



TASK ORDER I UGANDA FINAL REPORT



SEPTEMBER 2009

This publication was produced for review by the U.S. Agency for International Development. It was prepared by the USAID | DELIVER PROJECT, Task Order I.

TASK ORDER I UGANDA FINAL REPORT

USAID | DELIVER PROJECT, Task Order 1

The USAID | DELIVER PROJECT, Task Order 1, is funded by the U.S. Agency for International Development under contract no. GPO-I-01-06-00007-00, beginning September 29, 2006. Task Order 1 is implemented by John Snow, Inc., in collaboration with PATH, Crown Agents Consultancy, Inc., Abt Associates, Fuel Logistics Group (Pty) Ltd., UPS Supply Chain Solutions, The Manoff Group, and 3i Infotech. The project improves essential health commodity supply chains by strengthening logistics management information systems, streamlining distribution systems, identifying financial resources for procurement and supply chain operation, and enhancing forecasting and procurement planning. The project also encourages policymakers and donors to support logistics as a critical factor in the overall success of their health care mandates.

Recommended Citation

Mujasi, Paschal and Karen Martin. USAID | DELIVER PROJECT. 2009. *Task Order 1 Uganda Final Report*. Arlington, Va.: USAID | DELIVER PROJECT, Task Order 1.

Cover Photo: USAID | DELIVER PROJECT staff facilitating a regional Logistics Advocacy workshop with district managers, collectively examining current logistics practices and considering additional ideas for improving last mile delivery.

USAID | DELIVER PROJECT

John Snow, Inc.
1616 Fort Myer Drive, 11th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: [askdeliver @jsi.com](mailto:askdeliver@jsi.com)
Internet: deliver.jsi.com

CONTENTS

- Contents..... iii**
- Acronyms..... v**
- Acknowledgments..... vii**
- Executive Summary and Achievements 1**
- Country Context..... 3**
- Key Organizations and Roles 5**
- Goal and Objectives 7**
 - Relationship to USAID and Client Objectives..... 7
 - Project Objectives In Uganda 8
 - Interventions and Strategies..... 8
- Program Results 11**
 - Improve and Strengthen In-Country Supply Systems 11
 - Improve Advocacy and Collaboration with Global and Regional Partners for Commodity Security.... 12
 - Improve USAID’s Provision of Commodities for Programs 13
 - Implementing the New Business Model..... 14
 - Summary of Project Funding and Staffing..... 18
- Lessons Learned 19**
- Exit Strategy 21**
- Conclusions, Challenges, Future Directions..... 23**
- References..... 25**
- Appendices**
 - Appendix A. Country Publications 27
 - Appendix B. Program Result Matrix 29
 - Appendix C. Capacity-Building Through Logistics Training 31
 - Appendix D. Project Focus Districts in Uganda..... 33
 - Appendix E. Project Personnel in Uganda 35

ACRONYMS

AIM	AIDS Integrated Model Project
CAO	Chief Administrative Officer
CAR	countries at risk
CDC	Centers for Disease Control
COBES	community-based education and services
COCU	Condom Coordination Unit
CPT	contraceptive procurement table
CS	commodity security
DHO	District Health Officer
EMHS	Essential Medicines and Health Supplies
FHI	Family Health International
FP	family planning
GFATM	Global Fund for AIDS, Malaria and Tuberculosis
JSI	John Snow, Inc.
HIPS	Health Initiatives in the Private Sector
HSD	health sub-district
HSSP II	Health Sector Strategic Plan II
JCRC	Joint Clinical Research Centre
LMIS	logistics management information system
LSAT	logistics system assessment tool
M&E	monitoring and evaluation
MIHV	Minnesota International Health volunteers
MOH	Ministry of Health
MPM TWG	Medicines Procurement and Management Technical Working Group
MSU	Marie Stopes Uganda
MTCs	Medicines and Therapeutic Committees
NDA	National Drug Authority
NGO	non-governmental organization
NMS	National Medical Stores

NTLP	National TB and Leprosy Program
NUMAT	Northern Uganda Malaria AIDS and TB Program
PACE	Program for Accessible Communication and Education
PAI	Population Action International
PEAP	Poverty Eradication Action Plan
PEPFAR	President’s Emergency Plan for AIDS Relief
PMI	President’s Malaria Initiative
PMP	performance management plan
POPSEC	Population Secretariat
PPMR	Procurement Planning and Monitoring Report
RH	reproductive health
RHCS	reproductive health commodity security
RHI	Reproductive Health Interchange
RHU	Reproductive Health Uganda
SCMS	Supply Chain Management Systems project
SO	strategic objective
SOPs	standard operating procedures
TASO	the AIDS Support Organization
TB	tuberculosis
TO	task order (within the USAID DELIVER PROJECT)
TOT	training of trainers
UDHS	Uganda demographic and health survey
UHMG	Uganda Health Marketing Group
UNEPI	Uganda National Expanded Program on Immunizations
UNFPA	United Nation’s Fund for Population Activities
UNICEF	United Nation’s Children Education Fund
UNMHCP	Uganda National Minimum Health Care Package
UPDF	Uganda People’s Defense Forces
UPHOLD	Uganda Program for Holistic Development
UPMA	Uganda Private Midwives Association
USAID	United States Agency for International Development
VIMCB	Vaccine and Injection Material Control Book
WHO	World Health Organization

ACKNOWLEDGMENTS

The USAID | DELIVER PROJECT collaborated with a wide range of partners and stakeholders to achieve improvements in the various logistics systems supported. The high caliber and commitment of the staff in these organizations helped enable the project to achieve its successes. We would like to acknowledge with gratitude the key organizations the project worked with in Uganda.

The USAID Mission in Uganda provided overall management, performance monitoring, technical support, policy direction and funding to enable the USAID | DELIVER project to accomplish the agreed upon objectives.

The Ministry of Health and its programs (particularly the Reproductive Health Division, National TB and Leprosy Program, Uganda National Expanded Program on Immunization, Condom Coordination unit and Pharmacy division) were the project's primary counterparts. The MOH provided overall policy guidance and a framework for the project's technical assistance according to according to the Uganda Health Sector Strategic Plan II. The USAID | DELIVER PROJECT worked closely with senior managers and operational staff of the various programs it supported. Without this strong support from the MOH, very little would have been accomplished.

The project would also like to acknowledge the technical support and commodities provided to the various MOH programs it collaborated with from USAID, UNFPA, the Global Fund for AIDS, Malaria and Tuberculosis (GFATM), and UNICEF. This no doubt contributed towards improving commodity availability. Gratitude is also extended to the National Medical Stores (NMS) that played the critical role of storing and distributing the various health commodities to the health centers.

In the decentralized health system, districts are responsible for service delivery. Recognizing the critical role districts play, the project partnered with six districts to strengthen logistics management in these districts, namely: Mayuge, Manafwa, Apac, Nakasongola, Hoima and Sembabule. The project would like to express its sincere appreciation to the managers and health workers in these six districts. In particular, we would like to extend our gratitude to the District Health Teams, and especially the District Health Officers (DHOs), Health Sub district In-charges and the focal persons for medicines management. Their contributions to the project's successes are highly appreciated.

In addition to our counterpart and contributing organizations, the USAID | DELIVER PROJECT dedicated and highly skilled staff contributed to the project success through their commitment and hard work.

And lastly, the project would like to acknowledge the late Steve Wilbur, who through his leadership of the earlier DELIVER project, provided a foundation for the USAID | DELIVER PROJECT work in Uganda.

EXECUTIVE SUMMARY AND ACHIEVEMENTS

Launched at the end of 2006, the USAID | DELIVER PROJECT seeks to improve the health and well-being of people and communities in USAID-supported countries by increasing the availability of essential public health supplies to health care providers and customers. Within Uganda, Task Order 1 within the project provided technical assistance at multiple levels of the system, with key support to the central level and additional assistance extending throughout the system. The project partnered with other organizations as appropriate, coordinating activities and strategically leveraging resources to implement activities to achieve results in an efficient and effective manner.

Foundational work was provided by the project's predecessor project, Deliver, which was also funded by USAID and implemented by John Snow, Inc. At the end of this earlier project, logistics support on HIV/AIDS-related topics was transitioned to the Supply Chain Management System (SCMS) project, while the new USAID | DELIVER PROJECT was asked to provide technical support strengthening policies and supply chains supporting the reproductive health, immunization, tuberculosis, and essential medicines programs.

USAID | DELIVER PROJECT activities in Uganda were designed to contribute to USAID Strategic Objective #8, Improved Human Capacity, leading to (1) more effective utilization of social sector services, (2) increased capacity to sustain social sector service delivery, and (3) a strengthened enabling environment in support of human capacity improvement.

Key project focal areas in Uganda included:

- Supporting contraceptive security by partnering with the Reproductive Health (RH) division and other stakeholders to strengthen and assist with quantification, procurement, inventory management, and distribution processes.
- Collaborating with the Condom Coordination Unit (COCU) and other stakeholders to support the continuous supply of high quality condoms nationwide, ensure uninterrupted access to supplies by clients, and build capacity within the system to quantify and plan for supply needs.
- Providing technical support to the National Tuberculosis and Leprosy program (NTLP) in implementing program logistics and developing system logistics capacity, in support of the program's efforts to reduce tuberculosis incidence and prevalence in Uganda.
- Assisting the Uganda National Expanded Program on Immunization (UNEPI) in refining their supply chain to better support the program objectives of ensuring availability of safe and effective vaccines at all levels, reducing vaccine wastage, and strengthening product management

To address these areas in a sustainable way, the USAID | DELIVER PROJECT structured its activities using the following objectives:

- Strengthening the local system's ability to forecast, procure, manage and deliver a range of essential public health supplies

- Strengthening local capacity to design, operate and manage logistics systems, affect policy change, assure the quality of supplies, and to monitor and evaluate logistics system performance
- Strengthening advocacy, coordination and information sharing among all stakeholders for commodity security
- Supporting programs in strengthening logistics monitoring systems.

Although central-level support was provided, the project also worked at lower levels in the systems. For example, targeted assistance on supply chain logistics was provided to six districts nationwide. Project logisticians also participated in and encouraged supportive supervision activities at service delivery points in the system.

Many accomplishments have been realized since the beginning of the project in 2006, including—

- MOH programs have taken increasing leadership over and ownership of procurement planning, pipeline monitoring, and logistics planning.
- Stakeholders for the family planning program, the immunization program and the tuberculosis program participated in logistics system assessment tool (LSAT) assessments, resulting in a snapshot of the system they work with. This information is being used to guide planning for future improvements. For example, six districts used data from their reproductive health LSAT to create action plans for implementing key improvements.
- Under the auspices of the RH division, the Reproductive Health Commodity Security (RHCS) Committee was revitalized, leading the development of a Reproductive Health Commodity Security Strategy for Uganda with funding from UNFPA; the committee now meets regularly.
- UNEPI has implemented an improved system for managing and tracking gas cylinders, which are critical to a well functioning cold chain. This was developed with project logistician support and is expected to improve inventory management and increase transparency.
- The NTLP implemented and is operating a new LMIS, improving availability of information for decisionmaking and capacity building at all levels
- Commodity distribution has reached the last mile through a combination of activities that included training NMS staff to be able to better respond to district requests, bringing NMS and district staff together to identify opportunities for improved service to the districts, and carrying out participatory assessments at the district level to identify and resolve challenges to delivering health products to service delivery points.
- Improved condom availability by helping the Condom Coordination Unit to transition from a push system to a pull system for condoms. This included designing tracking forms, training the district condom focal persons and designing a condom tracking database.

COUNTRY CONTEXT

With a population of 29,194,000¹ people and total fertility rate of 6.7, Uganda is growing at one of the highest population rates in the world, an estimated 3.1 percent population growth rate. Relative to its regional neighbors, Uganda also suffers from a high burden of disease. Seventy-five percent of life-years lost to premature deaths are due to 10 preventable diseases. Twenty percent of these deaths result from prenatal- and maternal-related conditions. The use of family planning is low in the country, with only a small percentage (18%²) of married women using modern contraception, although more than 90 percent of women report knowing about modern contraceptive methods.

The effects of massive poverty threaten the quality of life of the poor in Uganda and HIV/AIDS is impacting both health services and the social fabric of the country as well. Household incomes remain low, HIV/AIDS transmission is continuing and health service budgets continue to be constrained. Health indicators continue to be poor, seriously impeding the country's development.

As with many nations, the budget for formal health services remains below the levels needed, covering only a very small percentage of the national budget. Between 50 and 70 percent of the MOH budget for drugs and services is provided by donor organizations. Much of these funds come through recent global health initiatives: the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the President's Malaria Initiative (PMI) and the President's Emergency Program for AIDS Relief (PEPFAR).

Uganda's health system is decentralized with districts bearing the responsibility for service delivery; and the central MOH retaining the responsibility for policy, setting standards, monitoring and evaluation. Health services, while having made substantial progress in the last ten years, are constrained by insufficient funds, inadequate infrastructure, and human resource/personnel constraints. Some health indicators, such as vaccination coverage and ARV treatment coverage, have substantially improved; but others—maternal deaths and contraceptive use—have stagnated.

Drug supply has improved greatly in the last five years, but is still less than half the amount needed to meet the minimum government-committed standards, meaning that drugs are always in short supply and are expected to continue to be so for the foreseeable future. NGO health facilities provide for 20–30 percent of health services, work closely with MOH programs, and have started receiving some MOH medical supplies in the last five years. Substantial investments in health sub-district (HSD) facilities are bringing health service access closer to the general population.

Foundational work for the USAID | DELIVER PROJECT in Uganda was provided by its predecessor, the Deliver project, which was also funded by USAID and implemented by John Snow, Inc. Beginning in 2001 the JSI/Deliver project assisted the MOH to improve the logistics system for essential drugs and contraceptives. Since that time, the scope of work expanded to include establishing effective logistics systems for HIV/AIDS commodities, laboratory supplies, TB drugs, malaria drugs and bed nets, vaccines and related EPI commodities. The Deliver project and the Ministry of Health (MOH) made substantial progress in improving supply chain management for family planning, HIV/AIDS, and other programs through joint efforts and collaborations with stakeholders such as the National Medical Stores (NMS), the Joint Clinical Research Centre (JCRC),

¹ Population Reference Bureau, 2008.

² UDHS 2006

the Centers for Disease Control (CDC), the World Health Organization (WHO), the Global Fund for Fighting AIDS, Tuberculosis and Malaria (GFATM), Uganda Program for Holistic Development (UPHOLD,) and the AIDS Integrated Model project (AIM). When the Deliver project came to a close, HIV/AIDS-related support was transitioned to the Supply Chain Management System (SCMS) project. The USAID | DELIVER PROJECT was asked to provide technical support to strengthen the policy and supply chains supporting the reproductive health, immunization, tuberculosis, and essential medicines programs.

KEY ORGANIZATIONS AND ROLES

The Ministry of Health and its programs have been primary counterparts to the USAID | DELIVER PROJECT in Uganda. The specialized programs within the MOH with which the project collaborated are listed below together with further information about these collaborations and organizational objectives and priorities.

Organization	Partnership and Priorities
Reproductive Health Division	<p>The USAID DELIVER PROJECT in Uganda supports contraceptive security by partnering with the Reproductive Health (RH) division and other stakeholders to strengthen and assist with quantification, procurement, inventory management, and distribution processes.</p> <p>Under HSSP II (2005/06–2009/10), the MOH seeks to reduce maternal mortality from 505 to 408/100,000 and to reduce the total fertility rate from 6.9 to 5.4. Working through the Reproductive Health division, the MOH plans to revitalize family planning services and condom distribution. The objective is to strengthen family planning service provision to increase the contraceptive prevalence rate from 23% to 50%. To this end, the RH division seeks to strengthen national systems for quantification, procurement, distribution and inventory management to reduce stockouts of family planning commodities and supplies at all levels.</p>
Condom Coordination Unit	<p>The project supports the implementation of an expanded plan for condom distribution, including the design of a condom tracking database.</p> <p>Objectives of the MOH condom program include: ensuring a continuous supply of high quality condoms within the country which is adequate for meeting demand through accurate forecasting and timely procurement; ensuring that all sexually active individuals have uninterrupted access to a reliable supply of free and affordable condoms by implementing the newly developed expanded plan for condom distribution; and building capacity at national, district and lower levels to quantify and plan for condom needs for all types of distribution outlets</p>

<p>National TB & Leprosy Program (NTLP)</p>	<p>The USAID DELIVER PROJECT provides technical support to the NTLP in implementing program logistics and developing logistics capacity in support of efforts to reduce tuberculosis incidence and prevalence.</p> <p>The main objective of the NTLP is to reduce the incidence and prevalence of tuberculosis to levels where TB no longer constitutes a significant public health problem in all districts of Uganda. To this end, the program seeks to reduce (in line with the MDG) the incidence of and mortality due to TB by 50% by 2010. Specifically, the NTLP seeks to achieve and sustain a TB cure rate above the global target of 85% from the current level of 62%.</p> <p>Regarding drug management, the NTLP objective is to assure a regular uninterrupted supply of quality anti-TB drugs and to have no stock out of anti TB drugs at all levels by 2010. The NTLP intends to achieve this through timely procurement and strengthening logistics capacity (both systems and personnel).</p>
<p>Uganda National Expanded Program on Immunization (UNEPI)</p>	<p>The project seconded an advisor to UNEPI to assist in refining their supply chain. Support was also provided for a system assessment to identify current system strengths and weaknesses and to recommend improvements.</p> <p>UNEPI aims to ensure that every child is fully immunized by the first birthday, and every newborn is protected from neonatal tetanus. To achieve this, UNEPI objectives regarding logistics management are to: ensure availability of potent, safe and effective vaccines at all levels; reduce vaccine wastage by 10% from the current level of wastage, and to strengthen vaccine management.</p>

GOAL AND OBJECTIVES

RELATIONSHIP TO USAID AND CLIENT OBJECTIVES

The government of Uganda has developed a Poverty Eradication Action Plan (PEAP). The USAID Mission in Uganda supports PEAP objectives through their Strategic Objective #8, Improving the quality of life. The USAID | DELIVER PROJECT mandate supports SO #8, with particular emphasis on the health, education and economic sectors. This is pursued through the Improved Human Capacity Program. The integrated approach of the human capacity program seeks to:

- Improve the effective use of basic social sector services
- Increase the capacity of the public and private sectors to sustain the delivery of quality social services
- Strengthen the policy environment and social support for the delivery and use of these social services

Through its core objective of improving and strengthening in-country supply systems, the USAID | DELIVER PROJECT supported the mission' objective of reducing stockouts of key health commodities in USG-supported and other health facilities, including both NGOs and the Public sector.

The Essential Medicines and Health Supplies (EMHS) component of the Health Sector Strategic Plan II (HSSP II) takes a comprehensive approach that includes drug policy development, coordinated selection and quantification of needs, procurement, storage and distribution, rational use, cost recovery, quality control and regulation to reach the goal of the uninterrupted availability of adequate quantities of good quality EMHS. The objectives of the EMHS component of the HSSP II are to ensure:

- Implementation of the National Drug Policy through an effective pharmaceutical management structure in the MOH headquarters and within the districts
- Constant availability and accessibility of key items required for the provision of priority core UNMHCP interventions at each level of the health system through a comprehensive, integrated and harmonized EMHS procurement, financing and logistics system (including any third party contributions)
- Required quality and safety of EMHS (including herbal medicines) and standards of pharmaceutical practice by strengthening the national pharmaceutical regulatory system
- Promote the appropriate use of EMHS by health professionals, patients and the general public through the implementation of effective interventions including provision of appropriate information on medicines to the community.

The USAID | DELIVER PROJECT in Uganda focused on supporting the MOH to improve constant availability and accessibility of key health commodities. The project aims to design, develop, strengthen and, upon request, operate safe, reliable, and sustainable supply systems that provide a range of affordable, quality essential health commodities including drugs, diagnostics and supplies to clients in country programs.

USAID field missions indicate a strong desire for technical support that strengthens all aspects of in-country supply chains, including forecasting, procurement, distribution, management information systems, quality assurance, storage and infrastructure, and medical waste disposal. While family planning and reproductive health remain a priority in the field and for this contract, other priorities remain. Field missions seek supply chain systems that are designed to handle a range of health products, including contraceptives and condoms, essential drugs, and select commodities for HIV/AIDS, malaria, maternal and child health, and infectious diseases. This contract seeks to strengthen supply systems for all essential health commodities and create environments that are conducive to their sustainability.

The project's overall objective is to increase availability of essential health supplies to clients in country programs (public and private services). Intermediate objectives include (1) improving and strengthening in-country supply systems, (2) improving advocacy and collaboration with global and regional partners for commodity security, and (3) improving USAID's provision of commodities to programs.

PROJECT OBJECTIVES IN UGANDA

The interventions implemented by the USAID | DELIVER PROJECT in Uganda responded to priorities identified by the MOH, USAID and other stakeholders during a joint Uganda Logistics Strategy Development workshop held by the project from June 27 to June 29, 2007.

The major interventions and activities implemented over the lifetime of the project were intended to strengthen commodity security and hence increase availability of key health commodities in both public and private services through the following country-specific objectives:

- Strengthening the local system's ability to forecast, procure, manage and deliver a range of essential public health supplies
- Strengthening local capacity to design, operate and manage logistics systems, affect policy change, assure the quality of supplies, and to monitor and evaluate logistics system performance
- Strengthening advocacy, coordination and information sharing among all stakeholders regarding commodity security

INTERVENTIONS AND STRATEGIES

The strategic approach followed by the USAID | DELIVER PROJECT in Uganda in order to achieve the overall project objective of increased availability of health commodities in public and private services included:

- Engaging districts while continuing to work at the central level

While the main focus of the project support was at the central level, in recognition of the decentralized nature of the health system in Uganda, the project also engaged districts to help

identify and address the various logistics challenge especially between the district and health facilities.

- Developing a segmented and phased approach to supply chain strengthening

Uganda has a large number of health facilities (more than 3000) scattered over a large number of districts (81), a number which continues to increase as redistricting continues. Due to its modest funding, the USAID | DELIVER PROJECT applied a phased approach by focusing on a few priority districts at a time, planning to move on to others once the situation had improved while maintaining a critical level of support to the previous districts to sustain the gains that had been achieved.

- Building on partnerships and synergies with organizations involved in service delivery, community mobilization, and advocacy.

The project acknowledged that partnerships are essential, especially in a decentralized environment due to the different needs of districts. Involving a broader array of organizations and agencies, and making them stakeholders in the effective operation of the public-sector supply chain would help identify and develop new approaches for improving commodity availability at health facilities.

Demand generation and fulfillment were recognized as a cornerstone of reproductive health commodity security, but fell outside of the USAID | DELIVER PROJECT's mandate. However, demand has a direct impact on supplies and supply chains, and therefore the project worked closely with other IPs and NGOs who were working to identify and fill unmet demand. These included USAID-funded projects such as the ACQUIRE Project, FHI, MIHV, UPHOLD, Save the Children, TB CAP, NUMAT etc. The project partnered with the various organizations to improve quality of services, expand demand fulfillment, and improve product availability.

- Forming strategic alliances and collaborating with other partners (both Ugandan and international)

Taking into consideration the mandate of other logistics projects, the USAID | DELIVER PROJECT collaborated with other logistics projects, including the Supply Chain Management System (SCMS) project, and the RPM Plus/SPS project, to jointly address logistics bottlenecks of common interest especially at the national level, for example improving the efficiency of the National Medical Stores and strengthening the pharmacy section to oversee logistics activities in the country.

The project also explored partnering with local institutions such as associations of medical professionals, local training institutions, and the private sector for capacity building to improve system performance as a way of increasing sustainability.

- Pursuing an integrated approach to logistics system strengthening

Contraceptive ordering and distribution are integrated with the credit line for essential medicines and health supplies. Other programs like UNEPI and NTLIP however maintain separate supply chains. The MOH has however expressed a long-term goal of integrating all supply chains to increase efficiency.

In support of this goal, the project adopted an overall system strengthening approach through integration of supportive supervision activities, training, and capacity building for the pharmacy section and through active participation in the Essential Medicines and Health Supplies (EMHS)

Technical working group of the MOH that has the overall mandate regarding health supplies in the health sector

PROGRAM RESULTS

IMPROVE AND STRENGTHEN IN-COUNTRY SUPPLY SYSTEMS

A big part of the USAID | DELIVER PROJECTS's efforts in Uganda was focused on improving and strengthening the various in-country supply systems. This was in line with the project's in-country objectives of strengthening the local system's ability to forecast, procure, manage and deliver a range of essential public health supplies; and strengthening local capacity to design, operate and manage logistics systems, affect policy change, assure the quality of supplies, and to monitor and evaluate logistics system performance

Support provided by the USAID | DELIVER PROJECT to the various MOH programs and other stakeholders included:

- Capacity building for Logistics Management
 - Over 500 health workers trained on logistics management for Essential Drugs, contraceptives and anti TB medicines
 - Integrated technical supportive supervision conducted in over 200 health facilities in collaboration with district supervisory staff
 - Supervised facilities provided with a comprehensive logistics management manual
 - Innovative internship program, with mentoring offered to 4 Pharmacy interns
 - 3 central level staff (1 MOH & 2 from NMS) sponsored for an international course in logistics, quantification and procurement planning)
 - 35 third-year pharmacy students trained in logistics and supported for a 3-week placement as part of their community-based education and services (COBES) training
 - Logistics training incorporated into the in-service family planning training curriculum for health workers and the Buluba Training Institute curriculum for health workers involved in TB Management; with project support, 28 TB health workers were trained by the institute
- Support for transition from a push system to a pull system for condoms
 - Condom distribution guidelines updated and printed including an expanded distribution plan
 - Condom ordering and reporting forms designed, printed and distributed to districts
 - 85 District Condom Focal Persons and 50 staff from the Uniformed forces (UPDF, Police, Prisons) trained on condom ordering, management, distribution and reporting on condoms
 - Condom database designed to track condom distribution to and availability in districts
- Support for the strengthening of the national M&E system for logistics

- M&E data collection tools designed
- Data entry screens designed
- Quarterly supportive supervision that includes data collection for M&E
- Project Performance Monitoring Plan (PMP) developed; this plan includes indicators tracked by MOH
- Support to NTLP for data management, analysis and use
 - Maintenance of Supply Chain Manager software database to track TB drug usage and availability at district stores and health facilities
 - Distribution planning and determination of re-supply quantities for districts and health facilities using Supply Chain Manager software
 - Maintenance of PipeLine software for procurement planning and tracking shipments
 - NTLP Logistics System Assessment
- UNEPI Logistics System Assessment
 - 80 facilities in 8 districts assessed to identify logistics challenges and provide recommendations for system improvement
 - Established logistics system for improved inventory management of gas supplies needed to fuel cold chain equipment used for the immunization program; with improved transparent tracking processes in place, the program is better positioned to ensure vaccines can be stored at the appropriate temperature.

IMPROVE ADVOCACY AND COLLABORATION WITH GLOBAL AND REGIONAL PARTNERS FOR COMMODITY SECURITY

A key strategy pursued by the USAID | DELIVER PROJECT in Uganda was forming strategic alliances and collaborating with other partners (both local and international) involved in efforts to improve commodity security. This included partners involved in advocacy on issues regarding commodity security.

This was in pursuit of the project’s in-country objective of strengthening advocacy, coordination and information sharing among all stakeholders regarding commodity security. The project established itself as a source of information for MOH and other stakeholder regarding commodity security in Uganda.

Collaborating partners included the Population Action International (PAI), the Uganda Population Secretariat (POPSEC), Reproductive Health Uganda (RHU), the Reproductive Health Interchange (RHI) and UNFPA.

The project worked with the POPSEC on commodity security advocacy workshops with district managers, highlighting challenges in logistics capacity at the district level and advocating for

increased involvement of district leaders in addressing identified challenges using district resources. Similar workshops were conducted in collaboration with the National Medical Stores

The project provided critical information to the Population Action International for a case study on Reproductive Health Supplies in Uganda, and also participated in a regional Commodity Security workshop held in the Uganda. The project made a presentation on the status of CS in Uganda. Follow-on activities from the workshop included development of a CS advocacy strategy under the aegis of Reproductive Health Uganda (RHU) with funding from PIA. The project was a key participant in the process.

Working with advisors from the USAID | DELIVER PROJECT headquarters, in-country staff worked to ensure that data on contraceptives procured by MOH through the National Medical Stores (NMS) was included in the Reproductive Health Interchange (RHI). With MOH data now included in the RHI, donors and other stakeholders can now have a complete picture of contraceptive shipments into the country and hence be able to plan better.

Other project efforts regarding supporting advocacy, communication, coordination and information sharing for Commodity Security in Uganda included:

- Participation in Reproductive Health Commodity Security Situation Assessment and RHCS Strategic plan development with funding from UNFPA
- Acting as Secretariat to the Reproductive Health Commodity Security (RHCS) committee and encouraging its revitalization
- Preparation and dissemination of regular stock status updates: contraceptives, condoms, TB drugs and vaccines
- Regular participation in Medicines Procurement and Management (MPM) TWG of MOH

IMPROVE USAID’S PROVISION OF COMMODITIES FOR PROGRAMS

USAID is a key provider of contraceptives to Uganda, both to the public sector and the social marketing sector. During the project period, from October 2006 to September 2009 a total of USD 10,641,564 worth of contraceptives was shipped into the country, accounting for approximately 55% of contraceptives shipped to the in-country during the same period.

In-country project efforts to improve USAID’s provision of contraceptives to its various supported programs in Uganda included:

- Providing technical support to MOH and the Uganda Health Marketing Group, UHMG/AFFORD for regular quantification and procurement planning to determine quantities of contraceptives to be procured by USAID and other donors
- Provision of regular central level data through the Monthly Procurement Planning and Monitoring Report (PPMR) identifying potential supply issues and providing recommendations for donors; the report is used by the Reproductive Health Supplies Coalition Countries at Risk (CAR) group to avert stock outs and expiries of products around the world

- Working with manufacturer’s and their representatives to ensure USAID provided commodities (notably Jadelle and Microlut) were registered and maintained on the drug register for Uganda that is maintained by the National Drug Authority
- Minimizing product delays by assisting with NDA clearance process in conjunction with MOH and NMS

The Mission PMP contributes indicators related to USAID’s provision of commodities to programs. The value of pharmaceuticals and health commodities purchased by USG-assisted governmental entities through competitive tenders is one such indicator. This is more specifically defined as the value of pharmaceuticals and health commodities from all funding sources purchased by USG-assisted governmental entities using sealed bids and a transparent and accountable procurement process. As noted in the table below, indicator performance shows that amounts procured more than doubled during the project period.

	Target	Actual
FY 06 (Baseline)		USD \$3,000,000
FY 07	USD \$3,720,000	USD \$3,000,000
FY 08	USD \$3,504,000	USD \$6,430,562

IMPLEMENTING THE NEW BUSINESS MODEL

The USAID | DELIVER PROJECT in Uganda endeavored to reflect requirements of the project’s new business model in development and implementation of workplan activities. Below is a description of progress made against some of the applicable requirements.

DEVELOPING INNOVATIONS AND BEST PRACTICES

To ease placement of orders by health facilities, the project worked on developing an electronic version of the NMS order form in PDF format. In consultation with NMS, key decisions regarding which fields were to be auto-calculated (e.g. cost) and which ones were to be filled in by health workers were made. The form contains a number of fields that are selectable from a drop down menu. The form can also perform validations on required fields. The filled form can be printed or sent by e-mail to NMS. Besides reducing the time for districts to place orders, the form can also help minimize computation errors. However due to the end of the project, it was not possible to deploy the designed form.

To improve efficiency, the project, in line with best practices, strove to integrate its activities across all supported programs. This ranged from development of an integrated standard operating procedures manual for all logistics systems supported by the project, to implementation of integrated logistics supportive supervision. The project also endeavored to encourage integration at the district level through training of Medicines and Therapeutics Committees and ensuring that district in-charges for the various vertical programs were incorporated into the MTCs.

Following the support offered to COCU to transition from a push system to a pull system for condoms, the project supported COCU to design a condom tracking database to track condom availability at district stores and to track condom distribution by districts to the key sites (high risk) identified by MOH during a mapping exercise.

PARTNERING WITH LOCAL ORGANIZATIONS AND STRENGTHENING LOCAL CAPACITY

To ensure sustainability of its efforts beyond the project implementation period, the USAID | DELIVER project focused on strengthening local capacity to implement logistics activities. This was done through strengthening existing structures in addition to ensuring that staffers involved in logistics activities have the required skills to do so.

- Revitalizing Medicines and Therapeutic Committees in the project-supported districts (Apac, Nakasongola, Hoima, Mayuge, Manafwa and Sembabule)

District Medicines and Therapeutic Committees (MTCs) were instituted by the Pharmacy division, with the responsibility of promoting awareness and understanding of Essential Medicines and Health Supplies' (EMHS) supply and utilization issues by the district council; ensuring optimum budget utilization for, and coordinating procurement of EMHS by the Health Sub-Districts (HSD); coordinating development, implementation and monitoring the use of district-specific EMHS supply management and utilization guidelines.

A survey conducted by the project during supportive supervisory visits to its six focus districts indicated that the MTCs were only theoretical and non-operational. This was mainly attributed to constrained district budgets to finance their activities and the fact that their roles and responsibilities were unclear to them.

Revitalizing district MTCs was one of the avenues the project used to strengthen local capacity. The project in partnership with Pharmacy Division trained MTCs in its six focus districts in logistics management, supportive supervision and monitoring and evaluation. The training also reviewed the roles and responsibilities of the MTCs as envisioned by the pharmacy division. A total of 72 participants were trained. At the end of the training, district MTCs developed plans for conducting regular supportive supervision and coordination meetings. These were to be used to advocate for funding from the district councils for operationalizing the MTCs.

- TOT and funding for roll out training of health workers in new districts in Logistics Management

Training health workers to ensure that they have the required skills was another avenue used by the project to strengthen local capacity. This was supplemented with supportive supervision of trained health workers to ensure that they were practicing what they had been taught. With creation of new districts and sometimes establishment of new health facilities, training was required for most of the new districts. The project trained a central pool of trainers who were then supported to train health workers in the new districts on logistics management for contraceptives and essential drugs. This pool of trained central level trainers will continue to offer training support even after the close of the project

- Incorporation of logistics training in pre-service and in-service training activities

To ensure that health workers are exposed to logistics training both during pre-service and in-service training, the USAID | DELIVER PROJECT began working on an initiative to ensure that where ever possible logistics management was part of the training for health workers. The project worked with the RH division to incorporate logistics management as part of the comprehensive 3-week in-service training curriculum for FP providers. The project also worked with the Buluba Training institute that trains health workers in TB management to ensure that logistics management was covered as part of the institute’s 3-week in-service training curriculum. Three master trainers from the institute were trained to deliver the logistics management component of the training.

Regarding pre-service training, the project worked with the Makerere University Department of Pharmacy to include logistics management as part of the Community Based Education and Services (COBES) Training for pharmacy students. This included training 37 third year pharmacy students and support for a three-week placement of the trained students in rural health facilities to experience the functioning of the various logistics systems and to work with health workers in improving performance.

During the three years of operation, the project partnered and collaborated with a number of local organizations on a number of issues. The table below shows a list of organizations that the project partnered or collaborated with, and the nature of the partnership/collaboration.

Project Partnerships with Local Organizations

Organization (Private or NGO)	Nature of partnership/collaboration
National Medical Stores	Training of picker packers to improve order picking efficiency. Partnership involved joint development of training curriculum in addition to delivery and funding for the training Regional Advocacy meetings with districts to jointly identify challenges related to delivery of health commodities to health centers (last mile) and collaboratively identify solutions Training of stores and procurement staff in Quantification and Procurement Planning
Local service delivery NGOs (JCRC, TASO, UPMA, PACE, RHU, FHI, Save the Children, MSU, MIHV)	Training of key logistics personnel in Logistics Management
Makerere University Department of Pharmacy	Training of third year pharmacy students in logistics management, provision of logistics manuals and three week placement in a district health facilities as part of the Community Based Education and Services (COBES) training program
Buluba Training Institute	Training of Trainers from Institute in Logistics Management for the NTLF program, provision of training materials and co-training of health workers in logistics as part of the comprehensive training for health workers involved in TB management
UNFPA	Commodity Security Assessment and development of a national commodity security Strategic plan
AFFORD/Uganda Health Marketing Group	Quantification and procurement planning, preparation of CPTs, provision and training in use of PipeLine soft

	ware
Health Initiatives in the Private Sector (HIPS) project	Training of trainer in NTLP Logistics Management to offer technical support and supervision to the project supported TB facilities
MOH programs and district health officials	Integrated joint supportive supervision and monitoring visits, training for health workers in logistics management, revitalization of Medicines and Therapeutic Committees, joint logistics assessments and planning for improvements
UMEMS (Uganda Monitoring, Evaluation and Management Services)	Development of project PMP, Regular reporting, Data Quality Assessments

UTILIZING LOCAL HIRES IN PROJECT IMPLEMENTATION

The USAID | DELIVER PROJECT in Uganda had a total of 5 full time staff (1 deputy director, 3 logistics coordinators and 1 driver) all of whom were local hires. The project shared administrative staff with the SCMS project, all of whom were Ugandan local staffers. The Chief of Party who led the USAID | DELIVER project (and the SCMS project) in Uganda was from the Africa region (Ghana).

A list of USAID | DELIVER PROJECT staff in Uganda from 2006 to 2009 has been provided in the appendix as a reference.

To supplement its limited full-time staff, the project used local consultants to help implement some activities, including logistics training for health workers, conducting field visits, collecting monitoring data and conducting logistics system assessments.

LEAD FROM FAMILY PLANNING

Leading from family planning means applying the experience, best practices, lessons learned, tools, and approaches that were developed for family planning logistics systems and contraceptive security under the FPLM and DELIVER contracts to other health commodities. This leadership from family planning/reproductive health (FP/RH) helps ensure that family planning retains a seat at the table when wider health system reforms and system integration are being designed and implemented.

For example, working through the Uganda Expanded Programme on Immunization (UNEPI), Uganda's Ministry of Health is responsible for providing safe, potent vaccines to all eligible children and women of childbearing age in the country. An effective, reliable cold chain is essential for maintaining recommended vaccine storage temperatures. An estimated 78 percent of health facilities rely on bottled gas as the primary energy source for their cold chain; however, efforts to maintain proper temperatures were hampered by gas shortages, possibly related to gas cylinder shortages at health units and the district vaccine store. Under TO1, using sound family planning and logistics storage practices, and after studying the magnitude of the cylinder shortage situation, recommendations were offered for improving gas supplies management. A new system was developed for monitoring gas cylinder movement and gas utilization at all levels. By applying these sound logistics principles to gas supplies management, the program can thus improve cold chain functionality, protecting vaccines, and, meanwhile, increasing transparency and accountability for gas movement and use. To continue this effort, a TO1 logistics coordinator is working onsite with UNEPI to support Uganda's immunization program.

SUMMARY OF PROJECT FUNDING AND STAFFING

The mechanism for funding the USAID | DELIVER PROJECT in Uganda consisted of USAID Uganda Mission field support funds.

Funding for the USAID | DELIVER PROJECT in Uganda was as follows:

October 2006–September 2007:	\$560,000
October 2007–September 2008:	\$587,874
October 2008–September 2009:	\$620,000
TOTAL Field Support Funds:	<u>\$1,767,874</u>

The USAID | DELIVER PROJECT shared office facilities, staff, and resources with the Supply Chain Management System (SCMS) Project since the award of the USAID | DELIVER PROJECT contract.

For most of the project, the Chief of Party, who was a shared SCMS employee, supervised the USAID | DELIVER PROJECT Deputy Director, providing a top leadership role and technical support for the project. Technical activities of the USAID | DELIVER PROJECT in Uganda are primarily implemented by the fully-dedicated project Deputy Director and three Logistics Advisors, each largely supporting reproductive health, tuberculosis, or immunization project activities. The project also employed one transport associate to support the program. Shared SCMS employees provide support to finance, administration, and transport. The projects leveraged each others' resources in technical work. For example, SCMS staffers performing supportive supervision also collected data needed for USAID | DELIVER PROJECT reporting.

LESSONS LEARNED

A wide variety of lessons have been learned in the course of the project. The main ones are:

- MOH leadership, especially its coordination function is essential for ensuring that information about supply issues is discussed and solutions collaboratively agreed. Through the Medicines Procurement and Management Technical working group of MOH, stakeholders regularly reviewed stock status of key commodities and communicated problems to the Health Policy and Advisory Committee (HIPAC). Specifically, through the Reproductive Health Commodity Security Committee, issues regarding contraceptive supplies were discussed and recommendations/reports provided to the Medicines Procurement and Management Technical Working group. Continuing support to this structure is vital.
- Strengthening the district's stewardship and coordination role, together with improving communication between the centre (MOH, NMS) and districts will go along way in improving commodity availability at the lower level health facilities. Regular meetings between the central level and districts are a good way to collaboratively discuss supply issues, collaboratively agree on roles and responsibilities for solving identified issues. Follow-through mechanisms should however be built into any outcomes from such meetings.
- Regarding the district stewardship and coordination role, Medicines and Therapeutic committees are a good avenue for ensuring that district leaders take a keen interest in issues of medicines supply. Through regular meetings and regular supervision and monitoring visits to health facilities, MTCs can ensure that district supply issues are identified and resolved. The MTCs also offer an avenue for the central level to support logistics capacity building to districts, and to conduct joint assessments and joint action planning for logistics improvements at the lower level. This leads to increased ownership and better appreciation of logistics challenges by district staff. However for sustainability, however, it is important that activities for MTCs are incorporated and funded through the district work plan.
- A number of contextual issues in the policy and regulatory framework affect commodity security and should be a future focus of attention. These include product registration issues which can cause stockouts due to importation process delays and also the policy of post-shipment testing of condoms which increases the lead time needed for condom procurement. Advocacy is needed around these issues.
- Given the current staffing norms and number of filled health worker positions at lower level health facilities, task shifting is an important strategy of ensuring that logistics functions are performed at the lower level health facilities. Often times, there are no dedicated logistics personnel. It is always necessary to train other staff involved in patient care to handle logistics activities. Efforts should be made to ensure that as many facility staff as possible have knowledge on logistics activities to enable them act as back up staff in absence of the point person for logistics activities. The appointed key logistics person should have their logistics responsibilities included as part of their job description.
- Innovative ways are required to ensure that health personnel have the required skills to perform their logistics functions and that these skills are transferred in a way that ensures that staffers

spend minimum time away from their facilities and that management of logistics activities at health facilities is not severely affected by staff turn over. This can be achieved by incorporating logistics training in training for health workers both pre and in service; and to the extent possible using on-job training instead of training workshops for skills transfer to health workers.

EXIT STRATEGY

A clear exit strategy was implemented by the USAID | DELIVER PROJECT in Uganda to minimize disruption of supported activities following the project closing. This strategy included:

- The project and the individual MOH programs that have been supported by the project collaborated on development of transition plans for transfer project-supported activities to the programs. These transition plans were implemented between mid-June and August 2009 when the programs took full responsibility for the various activities
- The project and MOH programs collaborated to document the steps in the various project-supported processes that programs will implement (e.g. customs clearance for vaccines and injection materials, NDA clearance and waiver processes)
- MOH program staff designated to take on the project supported activities were trained by project staff implementing the various activities. Training was provided for management of key databases (e.g. Supply Chain Manager, PipeLine), on NDA clearance processes, and on preparation of regular stock status reports. (It should be noted that program staffers may continue to be constrained in their ability to implement activities due to stretched resources.)
- To ensure continuity of the project supported activities in the various MOH programs, the project disposed of all its property that was being used by the seconded staff to the MOH programs. Additional equipment as required was also disposed to MOH programs with approval from USAID.

CONCLUSIONS, CHALLENGES, FUTURE DIRECTIONS

Over the last three years, the USAID | DELIVER PROJECT in Uganda and collaborating partners have contributed to strengthening in-country logistics systems and improved availability of key health commodities.

Despite its modest funding and limited staff, the project was able to work within the MOH system and to leverage resources ensuring that the local systems ability to forecast, procure and deliver a range of health commodities was enhanced; local capacity to operate and monitor the various systems was enhanced and that advocacy, information sharing and coordination for logistics activities was strengthened. Through the various assessments conducted collaboratively with program and district managers, the project was able to raise awareness among various stakeholders of the key logistics challenges and create a sense of responsibility among district and MOH staff for addressing the identified challenges.

Funding for the project was relatively modest so our ability to pursue significant changes in the design or operation of the national supply chains was limited. We had success in some narrower vertical supply chains, such as those for condoms, TB drugs, and vaccines but were able to have less influence over the larger essential medicines and contraceptive supply chain.

Lack of human resources, both in number and expertise, and governance issues limit and will limit the potential for the MOH to operate and manage its own supply chains with a high level of performance. There aren't enough positions in the system to effectively plan, procure, distribute, and monitor products and those that exist turn over relatively frequently. Governance issues have affected the MOH's ability to procure and manage commodities effectively and to obtain funding.

As with any program, the project faced a number of challenges. With the transition from the DELIVER Project to the USAID | DELIVER PROJECT and the division of labor between SCMS and the USAID | DELIVER PROJECT, there was some confusion among stakeholders in the MOH about the USAID | DELIVER PROJECT's role. We had had a much more expansive role under the old project and our new role was not clearly communicated to the MOH, creating a mismatch in expectations and some initial dissatisfaction on the part of some of our MOH counterparts.

The project is faced with challenging mandates for improving commodity availability while simultaneously ensuring that the MOH or local partners are empowered to do the work. The project strove to balance these but there are tradeoffs. For example, the MOH is responsible for the procurement of a number of health commodities, including contraceptives. This ensures country ownership and sustainability; however, due to limited government capacity, there are often challenges to ensuring reliable procurements with subsequent stockouts and poor performance.

Funding for the project was relatively modest so the ability to pursue significant changes in the design or operation of the national supply chains was limited. The project had success in some narrower vertical supply chains, such as those for condoms, TB drugs, and vaccines, but was able to have less influence over the larger essential medicines and contraceptive supply chain.

Lack of human resources, both in number and expertise, and governance issues limit the MOH's ability to operate and manage its own supply chains with a high level of performance. There aren't enough positions in the system to effectively plan, procure, distribute, and monitor products. Governance issues have also affected the MOH's ability to procure and manage commodities effectively and to obtain funding. Additionally, MOH efforts are hampered by high turnover rates among staffers in existing positions.

Impressive enhancements to the project supported logistics systems in Uganda were made over the last five years, though much remains to be done:

- Districts will need to continue being supported to strengthen their performance of logistics functions. An approach that includes joint assessments with districts to identify and agree on logistics challenges and together agree on an action plan is a good way of increasing district ownership and responsibility for resolving identified logistics challenges.
- Currently, a number of vertical LMIS systems exist for a number of health commodities. However, all these were designed with a view of having them integrated in the future. Discussions about this need to begin. However, most importantly, a comprehensive LMIS for the NMS credit line, capturing and reporting all essential logistics data at all levels of the system needs to be designed.
- With the current national efforts to improve the IT infrastructure, improved availability of broadband internet, and improved availability of IT facilities in various districts, advantage has to be taken of these developments to computerize performance of logistics functions to the extent possible.

REFERENCES

Uganda Bureau of Statistics (UBOS) and Macro International Inc. 2007. *Uganda Demographic and Health Survey 2006*. Calverton, Maryland, USA: UBOS and Macro International Inc.

Uganda Ministry of Health. *Uganda Health Sector Strategic Plan II (2005/06 – 2009/2010)*.

USAID | DELIVER PROJECT, TO1. *Annual Reports*. Arlington, Va.: USAID | DELIVER PROJECT, Task Order 1.

USAID | DELIVER PROJECT. *Country Strategy and Evaluation Plan: Uganda*. Arlington, Va.: USAID | DELIVER PROJECT.

USAID | DELIVER PROJECT. *IQC Annual Reports*. Arlington, Va.: USAID | DELIVER PROJECT.

Wilbur S. et al. 2006. *Uganda: Final Country Report*. DELIVER, for the U.S Agency for International Development.

APPENDIX A. COUNTRY PUBLICATIONS

Apac: *Contraceptives Logistics System assessment and Action Plan: Covering the last mile to ensure contraceptives availability*]. Kampala, Uganda.: USAID | DELIVER PROJECT, Task Order 1.

Hoima: *Contraceptives Logistics System assessment and Action Plan: Covering the last mile to ensure contraceptives availability*]. Kampala, Uganda.: USAID | DELIVER PROJECT, Task Order 1.

Manafwa: *Contraceptives Logistics System assessment and Action Plan: Covering the last mile to ensure contraceptives availability*]. Kampala, Uganda.: USAID | DELIVER PROJECT, Task Order 1.

Mayuge: *Contraceptives Logistics System assessment and Action Plan: Covering the last mile to ensure contraceptives availability*]. Kampala, Uganda.: USAID | DELIVER PROJECT, Task Order 1.

Nakasongola: *Contraceptives Logistics System assessment and Action Plan: Covering the last mile to ensure contraceptives availability*]. Kampala, Uganda.: USAID | DELIVER PROJECT, Task Order 1.

Sembabule: *Contraceptives Logistics System assessment and Action Plan: Covering the last mile to ensure contraceptives availability*]. Kampala, Uganda.: USAID | DELIVER PROJECT, Task Order 1.

Supply Chain Management E-News letter, Quarter 2, 2008

USAID | DELIVER PROJECT, Task Order 1. 2009. *Uganda National Tuberculosis Logistics System Assessment (LSAT)*. Arlington, Va.: USAID | DELIVER PROJECT, Task Order 1.

USAID | DELIVER PROJECT, Task Order 1. 2009. *Logistics Assessment of the Uganda National Expanded Programme on Immunization: UNEPI logistics system assessment LSAT report*. Kampala, Uganda. USAID | DELIVER PROJECT, Task Order 1.

USAID | DELIVER PROJECT, Task Order 1. 2008. *Uganda: Mapping the Distribution of Commercial Goods to the Last Mile* Arlington, Va.: USAID | DELIVER PROJECT, Task Order 1

APPENDIX B. PROGRAM RESULT MATRIX

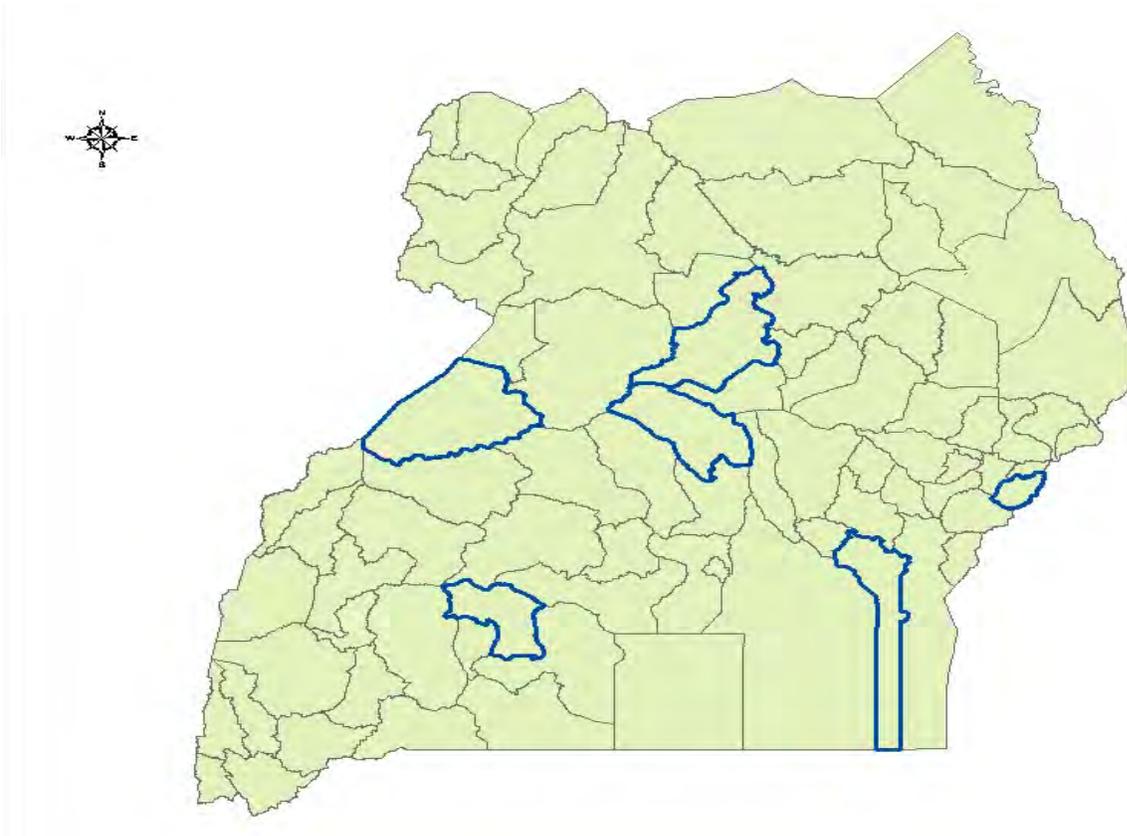
Project Objective	Accomplishments	Notes and Comments
<p>Strengthening the local system's ability to forecast, procure, manage and deliver a range of essential public health supplies</p>	<ul style="list-style-type: none"> • Technical assistance offered to MOH programs for regular forecasting and procurement planning for key health commodities (Contraceptives including condoms, anti TB medicines and Vaccines) • Support provided for regular pipeline monitoring and maintenance of PipeLine Data base for Contraceptives, Condoms, anti TB medicines and Vaccines • LMIS forms for the condom program developed and a Condom tracking data base designed to track condom availability at district stores and distribution of condoms to key sites designated by MOH (Bars, lodges, landing sites etc) • Three central level staff (one project Advisor, one from NMS and one from Pharmacy division) sponsored for an international course in Quantification and Procurement Planning 	<p>Contraceptives are integrated into the Essential Drugs credit Line</p>
<p>Strengthening local capacity to design, operate and manage logistics systems, affect policy change, assure the quality of supplies, and to monitor and evaluate logistics system performance</p>	<ul style="list-style-type: none"> • Logistics trainings offered to wide range of health workers at various levels of the system (refer to capacity building table) • Standard operating procedures for key logistics functions for all project supported programs developed and distributed to all health facilities in the six project supported districts • Logistics incorporated into In-service training for FP providers • Logistics training incorporated into training curriculum of Buluba Training Institute for TB health workers • Worked with Pharmacy department of Makerere University to include Logistics Training as part of the Community Based Education and Services (COBES) training curriculum • Regular supportive supervision conducted to health facilities and facility staff offered on job training on various aspects of logistics management including determining order quantities, inventory management and filling various LMIS forms • Data management support using Supply Chain Manager Software offered to NTLP to manage logistics data from over 1400 facilities and provide information for decision making (determining re-supply quantities, quantification, monitoring lower level stock availability etc) • Gas tracking system designed for the Uganda National Expanded program on Immunization (UNEPI); Gas tracking forms designed and incorporated into the Vaccine and Injection Material Control (VIMC) Book • Logistics System Assessments conducted collaboratively with program staff for the National TB and Leprosy Program (NTLP), Uganda National Expanded Program on Immunization (UNEPI) to identify weaknesses and make recommendations for improvements 	

	<ul style="list-style-type: none"> • Logistics System Assessments and joint action planning conducted with district staff from six districts. Districts for the first time were able to develop evidence based action plans for strengthening the contraceptive logistics system in their districts 	
<p>Strengthening advocacy, coordination and information sharing among all stakeholders regarding commodity security</p>	<ul style="list-style-type: none"> • Reproductive Health Commodity Security Committee revitalized and regular support provided for its operation • Medicines and Therapeutic Committees (MTCs) in six districts revitalized • Electronic logistics newsletter • Regular stock updates for key commodities prepared and shared with various stakeholders (including the Monthly Procurement Planning and Monitoring report) • Active participant in development of an RHCS Advocacy Strategy spearheaded by Reproductive Health Uganda (RHU) with funding from PAI • Worked with NMS to ensure that data on procurements made by NMS on behalf of MOH is included in the Reproductive Health Interchange (RHI) to ensure that donors have a comprehensive picture of contraceptive shipments into Uganda • Actively participated in development of a 5 year Reproductive Health Commodity Security Strategy for MOH with funding from UNFPA • Conducted regional logistics Advocacy workshops • Member of various MOH technical working groups (e.g. Medicines Procurement and Management Technical working group, STOP TB partnership) and participated in several discussions around various logistics issues 	
<p>Supporting programs in strengthening logistics monitoring systems</p>	<ul style="list-style-type: none"> • Data collection tools developed with Technical Assistance from Home office • SPSS data base designed for entry of monitoring data collected using the designed data collection tools • Regular monitoring visits conducted to districts to collect monitoring data • Project Monitoring and Evaluation Plan developed including MOH and USAID logistics indicators • Medicines and Therapeutic Committees in six districts trained on using an abridged version of the data collection tools to collect monitoring data from facilities in their districts 	<p>The project has a Logistics Coordinator seconded to the program to offer on-going logistics technical assistance</p>

APPENDIX C. CAPACITY-BUILDING THROUGH LOGISTICS TRAINING

Description of Logistics Training	Accomplishments	Notes and Comments
Refresher /Training of trainers for Essential Drugs and Contraceptives	A total of 20 people trained (11 Regional pharmacists and Regional RH coordinators plus 9 HSD and District staff)	Trained Trainers used by the project for the roll out training to new districts
Contraceptive Logistics training for National Level NGOs	A total of 16 FP Managers from 10 NGOs trained (JCRC, TASO, MJAP, PACE, RHU, FHI, MSU, Save the Children, ACQUIRE and UPMA)	The training improved access of contraceptives by central level NGOs from NMS
Roll out Logistics training for Essential Drugs and Contraceptives for new districts	A total of 215 District managers, Health sub-district managers, and Health Facility staff responsible for ordering for Essential Medicines and RH supplies	Targeted newly recruited health workers in the new districts
Logistics Training for Essential Drugs and Contraceptives	45 health workers from health facilities supported by Minnesota Health Volunteers in Rakai, Mubende and Sembabule district	
Supply Chain Management & Quantification and Procurement Planning Course	The following staff received detailed 3-week logistics training in logistics management and quantification MOH- Pharmacy section – 1 staff; NMS – 2 staff;	Detailed training course on logistics fundamentals as well as management of quantification functions
Logistics Training for NMS picker-packers	A total of 43 stores staff trained	
Condom Logistics Training	A total of 135 condom focal persons trained (50 from the uniformed forces and 85 district condom focal persons)	Condom focal persons were trained to implement MOH's expanded plan on condom distribution
COBES Logistics Training	35 third year pharmacy students trained on the various MOH logistics systems	The students underwent a three week placement co-sponsored by the project in public health facilities
TOT for NTLT Logistics Training	7 Trainers trained	The trainees included 4 tutors from the Buluba Training Institute and 2 from the private sector (HIPS)
Logistics Training for TB Health Workers at Buluba Training Institute	28 TB Health workers trained in logistics at the Buluba Training Institute as part of the three weeks comprehensive training in Management of TB	Support was provided to the tutors trained during the TOT to deliver the training in collaboration with staff from NTLT
Logistics Training for Medicines and Therapeutic Committees	72 participants from the six project supported districts trained	Training included a supervision, monitoring and Evaluation component

APPENDIX D. PROJECT FOCUS DISTRICTS IN UGANDA



- Apac
- Hoima
- Manafwa
- Mayuge
- Nakasongola
- Sembabule

APPENDIX E. PROJECT PERSONNEL IN UGANDA

Project Staff included:

Name	Job Title	Responsibilities
Dr. Kenneth Ofosu-Barko	Chief of Party Leader of USAID DELIVER (20%) and SCMS (80%) projects (2006-May 2009)	Policy, Coordination, Management and providing overall project direction
Paschal Mujasi	Deputy Director and Senior Logistics Advisor USAID DELIVER project (2006-2009) Chief of Party USAID DELIVER and SCMS projects leader (May-Sept 2009)	Support for implementation of project activities, monitoring and evaluation and project reporting
William Hasoho	UNEPI Logistics Advisor	Offering on-site technical assistance on logistics to the Uganda National Expanded Program on Immunizations and additional support for routine logistics activities
Shaquille Sekalala	NTP Logistics Coordinator	Providing on-site data management support to National TB and Leprosy Program, and additional support for routine logistics activities
Victoria Nakiganda	Logistics Advisor	Assisted with support for implementation of project activities, monitoring and evaluation
Henry Senabulya	Transport Associate	In-charge of project vehicle and transporting staff

Note: The project shared a Chief of Party and its financial and administrative staff with the SCMS project, with whom the project was co-located.

Interns and Short-term Consultants included:

Name	Job Title	Roles
Jennifer Apio Luande	Short-term consultant	Support for training health workers, conducting supervisory and monitoring visits to health facilities, participating in various logistics Assessments
Gloria Dusabe	Short-term consultant	NTP Logistics System Assessment
Ruth Mbekeka	Short-term consultant	NTP Logistics System Assessment
James Segawa	Intern, Short-term consultant	Support for training health workers, conducting supervisory and monitoring visits to health facilities, participating in various logistics Assessments
Vivienne Mulema Sserumaga	Intern	Participated in development of a logistics SOP Manual and organization of regional logistics advocacy workshops
Grace Amuha Monica	Intern, Short-term consultant	Participated in organization of regional logistics advocacy workshops; NTP Logistics Assessment
David Arinaitwe	Intern	Participated in organization of regional logistics advocacy workshops

For more information, please visit deliver.jsi.com.

USAID | DELIVER PROJECT

John Snow, Inc.

1616 Fort Myer Drive, 11th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: askdeliver@jsi.com

Internet: deliver.jsi.com