some districts selected as control districts. Once the impact assessment has been done, comparing the budgetary implications in PFM vs. control districts, the control districts will receive PFM training.

Electronic Information Management to Improve Data Quality

SURE recognized that stock level reporting and stock requisitions are frequently a multiple-entry procedure, with the facility creating a stock report or requisition, sending it to the DHO, NMS or JMS where it is re-entered. This happens whether the original report or requisition is electronic or paper-based. Because all data entry carries the risk of entry errors, not only does this jeopardize data quality but it also uses a considerable amount of staff time doing data entry.

In a bid to facilitate data management at the different levels of the supply chain, SURE set out to computerize the different systems. With the exception of WAOS, however, their progress has greatly been affected by the moratorium on e-health, as discussed below.

1. Web-based ARV Ordering and Reporting System

In collaboration with the ACP, Resource Centre and Pharmacy Division, SURE developed WAOS in an attempt to address the challenges associated with reporting of ARV medicines for both therapy and prevention. These challenges included: low level of reporting by the health facilities; parallel reporting lines; heavy workload at the central level medical stores especially in compilation of facility reports; low level of data quality and accuracy; and low level of data access hindering its utilization². WAOS is developed in line with the 'one facility-one supplier' policy. It is anticipated that health facilities that have neither computers nor internet connectivity will submit hard copies of their reports to the District Bio-statistician who is charged with data entry into the DHIS2.

WAOS was developed on the MoH platform for collection of health statistics from health facilities, District Health Information Software (DHIS) 2. In spite of this adherence to the desired architecture, the roll out was delayed by MoH Resource Centre for over six months. Nevertheless, SURE, in collaboration with the UN agencies and other USG partners are working on a proposal to develop the MoH Resource Centre in the areas of management, infrastructure and personnel.

At the time of this evaluation, WAOS was not fully functional due to server downtime and unclear guidelines on access rights by the different levels of users, notably Implementing Partners.

2. RxSolution

In an effort to facilitate the inventory management at the health facility level, SURE in collaboration with the MoH selected RxSolution software, an integrated computerized pharmaceutical management system. This was initially piloted in 3 Government hospitals: Butabika, Masaka and Kayunga. However, its implementation was affected by the moratorium on e-health systems in the public sector, in late 2011.

Nevertheless, the RxSolution software had been rolled out to 15 PNFP hospitals, as at the time of this evaluation.

3. PIP/DSDS

The SURE project proposed to establish a Pharmaceutical Information portal (PIP), a centralized data warehouse for pharmaceutical data collected through the different reporting channels, such as NMS, JMS, MAUL, NDA, HMIS, among others, in an effort to ensure availability of pharmaceutical data for decision making. However, the development of PIP has also been affected by the moratorium on e-health systems.

Notwithstanding, SURE project in collaboration with the Pharmacy Division have agreed to proceed with the development in a minimized scope, District Supervision Data System (DSDS) to allow for the warehousing of the supervision data collected through SPARS. As at the time of this evaluation, the design of the DSDS was completed and plans were underway to move to the development stage. Furthermore, SURE designed forms to collect SPARS supervision data from the health facilities. By providing netbooks to MMSs the data can be entered a single time in the field. Various data

² SURE. Web-based ARV Ordering and Reporting System (PowerPoint presentation). October 2012.

aggregation tools are being designed that generate quarterly performance reports for districts and at the national level. DHOs and PD staff are being trained in report generation and analysis.

Strengthening National Medical Stores Capacity

In an effort to address the challenges identified in procurement, storage and distribution during the POA, SURE proposed numerous strategies, inclusive of assessments to further refine these strategies. However, due to the delayed buy-in by NMS, only two assessments were conducted, as detailed below.

1. Distribution Assessment and 3PL Management Assessment for NMS

Through this STTA, the consultants reviewed the NMS distribution situation in relation to the 2008 assessment titled 'Operational Assessment of the Transport and Logistics Operation of NMS'; assessed NMS capacity to manage 3PL and assess the capacity of existing 3PL operating in the country. The consultants proposed a long term technical assistance to facilitate the transfer the relevant technical skills and assist in the development of appropriate processes and procedures, among others, aimed at improving the transport and fleet management. However, this support is yet to be provided due to the delay in signing of the MoU between SURE and NMS.

2. Post Implementation Review of MACS-SAGE at NMS

In 2010, this review noted that that the software system development lifecycle was not followed, resulting in the selection of MACS-SAGE that does not meet the business requirements of these warehouses. The recommendation was to move to a more robust ERP that supported the business requirements of these entities. It should be noted that this this move was never initiated at NMS, in light of their delayed buy-in.

Monitoring and Evaluation

This has been used as a key strategy to measure performance of the pharmaceutical sector and supply chain and to thus inform appropriate improvement decisions. Data on sixteen indicators are collected from JMS, NMS, NDA and the health facilities on an annual or quarterly basis. It should be noted that SURE has no direct control on the performance of the majority of these indicators.

In line with the findings from the Policy Options Analysis which indicated weak performance monitoring along the supply chain³, SURE developed a training curriculum to build the M&E skills of Pharmacy Division, regional and general pharmacists, MMS and implementing partners, among others. Eighteen people were trained in the pilot training conducted in February 2013.

Through SPARS, the performance of the health facility on the reporting quality, dispensing quality, store management, stock management and prescribing quality is monitored at every visit. These performance reports are shared with the health facility personnel and DHO; and are aggregated for each SURE supported district and, more recently for the entire country on a quarterly basis. As at the time of this evaluation,

³ Uganda Ministry of Health and Securing Ugandans' Right To Essential Medicines Program. *Policy Option Analysis for Uganda Pharmaceutical Supply System*. Submitted to the U.S. Agency for International Development by Management Sciences for Health. 2011.

these performance reports are still limited to health facilities in 59 SURE supported districts. Nevertheless, this is the first time that this data is available at the central level for decision making.

CONCLUSIONS

SURE has achieved results for the different interventions to varying degrees.

To a large extent, the SURE program has achieved sustainable results in the improvement of the public health supply chain. Notably, the implementation of SPARS intervention led to its adoption as a national strategy. Furthermore, the MoH has seen tremendous improvements in the quantification and procurement planning of commodities since the establishment of the QPPU.

With the support of the SURE project, the Joint Medical Store acquired an ERP system that supported its business requirements, enhancing efficiencies. Furthermore, JMS has implemented a distribution system using third party private distribution agents, as a result ensuring availability of EMHS to PNFPs and other customers at an affordable cost.

As a result of the adoption of SPARS as a national strategy, selected development partners agreed to fund its implementation through their IPs, birthing SPAS-IP. However, its implementation is not uniform—probably due to the differing resource envelopes— may ultimately affect the consistency of results attained.

It should be noted that the implementation of some strategies has only recently been initiated, thus highly unlikely to yield results as at the time of the project closure. One such example is the pre-service training curriculum. Though the design has been completed, it is yet to be incorporated in the existing training curricula for allied health workers.

Likewise, though M&E frameworks have been designed for the different entities receiving support from the SURE project, implementation has recently been initiated as at the time of the evaluation.

To a lesser degree, the country did not fully benefit from the some of the proposed interventions for numerous reasons. Whereas the moratorium on e-solutions hampered the implementation of Rx solutions and PIP/DSDS; late buy-in by NMS resulted in downscaling of proposed interventions to match the remaining project timeline.

RECOMMENDATIONS

Evaluation team recommends a continuation of the SURE Project. SURE has achieved significant advances in increasing Ugandans' access to essential medicines and health supplies. However, implementation of some crucial strategies and interventions will not be finalized when the project ends in 2014. A continuation of the SURE Project would allow the MoH and all other partners to consolidate the accrued gains in the improvement of the national supply chain in an effort to ensure availability of affordable medicines.

Other key recommendations include:

- **SPARS.** Support national roll out of SPARS, with focus on implementation in new SURE districts and IP-SPAS and developing a “maintenance” model in the original 45 districts. This will allow SPARS to build “critical mass” that medicines management will become the norm, rather than the exception. This will entail clear definition of the SPARS package implemented uniformly across the country regardless of the Implementing Partner, ultimately ensuring better medicines management across the country.
- **Staffing.** Before MOH achieves desired staffing level, ensure current SURE secondments in PD, CPHL, ACP, NTLP and the Resource Center are continued. Capacity in the different MoH departments has been enhanced through the SURE secondments. As such, a SURE follow-on would ensure that this technical support continues. In the long run, the affected entities should advocate for a review of the existing structures to accommodate these positions.
- **NMS.** SURE should advocate for NMS involvement. The MoU with NMS was signed in May 2013. Given the noteworthy efficiencies achieved at JMS as a result of the SURE partnership, the potential for improving the supply chain to the approximately 60% of the country served by NMS is significant. As such, there is need for advocacy of Senior Management of MoH to ensure participation of NMS in a bid to ensure that the technical support through SURE and similar projects is well received and utilized.
- **MIS.** The MIS for the NMS business functions should be upgraded to a robust ERP to improve its efficiency, in the event of a follow-on project; this is in consideration of the strategic role that NMS plays in the public sector supply chain. Notwithstanding this activity can only be made possible if recommendation on advocacy is implemented; considering that funding was available through the SURE project, however was not utilized due to the late buy-in of NMS.
- **Laboratory and diagnostic services.** Improved supply systems and rational prescribing of EMHS will have limited impact if the patient is not correctly diagnosed. And correct diagnosis depends on a working laboratory infrastructure at all levels of the health system. A continuation of the SURE Project could not “fix” the public health laboratory infrastructure in Uganda, but it could strengthen it and gather evidence of what other interventions are required. Better still, a stand-alone holistic laboratory management and logistics project would be beneficial.
- **PD Data Hub.** Considering establishment and support of a data hub in Pharmacy Division with links to Resource Center. Such a data hub will ensure an adequate repository for the data collected through SPARS among other data sources, availing the necessary data required to inform logistics decisions

Annexes:

Annex 1: STATEMENT OF WORK FOR THE EVALUATION OF SURE PROJECT

I. BACKGROUND

In July 2008, USAID/Uganda awarded Management Sciences for Health (MSH) a five-year \$39 million Cooperative Agreement to implement the Securing Ugandans’ Right to Essential Medicines (SURE) project. The project’s overall goal is to ensure that the population of Uganda has access to adequate quantities of good quality essential medicines and health supplies (EMHS) by strengthening the national supply chain for essential health commodities.

MSH, with subcontractors Euro Health Group, Fuel Group/Pharmaceutical Healthcare Distributors-RTT, Makerere University/Infectious Disease Institute, is responsible for working collaboratively with the Government of Uganda and other key partners to strengthen the GoU’s capacity and performance in managing the key components of the supply chain including financing of health commodities, forecasting and quantification of program needs, procurement, quality assurance, storage and distribution to end users health facilities, and logistics information management systems at all levels of the supply chain.

SURE is now in their third year of implementation. There are three major Result Areas:

<u>Result 1:</u> Improved policy, legal and regulatory framework to provide for longer-term stability and sustainability of public sector health commodities	<u>Result 2:</u> Improved capacity and performance of central GOU entities in their supply chain management roles and responsibilities	<u>Result 3:</u> Improved capacity and performance of target Districts and USAID Implementing Partners in their supply chain management roles and responsibilities
1.1 GOU demonstrates commitment to improving financing of health commodities	2.1 Improved capacity of National Medical Stores to procure, store and distribute national supplies of EMHS	3.1 Improved capacity of target districts and health facilities in planning, distributing, managing and monitoring EMHS
1.2 Legal, regulatory and policy framework revised to promote cost-effective, efficient, equitable, appropriate use of available funds and health commodities	2.2 Improved capacity of MOH program managers and technical staff to plan and monitor national supplies of EMHS	3.2 Improved capacity of selected Implementing Partners in quantifying, managing and monitoring EMHS

	2.3 Supply chain system cost-effectiveness and efficiency improved through innovative approaches	3.3 Overall access to EMHS improved through innovative district-level interventions
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The expected results from the Cooperative Agreement include:

Result 1: 20% of Level of Effort

- Increased capacity of NMS to fulfill procurement plan for Credit Line products and other key commodities on schedule
- Modifications, as appropriate, to structure/system of financing public sector commodities agreed upon by GOU and other stakeholders

Result 2: 40% of Level of Effort

- Increased transparency, cost-effectiveness and efficiency of central and district-level EMHS procurements
- Wastage of EMHS (through expiration, inappropriate product selection, poor quality) and stock outs of key commodities at central level reduced
- Governance, roles and responsibilities of Ministry of Health(MOH), National Medical Stores (NMS) and National Drug Authority (NDA) clarified and communication and collaboration improved
- MOH programs managing logistics management information systems and producing regular stock status reports with minimal external technical assistance
- Improved coordination of MOH and donor procurement of EMHS including ARVs and ACTs
- Logistics management training programs/modules integrated into pre and in-service training programs for health workers and managers

Result 3: 40% of Level of Effort

- Increased percentage of district and health sub-district appropriate budget expenditures for EMHS
- Increased percentage of health facilities submitting logistics management information system reports and orders
- Reduced lead time between facility placement and receipt of orders
- Package of interventions tested to improve district and facility-level logistics management
- Health facility stock outs of EMHS significantly reduced
- Uninterrupted availability of key medicines and health supplies in health facilities
- Increased access to EMHS through innovative channels and partnerships

II. PURPOSE

The purpose of this evaluation is 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.

III. EVALUATION QUESTIONS

The evaluation will answer these questions:

1. Results. To what extent has the SURE project achieved its overall goal of ensuring the population of Uganda has access to adequate quantities of good quality essential medicines and health supplies (EMHS) by strengthening the national supply chain for essential health commodities? Sub-questions include:
 - a. Is the project making sufficient progress at a rate that can achieve the expected results within the remaining life of the project (July 2014)?
 - b. What amendments to the expected results should be made in the light of the current context and experience?
2. Strategies. Are SURE's technical and strategic approaches, and emphases the right choices given the experience to date? Sub-questions include:
 - a. What interventions are yielding, or have the potential to yield, the greatest impacts?
 - b. Are there any additional interventions that could be more effective?
 - c. Any interventions that should be dropped because of lack of progress or potential?
 - d. What other course corrections should be made if any results are not on target for achievement?
3. Partnerships. Are the collaborative relationships with critical stakeholders (Ministry of Health at central, district and facility level, NMS, JMS and NDA, USG implementing partners and other donor partners) efficient and effective in bringing about results? Should SURE make any changes in the way they are working with any one of these partners to bring about better results?
4. Project organization. Is the current project staffing structure optimal to achieving key results? Sub-questions include:
 - a. Are any adjustments needed in the numbers or types of staff at HQ and regional field offices to improve the quality or pace of progress, or efficacy in the three result areas?
 - b. Is the placement of seconded staff at MOH and NDA working out as intended?
 - c. Is the sub-contract to Makerere University on track to achieving their specific results?

IV. EVALUATION METHODOLOGY

Evaluation team members will work together under the guidance of the Team Leader to develop a proposed methodology to conduct an evaluation that meets the stated purpose and responds to all the evaluation questions listed above. Proposal should include identification of the type of information required to answer above questions and briefly explain how any new data will be collected. Where existing data will be used, provide the data set and source. Proposed design/methodology will include the right mix of qualitative and quantitative methods, such as document review, key-informant interviews, focus groups, client surveys, etc. The team will conduct secondary data analysis on data relevant to this evaluation which includes periodic SURE project surveys of stock outs of essential medicines, facility assessments by GOU and USG implementing partners, Global Fund reports and LQAS (Lot Quality Assurance Sampling) by a USAID implementing partner. Proposed methodology should bear in mind the different roles of various

stakeholders and show clearly how reliable and meaningful evaluation information will be collected in an efficient manner. USAID will review and approve the proposed methodology. Initial findings of the evaluation will be shared within the Mission and with the Implementing Partners. This report will form the basis for subsequent design and planning meetings between USAID and MSH to incorporate lessons learned and proposed recommendations for improvement. The final report will be shared with the Government of Uganda and other development partners.

V. PROJECT INFORMATION AND DOCUMENTS

The following information documents and sources are available and relevant to the evaluation:

From USAID:

- Original Request for Applications

From SURE:

- Original agreement and a summary of subsequent amendments/modifications
- Results Framework
- Performance Management Plan
- Annual work plans
- Annual and quarterly reports
- Annual stock-out survey data
- Other technical/strategy documents, M&E Reports and any assessments/reviews

From MOH:

- Memorandum of Understanding with SURE

From Others:

- MOU/work plan with National Drug Authority
- MOU/work plan with Joint Medical Store
- MOU/work plan with National Medical Stores

VI. EVALUATION TEAM COMPOSITION

The team will consist of five members with complementary expertise and experience in the following areas: evaluation management, international health program planning, pharmaceutical/supply chain management, organizational development, health systems strengthening, and research methodology.

An external expert will be engaged/hired to serve as Evaluation Team Leader. A local consultant will bring expertise complementing the Team Leader and other team members. USAID/Uganda will contribute one member (an expert in Supply Chain Management); one member will come from the Uganda Ministry of Health (from Pharmacy Division) and SURE will include one member (an expert in pharmaceutical management and research).

Qualities of the Team Leader: The Team Leader will be experienced in health evaluation management. S/he should have 10 years' experience in evaluation or implementation of health programs. The Team Leader must be familiar with supply chain management in the public sector though not necessarily an expert in the subject matter. The Team Leader is responsible for organizing the team and overseeing the work of each team member. S/he is responsible to USAID for all deliverables and quality of each deliverable.

Qualities of the Local Consultant: 5-8 years of progressive professional experience working in health, pharmaceutical/ supply chain system management, international development field in Uganda or a similar development country setting. Five years of this experience should be direct management of activities in health or development; including designing, implementing, monitoring and evaluation of activities in the delivery of pharmaceutical supply chain management.

Each of the team members will be responsible for performing tasks assigned by the Team Leader and participation in team tasks/activities.

VII. TEAM DELIVERABLES

1. In Briefing: Introduction of the evaluation team, discussion of the SOW and initial presentation of the proposed evaluation work plan.
2. An Inception report detailing the Team's interpretations of the assignment, an evaluation design and methodology, sampling, analytical plans tools and work schedule
3. Weekly Progress Reports: Brief informal reports summarizing progress, challenges and constraints and describing evaluation Team's response
4. Oral Presentation: Power Point presentation (including handouts). The oral presentation should, at a minimum, cover the major findings, conclusions, recommendations, and key lessons. The evaluation Team will liaise with the mission to agree on the dates, audience, venue and other logistical arrangements for this briefing. The audience will include Mission management and staff and representative from the prime implementing partner and other partners in the program.
5. Draft Evaluation Report: The report should comply with the USAID's Evaluation Report standards set out in Annex 2.
6. Final Draft Report: Complete report incorporating comments from USAID and other stakeholders.

7. Final Report: The Team Leader will submit a final report incorporating final edits for wider sharing. The Team Leader will also submit on a CD all data records from the evaluation i.e. full data sets from the quantitative data, interview transcripts, and other documented survey responses.

VIII. DURATION OF THE ASSIGNMENT

The assignment is expected to be completed within three calendar months from date of award.

IX. LOCATION OF ASSIGNMENT

SURE office(s), USAID and site visits conducted in the different institutions and health facilities currently covered by the SURE program found all over Uganda.

X. MANAGEMENT ROLES AND RESPONSIBILITIES

The USAID Senior Strategic Information Advisor (SSIA) for the Health, HIV and Education Team, **Joseph Mwangi** will have primary administrative and technical responsibility for the evaluation process. This also includes making the necessary arrangements for USAID inputs and briefings. The Evaluation Team will liaise closely with the Agreement Officer's technical representative (AOR) for SURE, **Rebecca Copeland** and Program Office M&E Specialist, **May Mwaka** on coordination and clarification of USAID requirements and standards.

MSH will contribute to the design and planning of the evaluation, provide logistics for implementation (documents, meetings, interviews), participate in the oral presentation and review the draft and final reports. MSH logistical support to the consultants will include

- 1) Local Travel (including accommodation and per-diem for the local consultant)
- 2) Office logistics including communication, printing and photocopying
- 3) Secretary/Admin Assistant available as needed for the duration of the evaluation
- 4) A/V equipment for presentations and related logistics
- 5) Meeting logistics

Consultants will provide own Laptop computer(s) and other equipment necessary for performance of this activity.

GOU/MOH will facilitate interviews and participate in the oral presentation and review of the draft and final reports.

SURE/MSH and any sub-awards, USAID and other stakeholders will not interfere with the evaluation team's capability to collect objective information and to conduct independent investigation relevant for this evaluation, analyze data and make inferences, conclusions and recommendations.

XI. SELECTION CRITERIA

1. Qualifications: Education, competencies, skills and relevance and length of experience
2. Proposed Consultancy Fee

XI. PAYMENT SCHEDULE

Consultants will invoice every two weeks.

ANNEX 1: CRITERIA TO CHECK THE QUALITY OF THE EVALUATION REPORT

- The evaluation report should represent a thoughtful, well-researched and well organized effort to objectively evaluate what worked in the project, what did not and why.
- Evaluation reports shall address all evaluation questions included in the scope of work.
- The evaluation report should include the scope of work as an annex. All modifications to the scope of work, whether in technical requirements, evaluation questions, evaluation team composition, methodology or timeline need to be agreed upon in writing by the technical officer.
- Evaluation methodology shall be explained in detail and all tools used in conducting the evaluation such as questionnaires, checklists and discussion guides will be included in an Annex in the final report.
- Evaluation findings will assess outcomes and impact on males and females.
- Limitations to the evaluation shall be disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence and data and not based on anecdotes, hearsay or the compilation of people's opinions. Findings should be specific, concise and supported by strong quantitative or qualitative evidence.
- Sources of information need to be properly identified and listed in an annex.
- Recommendations need to be supported by a specific set of findings.
- Recommendations should be action-oriented, practical and specific, with defined responsibility for the action.

USAID'S EVALUATION REPORT STANDARD

Cover page (Title and date of the study, names of recipient's and the evaluation team).

Table of Contents

List of Acronyms

Executive Summary [Stand-Alone, 1-3 pages, summary of report. This section shall not contain any material not found in the main body of the report]

Main Part of the Report

Introduction/Background and Purpose: [Overview of the evaluation. Covers the purpose and intended audiences for the study and the key questions as identified in the SOW)

Study Approach and Methods: [Brief summary. Additional information, including instruments should be presented in an Annex].

Findings: [This section, organized in whatever way the team wishes, must present the basic answers to the key evaluation questions, i.e., the empirical facts and other types of evidence the study team collected including the assumptions]

Conclusions: [This section should present the team's interpretations or judgments about its findings]

Recommendations: [This section should make clear what actions should be taken as a result of the study]

Lessons Learned: [In this section the team should present any information that would be useful to people who are designing/manning similar or related new or on-going programs in Uganda or elsewhere. Other lessons the team derives from the study should also be presented here.]

Annexes: [These may include supplementary information on the evaluation itself; further description of the data collection/analysis methods used; data collection instruments; summaries of interviews; statistical tables, and other relevant documents.]

ANNEX 2. EVALUATION SCHEDULE

Week 1

Date	Activity	Time	Place
Day 1 Monday 6 May 2013	Introductions <i>Birna Trap, Khalid Mohammed, Peter Mugagga, Dortha Konradsen, Levison, Kabagambe, Nakabugo, Copeland</i>	0830-1000	SURE office
	SURE strategies and key achievements <i>Birna Trap, Levison, Kabagambe, Nakabugo, Copeland</i>	1000 – 1200	SURE office
	The Ugandan Pharmaceutical Context <i>Birna Trap, Levison, Kabagambe, Nakabugo, Copeland</i>	1400 - 1530	SURE office
	Policy Options Analysis <i>Birna Trap, Levison, Kabagambe, Nakabugo, Copeland</i>	1530 - 1700	SURE office
Day 2 Tuesday 7 May	Evaluation team meeting <i>Levison, Kabagambe, Nakabugo, Copeland</i>	0900 - 1000	SURE office
	SPARS <i>Khalid Mohammed, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1000 - 1300	SURE office
	Support to national level warehouses <i>Donna Kusemererwa, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1400 - 1500	SURE office
	Equity study <i>Donna Kusemererwa, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1500 - 1600	SURE office
	Capacity building <i>David Talima, Bosco Okello, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1600 - 1700	SURE office
Day 3 Wednesday 8 May	Evaluation team meeting <i>Birna Trap, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	0830 - 0900	SURE office
	Electronic data collection of Routine Performance assessment data <i>Kim Hoppenworth, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	0900 - 1030	SURE office
	RxSolution <i>Kim Hoppenworth, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1030 - 1100	SURE office

Date	Activity	Time	Place
	District Supervision Data Systems <i>Petra Schaefer, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1100 - 1230	SURE office

Day 3 Wednesday 8 May (cont)	M&E, PMP <i>Allen Nabanoba, Dorthe Konradsen, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1400 - 1500	SURE office
	National and District reports <i>Belinda Blick, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1500 - 1545	SURE office
	Good Pharmaceutical Practice <i>Dorthe Konradsen, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1545 - 1630	SURE office
	Evaluation team meeting <i>Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1630 - 1730	SURE office
Day 4 Thursday 9 May	Evaluation team meeting <i>Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	0800 - 0845	Pharmacy Division office
	Uganda Protestant Medical Bureau <i>Jonathan Miyonga, Mildred Kabayaga, Levison, Kabagambe, Nakabugo, Copeland</i>	0900 - 1030	UPMB office
	Return to SURE	1030 - 1100	Transit
	Impact and special studies <i>Dorthe Konradsen, Levison, Kabagambe, Nakabugo, Copeland</i>	1100 - 1230	SURE office
	Support to MOH Technical Programs: NMCP <i>Victoria Nakiganda, Dennis Walusimbi, Levison, Kabagambe, Nakabugo, Copeland</i>	1400 - 1500	SURE office
	Support to MOH Technical Programs: ACP <i>Victoria Nakiganda, Monica Amuha, Barbara Muwonge, Levison, Kabagambe, Nakabugo, Copeland</i>	1500 - 1600	SURE office
Support to MOH Technical Programs: NTLP <i>Shaquil Sekalala, Levison, Kabagambe, Nakabugo, Copeland</i>	1600 - 1700	SURE office	
Day 5	Travel to Mukono	0800 -	Transit

Friday 10 May		1000	
	Meeting with Mukono DHO <i>Dr Elly Tumushabe, Isaiah Muhindo, Levison, Kabagambe, Oteba, Nakabugo</i>	1000 - 1130	Mukono DHO
	Field visits, Mukono district <i>Levison, Kabagambe, Oteba, Nakabugo</i>	1200 - 1600	Mukono Mission Hospital, Kojja HCIV, Kyabalogo HCII
	Return to Kampala	1600 - 1800	Transit
Day 6 Saturday 11 May	Inception report preparation <i>Levison, Kabagambe</i>	1030 - 1230	Hotel
Day 7 Sunday 12 May	Day off		

Week 2

Date	Activity	Time	Place
Day 8 Monday 13 May	QPPU <i>Sam Balyejjusa, Pamela Achii, Valerie Remedios, Levison, Kabagambe, Nakabugo</i>	0900 - 1100	MoH
	Meeting with Pharmacy Division <i>Morries Seru , Oteba, Levison, Kabagambe, Nakabugo</i>	1100 - 1230	MoH
	Travel to USAID	1300 - 1400	Transit
	USAID In-briefing <i>Joseph Mwangi, Suzan Nakawunde, Mercy Mayebo, May Mwaka, Copeland, Levison, Kabagambe</i>	1400 - 1530	USAID
	Evaluation team debrief <i>Levison, Kabagambe</i>	1530 - 1630	Transit to Nakasero
Day 9 Tuesday 14 May	Travel to Masaka <i>Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	0800 - 1100	Transit
	Meeting with DHO Masaka, DMMS <i>Dr Musisi, Peter Okot, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1100 - 1230	Masaka DHO
	Team 1 site visits, Masaka District <i>Levison, Oteba, Nakabugo</i>	1230 - 1700	Kyanamukaka HC4, Kitovu Mission

			Hospital
	Team 2 site visits, Masaka District: <i>Kabagambe, Copeland</i>	1230 - 1700	Masaka Municipal HC2, Bukeeri HC3
	Team meeting <i>Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1800 - 2100	Hotel, Masaka
Day 10 Wednesday 15 May	Team 1: Travel to Mbarara	0800 - 1000	Transit
	Team 1: Meeting with STAR SW <i>Edward Bitarakwate, John Obicho, Christopher Rwabugiri, Levison, Oteba, Nakabugo</i>	1000 - 1130	STAR SW office
	Team 1: Meeting with Sheema DHO <i>Dr Kabwishwa Johnstone, John Obicho, Christopher Rwabugiri, Charles Muhwezi, Joshua Muhezi, Levison, Oteba, Nakabugo</i>	1200 – 1230	Sheema DHO
	Team 1: Site visits, Sheema District: <i>Dr Kabwishwa Johnstone, John Obicho, Christopher Rwabugiri, Charles Muhwezi, Joshua Muhezi, Levison, Oteba, Nakabugo</i>	1200 - 1700	Kabwohe HC4, Mushanga HC3
	Team 1: Travel to Mbarara <i>Levison, Oteba, Nakabugo</i>	1700 - 1800	Transit
	Team 2: Travel to Ibanda <i>Kabagambe, Copeland</i>	0800 - 1000	Transit
	Team 2: Meeting with Ibanda DHO <i>Dr Julius Tumwine, Louis Kaboine, Kabagambe, Copeland</i>	1000 - 1100	Ibanda DHO
	Team 2: Site visits, Ibanda District <i>Kabagambe, Copeland</i>	1100 - 1600	Ruhoko HC4, Ibanda Hospital, Bufunda HC3, Kikyenyke HC3
	Team 2: Travel to Mbarara	1600 - 1700	Transit
	Team meeting	1800 - 2100	Hotel Mbarara
Day 11 Thursday 16 May	Meeting with SURE South west regional team <i>Mark Agaara, Sadat Gabula, Alex Mpanga, Fatumah Ssemujju, Leo Atwine, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	0800 - 1000	SURE Mbarara office
	Team 1: Meeting with CAO, DMMS <i>David Lubuuka, Simon Isuba, Levison, Oteba, Nakabugo</i>	1000 - 1100	CAO Mbarara office
	Team 1 site visits, Mbarara District <i>Levison, Oteba, Nakabugo</i>	1100 - 1400	Kamukuzi HC2, Ruharo Mission

			Hospital
	Team 2 site visits, Mbarara District <i>Kabagambe, Copeland</i>	0900 - 1400	Kinoni HC4, Nyakayojo HC3
	Travel to Kampala	1400 - 1900	Transit
Day 12 Friday 17 May	Meeting with JMS <i>Jimmy Opio, Andrew Wasswa, Patrick Kakembo, Levison, Kabagambe, Oteba, Nakabugo</i>	0900 - 1200	JMS
	JMS tour <i>Andrew Wasswa, Levison</i>	1230 – 1400	JMS
Day 13 Saturday 18 May	Planning evaluation report, status review <i>Levison, Kabagambe</i>	1100 - 1300	Hotel
Day 14 Sunday 19 May	Day off		

Week 3

Date	Activity	Time	Place
Day 15 Monday 20 May	Meeting with NTLP <i>Stephen Ekaru, Victoria Nakiganda, Shaquille Sekalala, Levison, Kabagambe, Nakabugo</i>	0930 - 1100	NTLP
	Meeting with AIDS Control Program <i>Ario Alex, Victoria Nakiganda, Monica Amuha, Barbara Muwonge, Levison, Kabagambe, Nakabugo</i>	1100 - 1215	MoH
	Team planning meeting <i>Levison, Kabagambe, Nakabugo</i>	1215 - 1300	MoH
	Team 1: Meeting with Central Public Health Laboratories <i>Gaspard Guma, Richard Batamwita, Hakim Sendagire, Eileen Burke, Micheal Kasusse, Valerie Remedios, Levison</i>	1430 - 1700	CPHL
	Team 2: Travel to Entebbe <i>Donna Kusemererwa, Kabagambe, Nakabugo</i>	1300 - 1400	Transit
	Team 2: Meeting with National Medical Stores <i>Moses Kamabare, Donna Kusemererwa, Kabagambe, Nakabugo</i>	1430 - 1600	NMS Entebbe
	Team 2: Return to Kampala	1600 -	Transit

	<i>Donna Kusemererwa, Kabagambe, Nakabugo</i>	1700	
Day 16 Tuesday 21 May	Meeting with Makerere Univeristy <i>Celestine Obuga, Richard Odoi, Paul Waako, Hussein Oria, Levison, Kabagambe, Nakabugo, Copeland</i>	0830 - 1000	Makerere University Pharmacy School
	Support to IPs and the Religious Medical Bureaus <i>Stella Nakabugo, Birna Trap, Levison, Kabagambe, Copeland</i>	1100 - 1230	SURE office
	Support to NDA <i>Dorthe Konradsen, Birna Trap, Levison, Kabagambe, Nakabugo, Copeland</i>	1230 - 1300	SURE office

Day 16 Tuesday 21 May (cont)	PFM <i>Dorthe Konradsen, Birna Trap, Levison, Kabagambe, Nakabugo, Copeland</i>	1300 - 1320	SURE office
	Rational Use of Medicines <i>Konradsen, Trap, Levison, Kabagambe, Nakabugo, Copeland</i>	1320 - 1345	SURE office
	Meeting with National Drug Authority <i>Kate Kikule, Victoria Nambasa, Amoreen Naluyima, David Nahame, Hamidah Nassimbwa, Eunice Nakimuli, Mohammed Lukwago, Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	1430 - 1630	NDA
Day 17 Wednesday 22 May	Team meeting <i>Levison, Kabagambe, Oteba, Nakabugo, Copeland</i>	0830 - 1630	SURE office
Day 18 Thursday 23 May	Travel to Jinja	0730 - 1030	Transit
	Meeting with Regional Pharmacist, Jinja RRH <i>Kenneth Tumusiime, Julius Mwijukye, Levison, Kabagambe, Nakabugo</i>	1030 - 1100	Jinja RRH
	Meeting with STAR EC team <i>Samson Kironde, Alex Mugume, Sarah Auma, Violet Gwokyalya, Denis Busingye, Dorothy Namuganga, Levison, Kabagambe, Nakabugo</i>	1100 - 1200	STAR EC
	Travel to Buyende <i>Violet Gwokyalya, Dorothy Namuganga, Levison, Kabagambe, Nakabugo</i>	1230 - 1500	Transit
	Meeting with DHO Buyende <i>Moses Baganzi, Teddy Mutesi, Joel Tefula, Rehema Mutesi,</i>	1500 -	Buyende DHO

	<i>Hamidah Legendo, Esther Acom, Levison, Kabagambe, Nakabugo</i>	1530	
	Site visits, Buyende District <i>Levison, Kabagambe, Nakabugo</i>	1530 - 1630	Buyende HC3
	Return to Kampala	1630 - 2230	Transit
Day 19 Friday 24 May	Travel to Mityana <i>Levison, Nakabugo</i>	0900 - 1000	Transit
	Meeting with DHE Mityana <i>Denis Mono, Samanya Adonia, Levison, Nakabugo</i>	1000 - 1030	Mityana DHO
	Site visits, Mityana District <i>Denis Mono, Samanya Adonia, Levison, Nakabugo</i>	1100 - 1300	Mityana Hospital
	Return to Kampala <i>Levison, Nakabugo</i>	1330 - 1430	Transit
Day 20 Saturday 25 May	Report and presentation preparation <i>Levison, Kabagambe</i>	1530 - 1700	Hotel
Day 21 Sunday 26 May	Day off		

Week 4

Date	Activity	Time	Place
Day 22 Monday 27 May	M&E at Pharmacy Division <i>Belinda Blick, Levison, Kabagambe, Nakabugo</i>	0830 – 1000	MOH
	CANCELLED: Meeting with Resource Center <i>Levison, Kabagambe, Nakabugo</i>	1000 - 1100	MOH
	Travel to SURE <i>Levison, Nakabugo</i>	1030 - 1100	Transit
	Report preparation <i>Levison</i>	1100 - 1300	SURE office
	Preparation USAID debriefing <i>Levison, Kabagambe, Nakabugo</i>	1300 - 1500	SURE office

	Travel to meeting <i>Levison, Kabagambe, Nakabugo</i>	1500 - 1600	Transit
	Meeting with MAUL <i>Sowedi Muyingo, Levison, Kabagambe, Nakabugo</i>	1600 - 1700	MAUL
Day 23 Tuesday 28 May	Travel to meeting <i>Levison, Kabagambe, Nakabugo</i>	0900 - 0930	Transit
	Meeting with TASO <i>Dick Muhwezi, Nancy Amony, Levison, Kabagambe, Nakabugo</i>	0930 - 1030	TASO
	Travel to SURE	1030 - 1100	Transit
	Preparation USAID debriefing <i>Levison, Kabagambe, Nakabugo</i>	1100 - 1300	SURE office
	Travel to USAID <i>Levison, Kabagambe</i>	1300 - 1400	Transit
	USAID preliminary debriefing <i>Joseph Mwangi, Suzan Nakawunde, Mercy Mayebo, May Mwaka, Rebecca Copeland, Levison, Kabagambe</i>	1400 - 1600	USAID

Day 23 Tuesday 28 May (cont)	Travel to SURE office <i>Levison, Kabagambe</i>	1600 - 1800	Transit
	Team meeting <i>Levison, Kabagambe, Nakabugo</i>	1800 - 1900	SURE office
Day 24 Wednesday 29 May	Team meeting, USAID debrief preparation <i>Levison, Kabagambe, Oteba, Nakabugo</i>	0800 - 1300	SURE office
	Travel to USAID <i>Levison, Kabagambe, Oteba</i>	1300 - 1400	Transit
	USAID Final briefing <i>Joseph Mwangi, Suzan Nakawunde, 8 other USAID staff, Levison, Kabagambe, Oteba, Copeland</i>	1400 - 1600	USAID
	Travel to SURE	1600 - 1630	Transit
	SURE Reception <i>SURE staff, IPs, stakeholders, evaluation team</i>	1800 - 2100	Trap residence
Day 25 Thursday	SURE debrief <i>All SURE staff, Levison, Kabagambe, Nakabugo</i>	0900 - 1100	SURE office

30 May	Meeting on SURE staffing <i>Alfred Schulz, Agatha Hamba, Levison, Kabagambe</i>	1100 - 1200	SURE office
	Evaluation report planning <i>Levison, Kabagambe</i>	1300 - 1600	SURE office
Day 26 Friday 31 May	Meeting with STRIDES <i>Manji Kaur, Pauline Okello, Levison, Kabagambe, Nakabugo</i>	0830 – 0930	STRIDES
	Travel to MOH <i>Levison, Kabagambe, Nakabugo</i>	1000 - 1030	Transit
	CANCELLED: Meeting with Resource Center <i>Levison, Kabagambe, Nakabugo</i>	1030 - 1130	MOH
	Travel to SURE office <i>Levison, Kabagambe, Nakabugo</i>	1100 - 1130	Transit
	Evaluation report planning <i>Levison, Kabagambe</i>	1200 - 1330	SURE office
	Meeting with SURE COP <i>Birna Trap, Levison</i>	1330 – 1430	SURE office

ANNEX 3. RESPONDENTS LIST

Date	Informant	Organisation. Position
National Level		
5/6/13	Birna Trap	SURE. Chief of Party
5/6/13	Khalid Mohammed	SURE. Deputy Chief of Party
5/6/13	Peter Mugagga	SURE. Senior Operations Officer
5/6/13	Dorthe Konradsen	SURE. Senior Advisor, Medicines Quality and Use
5/6/13	Stella Nakabugo	SURE. Senior Project Associate
5/6/13	Martin Oteba	MOH/PD. Assistant Commissioner Health Services, Pharmacy Division
5/7/13	Donna Kusemererwa	SURE. Principle Technical Advisor Supply Chain Operations
5/7/13	David Talima	SURE. Capacity Building Advisor
5/7/13	Bosco Okello	SURE. Senior Capacity Building Specialist
5/9/13	Jonathan Miyonga	UPMB. M&E Officer
5/9/13	Mildred Kabayanga	UPMB. Logistics Associate
5/9/13	Victoria Nakiganda	SURE. Technical Advisor Technical Programs
5/9/13	Dennis Walusimbi	SURE. Senior Technical Officer, Malaria
5/9/13	Monica Amuha	SURE. Senior Technical Officer, HIV/AIDS
5/9/13	Barbara Muwonge	SURE. Technical Officer, ACP
5/9/13	Shaquille Sekalala	SURE. Senior Data Specialist
5/13/13	Sam Balyejjusa	SURE. Senior Technical Officer, QPPU
5/13/13	Pamela Achii	SURE. Technical Officer, QPPU
5/13/13	Valerie Remedios	SURE. Senior Technical Advisor, Health Systems Strengthening
5/13/13	Morries Seru	MOH, PD. Principal Pharmacist
5/13/13	Joseph Mwangi	USAID Senior Strategic Information Advisor
5/13/13	Rebecca Copeland	USAID Senior Supply Chain Systems Advisor

Date	Informant	Organisation. Position
5/13/13	Mercy Mayebo	USAID. Civil Society Advisor
5/13/13	May Mwaka	USAID. M&E Specialist
5/13/13	Suzan Nakawunde	USAID. Program Development Assistant
5/17/13	Jimmy Opio	JMS. General Manager
5/17/13	Andrew Cohen Wasswa	JMS. Operations Manager
5/17/13	Patrick Kakembo	SURE. MIS Project Manager, JMS
5/20/13	Stephen Ekaru	NLTP. Administrator, Logistics
5/20/13	Dr Alex Ario	ACP. National Coordinator, ART
5/20/13	Mr Gaspard Guma	CPHL. Senior Technical Lab Advisor
5/20/13	Richard Batamwita	SURE. M&E Specialist, CPHL
5/20/13	Dr Hakim Sendagire	CPHL. Technical Advisor Laboratory
5/20/13	Eileen Burke	SURE. STTA, CPHL
5/20/13	Michael Kasusse	CPHL. Fellow
5/20/13	Moses Kamabare	NMS. General Manager
5/21/13	Prof Richard Odoi Adome	MUK College of Health Sciences. Dean
5/21/13	Prof Celestino Obua	MUK College of Health Sciences. Deputy Principal
5/21/13	Prof Paul Waako	MUK College of Health Sciences. Head. Dept of Pharmacology and Therapeutics
5/21/13	Hussein Oria	MUK College of Health Sciences. Head, Dept of Pharmacy
5/21/13	Kate Kikule	NDA. Head, Drug Inspectorate
5/21/13	Victoria Nambasa	NDA. Drug Information Officer
5/21/13	Amoreen Naluyima	NDA. Drug Quality Analyst
5/21/13	David Nahame	NDA. Inspector of Drugs
5/21/13	Hamidah Nassimbwa	SURE. IT Manager, secondment NDA
5/21/13	Eunice Nakimuli	NDA. Drug Assessment and Registration Officer

Date	Informant	Organisation. Position
5/21/13	Mohammed Lukwago	NDA. Inspector of Drugs
5/27/13	Sowedi Muyingo	MAUL. Executive Director
5/28/13	Dick Muhwezi	TASO/GMU. Project Coordinator, GMU
5/28/13	Nancy Amony	TASO/GMU. Supply Chain Management Officer
5/30/13	Alfred Schulz	SURE. Financial/Administration Manager
5/30/13	Agatha Hamba	SURE. Human Resources Specialist
5/31/13	Manjit Kuar	STRIDES. Senior Technical manager
5/31/13	Pauline Okello	STRIDES. Regional Coordinator, central region

District field work

Date	Informant	Organisation, Position
Mukono District		
5/10/13	Dr Elly K Tumushabe	Mukono District. DHO
5/10/13	Isaiah Muhindo	Mukono District. DMMS
5/10/13	Dalaus Lwera	Kojja HC4. In-charge
5/10/13	Sarah Namakula	Kojja HC4. Store Keeper
5/10/13	Samalie Katana	Kojja HC4. Dispenser
5/10/13	Robson Sunday	Kyabalogo HC2. In-charge
5/10/13	Joscent Namusoke	Mukono Mission Hospital. Administrator
5/10/13	Dora Kayaga	Mukono Mission Hospital. Store Manager
5/10/13	Joslin Nakalembe	Mukono Mission Hospital. Dispenser
Masaka District		
5/14/13	Dr Stuart Musisi	Masaka District. DHO
5/14/13	Peter Okot	Masaka District. DMMS
5/14/13	Frederick Ssebatta	Kyanamukaaka HC4. Clinical Officer/In-charge
5/14/13	Eliod Mubanza	Kyanamukaaka HC4. Store keeper

5/14/13	Imelda Nakazibwe	Kitovu Mission Hospital. Dispensary In-charge
5/14/13	Lauretta Mary	Kitovu Mission Hospital. Assistant storekeeper
5/14/13	Monica Nakalema	Bukeeri HC3. Nursing Assistant
5/14/13	Jane Nakintu	Bukeeri HC3. Enrolled Nurse
5/14/13	Beatrice Molly	Masaka Municipality HC2. In-charge/MMS
Sheema District		
5/15/13	Dr Kabwishwa Johnstone	Sheema District. Acting DHO
5/15/13	Dr Edward Bitarakwate	STAR SW. Chief of Party
5/15/13	Dr Christopher Rwabugiri	STAR SW. Health Systems Strengthening Advisor
5/15/13	John Obicho	STAR SW. Logistics Advisor
5/15/13	Joshua Muhesi	Sheema South. HSD MMS
5/15/13	Charles Muhwezi	Sheema North. HSD MMS
5/15/13	Vincent Turyamureeba	Kabwohe HC4. In-charge
5/15/13	Anna Nkwatsibwe	Kabwohe HC4. Store keeper
5/15/13	Polly Nyangoma	Mushanga HC3. Administrator
5/15/13	Amon Tumwine	Mushanga HC3. Clinical Officer

Date	Informant	Organisation, Position
Ibanda District		
5/15/13	Dr. Julius Tumwine	Ibanda District. DHO
5/15/13	Lousi Kaboine	Ibanda District Biostatistician
5/15/13	Tom Kajungu	Ibanda North. HC3. In-charge/MMS
5/15/13	Fausta Rukundo	Ruhoko HC4. Storekeeper.
5/15/13	Herbert	Ruhoko HC4. Medical Officer. In-charge
5/15/13	Sr. Stella Kigabire	Ibanda Hospital. Deputy Senior Nursing Officer

5/15/13	Hilda Kobukyinde	Ibanda Hospital. Pharmacy Outpatients
5/15/13	Maria Goretti Rwiza	Ibanda Hospital. Pharmacy Technician
5/15/13	Agnes Charity	Bufunda HC3. Enrolled Nurse
5/15/13	Noellina Balyesigaho	Bufunda HC3. Nursing Assistant
5/15/13	Sharon Nuwabiine	Bufunda HC3. Nursing Trainee
5/15/13	Mabel Busingye	Bufunda HC3. Nursing Assistant
5/15/13	Mabel Ociga	Bufunda HC3. Nursing Officer
5/15/13	Angella Busingye	Bufunda HC3. Nurse
5/15/13	Dorothy	Kikyenkye HC3. Assistant In-charge
5/15/13	Providence	Kikyenkye HC3. Store-keeper
Mbarara District		
5/16/13	Mark Agaara	SURE-SW. Pharmaceutical Field Coordinator
5/16/13	Sadat Gabula	SURE-SW. Asst Pharmaceutical Field Coordinator
5/16/13	Alex Walusimbi Mpanga	SURE-SW. Accountant 1
5/16/13	Fatumah Ssemujju	SURE-SW. Admin
5/16/13	Leo Atwine	Regional Pharmacist, Mbarara Regional Referral Hospital
5/16/13	David Lubuuka	Mbarara District. CAO
5/16/13	Simon Isuba	Mbarara District. DMMS
5/16/13	Keith Maani Bushaija	Mbarara Municipality. HSD MMS
5/16/13	Florence Bahikire	Kamukuzi HC2. In-charge
5/16/13	Stella Komuhangi	Kamukuzi HC2. Store Keeper
5/16/13	Priva Nuwabiine	Kamukuzi HC2. Dispenser
5/16/13	Patrick Gutwirwoha	Ruharo Mission Hospital. Store Keeper
5/16/13	Dr Edson Tayebwa	Ruharo Mission Hospital. Medical Superintendent
5/16/13	Alfred Barungi	Rwampara HSD. MMS
5/16/13	Denis Twinomujuni	Kinoni HC4. Store Keeper

5/16/13	Jackie Kisembo	Nyakayojo HC3. Store Keeper
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Date	Informant	Organisation, Position
Jinja District		
5/23/13	Kenneth Tumusiime	Jinja Regional Referral Hospital. Regional Pharmacist
5/23/13	Julius Mwijukye	Jinja Regional Referral Hospital. Pharmacist
5/23/13	Dr Samson Kironde	STAR EC. Chief of Party
5/23/13	Dr Alex Mugume	STAR EC. Deputy Chief of Party
5/23/13	Sarah Auma	STAR EC. Regional Manager
5/23/13	Dr Violet Gwokyalya	STAR EC. Clinical services Advisor
5/23/13	Denis Busingye	STAR EC. Director Strategic Information
5/23/13	Dorothy Namuganga	STAR EC. Medical Logistics Advisor
Buyende District		
5/23/13	Daniel Achoda	Buyende District. DMMS
5/23/13	Moses Baganzi	Buyende District. District Health Educator
5/23/13	Teddy Mutesi	Buyende District. Senior Nursing Officer
5/23/13	Joel Tefula	Buyende District. Nursing Officer
5/23/13	Rehema Mutesi	Buyende HC3. Enrolled Nurse
5/23/13	Hamidah Lugendo	Buyende HC3. Clinical Officer
5/23/13	Esther Acom	Buyende HC3. Enrolled Nurse
Mityana District		
5/24/13	Denis Mono	Mityana District. District Health Educator
5/24/13	Samanya Adonia	Mityana South. HSD MMS
5/24/13	Betty Nabugo	Mityana Hospital. Store Keeper
5/24/13	Sarah Nakayza	Mityana Hospital. Director Laboratory Services

5/24/13	Jane Ganaafa	Mityana Hospital. Pharmacy Orderly
5/24/13	Leah Asekenya	Mityana Hospital. Enrolled Midwife
5/24/13	Dr Vincent Kawooya	Mityana Hospital. Medical Superintendent

ANNEX 4. QUESTIONS FOR TECHNICAL PROGRAMS

1. What are the challenges you face with pharmaceuticals and health commodities for your programs?
2. Has the SURE project help to address these challenges? If yes, how? If not, please discuss.
3. What SURE interventions do you think you can continue with as a program in the event that there is no follow-on project?
4. Comment on the secondment of SURE personnel.
5. What should be the priority areas of SURE in the remaining project time?
6. Regarding pharmaceuticals and health commodities, what do you think the priority areas of a possible follow-on project should be?

ANNEX 5. QUESTIONNAIRE FOR FIELD VISITS

Name of facility: _____

District: _____ Date: _____

Name of interviewee: _____

Name of interviewer: _____

General questions for all interviewees:

1. What is your role at this facility/office?
2. How long have you been in this position?
3. Are you familiar with SPARS?
4. What do you think are the most useful outcomes/ benefits of SPARS? [If they need to be prompted, add on: "as related to availability of EMHS']
5. In your opinion, kindly rate the effectiveness of the SURE project in addressing the challenges of pharmaceutical services using a scale of 1-5, with 1 being the lowest. [If necessary, prompt "Not successful to highly successful"]
6. How has SPARS affected had an impact on the availability of EMHS? Please give examples.

7. What aspects of the SPARS interventions have been most challenging to implement? How you would address these challenges?

8. What aspects of SPARS (activities, benefits or outcomes) can you or your health facility continue after the SURE project ends, in the event that there is no follow on?

9. Is there anything you think SURE/SPARS could do differently?

Specific Questions, grouped by interviewee

Regional Pharmacist

- A. Do you receive the SPARS report regularly? How do you use the data?

- B. Has SPARS contributed to the availability of health supplies in your region? Please give an example.

CAO

- A. How would you maintain SPARS in the future?

- B. What aspects of SPARS can you maintain in the future?

District Health Officer

- A. How would you maintain SPARS in the future?

- B. What aspects can you maintain in the future?

- C. Do you receive the SPARS report regularly? How do you use the data?

Diocese Health Coordinator

- A. Have you seen SPARS reports for your district?

MMS/District MMS

- A. Do you get adequate support from your supervisors to perform your role as D/MMS? Please give examples.

- B. Do you face challenges in performing your role as D/MMS? Please give an example.

Health Facility-in-charge

- A. Do you receive the SPARS report regularly? How do you use the data collected?

- B. Have the patients at your facility noticed a difference in stock availability?

Store Keeper

- A. Have you received the storekeeper's training? [only relevant at H & HC4]

- B. [If yes to the last] Has the training helped you to ensure the availability of medicines at the health facility? Please give examples.

- C. Have you submitted emergency orders in the last 6 months? How many?

Health Facility Personnel/Dispensary staff

- A. Do you get adequate support from your supervisors to implement the corrective actions recommended

by the MMS? Please give examples.

B. Have the patients at your facility noticed a difference in stock availability?

Patients:

A. How long have you been coming to this facility?

B. Is this facility near your home?

C. Has the services at the pharmacy/dispensary changed in the last two months? Please give an example.

Ask all interviewees: & thank them for their participation

10: Do you have any questions for us?

ANNEX 6. SPARS INCENTIVES

Rewards and Recognition District level

	Achievement	Reward
1.	All MMS identified, trained , passes exam and supervision begins	Telephone Airtime 30,000 per quarter
3.	Monthly MMS reports reviewed, approved in time for 6 months	Internet modem with one year subscription 12GB
4.	Quarterly joint DHO /SURE supervision visits	Data collection fees 50,000 UGX
5.	Quarterly district EMHS coordination meetings on EMHS activities	Preparation and presentation of report -50,000 UGX
6.	5 Facilities GPP certified	Renewed internet subscription for one year 12 GB
7.	Best Performing district in the region	District recognition reward
8.	Most improved district region	District recognition reward

Rewards and Recognition of District Medicines Management Supervisors

	<u>Achievement</u>	<u>Reward</u>
1	Pass SCM Training Exams	Certificate, Supervision package (Bag ,calculator, clipboard, pens)
2.	Complete practical field training (5 facilities supported)	<ul style="list-style-type: none"> • 3 Flip chart , • 5 markers , • 1 counter book, • 1 box file • 100 A4 envelopes • 1 litre Tin of yellow Paint and Brush • 1 2 x 3 feet Notice board (Soft board)
3.	Implement supervision visits	SDA of 12,000 <ul style="list-style-type: none"> • 2 days per facility Baseline • 1 day per facility Routine (Or 2 days for hard to reach facilities)
4.	Baseline data collected in all Hospitals and HC IV	<ul style="list-style-type: none"> • Motorcycle training and riding license, • Telephone airtime 20,000 UGX per month • Workplan honorarium 150,000 UGX
5.	Implement 5 supervision visits in a month and report submitted in time	15,000 per month paid at the end of the quarter
6	Good understanding of the HF performance assessment indicators (A score of 70% and above in supervision data quality assessment)	<ul style="list-style-type: none"> • Net book • internet connectivity 1 GB for one year • User training, • Training in M and E • Printer , Paper and Toner
7.	High performance by DMMS <ul style="list-style-type: none"> • Submit reports in time • Understands indicators • At least 50% improvement on average in health facility scores 	Eligible to be hired as a: <ul style="list-style-type: none"> • a classroom trainer on SCM (50,000 per day) • Field trainer of inspectors (50,000 per day) • Participant in Pharmaceutical surveys (Variable)
8.	Active for 12 months and makes reports regularly	Second set of riding suit
9.	Good Pharmacy Practice certification of facilities	Fees for every facility that gets GPP certified (50,000 UGX Honorarium)
10.	Pass PFM exams	Certificate
11.	Good Financial practices certification of hospitals and HC IV	Fees for every facility that gets GFP certified (50,000 UGX Honorarium)

12.	All hospitals and HC IV facilities GPP certified	Ownership of Laptop (Pending MOH / USAID approval)
13	All hospital and HC IV GFP certified	Ownership of motorbikes (Pending MOH/USAID approval)

Rewards and Recognition of HSD Medicines Management Supervisors

	<u>Achievement</u>	<u>Reward</u>
1.	Pass SCM Training Exams	Certificate, Supervision package (Bag ,calculator, clipboard, pens)
2.	Complete practical field training (5 facilities supported)	<ul style="list-style-type: none"> • 3 Flip chart , • 5 markers , • 1 box file • 1 counter book, • 100 A4 envelops • 2 litres of yellow paint and brush
3.	Implement supervision visits	SDA of 12,000 <ul style="list-style-type: none"> • 2 days per facility Baseline • 1 day per facility Routine (Or 2 days for hard to reach facilities)
4.	Baseline data collected in 10 facilities	<ul style="list-style-type: none"> • Motorcycle training and riding license, • Telephone airtime 10,000 UGX per month • Workplan honorarium 150,000 UGX
5.	Implement 5 supervision visits in a month and report submitted in time	15,000 per month paid at the end of the quarter
6.	Good understanding of the HF performance assessment indicators (A score of 70% and above in supervision data quality assessment)	<ul style="list-style-type: none"> • Net book • internet connectivity 1 GB for one year • User training, • Training in M and E
7.	High performance by DMMS <ul style="list-style-type: none"> • Submit reports in time • Understands indicators • At least 50% improvement on average in health facility scores 	Eligible to be hired as a: <ul style="list-style-type: none"> • a classroom trainer on SCM (50,000 per day) • Field trainer of inspectors (50,000 per day) • Participant in Pharmaceutical surveys (Variable)
8.	Active for 12 months and makes reports regularly	Second set of riding suit
9.	Good Pharmacy Practice certification of facilities	Fees for every facility that gets GPP certified- 50,000 UGX
10.	10 health facilities GPP accredited	Ownership of Laptop (Pending MOH / USAID approval)
11.	All health facilities GPP accredited by end of program	Ownership of motorbikes (Pending MOH/USAID approval)

Rewards and Recognition for Health Facilities

Batches	Achievements	Rewards
BATCH 1	Baseline Assessment Completed	<ul style="list-style-type: none"> 10 SURE Branded Pens 2 Prescription and Dispensing Log 20 Dispensing envelopes plastic, pack of 100 pieces 1 EMHS manual 1 Supervision Book 1 Stock Book 12 Blue and Red pens 5 kgs Sugar 1 kg Tea
BATCH 2	Stock card available and properly maintained for all items	<ul style="list-style-type: none"> 1 Soft board Notice boards, 2X3 5 A4 'Cosmic D-Ring Insert binder" Box Files 1 Essential Medicines and health supplies list 1 Casio 12 Digit Calculator 10 1" Masking Tape 1 Pack of SNOWMAN permanent markers 1 Record of expiries Counter book, A4 96 1 Record of Borrow and Lend Counter book, A4 96pg 1 Record of discrepancy Counter book, A4 96 pages
BATCH 3	Stock book and dispensing log properly filled	<ul style="list-style-type: none"> 1 6-pc pack of Bar of washing soap 10 Plastic Dispensing bottles 1 Tablet counting Tray Triangular/ Spatula 1 Uganda Clinical Guideline 1 Bucket and Mopping Broom

		<ul style="list-style-type: none"> 1 5-liter Liquid Soap 1 One dozen Euro silk Toilet paper 1 MAX-MIN Wall Thermometer 1 Temperature monitoring book
BATCH 4	Pharmacy /Dispensing area and Store clean, orderly and appropriately organized	<ul style="list-style-type: none"> 2 Measuring cylinder 250ml plastic 5 SURE Branded T-shirts 1 Rat trap 10 Stainless steel tumblers for drinking water
BATCH 5	Dispensing guidelines adhered to : dispensing time, packaging and labeling and patient information meets standards	<ul style="list-style-type: none"> 1 Branded Wall clock 3 Branded Mugs 3 A4 Diary 1 Wall Calendar

ANNEX 7. SPARS KEY STAKEHOLDER QUOTATIONS

(General comments about SPARS from Implementing Partners are listed here; comments specific to SPARS implementation by Implementing Partners are listed in the subsection below.)

Management:

- *“The data in the SPARS report is the basis for management.”* CAO, Mbarara
- *“[As a result of SPARS] departments are happier. Financially we are happier. There are fewer wasted medicines. There are fewer stockouts.”* Administrator, Mukono Mission Hospital.
- *“The MMS does supervision on behalf of the DHT... The DHT benefits from the movements of the MMS, [they report the situation on-the-ground. For example, the MMS can relocate ART medicines between public and PNFP facilities.”* DHO Masaka
- *“SURE provided intensive capacity building of in-charges, storekeepers, MMSs, that’s all you need... There is one element that SURE added: constant feedback to the facility staff.”* Deputy DHO Ibanda

Stock availability:

- *“The majority of stockouts are now linked to stockouts at NMS.”* DHO Masaka
- *“Since there has been an improved level of medicines management in facilities, there has been no expiry of test kits.”* STAR-SW
- *“Despite it being a push system, [SPARS has minimized stock outs]. They empowered us to do redistribution and we are able to request from other units.”* Stores in-charge, Kikenkye HC

Ordering and reporting:

- *“We didn’t know how to order. Now we appreciate that there is a science to ordering.”* Regional pharmacist, Jinja.

With respect to the relationship between the MMS and facility staff:

- *“I work with the MMS, I don’t fear him.”* Storekeeper, Mityana
- *“If I have a problem or a question I call my mentor.”* Facility staff Luwero, (reported by MSH colleague).

When asked whether the MMS tasks took too much time, several of the interviewees replied that the time invested in the e.g., stores and stock management resulted in time savings in the future:

- *“Yes it takes time to write stock cards. But when you are organized, the work is faster”,* Facility-in-charge, Kyabologo HC2.

And when asked what aspects of SPARS could be continued after the SURE project ends:

- *“Stores management can be maintained – and rational use.”*

- *“All of us have learnt and we know what to do now. We got mentorship.” Dispenser, Ruhoko HC4.*

Challenges with SPARS were also identified by facility staff and IP partners and observed by the evaluation team. As overall comments:

- *“In the beginning, SURE ran faster than people could accommodate change.” Deputy DHO, Ibanda*

Dispensing:

- Dispensary staff can be overwhelmed by patient numbers, making it almost impossible to devote 2 minutes explaining prescriptions to each patient. (Evaluation team observation)
- *“Some days we see over 300 patients; other days 150. The number determines how long we can spend [with each one].” In-charge, Kyanamukaka HC4.*
- *“Clients think the explanation of how to use medicines takes too long.” Pharmacy-in-charge, Kyabalogo HC2.*

Management/Ordering:

- Participation of the facility in-charge and/or administrator is central to a successful SPARS implementation. Briefing management staff who transfer into a SPARS facility soon after they join is important. If the MMS has completed the facility’s 5 visits, an extra site visit should be scheduled. (Mukono Mission Hospital)
- *“The person doing the order is often not the person trained to do it.... Noone person looks over the order for accuracy and reasonability.” STAR-SW*
- *“The medical superintendents need to be trained in Medicines Management if they are to [supervise the facility].” MMS Mukono*
- *“We would wish ... MMS training for new staff when there is turnover.” DHO Ibanda*

On the topic of time allocated for MMS tasks:

- *“For larger sites, with high staff levels, the number [of site visits] might not be enough – they need enough visits to be able to bring all the [relevant] staff on board... At the smaller sites, five visits is ok – there is the chance to meet all of the staff.” STAR-SW*
- *“[It is impossible to] do the physical count in HC4s and referral units in the visit. We are given the same time to do a count in an HC2. In the HC4 we need 2 or 3 weeks – and we also need to have the Store-in-charge, a porter... It is hard labor and [the team] should be given lunch.” Masaka DMMS*
- *“It is not possible in one day to do the supervision tool, transfer the scores to the spider graph, and give feedback, not with quality. When people are hungry and tired they don’t hear you.” Masaka DMMS*
- *“People learn at different speeds. Some people need more visits.” MMS Mukono.*
- *“The 16 page routine supervision tool is too lengthy and leads to delays in reporting.” HSD MMS Ibanda.*

On the topic of rational use:

- *“Management of patient conditions is a challenge. It is limited by the available drugs. STGs don’t come with drugs. We have no artesunate injection, no ceftriaxone. We must use outdated STGs.” In-charge, Kyanamukaka HC4.*
- *“Training for clinicians in the Ugandan Clinical Guidelines has been challenging.” MMS Mukono.*
- *“In some HC4s and Hospitals some consultants have never seen the Ugandan Standard Treatment Guidelines” DMMS Masaka.*
- *“Prescribing practices needs constant CME.” HSD MMS, Ibanda*

Several people (MMSs, in-charges) commented that despite the MMS mentorship and the SURE recognition program, some staff are simply not interested in adopting the Medicines Management skills. Most stakeholders labeled this “attitude”, saying *“some people just don’t want to change”*. The evaluation team observed some staff who saw medicines management as added tasks with no benefit.

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