SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES PROGRAM

Quarterly Progress Report

April to June 2011
(Quarter 7)

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Securing Ugandans' Right to Essential Medicines
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About SURE

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

SURE Objectives

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

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

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

ACRONYMS

ACT	artemisinin-based combination therapy
ARVs	antiretrovirals
CDC	US Centers for Disease Control and Prevention
EMHS	essential medicines and health supplies
FACTS	Financial and Commodity Tracking System
FY	fiscal year
GoU	Government of Uganda
GPP	good pharmaceutical practices
JMS	Joint Medical Store
LMIS	logistics management information systems
M&E	monitoring and evaluation
MMS	Medicines Management Supervisors
MoH	Ministry of Health
MOU	memorandum of understanding
MSH	Management Sciences for Health
NMCP	National Malaria Control Program
NDA	National Drug Authority
NMS	National Medical Stores
NTLP	National TB and Leprosy Program
PIP	Pharmaceutical Information Portal
PMI	President's Malaria Initiative
PMP	performance monitoring plan
QPP	quantification, planning, and procurement
SPARS	supervision performance assessment reward strategy
STTA	short-term technical assistance
SURE	Securing Ugandans' Right to Essential Medicines [program]
TB	tuberculosis
UMTAC	Uganda Medicines Therapeutic Advisory Committee
USAID	US Agency for International Development
VEN	vital, essential, necessary

TABLE OF CONTENT

ACRONYMS ..... **II**

TABLE OF CONTENT ..... **III**

EXECUTIVE SUMMARY **1**

RESULT 1: IMPROVED POLICY, LEGAL, AND REGULATORY FRAMEWORK TO PROVIDE FOR LONGER-TERM STABILITY AND PUBLIC SECTOR HEALTH COMMODITIES SUSTAINABILITY 1
RESULT 2: IMPROVED CAPACITY AND PERFORMANCE OF CENTRAL GOU ENTITIES IN THEIR SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES 1
RESULT 3: IMPROVED CAPACITY PERFORMANCE OF TARGET DISTRICTS AND USAID IMPLEMENTING PARTNERS IN SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES 2
DELIVERABLES DURING THIS QUARTER 3

TECHNICAL RESULT AREAS AND ACTIVITIES **6**

RESULT 1: IMPROVED POLICY, LEGAL, AND REGULATORY FRAMEWORK TO PROVIDE FOR LONGER-TERM STABILITY AND PUBLIC SECTOR HEALTH COMMODITIES SUSTAINABILITY 6
Sub-Result 1.1: Government of Uganda demonstrated commitment to improving health commodities financing *6*
Sub-result 1.2: Legal, regulatory, and policy framework revised to promote cost-effective, efficient, equitable, appropriate use of available funds and health commodities *6*
RESULT 2: IMPROVED CAPACITY AND PERFORMANCE OF CENTRAL GOVERNMENT OF UGANDA ENTITIES IN THEIR SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES 7
Sub-Result 2.1: Improved capacity of NMS to procure, store, and distribute national EMHS *7*
Sub-Result 2.2: Improved capacity of MoH program managers and technical staff to plan and monitor national EMHS *9*
Sub-Result 2.3: Supply Chain System Cost Effectiveness and Efficiency Improved Through Innovative Approaches *14*
RESULT 3: IMPROVED CAPACITY AND PERFORMANCE OF TARGETED DISTRICTS AND HEALTH FACILITIES IN PLANNING, DISTRIBUTION, MANAGING, AND MONITORING EMHS 15
Sub-Result 3.1: Improved capacity of target districts and health facilities in planning, distribution, managing, and monitoring EMHS *15*
Sub-Result 3.2: Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS *20*
Sub-Result 3.3: Overall access to EMHS Improved through innovative district- level interventions *21*

MONITORING AND EVALUATION **21**

PMP PERFORMANCE 21
IMPROVE CAPACITY FOR M&E FOR KEY STAKEHOLDERS 24

PROGRAM MANAGEMENT **25**

PROGRAM IMPLEMENTATION 25
STAFFING 25
FINANCES 27

ANNEX A. QUARTERLY PMP INDICATORS REPORTED FOR APRIL-JUNE 2011 PERIOD **28**

ANNEX B. STATUS OF IMPLEMENTATION OF DISTRICT SUPPORT PACKAGE IN SURE DISTRICTS **29**

ANNEX C. SUMMARY OF SURE STAFFING STATUS AS OF JUNE 30, 2011 ..... **30**

ANNEX D. SUMMARY OF FULL-TIME POSITIONS PLANNED AS OF JUNE 30, 2011 ..... **32**

ANNEX E. SUMMARY OF PROGRESS AGAINST PLANNED ACTIVITIES. **37**

EXECUTIVE SUMMARY

This quarter has been characterized by the appointment of a new Minister for Health. The Ministry of Health (MoH) has had internal changes in its senior management including the appointment of a new Director General for Health Services. As a result of these changes and the overbearing effect of the elections and the inauguration of a new parliament on the public service operations, many strategic decisions were put on hold and the SURE Program had to re-establish its visibility among the new appointees.

Much progress has been seen in this quarter and most activities were implemented as planned. Working at central level with the aim to make system changes is challenging and implementation is very influenced of the "right" timing for the proposed changes. SURE experienced delays in some activities especially related to information management, financial management and support to NMS. The delay is mainly due to timing, overambitious planning and unforeseen implementation challenges, particularly related to the signing of the Memorandum of Understanding with the Ministry of Health and in the support to National Medical Stores (NMS), which hinges on the finalization of the NMS business plan. As a result, SURE has strengthened its support to Joint Medical Store, building supply chain capacity for the alternative national suppliers of essential medicines and health supplies (EMHS).

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

Sufficient financing for EMHS is critical for ensuring availability at service delivery sites. One of SURE's key interventions is to establish a Financial and Commodity Tracking System (FACTS) to enable the Government of Uganda (GoU) and other stakeholders to monitor the levels of actual funding and commodities flowing from multiple parties. SURE determined that the most efficient strategy is to develop and implement the FACTS as a module within the Pharmaceutical Information Portal (PIP). The MoH has agreed to establish a steering committee to oversee the development and implementation of the PIP and the FACTS.

The MoH/SURE policy options analysis was finalized and SURE has started to implement recommendations to improve the efficiency and cost-effectiveness of the supply. Activities related to the recommendations included classifying all EMHS according to whether they are vital, essential, or necessary (VEN) to guide prioritization of financing and procurement. In addition, SURE established the Quantification and Procurement Planning (QPP) Unit that now provides a single system within the MoH that quantifies national requirements for essential medicines, laboratory, and other health supplies.

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

SURE continued to contribute to capacity development and system change through its support to national stores, central MoH programs, the National Drug Authority (NDA), and other stakeholders.

Support to the NMS has stalled, awaiting the NMS Board's release of the finalized business plan that will guide SURE support to NMS. NMS is expecting the release in the next quarter,

at which time discussions with NMS will resume. Assessing and monitoring the performance of NMS and the Joint Medical Stores (JMS) is important for their own management as well as for the MoH and other stakeholders. SURE collaborated with the US Centers for Disease Control and Prevention (CDC) to develop an indicator-based monitoring platform for central supply agencies such as NMS and JMS, which will feed data into the SURE Performance Monitoring Plan (PMP) as well as into other performance metrics.

Following the signing of a memorandum of understanding (MOU) with JMS, SURE is focusing on providing technical assistance to improve their warehouse and financial management information systems, which are critical to their operations. An eight-week analysis of JMS business processes determined that the existing systems need to be replaced to be able to meet current and future operations. In addition, a logistics officer was assigned to support JMS in managing and monitoring distribution of malaria-related commodities donated by the President's Malaria Initiative (PMI). SURE is prioritizing JMS as part of "Plan B," which was detailed in the original SURE proposal, and as a result, other areas for support to JMS, including international short-term technical assistance (STTA), have also been identified to strengthen the organization's efficiency and effectiveness.

SURE continued to support MoH programs with ad hoc technical assistance in quantification, costing, reporting, and building logistics management capacity. For example, SURE helped the Reproductive Health Division update their two-year supply plan, helped the National Malaria Control Program (NMCP) evaluate the logistical implications of changing standard treatment regimes, and helped with a TB medicines quantification related to the Global Fund.

With support from SURE last quarter, the Uganda Medicines Therapeutic Advisory Committee (UMTAC) updated the Uganda Clinical Guidelines as a starting point for updating the Uganda Essential Medicine List. Most importantly, UMTAC drafted Uganda's first Essential Health Supplies List and Essential Laboratory Commodities List. All essential items on the lists have been classified according to level of care and their clinical importance—an important step in a strategy that will allow prioritization in procurement at all levels. The strategy is one of the recommendations from the policy options analysis and is vital for increasing availability of the most important medicines and supplies within the existing financial frame.

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

Developing district capacity to manage their health commodities is a basic pillar for success and one where SURE has had many achievements in the last quarter. The strategy for building district capacity in medicines management is well developed, and additional training last quarter has brought the total number of trained medicines management supervisors (MMS) to 104. District-led supervision at health facilities has been established and is expanding , and valuable data from routine supervisory visits are now available from an increasing number of facilities; District and health sub district MMS conducted visits at 207 facilities this quarter. These data, which have never been collected regularly, are important for monitoring the national availability of essential medicines and facility performance on stock and storage management, rational use of medicines, reporting, and other important supply chain management indicators. Facility performance scores in supply chain management have risen since the supervisory visits began.

The automated Internet-based system for data transmission from the districts was piloted last quarter and is ready to roll out, with SURE supplying net books to facilitate easy access to these data. In addition, is the EMHS management manuals, training materials and tools, and the pharmaceutical financial management manual has been drafted and are ready to finalize.

SURE held several meetings with implementing partners to establish the best practices, roles and responsibilities, and support package for rolling out the SURE district capacity-building approach to other non-SURE supported districts in order to nationalize the supervision performance assessment reward strategy (SPARS).

The strategy and work plan for the NDA and SURE collaboration on the certification of public sector pharmacies in good pharmaceutical practices (GPP) has made progress. SURE and NDA have agreed on next steps, and the first two drug inspectors have started the SURE training in performance assessment as part of the MMS training.

Outputs during this quarter

R1: Support to improving policy, legal, and regulatory framework to provide for longer-term stability and public sector health commodities sustainability
• Terms of reference for FACTS technical committee prepared, functional requirements for FACTS integrated into PIP and a solicitation for technical proposal issued for the design, development, and testing of PIP/FACTS.
• Policy Option Analysis finalized and printed
• Recommendation from Policy Option Analysis being implemented
R2: Support to improve the capacity and performance of central GoU entities in their supply chain management roles and responsibilities
• Trained NMS staff to use the supply chain manager software to generate reports and reinstalled system after crashing
• Developed a performance monitoring platform for central supply agencies such as NMS and JMS in collaboration with CDC
• Instituted practices and tools for routine data collection at NMS to be lead by pharmacy division
• Analyzed the JMS business processes and efficiency of warehouse operations and develop a plan for technical support
• Provided technical support to strengthen JMS management information system re-engineering and mapping process, including gap analysis
• Recruited logistic officer to support JMS in distribution and facility management and ordering of PMI donated ACT and rapid diagnostic kits to almost 600 PNFP sites
• Developed electronic ordering and reporting system for ACT commodities from PNFP
• Provided technical assistance to the TB & Malaria Programs in preparing PSM-related responses related to the Global Fund disbursement request
• Supported training in logistics management for National TB and Leprosy Program and Central Public Health Laboratory

• Assisted vertical programs in commodity planning and quantification
• Provided support and ensured data consistency related to Global Fund activities for Round 6,7 and 10
• Equipped the MoH Resource Center with a high performance server to host the web-based DHIS2 system and supported capacity building in use of the system
• Developed a web-based interface to replace Supply Chain Manager software used for ARV ordering and reporting as part of the MoH HMIS system
• Request for proposal for the design, development and testing of PIP advertised
• Initiated the development of a Steering committee to coordinate and strengthen collaboration between institutions offering pharmaceutical training (Pharmacists and pharmacy technicians)
• Developed baseline tools to assess status of pharmaceutical management training at health training institutions
• Specification for server to host NDA import verification system developed and quotations requested
• SURE obtained Good distribution practices (GDP) from European Countries for inputs to the draft GDP –an initial step to separate roles of wholesalers and pharmacies
• Continued supporting the functioning of the QPP Unit within MoH Pharmacy Division and drafted detailed implementation plan
• Updated the Uganda Clinical Guidelines
• Updated Essential Medicines List and developed Essential Health Supplies List and Essential Laboratory Commodities List classified by level of care and VEN
R3: Support to improve the Capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities
• Launched the SURE Program regional office for northern Uganda in Lira town.
• Trained 22 district appointed staff as MMS to implement SPARS
• Retrained and retested 5 out of 9 district staff members who failed exams; all 5 passed the MMS course
• Procured 20 district motorcycles and handed them over to MMS
• Arranged for 42 supervisors from the central and eastern region to attend a week-long training in defensive motorbike riding ending by driving license testing
• Finalized drafting of the Pharmaceutical Financial Management Manual (PFM)
• Collected initial supervision and baseline data in 169 health facilities, follow-up supervision visits to 38 health facilities
• Procured nine netbook computers to pilot for data collection from the districts

• Developed two electronic data entry forms in Adobe Form Designer to facilitate standardized performance assessment
• Supported RxSolution pilot sites in maintaining and using the software
• Established a wiki/web discussion board for Rx users
• Roll out plan for RxSolution drafted
• Progressed on strategy development for expansion to non SURE supported districts through implementing partners collaboration
• Supported MJAP and the Targeted HIV/AIDS and Laboratory Services (Joint Clinical Research Center) in lab logistics management training for lab technicians, lab technologists, and lab in-charges in the facilities
• Initiated training of two NDA inspectors in MMS training and GPP accreditation strategy drafted
Monitoring and Evaluation
• Prepared a detailed guide for implementing the reliability study to investigate the quality and reproducibility of facility data
• Developed tools for collection of data at NMS for the SURE PMP indicators and handed over to the Pharmacy Division
• Presented the results of the end-user verification survey to the Medicines Procurement and Management Technical Working Group
• Prepared a scope of work for the STTA to undertake a comprehensive literature review relevant to the performance rewards-based intervention strategy
• Developed SOW statement of work for M&E training designed to provide M&E skills to the Pharmacy Division staff, district MMS, and other MoH partners
• Reviewed and made proposals for optimizing the Essential Drug KIT for Uganda

Annex E provides a table summarizing progress against planned activities.

TECHNICAL RESULT AREAS AND ACTIVITIES

This report covers progress achieved during the third quarter (April to June 2011) of Year 2 in the SURE program. Implementation of planned program activities has now covered 24 months, including the initial start-up period. This report presents progress in the implementation of planned activities related to specific program outcomes under the three result areas. The report also includes updates on M&E activities and program management, including staffing and finance. The report also outlines achievements, specific challenges, and steps for the next quarter—July 1 to Sept 31, 2011.

Result 1: Improved Policy, Legal, and Regulatory Framework to Provide for Longer-Term Stability and Public Sector Health Commodities Sustainability

Sub-Result 1.1: Government of Uganda demonstrated commitment to improving health commodities financing

Monitor and evaluate pharmaceutical financing

In collaboration with the Pharmacy Division, we developed the draft terms of reference for FACTS development steering committee and sent them to the Planning Division for review and approval. Presentation of FACTS to the Ministry's senior management was unsuccessful because of conflicting meetings schedule. A delay in developing FACTS arose from a change of implementation strategy. Initially, the plan was to use an individual STTA to develop specifications and the system; however, this was changed to developing specifications first, then soliciting bids to carry out integrated development and implementation with the Pharmaceutical Information Portal. Going forward, FACTS development will be done as a module within PIP.

Next steps:

- Engage STTA to provide functional oversight during development of FACTS within PIP
- Solicit bidders and select the development team
- Monitor the development process to ensure it is in line with the conceptual design
- Engage STTA for data collection for pharmaceutical finance indicators for fiscal year (FY) 2009/10 and 2010/11

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

Develop an options analysis for policy, legal, and regulatory reforms, financing/funding gaps, and supply chain solution

The policy and options analysis report was finalized after a lengthy editorial process. SURE is carrying out the report's recommendations and strategies. Activities related to the recommendations included development of EMHS lists, classifying all EMHS according to whether they are vital, essential, or necessary (VEN) to guide prioritization of financing and procurement; Establishment of a Quantification and Procurement Planning (QPP); Streamlining quantification, procurement and practices at all levels; Establishment of

management information and tracking systems and; Support to centralized procurement and storage organizations.

Next steps:

- Disseminate the final policy options analysis report to stakeholders

Result 2: Improved Capacity and Performance of Central Government of Uganda Entities in their Supply Chain Management Roles and Responsibilities

Sub-Result 2.1: Improved capacity of NMS to procure, store, and distribute national EMHS

Support NMS

SURE's support to NMS has been limited to strengthening the use of Supply Chain Manager software for ARV reporting and conducting a distribution study. Delay of critical administrative steps, particularly the signing of an MOU between SURE and MoH and the release of the NMS business plan, have hindered SURE's ability to carry out support activities to NMS. The MOU is still with the MoH awaiting signature by the Permanent Secretary, while the business plan is awaiting NMS board approval.

The past DELIVER installed Supply Chain Manager software at NMS and JMS to compile orders and reports for ARVs, prevention of mother-to-child transmission-related medicines, HIV test kits, and Diflucan. However, the system has continued to be challenging, particularly with capturing patient numbers data, lack of quality assurance of the reports and orders, and no linkage with the warehousing and financial management systems used in the warehouses. During the quarter, SURE supported training of NMS staff to improve their proficiency to generate and use reports from the system and match the distribution zones. Furthermore, SURE helped reinstall the system after it crashed to resume normal operation of ARV ordering and reporting.

SURE collaborated with CDC to monitor performance of central supply agencies i.e. NMS and collect data required for the SURE NMS specific PMP indicators. During this quarter, SURE provided technical assistance to CDC to refine and finalize the indicator reference sheets for each of the indicators proposed for NMS performance measurement. From these, the CDC will help strengthen an M&E unit within NMS to help institutionalize the activity. Despite earlier agreement on the performance indicators for JMS, subsequent discussions with CDC led to a decision to have uniform indicators for all central supply agencies, namely NMS and JMS.

SURE established practices for data collection at NMS which will be led by the Pharmacy Division. Working with SURE, the Pharmacy Division solicited a one-off approval from the Permanent Secretary to obtain data from NMS. A mechanism for data collection was agreed upon and communicated to NMS and tools were developed to collect the current data needs for the stock status report and SURE PMP data. We believe that this same mechanism will be used to facilitate data population for the PIP and FACT systems. Should this not occur, then SURE may consider working with CDC to make this possible.

Next steps:

- Finalize indicator reference sheets for identified indicators
- Collect stock status and PMP indicator data routinely

Support JMS

With the realization that JMS's role in the distribution of Uganda's EMHS will be increasing, SURE started working to increase the organization's operational efficiency through a series of interventions to strengthen its warehousing, distribution, and information systems.

Support private not-for-profit and JMS monitoring of PMI donations. Last quarter, SURE carried out activities to ensure equitable distribution of ACTs as well as strengthen the ACT supply system. SURE recruited a logistics officer to support JMS in distributing PMI-donated ACTs and rapid diagnostic kits to private not-for-profit facilities. PMI provides JMS with direct funding for ACTs. SURE collaborated with JMS to support PMI and private not-for-profit organizations to quantify requirements for the next six months and to guide PMI's procurement of additional ACTs and rapid diagnostic tests.

SURE developed a framework for supporting JMS and private not-for-profit facilities to regularly monitor and report the use of these commodities. In addition, an electronic system has been developed to ease data collection, aggregation, and analysis from the almost 600 sites benefitting from the donation.

Strengthen the management information system at JMS. SURE carried out the second phase of the JMS management information system re-engineering and process mapping including redesigning and reconfiguring the MACS system to match JMS processes. The SURE-supported STTA also defined functional and non-functional requirements to optimize JMS' business operations. Additionally, the STTA highlighted systems configurations required to enable MACS to be carried over into any new system. The STTA developed a detailed plan of action for how JMS can transition to a new management information system. As part of the support, SURE performed a comprehensive gap analysis to identify system deficiencies and addressed them where possible.

Improve the distribution system at JMS. In this quarter, SURE developed detailed scope of work for an STTA to implement the recommendations proposed in the distribution study. The objective of this support is to strengthen JMS's internal capacity to manage third-party distribution logistics companies and pilot third-party distribution of JMS supplies. SURE is now searching for an appropriate STTA to do this work.

Improve warehousing operations at JMS. Progress on supporting warehousing efficiency has been delayed because of difficulty in getting an appropriate STTA provider; however, by the beginning of August 2011, this should be settled. During the period, we developed a scope of work to assess what would be required to strengthen JMS's warehousing efficiency and increase its handling capacity given its changing mandate within the Uganda supply system.

SURE held a number of strategic meetings with JMS to map out how SURE will help strengthen its supply systems, but also as an input to the SURE Plan B strategy.

Next steps:

- Implement a data collection tool to monitor performance at JMS
- Collect and analyze JMS data on ACT distribution to inform resupply planning
- Develop a detailed management information system model for JMS based on current and future technical and functional requirements using the system reengineering report for JMS and other relevant management information system assessments
- Design specifications for a request for proposal for a new management information system to replace the MACS and SAGE system
- Collaborate with JMS to develop necessary funding commitments for the management information system
- Establish a steering group that will meet regularly to develop the management information system
- Update the draft JMS support plan with input from the performance assessment
- Finalize the Plan B strategy to support other central-level supply management or distribution organizations

Sub-Result 2.2: Improved capacity of MoH program managers and technical staff to plan and monitor national EMHS

Support MoH programs in commodity management

SURE has supported the MoH vertical programs on an ad hoc basis as technical assistance needs come up. Assistance has included conducting national quantifications, costing, reviewing Global Fund to Fight AIDS, Tuberculosis and Malaria procurement and supply plans, providing logistics trainings, and developing a web-based ordering system for ARVs.

Optimizing vertical supply systems. During this quarter, SURE began developing a long-term strategy to optimize the supply system, particularly the streams for vertical MoH program commodities. We held meetings with the Pharmacy Division and identified the greatest needs to address in the tuberculosis (TB) and malaria programs' supply chains. The strategy will provide holistic solutions to the logistics challenges in the system and ensure that the vertical programs benefit from innovative SURE interventions including FACTS, PIP, and other activities at district level such as SPARS.

Developing web-based ordering for ARVs. SURE continued to support the development of a web-based interface to replace Supply Chain Manager to improve the ARV ordering and reporting. The web-based ARV ordering system has three major advantages—

- Transfers data entry to the lowest level in the system, thereby reducing work load at the center
- Captures all data from the report (NMS and JMS do not capture patient numbers from the report and, beyond generating allocation lists, they do not use any of the data)
- Allows data to be accessible for MoH and other partners to use

The system's development and rollout has been limited by MoH's slow pace of development of the DHIS2 platform that MoH will use to capture health management information system data from facilities.

Helping vertical systems with commodity planning. We supported Reproductive Health Division in its update of the two-year supply plan and guided them in scheduling procurements expected under GoU and World Bank funding. The five-year contraceptive report was finalized in the quarter and will be disseminated to all partners. The program also supported the AIDS Control Program and the US President's Emergency Plan for AIDS Relief in rationalizing the supply system for ARVs and related commodities. To this end, SURE recommended that supplies coming from Global Fund intended for the private not-for-profit sector should be delivered directly to JMS rather than delivered first to NMS, then later moved to JMS. SURE also supported the TB program's development of a commodity quantification for NMS to procure using GoU funding (approximately 2 billion Uganda shillings) available from FY 2010/11.

Furthermore, the SURE program supported the National Malaria Control Program (NMCP) during the malaria program review to report on supply management and develop a document summarizing the exercise. SURE helped NMCP analyze the cost of intravenous artesunate versus intravenous quinine to manage severe malaria and developed a plan for the country to transition from using quinine to artesunate. The Medicines Procurement and Management Technical Working Group stopped the plan's implementation until it could establish that the only registered manufacturer of the product can cope with the demand of the country (vis-à-vis other countries' demand).

Supporting Global Fund activities. The SURE program provided technical assistance on Global Fund procurement and supply management plans for TB (Rounds 6 and 10), HIV (Round 7) and malaria (Affordable Medicine Facility for malaria, Round 10). SURE supported the Focal Coordination Office for the Global Fund to ensure that all information across the plans was consistent.

Working through the Pharmacy Division, SURE initiated a plan to strengthen monitoring of pharmaceutical procurement and distribution using Global Fund resources to advance timely reporting and processing fund disbursement in the ongoing grants. This will also facilitate the Pharmacy Division's work in coordinating and monitoring quantification and procurement planning for pharmaceuticals funded by Global Fund with those funded by other sources such as the GoU and PMI. This quarter, SURE supported Pharmacy Division's organization of meetings with a Global Fund delegation to present stock status reports and SURE interventions that can directly benefit the country's grant performance.

Next steps:

- Develop plan to provide continued support to MoH programs for their Global Fund procurement and supply management plans
- Conduct TB and laboratory supply logistics assessment
- Finalize and rollout the web-based ARV ordering system
- Rollout the electronic reporting system for ACTs/rapid diagnostic kits
- Follow up on reporting/ordering of ACTs/rapid diagnostic kits by private not-for-profit sites
- Support PMI's procurement of ACTs/rapid diagnostic kits

- Disseminate the five-year contraceptives forecast report
- Support the rationalization of the ARV supply system
- Resume production of the comprehensive stock status report
- Determine the effect of the reminders and performance feedback on the reporting of ARVs to possibly scale up

Support and strengthen the Pharmacy Division

Comprehensive stock status report. We did not produce the stock status report this quarter because new procedures were introduced for collecting data from NMS. A resolution from the Medicines Procurement and Management Technical Working Group was that all requests for NMS data should be routed through the MoH Permanent Secretary. Getting permission took much longer than anticipated, but is complete. NMS data collection and compilation of regular stock status reports will resume next quarter. In addition, the data collected will be used for the SURE PMP indicators (Annex A) as well as by the Pharmacy Division for monitoring National Pharmaceutical Sector Strategic Plan II targets.

Quantification Procurement Planning Unit. Last quarter, SURE helped establish a Quantification Procurement Planning (QPP) Unit within the Pharmacy Division. Production of the reports has transitioned to QPP Unit within the Pharmacy Division now that the SURE coordinator is working out of that office. We expect that the division's active involvement in collecting and analyzing data for the reports will ensure the report's long-term sustainability.

ARV order and reporting system. SURE purchased a high-performance server and handed it over to the MoH Resource Center to host the web-based DHIS2 system, which will include the ARV order and report form (figure 1). SURE helped the MoH Resource Center improve the DHIS2 system architecture by providing incidental allowances for the MoH database administrator to attend the DHIS2 implementers' training in Dar-es-Salaam in June 2011. There is a draft scope of work to upgrade the originally designed ARV form to provide better functionality. We will consult with the AIDS Control Program's implementing partners before engaging the STTA to incorporate the changes.

Next steps:

- Finalize the statement of work for engaging a consultant to finalize the ARV form within the DHIS2

Figure 1. Dr Birna Trap the SURE Chief of Party handing over the DHIS2 Server to Dr. Mukooyo at the MoH Resource Center

Develop the Pharmaceutical Information Portal

SURE completed the assembly and preliminary configuration of the PIP server and rack hardware. Prerequisite electrical work in the MoH Resource Center server room was also completed to accommodate installation of the new PIP hardware. The official handover of this equipment was rescheduled pending signing of the equipment usage agreements, which is pending signing of the MOU with the MoH.

With guidance from MSH headquarters, we developed a comprehensive request for proposals for the design, development, testing, deployment, and maintenance of and training on PIP, including development of FACTS, based on the statement of work to develop phase I. SURE published the request in leading newspapers in Uganda, Kenya, and South Africa, and on popular online tender bulletin boards. Technical and financial proposals are expected from bidders before the end of July. SURE will evaluate them and select a competent vendor to develop the PIP.

SURE plans an in-depth training on Microsoft SQL server suite data warehousing and business intelligence for the Data Warehouse Architect, Systems Administrator, MoH Database Administrator, developers, and other key PIP personnel to enhance their knowledge of the data warehousing/business intelligence tools in the chosen software package. Selection of the appropriate Microsoft system software (version, add-ons and plug-ins) will be done together with the selected vendor.

The PIP team is currently reviewing ArcGIS to examine its spatial mapping functionality and how that can be integrated into the PIP business intelligence functionality. The solution for this will be decided with the selected vendor.

SURE plans to assess the Central Public Health Laboratory's information systems and requirements to export data to PIP during the design of the security schemes and enhance connectivity for the PIP data sources after we have selected the development vendor. Meetings with the Strengthening Decentralization for Sustainability Program and the United Nations Children's Fund were also held to get an understanding of their district-level computerization efforts as part of the preliminary assessment of other potential data source providers and to help harmonize computerization support efforts.

Next steps:

- Sign the PIP equipment usage agreements and hand over the PIP server and rack hardware to the MoH Resource Center
- Review technical and financial proposals for the development of PIP phase I and select a suitable vendor with guidance from MSH's contracts office
- Review training providers for the Microsoft SQL data warehousing/business intelligence training and identify a prospective trainer for the PIP team
- Assess the possibility of connecting the Central Public Health Laboratory to the MoH after its move to Luzira

Support development of pre-service training program for health workers

SURE disbursed funds to Makerere University Departments of Pharmacology and Pharmacy according to an agreed-on work plan. Data collection tools to assess the status of pharmaceutical management training in all health training institutions were developed. Topics to be included in the training curriculum for pre-service training of health workers have been identified. On the basis of SURE training material Makerere University has started drafting the training materials to be used for training tutors in health institutions.

The SURE program supported the establishment of a steering committee whose objective is to strengthen collaboration among universities to support the education of pharmacists and pharmacy technicians. SURE drafted a terms of reference document, and the committee had its first meeting at the end of June 2011.

Next steps:

- Collect baseline data on the status of pharmaceutical training and conduct advocacy meetings with key stakeholders before having a workshop to build consensus on a minimum skills document
- Align the training curriculum and training materials with the final minimum skills document
- Hold advocacy stakeholder meeting to review pharmaceutical management pre training curriculum and work out the process to institutionalize it

Support NDA

NDA's verification of imports system is under preliminary internal testing. SURE and NDA finalized the specifications for the server hardware to host the import verification system. Blade server infrastructure was selected to host the system and provide a scalable infrastructure solution to NDA. We sent out quotation requests to local vendors to initiate the procurement process.

Scope of work developed and consultant identified for analysis and development of NDA IT strategy. Regular meeting are held with NDA and SURE to manage implementation of agreed work plan.

Next steps:

- Purchase NDA blade server and rack hardware to host the verification of imports system
- Ensure that the NDA verification of imports application produces data to upload into the PIP
- Implement STTA for NDA IT strategy analysis and development

Sub-Result 2.3: Supply Chain System Cost Effectiveness and Efficiency Improved Through Innovative Approaches

Establish a Quantification and Procurement Planning Unit

SURE established the Quantification and Procurement Planning Unit within MoH based on a policy options analysis recommendation. The QPP Unit's goal is to ensure optimal use of available financing for pharmaceutical products by providing a single system within the MoH that quantifies national requirements for essential medicines, laboratory, and other health supplies. The QPP Unit also will strengthen stakeholder collaboration and coordinate procurement and supply planning and quantification.

During this quarter, we developed a draft implementation strategy to guide the operation and responsibilities of the unit within the MoH. This plan is in line with the QPP Unit concept note that the Medicines Procurement and Management Technical Working Group approved. The QPP Unit coordinator started working from within the Pharmacy Division and led the effort to engage stakeholders from the MoH and from development and implementing partners outside the government.

Next steps:

- Discuss the draft QPP implementation plan with Pharmacy Division, USAID, and other key stakeholders
- Engage stakeholders in EMHS quantification and procurement planning
- Conduct a national standardized quantification of HIV/AIDS commodities
- Initiate procurement for required equipment to support the QPP unit
- Carry out national quantification and procurement planning

Support the Uganda Medicines Therapeutic Advisory Committee

In this quarter, UMTAC's main focus has been to update Uganda Clinical Guidelines and the Essential Medicine List and develop an essential health supplies list and essential laboratory commodities list. Early in the quarter, UMTAC members, health workers, and specialists participated in a three-day workshop to determine levels of care to the Essential Medicine List and apply VEN classification to the lists. SURE contracted with two consultants to

facilitate the workshop and update the lists with proposed changes from the workshop. Time did not allow the group to finalize the health supplies list, therefore, we arranged an additional full-day meeting in June to finalize the list. The medicines and health supplies list needs to be approved in a meeting scheduled for early July and then go through technical editing by a consultant. We expect both lists to be finished during the next quarter. UMTAC is in the process of giving CPHL the responsibility of editing and printing the laboratory list.

Next steps:

- Develop a detailed work plan for UMTAC and hold regular meetings
- Finalize ready for print EMHS lists

Result 3: Improved Capacity and Performance of Targeted Districts and Health Facilities In Planning, Distribution, Managing, and Monitoring EMHS

Sub-Result 3.1: Improved capacity of target districts and health facilities in planning, distribution, managing, and monitoring EMHS

Select districts and open regional support offices

The SURE regional office for northern Uganda was opened and the program launched in a colorful ceremony in Lira town. At this event, SURE and the eight districts signed an MOU that symbolized a commitment to work together and implement interventions aimed at improving access to essential medicines and health supplies. The eight districts are Amolatar, Apac, Koboko, Maracha, Moyo, Nebbi, Oyam, and Pader. This brings the total number of active SURE districts to 37 (of 45 total), which is 10 more than the 27 districts targeted for Year 2.

Next steps:

- Finalize staff recruitment for South Western region
- Establish SURE's South Western regional office and launch the program by signing memoranda of understanding with eight districts

Implement district supervision and performance monitoring strategies

Pharmaceutical management training. SURE completed the training for the second group of 22 medicines management supervisors for the western region districts. This brings the total number of trained MMS to 104. Only one participant failed to pass the exam that is administered after the two-week course. The failure rate was low compared to previous trainings, which we attribute to better training techniques involving use of more practical exercises. After conducting five trainings and updating the training materials based on comments from participants and experience from facilitators, the trainer and trainee guides were sent to MSH headquarters for editing and finalization for print.

We organized a four-day supplementary course for supervisors who had failed exams in the earlier trainings; five out of the nine supervisors who were retrained passed the exams. So far, four supervisors have dropped out. (Three failed and were retired, and one had difficulty with riding motorcycles, which is required for the supervisors.) District health officers were contacted to nominate MMS replacements who will attend subsequent MMS trainings.

Motorcycle training. In this quarter, 42 supervisors from the Central and Eastern regions attended a week-long training in defensive motorcycle driving. The majority of the group passed the test conducted by a vehicle inspector. SURE paid for both the provisional and final driving licenses. Following the signing of a comprehensive user's agreement between SURE and the districts, SURE distributed 20 motorcycles to the supervisors.

Pharmaceutical financial management training. SURE developed the first draft of the pharmaceutical financial management manual. The manual will be a guide to health managers, health facility pharmacy staff, and stores staff on how to monitor and effectively use budgets to purchase health commodities. The manual will also increase awareness of the financial implications of decisions and actions relating to health commodities including applying the VEN concept in procurement. We are including simple step-by-step procedures on how to fill out and interpret the pharmaceutical financial management tools, so that the manual becomes a strong reference to guide better management of available EMHS funds.

A three-day workshop to review the draft manual was held with stakeholders including MoH staff, MoH-Chief Administrative Officer, hospital administrators, health facility staff, and a representative of the civil society. Workshop facilitators used a Delphi approach, whereby participants were divided into three groups to review different sections of the manual, then changing to a new section on the next day. We will share the updated draft manual with stakeholders such as NMS and JMS for comments and pilot the manual in Central region districts. We will start developing pharmaceutical financial management training materials for supervisors next quarter. SURE engaged STTA to draft the training materials including the trainer and trainee guides. The materials will be piloted in a training of trainers for SURE and MoH staff.

Information management tools and data collection and analysis. This quarter, SURE finalized the set of tools for health facility medicines management that will be adopted into the health management information system. The finalized tools are stock books, prescription and dispensing logs, and a supervision book and ready to print and distribute the tools to all facilities in the 45 SURE districts. A medicines and health supplies management manual, which contains standard procedures to guide EMHS management at health facilities, was also finalized and sent to MSH for editing and formatting. SURE supported a stakeholders meeting in collaboration with the Pharmacy Division to discuss the standard procedures.

The MMS have been collecting data from supervision visits, assessing performance using paper tools, and manually calculating the scores. SURE's plan to automate this process is in the early stages. This quarter, we procured and piloted netbook computers supervisors to use to collect and submit routine supervision data from health facilities. SURE has also developed automated data collection forms (discussed in the section below) for MMS to directly input supervision data and easily calculate scores. The supervisors will also receive Internet modems so that they can transmit the electronically to the SURE team to aggregate and analyze the data. Netbook solution was chosen as it allows for handling larger data amounts compared to i.e. sms technology and at the same time enhances communication (email), date analysis, data presentation, reporting and it builds computer capacity among health staff.

SURE helped the districts report on ARVs by sending reminders regarding order deadlines to district staff in the northern and western zones of the NMS delivery schedule. At the same

time, we collected data from their orders and sent it to NMS. District staff also received performance feedback on their reporting rate, and the quality and timeliness of their orders.

Three district meetings were held in Central region districts to introduce SURE interventions and describe how data will be collected and analyzed for decision making at district level.

Supportive supervision visits. MMS conducted supportive supervision visits to 207 facilities this quarter; of these visits, 169 were first (baseline) visits. Cumulatively, 294 facilities have been supervised, which represents about 25% of the total number of facilities in the regions where supervision is ongoing. SURE initiated supervision of health facilities and collection of baseline data in five eastern region districts and in three western region districts.

Table 2 illustrates what stages districts are in implementing supervision activities. The central region, where MMS was initially trained, is at the forefront, with most of the supervisors receiving training and motorcycles to conduct supervision. In total, 255 facilities in three regions (25%) received their first supervision visit, while 39 facilities have received a second visit (4%). The start of the supervision process for MMS involves making hands-on practical supervisory training visits to five facilities with SURE regional staff. This slowed the pace at the beginning, but gave the MMS more practice before they started out on their own and increase performance assessment reproducibility.

Table 2. Summary of Results from District Supervision Activities

Activity	April–June 2011	Cumulative July 2010–June 2011
Number of districts operational	8	37
Number of district and health subdistrict supervisors trained	22	104
Number of follow-up supervision visits	38	39
Number of baseline supervision visits	169	255
Number of MMS trained on motorcycles	42	42

Figure 2 shows changes in medicine management indicators between the first (baseline) and second supervisory visits at a sample of nine central region facilities. Results generally show increased scores; initially, prescribing and dispensing quality were poor with average scores of 0.6 and 1.9, respectively, out of a maximum score of 5. Although prescribing quality improved, the priority is to focus on stock management and stores management first, then move on to rational medicines use.

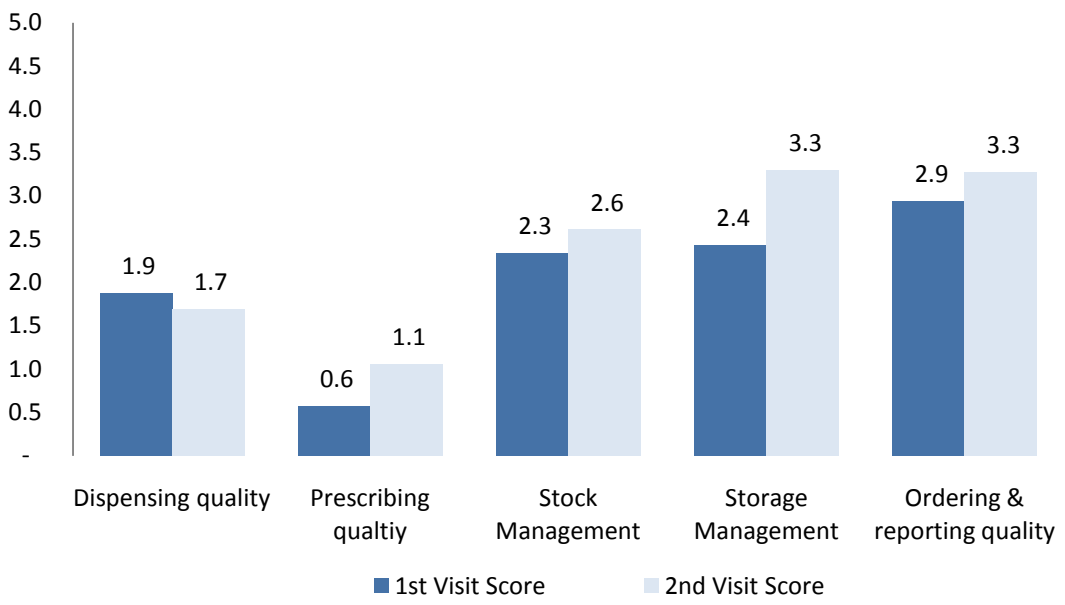


Figure 2. Changes in medicine management indicators in nine facilities after one supervision – measured at second supervisory visits.

Supervision performance assessment reward scheme (SPARS). The SPARS needs further development to clarify and detail the nature of rewards for MMS and facilities. The MoH and districts managers will be consulted to develop and agree on a plan. SURE has involved active MMS in strategy development workshops and plan to use experienced MMS as trainers as part of the overall reward scheme when rolling out of SPARS.

Next steps:

- Conduct training for 22 MMS in Northern region
- Train 25 MMS from South Western region
- Finalize contracting Makerere University to carry out future forms training
- Train 37 supervisors in defensive motorcycle riding
- Print the EMHS management tools for the 45 districts
- Employ STTA to develop the draft pharmaceutical financial management trainer and trainee guides
- Share and update financial management manual with stakeholder including NMS and JMS
- Finalize and print MMS training materials and EMHS manual
- Initiate baseline data collection and supervision in the five districts of the northern region and four remaining districts of the western region
- Carry out regional / district meetings in the Central and Eastern regions to strengthen collaboration and coordination activities at the district level
- Initiate discussions on transferring ownership of motorcycles and computers at the end of the program as part of finalizing the reward scheme
- Involve MoH and districts in finalizing the reward strategy

Implement new communication and information technology

During this quarter, SURE made technical support visits to pilot sites to provide assistance for RxSolution. Power supply problems at Masaka Hospital affecting the computer in the store were fixed with a connection to a solar panel emergency power supply, so that the computer can function all the time. At Butabika Hospital, we provided training in setting up new user profiles, navigating the system, and handling systematic errors that occur after a power cut. The dispensing module in RxSolution was set up and tested and will effectively be implemented next quarter. At Kayunga Hospital, staff received training on creating reports from the system, and they received a printer cable to enable them to print reports.

SURE developed a wiki/web discussion board that is going into a testing phase at the three pilot sites. This board will help RxSolution users share knowledge and experiences and give them easy access to online technical support. The RxSolution pilot report is ready as a draft and needs only to have computerization impact indicators added. We started development of the RxBox (a data-DVD with the RxSolution software, various supporting software packages, and a set of manuals for setting up, using, and maintaining the system). Functionality of the RxBox was tested by a IT experienced user.

SURE developed a draft rollout plan for RxSolution to hospitals. It contains all the steps needed—from procuring necessary hardware to setting up the software and creating a test report from the system. Communication with pharmacy staff at the Mulago national referral hospital has begun. For now, the information technology department at the hospital is changing the physical location of the server and network room. When this relocation has been finalized, the hospital stores can be computerized.

To improve and automate data collection forms, SURE assessed electronic form tools available on the market, and decided on Adobe Acrobat Forms as the best choice. The main reasons for choosing Adobe included—

- Online as well as offline functionality
- The electronic tool is an exact copy of the paper version
- Calculations can be done as the form is filled in
- Data is aggregated automatically on a central server
- Data analysis and reports can be shared online

After developing the electronic data collection tools, SURE installed them on a netbook prototype. This prototype will be duplicated to eight other netbooks, and we will train district staff to use the computerized tool to collect and send data.

Next steps:

- Initialize reporting from the pilot sites on the computerization impact indicators
- Develop computerization support manual/plan
- Finalize RxSolution pilot report
- Finalize RxSolution indicator manual based on World Health Organization template
- Finalize, with MoH approval, roll-out plan and categorize hospitals for roll out sequence
- Test the online support software functionality including—
  - Remote desktop (Team Viewer)
  - Internet calling (Skype)

  - Support site (the pilot web board developed)
- Test structured supervision data entry and manual on data use
- Handover netbooks and train users
- Finalize netbook pilot and start procuring netbooks for all SURE MMS
- Evaluate computer hardware needed and draft purchase request for procurement of computers for district hospitals in the 45 SURE districts

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

Assess capacity, procedures, and practices in supply management of US government partners

SURE participated in the joint implementing partners' district planning meetings that the Strengthening Decentralization for Sustainability program led. At the meetings, SURE explained the SPARS and identified opportunities for collaboration to strengthen the supply chain system for health commodities at the district level.

As follow-on to Strengthening Decentralization for Sustainability-sponsored meetings, SURE organized a workshop for implementing partners and other stakeholders to discuss collaboration and coordination specifically focused on health commodity supply chain management. Participants included staff from the Pharmacy Division, STAR-E, STAR-SW, STAR-EC, SUSTAIN, and Strengthening Decentralization for Sustainability. The MoH/SURE approach to supervision and performance-based reward was discussed. It was noted that while resources were allocated for this approach in SURE districts, partners have to identify resources to be able to implement the same strategy in non-SURE districts. Participants agreed that SURE would estimate the cost of implementing the strategy for partners to identify possible funding sources. SURE will also support the individual implementing partners to develop an implementation plan.

Next steps:

- Hold a second Pharmacy Division/SURE/implementing partner meeting
- Help individual implementing partners develop implementation plans for building capacity for their logistics advisors at the district level

Strengthen implementing partner and other non governmental organizations' capacity at facility level in commodity management and system knowledge

SURE supported training in logistics management for the Central Public Health Laboratories and National TB and Leprosy Program (NTLP). SURE helped adapt the training curriculum and materials for facility-level staff, ensuring their alignment with the MoH/SURE training for MMS. Using the adapted curriculum, SURE supported MJAP and the Targeted HIV/AIDS and Laboratory Services (Joint Clinical Research Center) in training lab technicians, lab technologists, and lab in-charges in the facilities these organizations support by providing training facilitators. Similarly, SURE, in collaboration with STAR-SW, helped NTLP conduct logistics management training for individuals involved in management of TB commodities in facilities in STAR-SW's region of operation. The training targeted weak-performing facilities that were identified based on analyzed reports received at NTLP. This is

in line with SURE's implementing partner strategy and will ease the work of MMS because they will find individuals already familiar with logistics management in these facilities.

Next steps:

- Support STAR-SW to roll out the training in additional facilities they support
- Orient Pharmacy Division, implementing partners, MoH staff, and other users in the applicability and limitations of the routine stock status reports
- Test and initiate the roll out of the web-based ARV ordering and reporting application in collaboration with stakeholders

Sub-Result 3.3: Overall access to EMHS Improved through innovative district-level interventions

Establish good pharmacy practices and good financial practices certification

This quarter, SURE developed a draft strategy document on implementing GPP certification. It outlines the activities that will eventually lead to the inspection of public and private not-for-profit facilities for certification. The first step will be to have two NDA inspectors participate in the MMS training to get an understanding of the standards of pharmacy practice expected at the health facilities based on the supervision checklist. The trained inspectors will then advise how NDA can incorporate more quantifiable variables into their inspection tool. In addition, the trained inspectors will advise NDA and SURE on the level of orientation that will be required for NDA inspectors and they will play a crucial role in setting up standards for certification of pharmacies related to the performance assessment

Generally, there was little progress on developing a community advocacy and communication strategy for GPP. A statement of work for STTA will be developed to write a detailed information, education, and communication strategy and implementation plan.

Next steps:

- Finalize the strategy document and implementation plan for GPP certification of public sector facilities in SURE-targeted districts
- Develop administrative practices, certificates, and procedures for GPP certification
- Standardize the certification requirements for passing, passing with comments, and failing to meet requirements
- Develop a statement of work for a community-oriented information, education, communication plan to promote GPP certification

MONITORING AND EVALUATION

PMP Performance

Progress on finalizing the baseline report has lagged behind schedule. In response to a quality assurance review, SURE reanalyzed the data this quarter and rewrote results for the major parts of the report. We will have the report edited during the next quarter to produce a final report. SURE made progress in measuring the PMP indicators, particularly those whose data comes from health facilities and NMS. Tools for collecting NMS data for the SURE PMP

indicators were developed and handed over to the Pharmacy Division, which is mandated to obtain data at NMS.

SURE continued to update the output-tracking datasheet with PMP data and data resulting from implementing activities. During the quarter, the MMS collected facility data during supervision visits, which SURE analyzed to determine status on the medicines availability indicators (Figure 3). Based on results obtained during the quarter compared to the baseline, there has been improvement in availability of all medicines except for co-trimoxazole tablets. The percent of health facilities with all tracer medicines available on the day of the visit averaged 53% in the supervised facilities compared to 10% in the control facilities visited in June 2010.

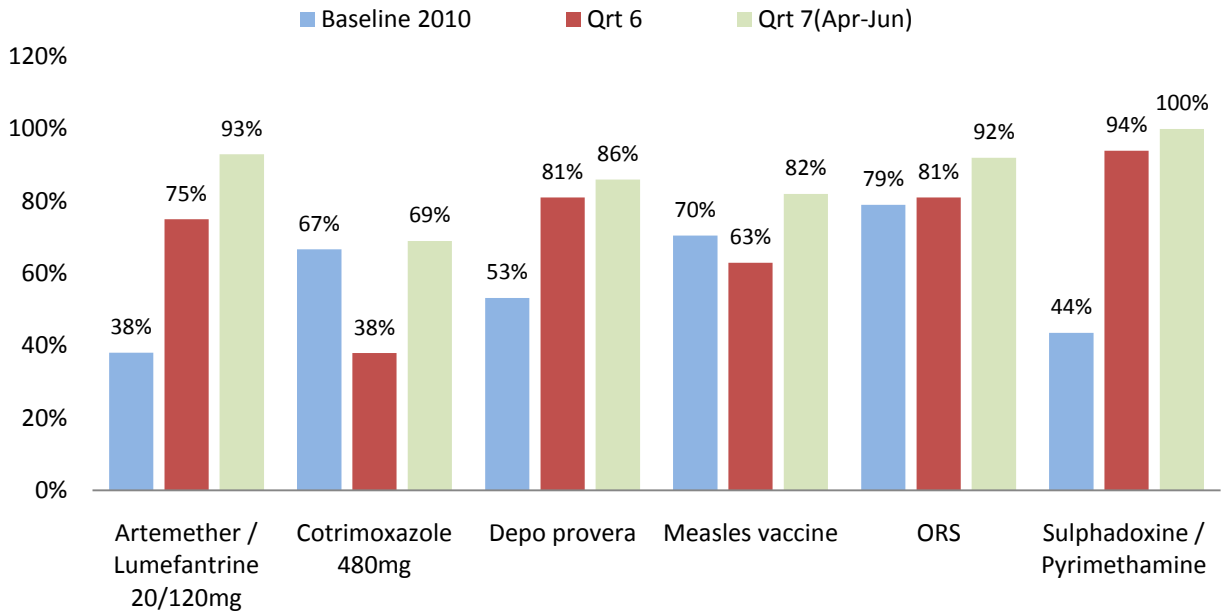


Figure 3. Availability of tracer medicines on the day of survey, at baseline, and at follow-up visits

Data showed that average availability of the six tracer medicines at NMS between April and June 2011 was 28% (Table 3). This is because the availability of ACT (6 x 1 pack), co-trimoxazole, amoxicillin, and AZT+3TC+NVP were below the minimum stock level (two months) throughout the three-month period. Currently, the ACT stocked at NMS is largely the 24-pack size and not the 6-pack which this indicator measures. It should be noted that there was adequate stock for the ACT 24-pack size through the quarter.

Table 3. Stock status for the six tracer medicines at NMS during the quarter

	Tracer medicines	Estimated Average monthly consumption	Stock Status at end of each month (in 1000)			Months of stock at end of each month			Average availability
			April [A]	**May [B]**	**June [C]**	**April [A]**	**May [B]**	**June [C]**	
1	ACT (6 x 1)	20,414	0	0	-	0.0	0.0	0.0	0%
2	Benzyl penicillin	40,000	116	126	53	2.9	3.2	1.3	67%
3	Cotrimoxazole 480mg	24,485	19	11	1	0.8	0.5	0.1	0%
4	Amoxycillin 250mg	13,418	15	5	27	1.1	0.4	2.0	0%
5	Doxycycline 100mg	6,952	111	123	112	15.9	17.7	16.1	100%
6	AZT+3TC+NVP	42,523	74	84	31	1.8	2.0	0.7	0%
Overall									**28%**

To improve the reliability of the facility data collected by the MMS, SURE designed a data quality assurance exercise to determine the reproducibility of the facility data. The exercise involves engaging three MMS to collect facility supervision data at the same facility at the same time using the same routine assessment tool. Data collected will be analyzed to determine the reliability of the tool and the ability of the MMS to reproduce the same data (inter-rater variability).

SURE design and implement several studies aimed at assessing impact of interventions or as part of performance assessment. One such study was the PMI end-user verification survey. SURE presented the results of the end-user verification survey to the Medicines Procurement and Management Technical Working Group meeting and disseminated the report to malaria control program along with other stakeholders. In addition, SURE reviewed and made proposals for optimizing the EMHS KIT based on the study implemented in the last quarter.

SURE also prepared a scope of work for the STTA to conduct a comprehensive literature review relevant to the SPARS and advise on a design to evaluate the intervention. Solicitation of the STTA is still in progress.

Next steps:

- Update partner reporting systems with M&E of emergency plan and Uganda M&E management services with quarterly data
- Develop indicators and data collection tools to assess pharmaceutical financial management performance in facilities,
- Refine the PMP data collection and tracking sheet
- Conduct reproducibility study working with trained MMS to collect data
- Develop statement of work and provide support to STTA for intervention study and quality assurance of SURE technical documents
- Engage team to review and discuss the Year 3 work plan, incorporating comments and inputs

Improve Capacity for M&E for Key Stakeholders

Progress in developing indicator reference sheets for the NMS performance assessment, which is being led by the CDC slowed during the quarter, because the task team did not meet as planned. SURE continues to provide technical assistance to the team to ensure the indicator reference sheets are of good quality. By end of the quarter, the team had completed 16 of the 21 indicators reference sheets, largely drawing from SURE's experience.

SURE developed a scope of work for the training designed to provide M&E skills to the Pharmacy Division staff, district MMS, and other MoH partners. The training is scheduled to take place in August.

Next steps:

- Hold M&E training for district level and for pharmacy staff at central and regional level
- Develop key performance indicators for JMS and NMS
- Collect baseline data from JMS and NDA
- Revise the scope of work for the STTA M&E training
- Prepare a rollout plan for M&E capacity building

A trained MMS undertake performance assessment at Hospital in Central region

PROGRAM MANAGEMENT

Program Implementation

The SURE program in the Northern region was launched in June 2011 in Lira town, where the Chief Administrative Officers of Pader, Oyam, Apac, Amolatar, Moyo, Koboko, Maracha, and Nebbi signed MOUs with the SURE program. The ceremony was covered by the local as well as national media and the Guest of Honor was Commissioner Dr. Jacinto Amandua of the MoH Health Services. This followed the office set-up and recruitment of a Pharmaceutical Field Coordinator, Assistant Pharmaceutical Field Coordinator, and Driver. In total, the SURE program is now present in 37 districts and four regions (Central, Eastern, Western, and Northern) of Uganda. In a related development, plans for the SURE South Western regional office are also progressing with staff recruitment and office set-up planned by the end of September 2011.

In the last quarter, the second batch of 20 district motorcycles were received and handed over to selected MMS in Central and Eastern regions. SURE arranged for the MMS to undergo the required six-day defensive driver training. To date, 42 of 135 planned motorcycles have been provided to MMS. Another 38 motorcycles are awaiting customs clearance, and training is expected to take place in July 2011.

The SURE program continued with its communication efforts this quarter by sharing relevant administrative and technical information through weekly "brown bags," the website (www.sure.ug), and monthly staff meetings. SURE has continued to report on the program progress through weekly success stories and touch-base meetings with the USAID Agreement Officer's Technical Representative.

In June, SURE's Chief of Party and Finance Manager travelled to MSH headquarters to exchange ideas on new initiatives and technical interventions that could be relevant to the SURE program and also to meet and identify needed STTA providers for the program.

Next steps:

- Identify suitable sites for the South western regional offices
- Support information technology equipment procurement for office set-up, district strengthening, and central-level strengthening
- Continue rollout of motorcycles to MMS in the Eastern and Northern Regions
- Produce the SURE program video documentary and the first program newsletter

Staffing

This quarter, SURE recruited and hired staff for the positions of District Computerization Coordinator and Assistant Pharmaceutical Field Coordinator–Lira. The M&E/Logistics Management Information Systems Coordinator resigned his position to pursue further education, bringing the staffing number to 45. SURE plans to hire a Quality Assurance Associate who will work closely with the Chief of Party and management team. Because of need, three positions (Human Resources Coordinator, Program Assistant to support administration department, and Logistics Officer to coordinate the President's Malaria Initiative support to the private not-for-profit sector) were established during this quarter.

This increases total planned staff to 57, up from 54 as reported in the previous quarter. (See table 4.)

Table 4. Actual and Planned Full-Time Staff

Time Period	12/31/09 (actual)	3/31/10 (actual)	6/30/10 (actual)	9/20/10 (actual)	12/31/10 (actual)	3/30/11 (actual)	6/30/11 (actual)	9/30/11 (planned)
Staff Number	10	22	28	33	41	44	45	57

In April and May of this quarter, yearly staff performance planning, review, and development exercises were completed. Furthermore, SURE staff planned other internal activities to strengthen team communication and the performance appraisal process.

Two of the staff attended training courses in pharmacoeconomics and quantification of health commodities in Ghana and Tanzania, respectively. Other travel updated staff on MSH corporate management and provided a forum to exchange information on technical and financial issues. International travel plan are part of the SURE STTA plans (table 5). SURE staff also participated in the MSH-organized online training on fraud prevention and anti-corruption in compliance with USAID integrity requirement.

Table 5. International travel of SURE staff

Last Name	First Name	Title/Counterpart	Level of Effort	Scope of Work
Kidde	Saul	Financial Advisor/MoH and NMS	2 weeks in Accra, Ghana, completed in June '11	Pharmacoeconomics: Evidence, Money and Selection of Medicines course
Sekalala	Shaquille	SURE and NDA	1.5 weeks in Arusha, Tanzania, completed in June '11	Quantification of Health Commodities course
Helter	Ned	Principal Tech Advisor/MoH and NMS	2 weeks in Kampala, Uganda, completed in April '11	Routine Program Monitoring, Corporate Support
Trap	Birna	Chief of Party- SURE	1.5 weeks in Arlington, VA, completed in June '11	MSH HQ Corporate Briefing, Pharmaceutical Finance Training, Technical and Financial Updating
Nguyen	Vinh	Finance Mgr - SURE	1.5 weeks in Arlington, VA, completed in June '11	MSH HQ Corporate Briefing, Pharmaceutical Finance Training, Technical and Financial Updating

Next steps:

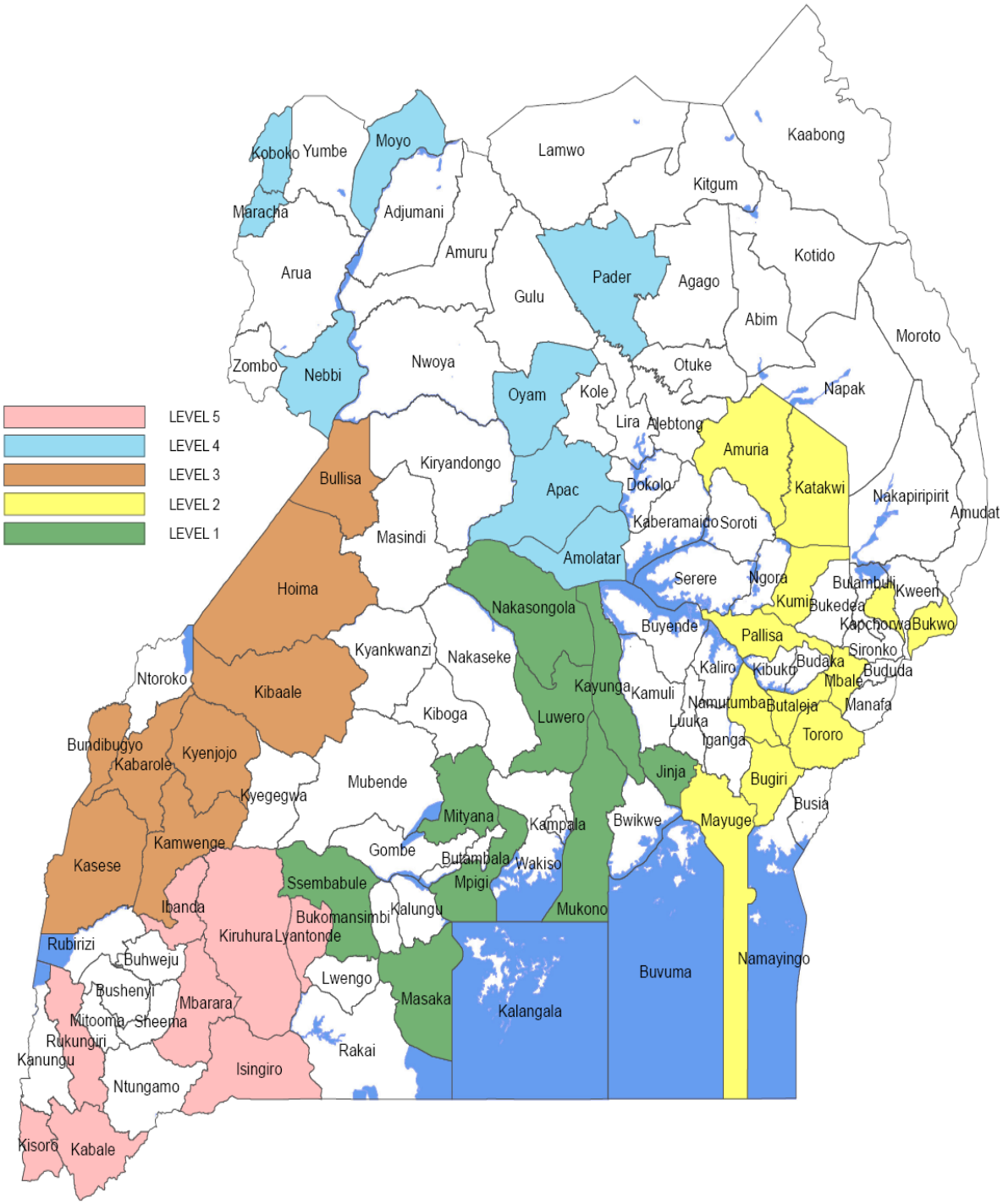
- Complete the recruitment of new positions by 30 September 2011.
- Selected SURE staff will attend course on USAID rules and regulations

ANNEX A. QUARTERLY PMP INDICATORS REPORTED FOR APRIL-JUNE 2011 PERIOD

No.	Indicators	Source of data	Baseline 2010	Yr1: Q4 Actual	Yr 2: Q1 Actual	Yr 2: Q2 Actual	Yr2: Q3 Actual	Remarks
1.00 SO8	Percentage of surveyed health facilities with all 6 tracer essential medicines available on the day of survey	Facility supervision data	10%	10%	No data	19%	53%	Results show increased facilities with all trace medicines available. SURE has increased its number of supervised facilities and more data is being generated.
1.01	Average percent availability of the 6 tracer essential medicines and supplies in health facilities on the day of survey.	Facility supervision data	58%	58%	No data	72%	87%	The average availability of tracer medicines has increased from 72% to 87% in the last 6 months.
2.11 SO8	Percent availability of 6 tracer essential medicines (basket) measured over a period of 3 month at National Medical Stores	NMS Stock status report	60%	67%	76%	No data	28%	Data from NMS was obtained by the QPP Unit, The tracer medicines with less than 2 months stock during the period were: ACT (6 x 1 pack), Cotrimoxazole Amoxicillin and AZT+3TC+NVP. Only doxcycline was adequately stocked through the 3 months.
	Number of public health facilities supported with technical assistance for pharmaceutical supply chain management (no private not-for-profit facilities)	Routine facility supervision reports	0	0	6	83	207	In the central region 69 facilities were supervised while 14 in eastern region and baseline data collected.
2.21 SO8	Number of individuals trained in supply chain management and\or pharmaceutical leadership and management	SURE Training activity reports (Trainet)	0	Female: 49 Male: 31 Total: 80	Female: 15 Male: 46 Total: 61	Female: 16 Male: 57 Total: 73	Female: 26 Male: 45 Total: 71	Training included TB commodities and logistics management (40), retraining of MMS (5) and motorcycle riding (24).Other training were pharmacoeconomics analysis and quantification of health commodities.

SO8 = Strategic Objective 8

ANNEX B. STATUS OF IMPLEMENTATION OF DISTRICT SUPPORT PACKAGE IN SURE DISTRICTS



Level 1: Training MMS in supervision and motorcycle riding complete; routine facility supervision ongoing
Level 2: Training MMS in supervision complete; motorcycle training ongoing (34%).
Level 3: Training MMS in supervision complete; motorcycle training not done; routine supervision started.
Level 4: Launch of SURE program complete; selection of MMS ongoing.
Level 5: Regional staff recruited and undergoing orientation; launch planned for next quarter

ANNEX C. SUMMARY OF SURE STAFFING STATUS AS OF JUNE 30, 2011

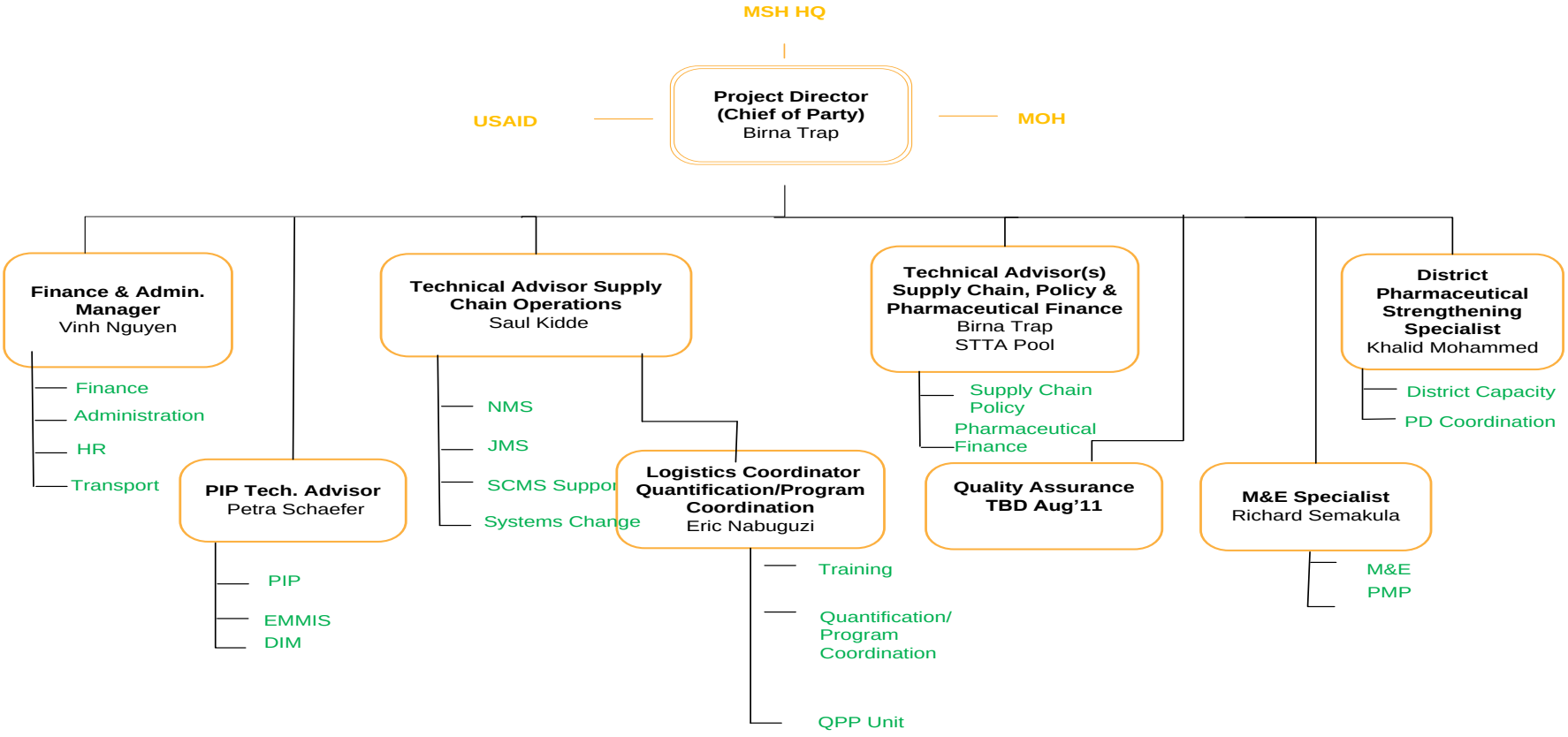
#	Job Title	Last Name	First Name	Hire dates	Comments
1	Office Assistant	Naluggwa	Patricia	01-Aug-09	
2	Chief of Party	Trap	Birna	01-Sep-09	
3	Tech. Advisor – Supply Chain Operations	Kidde	Saul	01-Sep-09	
4	Logistics Training Officer	Gwoyita	Loi	01-Sep-09	
5	ARV Procurement Advisor	Ntale	Caroline	01-Sep-09	100% charged to SCMS
6	Administrative Coordinator	Nakandi	Sarah	01-Sep-09	
7	Transport Lead	Kaweesa	Moses	18-Sep-09	
8	Pharmaceutical Field Coordinator – Central Office	Nakiganda	Victoria	14-Oct-09	
9	District Pharmaceutical Strengthening Specialist	Mohammed	Khalid	02-Nov-09	
10	M&E/LMIS Coordinator	Blick	Belinda	30-Nov-09	
11	Accountant	Bacia	Scovia	04-Jan-10	
12	Finance and Admin. Mgr	Nguyen	Vinh	01-Feb-10	
13	PIP Tech. Advisor	Schaefer	Petra	01-Feb-10	
14	Lab Data Analyst - Secondment to CPHL	Baitwababo	Bernard	08-Feb-10	
15	Driver - Central Regional Office	Sekamatte	Timothy	08-Feb-10	
16	Logistics Data Manager - Secondment to NTLP	Sekala	Shaquille	15-Feb-10	
17	ARV Procurement Officer	Aboyo	Caroline	01-Mar-10	100% charged to SCMS
18	HR Generalist	Achilla	Carolyn	01-Mar-10	
19	M&E Specialist	Semakula	Richard	03-Mar-10	
20	LMIS Coordinator	Nabuguzi	Eric	22-Mar-10	
21	Logistic Officer - PNFP	Kadde	Stephen	22-Mar-10	
22	Logistic Expert - Finance/LMIS, MoH Secondment	Were	Lawrence	15-Apr-10	
23	Driver - Kampala HQ	Tumwesigye	Felix	10-May-10	
24	M&E, Logistics and AMU Coordinator	Konradsen	Dorthe	01-May-10	Job title changed from Logistics/M&E Officer
25	Programs Operations Associate	Mugagga	Peter	01-Jun-10	
26	Communications Assistant	Natukunda	Julian	15-Jun-11	Appointed upon completion of her internship
27	M&E/LMIS Coordinador - Kampala	Elur	Bill	07-Jul-10	Resigned effective May 5, 2011
28	IT Specialist	Muwanga	Peter	07-Jul-10	

#	Job Title	Last Name	First Name	Hire dates	Comments
29	Pharmaceutical Field Coordinator. – Mbale Regional Office	Umirambe	Emmanuel	07-Jul-10	
30	IT Officer - seconded to National Drug Authority	Nassimbwa	Hamidah	21-Jul-10	
31	Systems Administrator - seconded to Resource Centre	Tumwesigye	Alex	23-Aug-10	
32	Driver – Mbale Regional Office	Derrick	Draleku	15-Nov-11	
33	Assistant Pharmaceutical Field Coordinator – Mbale Regional Office	Anthony	Kirunda	15-Nov-10	
34	Assistant Pharmaceutical Field Coordinator – Kampala	Omalla	Samuel	15-Nov-10	
35	Pharmaceutical Field Coordinator. -Fort Portal	Nuwagaba	Timothy	15-Nov-10	
36	Pharmaceutical Field Coordinator - Lira	Okidi	Denis	15-Nov-10	
37	Driver - Fort Portal	George	Sekimpi	22-Nov-10	
38	Assistant Accountant - Mbale	Madras	James	26-Nov-10	
39	Driver – Lira	Obonyo	Christopher	06-Dec-10	
40	Driver – Kampala	Mukisa	John	03-Jan-11	
41	Assistant Pharmaceutical Field Coordinator - Fort Portal	Nantongo	Lynda	03-Jan-11	
42	Program Operations Assistant – Central Office	Tugume	Godfrey	17-Jan-11	Moved to Fort Portal in July to replace Geoffrey who resigned
43	Data Warehouse Architect – seconded to MoH RC	Kavuma	Michael	01-Feb-11	
44	QPP UNIT Coordinator	Okumu	Morris	22-Mar-11	
45	District Information Management Coordinator	Hoppenworth	Kim	15-Apr-11	

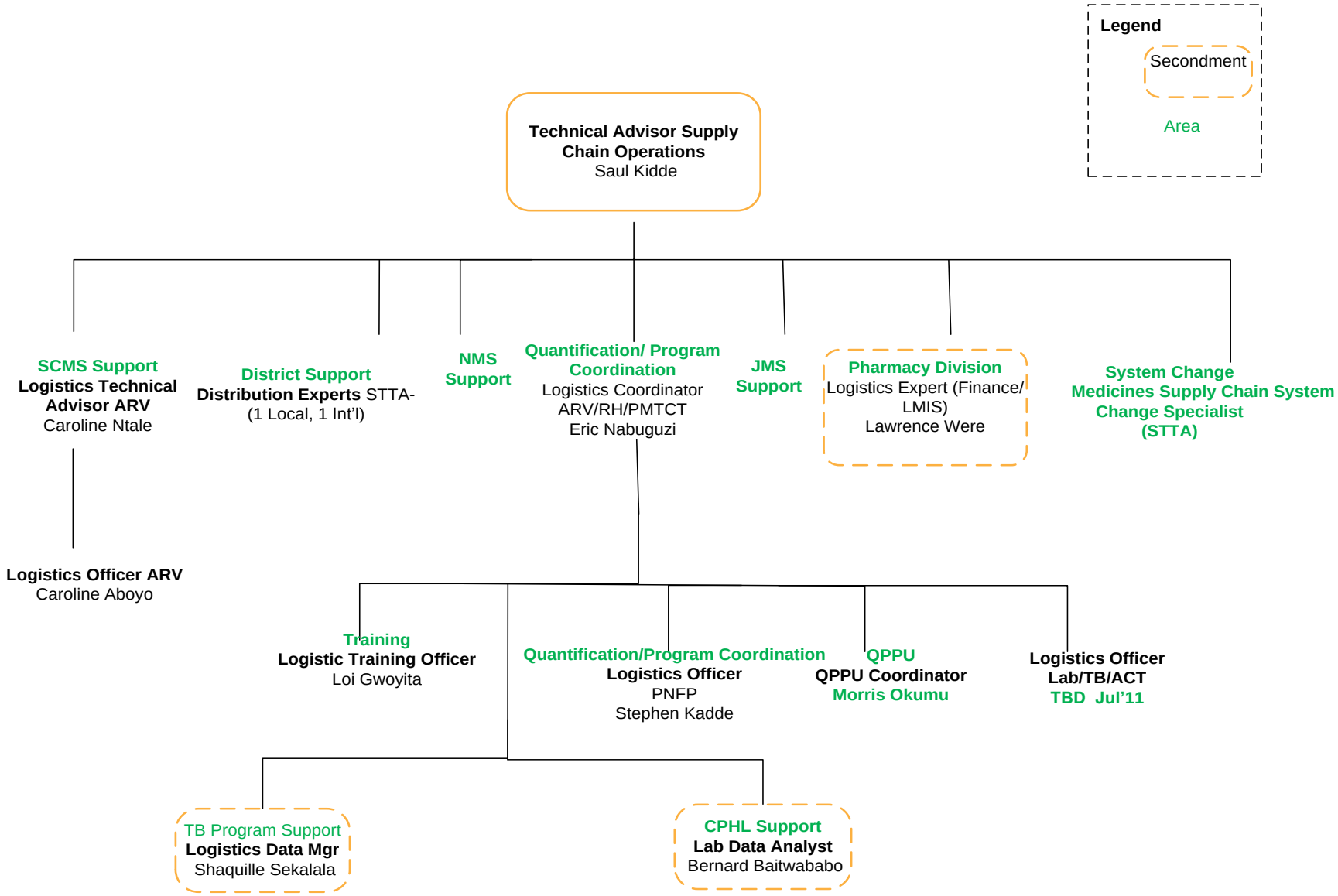
ANNEX D. SUMMARY OF FULL-TIME POSITIONS PLANNED AS OF JUNE 30, 2011

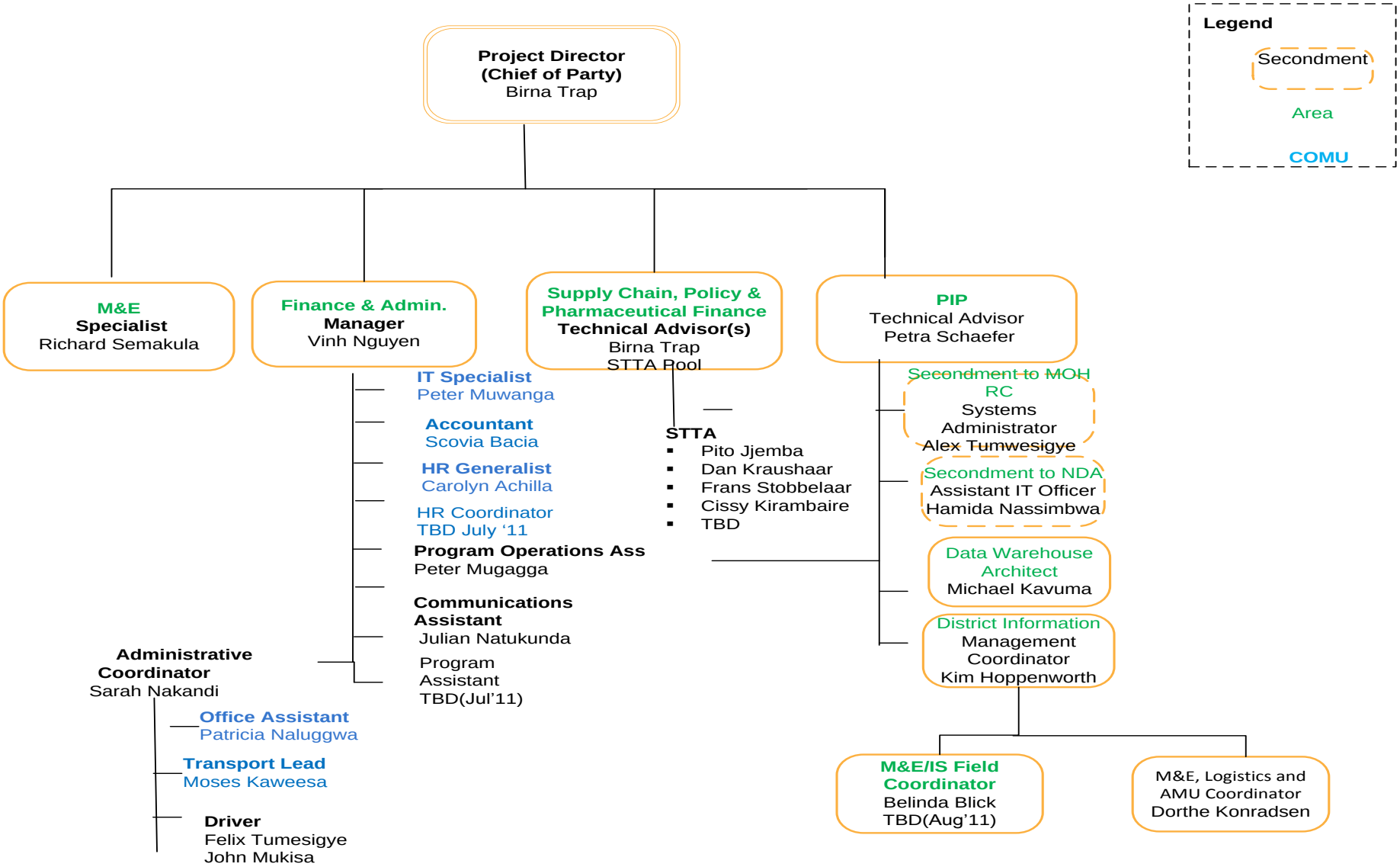
#	Job Title	Last Name	First Name	Hire dates	Comments
1	Program Operations Assistant Central	Musinguzi	Michael	July 4, 11	
2	Pharmaceutical Field Coordinator – Mbarara	TBD	TBD	Jul-11	Re advertisement made, interview planned (after candidate identified declined offer)
3	Quality Assurance Associate	TBD	TBD	Aug-11	The search for the ideal candidate for this position is still on
4	Assistant Pharmaceutical Field Coordinator—Mbarara	Gabula	Sadat	11-July-11	Contract preparation by partner organization ongoing
5	Assistant Accountant - Lira	TBD	TBD	Aug-11	Interviews planned during week ending 8th July 2011
6	Assistant Accountant—Mbarara	TBD	TBD	Aug-11	Interviews planned during week ending 8th July 2011
7	HR Coordinator	TBD	TBD		Interviews planned week ending July 8, 2011
8	Logistics Officer – Vertical and implementing partner Programs Support				Interviews planned week ending July 8, 2011
9	Program Assistant				Interviews planned week ending July 15,2011
10	M&E/LMIS Coordinator				Replacement of Bill Elur who resigned in May 2011
11	Driver – Mbarara	TBD	TBD	Aug-11	Advertisement planned in May 2011
12	Data entrant – seconded to the Pharmacy Division	TBD	TBD	11-Sep	

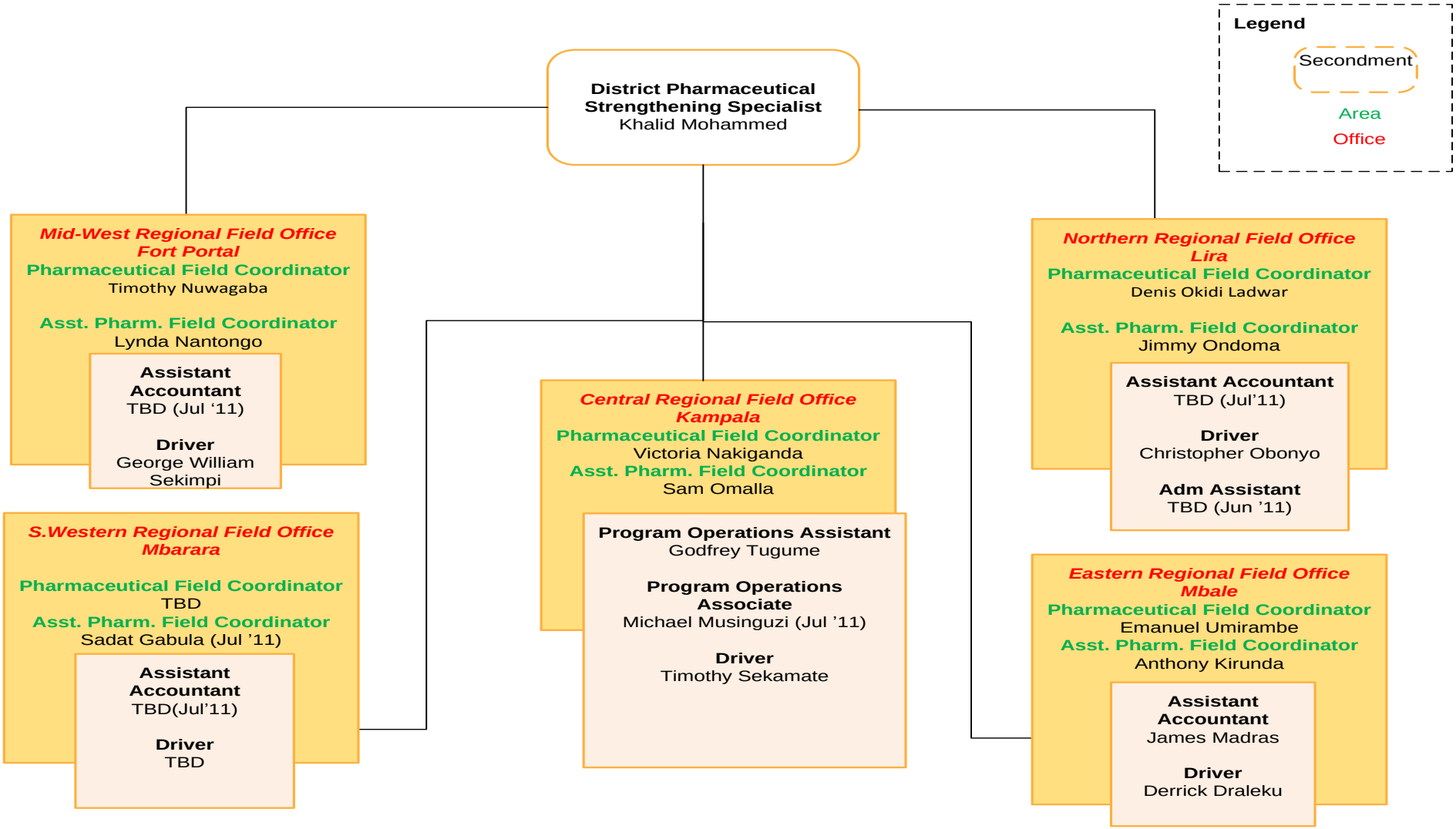
Uganda SURE Organization Chart



Updated June 29, 2011


Legend
Secondment
Area
Technical Advisor Supply Chain Operations
Saul Kidde
SCMS Support
Logistics Technical Advisor ARV
Caroline Ntale
Logistics Officer ARV
Caroline Aboyo
District Support
Distribution Experts STTA-
(1 Local, 1 Int'l)
NMS Support
Quantification/ Program Coordination
Logistics Coordinator ARV/RH/PMTCT
Eric Nabuguzi
JMS Support
Pharmacy Division
Logistics Expert (Finance/ LMIS)
Lawrence Were
System Change
Medicines Supply Chain System Change Specialist
(STTA)
Training
Logistic Training Officer
Loi Gwoyita
Quantification/Program Coordination
Logistics Officer
PNFP
Stephen Kadde
QPPU
QPPU Coordinator
Morris Okumu
Logistics Officer
Lab/TB/ACT
TBD Jul'11
TB Program Support
Logistics Data Mgr
Shaquille Sekalala
CPHL Support
Lab Data Analyst
Bernard Baitwababo


Legend
Secondment
Area
COMU
Project Director
(Chief of Party)
Birna Trap
M&E
Specialist
Richard Semakula
Finance & Admin.
Manager
Vinh Nguyen
Supply Chain, Policy &
Pharmaceutical Finance
Technical Advisor(s)
Birna Trap
STTA Pool
PIP
Technical Advisor
Petra Schaefer
IT Specialist
Peter Muwanga
Accountant
Scovia Bacia
HR Generalist
Carolyn Achilla
HR Coordinator
TBD July '11
Program Operations Ass
Peter Mugagga
Communications
Assistant
Julian Natukunda
Program
Assistant
TBD(Jul'11)
Administrative
Coordinator
Sarah Nakandi
Office Assistant
Patricia Naluggwa
Transport Lead
Moses Kaweesa
Driver
Felix Tumesigye
John Mukisa
STTA
Pito Jjemba
Dan Kraushaar
Frans Stobbelaar
Cissy Kirambaire
TBD
Secondment to MOH
RC
Systems
Administrator
Alex Tumwesigye
Secondment to NDA
Assistant IT Officer
Hamida Nassimbwa
Data Warehouse
Architect
Michael Kavuma
District Information
Management
Coordinator
Kim Hoppenworth
M&E/IS Field
Coordinator
Belinda Blick
TBD(Aug'11)
M&E, Logistics and
AMU Coordinator
Dorthe Konradsen


Legend
Secondment
Area
Office
District Pharmaceutical Strengthening Specialist
Khalid Mohammed
Mid-West Regional Field Office
Fort Portal
Pharmaceutical Field Coordinator
Timothy Nuwagaba
Asst. Pharm. Field Coordinator
Lynda Nantongo
Assistant Accountant
TBD (Jul '11)
Driver
George William Sekimpi
S.Western Regional Field Office
Mbarara
Pharmaceutical Field Coordinator
TBD
Asst. Pharm. Field Coordinator
Sadat Gabula (Jul '11)
Assistant Accountant
TBD(Jul'11)
Driver
TBD
Central Regional Field Office
Kampala
Pharmaceutical Field Coordinator
Victoria Nakiganda
Asst. Pharm. Field Coordinator
Sam Omalla
Program Operations Assistant
Godfrey Tugume
Program Operations Associate
Michael Musinguzi (Jul '11)
Driver
Timothy Sekamate
Northern Regional Field Office
Lira
Pharmaceutical Field Coordinator
Denis Okidi Ladwar
Asst. Pharm. Field Coordinator
Jimmy Ondoma
Assistant Accountant
TBD (Jul'11)
Driver
Christopher Obonyo
Adm Assistant
TBD (Jun '11)
Eastern Regional Field Office
Mbale
Pharmaceutical Field Coordinator
Emanuel Umirambe
Asst. Pharm. Field Coordinator
Anthony Kirunda
Assistant Accountant
James Madras
Driver
Derrick Draleku

ANNEX E. SUMMARY OF PROGRESS AGAINST PLANNED ACTIVITIES.

The below table summarizes progress for each result and sub- result area against the planned activities

✓: Progressed; ✓ ✓: Finalized; 0: No action taken

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

Sub-Result 1.1: Government of Uganda (GoU) Demonstrated Commitment to Improving Health Commodities Financing

Monitor and evaluate pharmaceutical financing

Planned:	Progress:
• Present FACTS at Health Policy Advisory Committee meeting - 0 • Provide international and local short-term technical assistance (STTA) to continue implementation -✓ • Draft terms of reference and assist MoH to establish FACTS steering committee ✓✓ • Create a scope of work (SOW) for outsourcing development of the FACTS automated system ✓✓ • Select provider for FACTS development based on tender process✓	• Terms of reference for FACTS technical committee prepared, functional requirements for FACTS integrated into PIP and a solicitation for technical proposal issued for the design, development, and testing of PIP/FACTS.

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

Develop an options analysis for policy, legal, and regulatory reforms, financing/funding gaps, and supply chain solution

Planned:	Progress:
• Finalize and disseminate the policy options analysis report ✓ • Finalize good pharmacy practices (GPP) accreditation plan in collaboration with National Drug Authority (NDA) and MoH Pharmacy Division. (3.3) ✓	• Completed editorial work on the POA policy and options analysis report was completed • Recommendation from Policy Option Analysis being implemented • Agreed on a Work plan agreed to for implementation of GPP certification of public sector pharmacies

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

Sub-result 2.1: Improved capacity of NMS and JMS to procure, store, and distribute nation'sal EMHS

Support NMS

Planned:	Progress:
• Sign MOU between NMS and SURE – 0 • Continue support to Pharmacy Division and US Centers for Disease Control and Prevention (CDC in developing supply chain indicators for central level and in strengthening monitoring and evaluation (M&E) at NMS -✓ • Develop revised support plan for NMS based on the new NMS strategic plan, if	• No progress, pending signing of MOU and the NMS board release of the NMS business plan • Developed a performance monitoring platform for central supply agencies such as NMS and JMS in collaboration with CDC • Instituted practices and tools for routine data collection at NMS to be lead by pharmacy division • Trained NMS staff to use the supply chain

requested - 0 •	manager software to generate reports
Support to JMS	
Planned: • Agree on performance assessment indicators and undertake baseline assessment at JMS- ✓ • Implement a tool for data collection and analysis related to regular performance monitoring at JMS - 0 • Support development of M&E plan • Establish a steering group to meet on a regular basis. ✓ • Update draft JMS support plan with inputs from the performance assessment-0 • Finalize the Plan B strategy for support to other central level supply management or distribution organizations-✓	Progress: • JMS performance assessment indicators will be similar to the NMS indicators currently under development between SURE and CDC • Recruited logistic officer to support JMS in distribution and facility management and ordering of PMI donated ACT and rapid diagnostic kits to almost 600 PNFP sites Held regular meetings with CDC to discuss implementation of the plan • Developed electronic ordering and reporting system for ACT commodities from PNFP • Developed a framework paper for supporting JMS and PNFP private not-for-profit facilities • Developed a SOW statement of work to implement distribution strategies • Developed a SOW statement of work to assess JMS warehousing efficiencies • Analyzed the JMS Business processes and efficiency of warehouse operations and develop a plan for technical support • Provided technical support to strengthen JMS management information system re-engineering and mapping process, including gap analysis
Sub-result 2.2: Improved capacity of MoH program managers and technical staff to plan and monitor national EMHS	
Support to MoH programs in commodity management	
Planned: • Review and update national quantification for malaria and tuberculosis (TB) commodities- ✓ • Prepare a national quantification for antiretroviral (ARV) commodities -0 • Continue to work with NMS and JMS to improve timely and accurate stock status reporting -✓✓ • Hold dissemination workshop for the five-year contraceptives forecast report -✓ • Conduct laboratory logistics training for TB commodities in western region -✓✓ • Carry out a problem analysis of the laboratory logistics system and develop an improvement strategy -0 • Perform desk review to develop a problem analysis for the laboratory logistics system.-0 • Develop statement of work SOW to assess the laboratory logistics system -0	Progress: • Provided technical assistance for the supply chain management plan of TB and malaria commodities under the Global Fund disbursement request • Provided technical assistance to the TB & Malaria Programs in preparing PSM-related responses related to the Global Fund disbursement request • Supported National Malaria Control Program (NMCP) to analyze the cost of artesunate and quinine IV • Finalized the five-year contraceptive report • Developed concept note for rationalizing supply systems for vertical programs • Initiated a plan to strengthen monitoring of procurement and distribution of pharmaceuticals using funding from Global Fund • Provided support and ensured data consistency related to Global Fund activities for Round 6,7 and 10 • Supported training in logistics management for National TB and Leprosy Program and Central Public Health Laboratory in Western region
Support and strengthen the Pharmacy Division	

Planned:	Progress:
• Continue meeting regularly with Pharmacy Division -✓✓ • Test the PIP server at Management Sciences for Health (MSH office, transfer the server set-up to the MoH, and launch the hand-over of the PIP server.- ✓ • Present an overview of GIS functionality -0 • Develop the SOW statement of work and create the request for proposals RFP for outsourcing the PIP development -✓✓ • Undertake orientation of Pharmacy Division staff, implementing partners (IPs), MoH programs staff, and other users in the routine stock status reports applicability and limitations.- ✓ • Develop SOW statement of work for outsourcing the web ARV ordering and reporting form to be integrated within the DHIS2-✓✓ • Externally test and initiate the rollout of the web-based ARV ordering and reporting application in collaboration with all stakeholders -0 • Handover the DHIS2 server to the MoH Resource Center-✓	• Held weekly meetings held with Pharmacy Division, circulated minutes circulated to current attendees—staff members from SURE and Pharmacy Division • Completed assembly and preliminary configuration of the PIP server and rack hardware • Compiled SOW statement of work for PIP phase 1 into RFP request for proposals for design, development, and testing of PIP • Request for proposal for the design, development and testing of PIP advertised • Purchased and ready to hand over a high-performance server to MoH Resource Center to host the web-based DHIS2 system – awaiting signing of MoU with MOH • Develop a web-based interface to replace Supply Chain Manager software used for ARV ordering and reporting as part of the MoH HMIS system
Support a pre-service training program for health workers	
Planned:	Progress:
• Assess the possibility of connecting the CPHL Central Public Health Laboratory to the MoH after the laboratory moves to its new premises in Luzira -0 • Contract signing by Makerere University for collaboration to do pre-service training of trainers and advocacy- ✓✓ • Conduct meeting with stakeholders to share and harmonize work plans, and identify areas of collaboration - ✓	• Released funds to Makerere University for the approved work plan • Developed baseline tools to assess status of pharmaceutical management training at health training institutions • Drafted terms of reference for the establishment of a steering committee on health training institutions • Initiated the development of a Steering committee to coordinate and strengthen collaboration between institutions offering pharmaceutical training (Pharmacists and pharmacy technicians)
Support to National Drug Authority	
Planned:	Progress:
• Ensure that the NDA verification of imports application produces the data to be uploaded into the PIP- ✓ • Assist in developing good distribution practices concept and implementation strategy - ✓	• Specification for server to host NDA import verification system developed and quotations requested • Completed verification of imports application data collection for the NDA • Sent out requests for local vendors to initiate the procurement process • SURE obtained Good distribution practices (GDP) from EC for inputs to the draft GDP – an initial step to separate roles of wholesalers and pharmacies

Sub-result 2.3. Supply chain system effectiveness and efficiency improved through innovative approaches	
Establish a single QPP Unit	
Planned: • Review and finalize the QPP concept and develop a detailed work plan -✓✓ • Conduct a stakeholders' meeting to build consensus on how to establish the QPP Unit - ✓ • Physically establish the QPP Unit in the pharmacy department -✓✓	Progress: • Continued supporting the functioning of the QPP Unit within MoH Pharmacy Division and drafted detailed implementation plan
Establish and support UMTAC	
Planned: • Continue meeting regularly with Pharmacy Division -✓✓ • Update/develop essential medicines, supplies and laboratory lists-✓✓ • Support the classification of essential list using vital, essential, and necessary categorizing method.- ✓✓	Progress: • Updated the Uganda Clinical Guidelines (UCG) and Essential Medicines List Uganda (EMLU), and developed Essential Health Supplies List (EHSL) and Essential Laboratory Commodities List • Drafted a VEN classified list for essential medicines and essential supplies

Result 3: Improved capacity performance of target districts and USAID implementing partners in supply chain management roles and responsibilities	
Sub-result 3.1: Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS	
Select District selection and establish regional support offices	
Planned: • Fill the remaining vacant posts for Mbarara and Lira regional offices✓✓ • Launch SURE activities in the northern region✓✓	Progress: • Opened and launched SURE regional office for northern Uganda
Implementation of the district supervision and performance monitoring strategies	
Planned: • Conduct training for 22 district staff member in medicines management supervision from western region ✓✓ • Professionalize and print training materials and national medicines management manual for 45 districts✓ • Develop MMS curriculum and training guide for four-day supplementary course for retraining supervisors who failed exams and conduct training✓✓ • Initiate discussions on individual ownership of motorbikes and computers at the end of the project as part of the reward scheme✓ • Develop a data analysis tool for routine supervision data and the format for reporting results during district and regional meetings ✓✓ • Initiate baseline data collection and supervision in all the 12 eastern region	Progress: • Sent MMS training manuals, checklists, and guide were sent for professional editing • Retrained and retested 5 out of 9 district staff members who failed exams; all 5 passed the MMS course • Procured 20 district motorcycles and handed them over to MMS • Arranged for 42 supervisors from the central and eastern region to attend a week-long training in defensive motorbike riding ending by driving license testing • Collected initial supervision and baseline data collection was done in 169 health facilities • Made follow-up supervision visits were done in 38 health facilities • Trained 22 MMS were trained in facility medicine management supervision

districts and 5 western region districts ✓✓	
Pharmaceutical financial management training	
Planned: • Arrange STTA to complete the draft pharmaceutical financial management (PFM) manual✓✓ • Implement Delphi workshop to finalize draft pharmaceutical financial management PFM manual ✓✓ • Initiate development of training material for MMSs in financial management✓	Progress: • Completed draft of the pharmaceutical financial management manual • Reviewed and updated the manual using Delphi approach Completed draft of the PFM manual • STTA contracted to develop pharmaceutical finance training material
Implement new communication and information technology	
Planned: • Finalize pilot study on RxSolution ✓ • Develop and initiate implementation of indicator-based assessment in facilities using RxSolution ✓ • Make supervisory visits to the RxSolution pilot sites to support system maintenance and conduct assessment of system performance ✓✓ • Develop RxSolution implementation strategy; this will comprise of the training of trainers manual, SQL server, RxSolution application, checklists, and maintenance guidelines. ✓✓ • Pretest the package and tools at the pilot sites ✓ • Draft a comprehensive rollout plan for RxSolution in SURE's 45 districts ✓✓ • Investigate using a webpage/wiki page to create a community of RxSolution users ✓✓	Progress: • Procured nine netbook computers to pilot for data collection from the districts • Requested one hard drive cloning device was requested to facilitate software setup on the netbooks • Procured one Adobe license procured to be used as the main electronic data entry tool after assessing various options • Developed two electronic data entry forms in Adobe Form Designer to facilitate standardized performance assessment • Supported Rx Solution pilot site Kayunga Hospital with report creation training. A printer cable was supplied. • Supported pilot site Masaka Hospital with retraining in RxSolution and network cable installed • Established a wiki/web discussion board for Rx users • Roll out plan for RxSolution drafted
Sub-result 3.2: Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS	
Assess capacity, procedures, and practices in supply management of selected US government (USG) partners	
Planned: • Hold SURE/implementing partners meeting to discuss collaboration and coordination of supply chain management (SCM) activities at district level✓✓ • Develop a comprehensive strategy on capacity building and performance monitoring for SCM supply chain management in SURE/implementing partner shared and non-shared districts ✓	Progress: • Participated in the joint implementing partners district planning meetings organized by the Strengthening Decentralization for Sustainability (SDS) Program • Held several coordination meeting with implementing partners to discuss roll our of supervision performance assessment strategy
Strengthen implementing partner IP and other nongovernmental organizations' capacity at facility level in commodity management and system knowledge	
Planned: • Develop individual strategies for USG US Government implementing partners for capacity building at their central level✓ • Develop a detailed implementing partners	Progress: • Participated in harmonizing the training curriculum and materials for facility-level staff, ensuring that these will be aligned with MoH training • Supported MJAP and the Targeted HIV/AIDS and

collaboration capacity building strategy✓ • Develop a calendar for training IP implementing partners in medicines management supervision-0 •	Laboratory Services THALAS (Joint Clinical Research Center JCRC) in lab logistics management training for lab technicians, lab technologists, and lab in-charges in the facilities

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

Establish accreditation certification system for GPP

Planned:	Progress:
• Train NDA inspectors as MMS✓✓ • Finalize the strategy document and implementation plan for GPP certification of public sector facilities in SURE targeted districts✓ • Develop administrative practices, certificates, and procedures for GPP certification✓ • Develop common understanding of requirements for passing, passing with comments, and failure to meet requirements-0 • Develop SOW statement of work for community-oriented information, education, communication plan to optimize benefit and understanding of the GPP certification. -0	• Drafted strategy document on implementation of GPP accreditation • Initiated training of two NDA inspectors in MMS training

Monitoring and Evaluation

SURE PMP

Planned:	Progress:
• Present the end-user verification survey findings and implement the next survey✓✓ • Finalize quality assurance of collected baseline data from control districts✓✓ • Finalize, disseminate, and present baseline survey findings to stakeholders✓ • Undertake literature review relevant to the performance rewards-based intervention strategy✓ • Undertake reproducibility assessment-0 • Design practices and appropriate mechanism including a database for managing data collected from facility supervision✓ • Continue discussions on how best to make site data available through the PIP-0 • Develop PMP indicator data collection tools and routines for quarterly and annual data collection and tracking✓ • Finalize, disseminate, and present the kit assessment report to the Medicines Procurement and Management Technical Working Group (TWG) - ✓✓	• Prepared a detailed guide for implementing the reliability study to investigate the quality and reproducibility of facility data • Developed tools for collection of data at NMS for the SURE PMP indicators and handed over to the Pharmacy Division • Prepared a scope of work for the STTA to undertake a comprehensive literature review relevant to the performance rewards-based intervention strategy • Analyzed a performance score of the implementation of SURE work plan • Updated partner reporting systems with Quarter 6 data • Presented the results of the end-user verification survey to the Medicines Procurement and Management TWG Technical Working Group

Improve capacity in M&E of key stakeholder programs

Planned:	Progress:
• Develop M&E capacity building strategy and	• Continued to provide technical assistance to the

work plan for district level and for pharmacy staff at central and regional level. ✓ • Develop key performance indicators for JMS and NMS✓ • Conduct performance data collection from partners (JMS, NDA) including baseline data-0	CDC collaboration supporting the development of NMS M&E indicators • Developed SOW statement of work for M&E training designed to provide M&E skills to the Pharmacy Division staff, district MMS, and other MoH partners
Program Management	
Program implementation	
Planned: • Establish regional offices for Lira and Mbarara and launch programs in those areas ✓✓ • Hand over motorcycles procured for Central region MMSs✓✓ • Produce the SURE program documentary and the first program newsletter✓ • Submit weekly success stories to USAID Agreement Officer's Technical Representative✓✓	Progress: • Completed office set up of the Lira regional office • Procured 20 district motorcycles and handed them over to MMS • Recruited and hired for the open positions of District Computerization Coordinator and the Assistant Pharmaceutical Field Coordinator–Lira • Submitted five success stories to USAID highlighting areas of successful achievements