



# SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE) PROGRAM

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

## Quarterly Progress Report

October to December 2011  
(Quarter 9)

January 2012

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





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

**About SURE**

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

<p>SURE Objectives</p> <hr/> <ul style="list-style-type: none"><li>• Improve Uganda’s policy, legal, and regulatory framework to produce pharmaceutical supply chain stability and sustainability</li><li>• Improve capacity and performance of central government entities to carry out their supply chain management responsibilities</li><li>• Improve capacity and performance of districts, health sub-districts, and implementing partners in their supply chain management roles</li></ul>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.

## TABLE OF CONTENTS

<b>ACRONYMS AND ABBREVIATIONS .....</b>	<b>IV</b>
<b>EXECUTIVE SUMMARY .....</b>	<b>1</b>
<b>TECHNICAL RESULT AREAS AND ACTIVITIES.....</b>	<b>9</b>
<b>RESULT 1: IMPROVED POLICY, LEGAL, AND REGULATORY FRAMEWORK TO PROVIDE FOR LONGER-TERM STABILITY AND PUBLIC SECTOR HEALTH COMMODITIES SUSTAINABILITY .....</b>	<b>9</b>
<i>Develop information system for tracking financing and EMHS funding .....</i>	<i>9</i>
<i>Conduct financial assessment of EMHS utilization .....</i>	<i>10</i>
<i>Prioritize resources for greater health impact.....</i>	<i>10</i>
<b>RESULT 2: IMPROVED CAPACITY AND PERFORMANCE OF CENTRAL GOVERNMENT OF UGANDA ENTITIES IN THEIR SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES .....</b>	<b>12</b>
<b>SUB-RESULT 2.1: IMPROVED CAPACITY OF NMS TO PROCURE, STORE, AND DISTRIBUTE NATIONAL EMHS.</b>	<b>12</b>
<b>SUB-RESULT 2.2: IMPROVED CAPACITY OF MOH PROGRAM MANAGERS AND TECHNICAL STAFF TO PLAN AND MONITOR NATIONAL EMHS .....</b>	<b>12</b>
<i>Support MoH technical programs in commodity management .....</i>	<i>12</i>
<i>Support and strengthen the Pharmacy Division .....</i>	<i>15</i>
<i>Support the NDA .....</i>	<i>16</i>
<i>Support development of pre-service training program for health workers .....</i>	<i>17</i>
<b>SUB-RESULT 2.3: SUPPLY CHAIN SYSTEM COST EFFECTIVENESS AND EFFICIENCY IMPROVED THROUGH INNOVATIVE APPROACHES .....</b>	<b>17</b>
<i>Support Uganda Medicines Therapeutic Advisory Committee.....</i>	<i>17</i>
<i>Support Quantification and Procurement Planning Unit.....</i>	<i>18</i>
<i>Support JMS.....</i>	<i>19</i>
<i>Develop the Pharmaceutical Information Portal .....</i>	<i>21</i>
<b>RESULT 3: IMPROVED CAPACITY AND PERFORMANCE OF TARGET DISTRICTS AND USAID IMPLEMENTING PARTNERS IN SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES .....</b>	<b>23</b>
<b>SUB-RESULT 3.1: IMPROVED CAPACITY OF TARGET DISTRICTS AND HEALTH FACILITIES IN PLANNING, DISTRIBUTION, MANAGING, AND MONITORING EMHS .....</b>	<b>23</b>
<i>Develop and implement a district and facility level support package .....</i>	<i>23</i>
<i>Implement the supervision, performance, and reward strategy (SPARS) .....</i>	<i>24</i>
<i>Implement new communication and information technology .....</i>	<i>25</i>
<b>SUB-RESULT 3.2. IMPROVED CAPACITY OF SELECTED IMPLEMENTING PARTNERS IN QUANTIFYING, MANAGING, AND MONITORING EMHS .....</b>	<b>26</b>
<i>Support implementing partners and nongovernmental organizations to improve their capacity to manage EMHS .....</i>	<i>26</i>
<i>Build capacity of storekeepers.....</i>	<i>27</i>
<b>SUB-RESULT 3.3. OVERALL ACCESS TO EMHS IMPROVED THROUGH INNOVATIVE DISTRICT-LEVEL INTERVENTIONS .....</b>	<b>27</b>
<i>Institute good pharmacy practices certification .....</i>	<i>27</i>
<b>MONITORING AND EVALUATION .....</b>	<b>29</b>

<b>SURE PERFORMANCE COMPARED WITH PMP</b> .....	<b>29</b>
<b>SURVEYS AND ASSESSMENTS</b> .....	<b>33</b>
<b>IMPROVE M&amp;E CAPACITY FOR KEY STAKEHOLDERS</b> .....	<b>34</b>
<b>ASSESSMENT OF SPARS INTERVENTION</b> .....	<b>34</b>
<b>PROGRAM MANAGEMENT</b> .....	<b>37</b>
<b>ACTIVITIES</b> .....	<b>37</b>
<b>STAFFING</b> .....	<b>38</b>
<b>SHORT TERM TECHNICAL ASSISTANCE</b> .....	<b>38</b>
<b>ANNEXES</b> .....	<b>40</b>
<b>ANNEX A: SUMMARY OF SURE STAFFING STATUS AS AT DECEMBER 31, 2011</b> .....	<b>40</b>
<b>ANNEX-B: SUMMARY OF PROGRESS AGAINST PLANNED ACTIVITIES</b> .....	<b>44</b>
<b>ANNEX-C: MEDICINES MANAGEMENT SUPERVISION ASSESSMENT RESULTS</b> .....	<b>50</b>

## TABLE OF TABLES

Table 1: Supply management assessed in 230 facilities from 4 SURE regions in October/November 2011 .....	32
Table 2: Percent availability of the tracer vital medicines for three quarters: Q7-Q9.....	33
Table 3: Update on staffing status (actual and planned) as of 31 December 2011 .....	38
Table 4: STTA in Q9 .....	39

## TABLES OF FIGURES

Figure 1 : Web-based ARV ordering and reporting system .....	13
Figure 2: Percentage of health facilities by level with all six tracer medicines available .....	30
Figure 3: Average percentage availability of the tracer medicines.....	30
Figure 4: Availability of other vital medicines/supplies on the day of the survey .....	31
Figure 5: Availability of other vital medicines/supplies on the day of the survey .....	31
Figure 6: Percent availability of six tracer vital medicines at NMS.....	33
Figure 7: Spidograph showing supervision assessment by component at facilities having had three assessments and two supervisions. ....	35

## **ACRONYMS AND ABBREVIATIONS**

ACT	Artemisinin-based combination therapy
ARVs	Antiretrovirals
CDC	US Centres for Disease Control and Prevention
CPHL	Central Public Health Laboratory
DHO	District Health Officer
EMHS	Essential medicines and health supplies
FACTS	Financial and commodity tracking system
FY	Fiscal year
JMS	Joint Medical Store
M&E	Monitoring and evaluation
MMS	Medicines Management Supervisors
MoH	Ministry of Health
MoU	Memorandum of understanding
MSH	Management Sciences for Health
NDA	National Drug Authority
NMCP	National Malaria Control Program
NMS	National Medical Stores
NTLP	National TB and Leprosy Program
PIP	Pharmaceutical information portal
PMP	Performance monitoring plan
QPP	Quantification, planning, and procurement
RFP	Request for proposal
SPARS	Supervision performance assessment recognition 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

## **EXECUTIVE SUMMARY**

This is the first quarterly report of the third year of the Securing Ugandans' Right to Essential Medicines (SURE) program. This report presents highlights for the period of October to December 2011, identifies issues that affect program direction, and reviews progress toward the milestones and deliverables proposed in the Year 3 work plan.

While SURE made progress in a number of planned activities during this period, the continued delay in signing the memorandum of understanding (MoU) between the Ministry of Health (MoH) and SURE is now delaying implementation of key program components and possibly the program's future direction. SURE has been in a position where the MoU signing has seemed imminent for nearly two years, while many deadlines have come and gone. The program seems to be a casualty of an opaque bureaucracy. The situation calls for high-level USAID engagement with the MoH to assure value for USAID's investment in health.

Below is a summary of activities implemented in key project areas based on the Year 3 plan.

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

One of the key strategies in the SURE program is to strengthen pharmaceutical management at all levels through system change, capacity building, and availing information for better decision making. To strengthen management information systems, SURE, in close collaboration with the MoH and its Resource Centre, has developed concept papers for the development of two important integrated information systems, a pharmaceutical information portal (PIP) and a financial and commodity tracking system (FACTS)—critical for forecasting, procurement planning, and resource management.

In this quarter, the development of these systems progressed well following the evaluation of proposals and identification of a system developer. However, signing the contract was stalled following a MoH directive on 12 December to delay all partners' information and communication technology-related activities until such efforts have been mapped, harmonized, and re-approved. The validity of the request for proposals (RFP) is limited, and delay is likely to result in re-tendering the RFP, which may cost 4–6 months. Should this happen, the program timeline will need to be reconsidered to ensure time for proper MoH capacity building and hand-over. The re-assessment of such support to MoH was prompted by concerns of possible duplication of efforts and the possibility that some projects were not actually a priority need for MoH.

Without the MoH's full support and commitment to providing access to logistic and financial information from National Medical Stores (NMS) and other key stakeholders, the success of PIP and FACTS cannot be assured and we would need to rethink program activities. It is important to note that all SURE interventions have been considered and approved by the Ministry of Health and integrated into the existing health information system using appropriate management structures. The details on implementing FACTS and PIP are provided in the narrative under 2.2.

In this quarter, SURE initiated a study to assess whether the financing and distribution of the most vital essential medicines and health supplies (EMHS) are adequate to achieve the Government of Uganda's health goals. The study centres on maternal, newborn, and child health to demonstrate the assessment methods and analytic framework, and will focus primarily on lower level facilities, the kit system, financing of specific EMHS, and to some extent will address health system issues such as policies, procurement, human resources, and equity.

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

Direct support to NMS is awaiting the signing of the MoU, initially with MoH, then with NMS, at which time SURE can share the NMS business plan and develop a support plan. At a meeting with the MoH Director General, NMS presented its initial request for support including the construction of new storage facilities, procurement of equipment and an information system, and training of regional staff. SURE has already involved regional NMS staff in data collection and has asked NMS to identify regional staff members to be trained as medicine management supervisors (MMS). Indirectly, SURE has helped NMS on order management for antiretrovirals (ARVs) through the development of a web-based ARV ordering and reporting system. The web-based system has been successfully integrated into the DHIS2 and will be rolled out in agreement with the AIDS Control Program. The functionality and benefits of the system to the ARV distributor such as NMS and to accredited antiretroviral therapy (ART) sites are described in detail under section 2.2.

SURE and the Pharmacy Division have experienced delays in obtaining data from NMS. A mechanism now seems to be in place for obtaining data related to the stock status report, but NMS has not shared other data, especially performance-related data.

SURE assistance to MoH technical programs is moving forward. In collaboration with the tuberculosis (TB) program, SURE initiated a supply management assessment that will form the basis for SURE support to incorporate TB commodities into other EMHS management and strengthen logistic management by applying a supervision and performance assessment recognition strategy (SPARS).

Strong collaboration with Pharmacy Division continues with weekly meetings; SURE also provided inputs to several supervisory visits and surveys including the second kit review in this quarter.

Support to the National Drug Authority (NDA) has progressed with regular meetings and SURE's support to a costing study scheduled for conclusion next quarter. The study will include recommendations on the appropriate level of service fees NDA should charge to operate sustainably. Two NDA inspectors have undergone MMS training as an introduction to draft inspection tools for public and private sector medicine stores and dispensaries. The tool is being finalized with plans to pilot it in the public sector next quarter as a starting point for the accreditation of public sector pharmacies and drug stores. In addition, planned procurements, including the server to run NDA's verification of imports system, are moving forward.

The advocacy program to include medicines supply chain management in pre-service training for all health care cadres is advancing. Makerere University's Department of Pharmacology implements this program under contract with SURE. Makerere University has collaborated with key institutions to develop an advocacy strategy to strengthen the teaching of key competences relevant to medicines management at public and private health professional training institutions.

SURE continues to implement recommendations from the policy option analysis to improve the efficiency and cost-effectiveness of the pharmaceutical supply chain system. SURE has classified all EMHS including laboratory supplies have been classified according to whether they are "vital," "essential," or "necessary" (VEN) to guide financing and procurement priorities. The list has been finalized and is ready for printing.

The QPP Unit is now functional unit of MoH and it plays a pivotal role in harmonizing quantification methods, forecasting, and supply planning. Its role in Global Fund to Fight AIDS, Tuberculosis and Malaria management and proposal development has also increased.

The Joint Medical Store (JMS) business process transformation review concluded successfully. The review included a supply and demand analysis, warehouse and operations review, procurement process and operations audit, and a management information systems audit. The findings and recommendations from this exercise will inform continuing support as JMS looks to expand its operations and country coverage. In view of the limited progress with NMS, SURE may need to expand the scope of support to JMS in a rapid expansion.

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

The Southern region saw a rapid start-up during the reporting period. SURE launched its Southern region office, and the field project team worked quickly to nominate and train MMS during the same period. All SURE MMS have now received basic training with most having also passed the motorbike training course. The work quality of some MMS have presented challenges; SURE is addressing these challenges through intensified supportive supervision, implementation of quality assurance programs, and if needed, personnel replacement. SURE strengthened the performance assessment process for MMS and recognized the need to finalize and implement the planned detailed performance recognition strategy.

SURE carried out a performance data quality assurance (reproducibility) study. We developed and implemented a training program for SURE regional staff and district MMS to address identified data collection and analysis issues. A quality assurance strategy will be developed next quarter to address data quality in all SURE districts.

We have launched regional meetings for SURE and district management, MMS staff, implementing partners, and MoH pharmacists to discuss experiences and performance with the SPARS.

SURE developed a data collection system based on netbooks and Adobe® software, piloted it with nine MMS, and finalized a rollout strategy. Procurement of netbooks for MMS data collection is complete, with delivery in January or February. Initially, data analysis will be done centrally and disseminated in the form of reports to MMS and district, regional, and central levels. Documenting the SPARS' benefits and ensuring data utilization at all levels is both pivotal and urgent.

Another important achievement has been the MoH's adaptation of the supervision, performance assessment and recognition strategy as a national strategy for building capacity in medicines management. The strategy was presented and recommended for execution by implementing partners, MoH technical programs, NMS, JMS, and other key stakeholder in September 2011. To assure national coverage, SURE drafted and shared a concept paper with implementing partners and donors to guide them in rolling out SPARS in the districts they support. Furthermore, SURE trained implementing partner medicine managers to coordinate SPARS implementation.

We have finished strategies to roll out RxSolution to hospitals, and next steps are now pending decisions on harmonization of electronic solutions initiated by the Director General's office.

Generally, the SURE program is progressing according to the objectives and broad targets described in the cooperative agreement and subsequent work plans; however, they are being met but with increasing effort and risk. A number of implementation challenges need to be resolved to improve program effectiveness and impact.

These issues include the following—

- The lack of finalized MoU between SURE and MoH has stalled program activities. For example, the MoU ensures MoH and stakeholder commitment to provide information required to implement the FACTS and PIP systems. Despite these glitches, with support and cooperation from the Pharmacy Division, SURE continues to use working groups, partner meetings, and technical program team meetings to implement initiatives to improve medicines management, optimize use of limited resources, and help expand access to essential medicines as set out in program plans.
- While some progress has been made in implementing partners' rollout of SPARS as proposed eight months ago, action by partners is slowed by funding constraints. SURE has supported MoH to draft a concept paper for implementing SPARS and had extensive consultations with partners to plan the rollout and training of medicine supervisors. Now that MoH has approved SPARS, rollout will become a priority in the coming quarter. Opportunities for funding implementing partner activities related to rolling out SPARS exist under the next round of Strengthening Decentralization for Sustainability project grants.

- Lack of data collection from NMS remains a serious challenge, particularly the delay in approving data requests and authorizing MoH staff to access data. While SURE requires data from multiple sources to meet its reporting requirements, NMS is the only source of data for a number of indicators to measure program progress. As such, the monitoring and evaluation (M&E) section of this report does not include measurement of the following indicators: (a) lead time for order processing, (b) order fill rate, (c) timeliness in order submission, (d) district utilization of disbursed credit line funds for EMHS, (e) NMS audit, and (f) NMS procurement prices. The SURE program is reviewing its performance monitoring plan (PMP) and will discuss next steps on how to address these constraints with USAID.
- MMS selection is a challenge and many of the trained individuals are doing fewer than the recommended 10 facility visits every 2 months. SURE is working with District Health Officers (DHOs) to implement a quality assurance plan and other MMS support measures to increase the volume and quality of reports reaching the DHOs and subsequently Ministry of Health and SURE offices.

The table below summarizes SURE's primary outputs this quarter, Annex A summarizes progress against planned activities.

## SURE Program Key Outputs Q9

### **R1: Support to improving policy, legal, and regulatory framework to provide for longer-term stability and public sector health commodities sustainability**

#### ***1.1 Government of Uganda demonstrated commitment to improving health commodities financing***

##### **FACTS**

- Developed data collection tools and guidelines for FACTS data collection for fiscal year (FY) 2009/10 and 2010/11
- Integrated FACTS system development into PIP development; system developer was identified and contract prepared for signing; awaiting MoH final approval
- Developed guidelines to support development of universal item codes for EMHS

##### **Health impact and equity**

- Conducted first part of an assessment to identify priority interventions for improving the pharmaceutical supply chain resource utilization of vital pharmaceuticals and the supply for greater health outcomes

### **R2: Support to improve the capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities**

#### ***2.1 Improved capacity at NMS***

##### **NMS support**

- Agreed on provision of MMS training to NMS regional staff
- Launched the web-based ARV ordering and reporting system to benefit NMS

## **2.2 Improved capacity of MoH program managers and technical staff to plan and monitor national EMHS**

---

### **MoH technical program support**

---

- Successfully integrated the web-based ARV ordering and reporting system into DHIS2 and prepared it for rollout with implementing partners and AIDS Control Program
  - Collaborated with JMS to assess the availability of ACTs and rapid diagnostic tests at all public not-for-profit facilities; trained staff on use of stock cards and order forms to ensure continued product availability
  - Provided technical and financial support to implement a laboratory supply survey; report to be prepared by Central Public Health Laboratory (CPHL) with support from the US Centres for Disease Control and Prevention (CDC) next quarter
  - Provided short-term technical assistance (STTA) to assess the TB logistics systems and support the transition and integration of storage and distribution activities to NMS
- 

### **Pharmacy Division support**

---

- Supported MoH's second review of the essential medicines kits for Health Centres II and III and the presentation of findings to stakeholders in December 2011; presented proposals for optimizing the essential medicines kit for Uganda at a stakeholders meeting with NMS and MoH
  - Implemented pharmaceutical sector survey from control districts
- 

### **NDA support**

---

- Procured NDA server, which is ready for delivery pending preparation of server room at NDA
  - Started updating the NDA inspection tool to certify public facilities in good pharmacy practices
  - Initiated costing study at NDA
  - Initiated procurement of "tru-scan" equipment for control of counterfeit and poor quality medicines; expected delivery in January or February 2012
  - The consultant incorporated NDA comments in the draft information technology strategy; the final version is expected to be published in January 2012
- 

### **Pre-service training support**

---

- Conducted several stakeholder meetings to agree on an advocacy roadmap and held several workshops with key training institutions to agree on curricula; designed a baseline assessment tool; conducted baseline assessment.
  - Trained Makerere University trainers in MMS training and shared MMS training material to form basis for the basic curricula training
- 

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

---

### **Uganda Medicines Therapeutic Advisory Committee (UMTAC)**

---

- Employed STTA provider to prepare the Uganda Clinical Guidelines for printing; the guidelines now include the essential medicines list
  - Employed STTA provider to classify the essential medicines list, essential health supplies list, and essential laboratory commodities list by level of care and VEN; prepared lists for printing
- 

### **QPP**

---

- Institutionalized QPP Unit, which produces bi-monthly stock status reports and assists technical programs in forecasting and harmonization of quantification methods
  - Developed QPP strategy paper which was reviewed by MoH Pharmacy Division and USAID
-

**JMS**

- Supported JMS business process transformation review
- Conducted a procurement process audit and designed improvement strategies and plans
- Helped JMS conduct an end-to-end supply chain system diagnosis
- Reviewed the management information system's functional and non-functional requirements based on the end-to-end supply chain system diagnosis; made recommendations for functional requirements and training needs for JMS
- Held fortnightly meeting with JMS management to guide implementation and review progress on SURE support
- Completed the warehousing efficiency assessment; developed interventions for improving warehouse operations at JMS

**PIP/FACTS**

- Selected vendor for PIP/FACTS development and finalized financial negotiations; prepared contract, which is ready for signing pending MoH approval

**R3: Support to improve the capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities*****3.1 Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS*****District support package**

- Opened the SURE South region coordinating office in Mbarara
- Trained 65 persons in supply chain management (35 MMS, 11 regional pharmacists, 4 Makerere University tutors, 4 implementing partner pharmacists, and 11 SURE and MoH staff members)
- Transferred responsibility for the MMS training course to Makerere University who has so far conducted two successful courses
- Trained 44 MMS in defensive motorcycle riding
- Carried out supervision and on-the-job training in 641 facilities
- Held data quality assurance orientation workshops for all 64 MMS in Central and Eastern regions
- Finalized the reproducibility study report (describing the quality and reproducibility of facility data); identified the need for a quality assurance strategy
- Held DHO meetings for Central and South West to obtain feedback and review implementation of SURE activities at district level; the SURE Chief of Party visited the Eastern region to assess program activities at facility level and identify opportunities for improvement
- Procured five regional cars which will be delivered next quarter

**New district communication and technology (Netbook/RxSolution)**

- Expanded use of electronic data entry forms to facilitate three data collections
- Expanded use of the Web board to include netbook pilot users
- Piloted system for facility data collection using Adobe and netbooks using nine MMS; developed a rollout strategy
- Procured 97 netbooks with January 2012 delivery
- Supported RxSolution pilot sites in maintaining and using the software
- Presented RxSolution rollout plan at a stakeholder strategic meeting; agreed on a generic work plan

- Prepared course materials for training of trainers in RxSolution
- Completed the RxSolution pilot report; MoH approved the rollout strategy approved; discussed strategy with implementing partners.
- Developed computer training material for MMS to use netbooks
- Procured 45 personal computers for RxSolution implementation in SURE districts with delivery in January or February 2012

---

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

---

**SPARS**

---

- Drafted and reviewed SPARS concept paper
- MoH endorsed SPARS as a national strategy
- Supported implementing partners to develop work plans for implementing SPARS in 42 non-SURE districts

---

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

---

**District intervention assessment**

---

- Presented a review of SURE program interventions at ICIUM Conference
-

## **TECHNICAL RESULT AREAS AND ACTIVITIES**

This section of the report presents a narrative on the status of implementation of activities under the sub-result areas, challenges, and next steps.

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

#### ***Develop information system for tracking financing and EMHS funding***

At the onset of the quarter, the target was to conclude the evaluation of bids and to select and award the contract to a vendor to develop FACTS. SURE completed evaluations and notified the winning bidder during the quarter. The bidder was issued a contract proposal and was required to review terms and sign acceptance of the award, which is expected in January 2012.

The Ministry of Health's Pharmacy Division identified and allocated space for the contractor to start PIP/FACTS development in January 2012. Because FACTS was fully integrated with PIP, the award covers implementation of both. PIP/FACTS will be supported by the Resource Centre which will also house the server. The Pharmacy Division will manage PIP and the Planning Department will manage FACTS.

SURE did not finish the planned data collection exercise needed to test FACTS once it was ready; however, we developed data collection tools and guidelines, and the exercise will be completed before system development starts.

The selection of the technical committee to monitor the development of FACTS was initially delayed by the lack of the MoU with MoH, because the committee was supposed to be a Director General-level appointment. However, based on discussions with the technical departments at the MoH, once we have approval to proceed with system development, this committee can be established at division level.

To standardize nomenclature for commodities which will ease data entry into FACTS and the PIP system, SURE supported the development of guidelines to create universal item codes for medical commodities in Uganda. The guidelines are awaiting approval by the key stakeholders at the MoH and the central supply agencies.

The key challenge remains the commitment by the MoH and its stakeholders to provide information to populate the system for both testing and system utilization. Moreover, the requirement that the Director General needs to approve key system development steps may drastically delay the process and could even jeopardize the scope of implementation in the remaining life of the project.

### *Next steps*

- Confirm PIP/FACTS process mapping and requirements
- Develop PIP/FACTS

### **Conduct financial assessment of EMHS utilization**

The financial assessment of EMHS utilization is routinely done as part of SURE's PMP indicators. However, monitoring and analysis of pharmaceutical financial information from the Government of Uganda and donors for FY2009/10 and FY2010/11 have been delayed while strategies for efficient and sustainable data collection are developed. In Q9, SURE developed data collection tools and guidelines and made arrangements for the MoH Planning Division to collect data starting next quarter. The challenge is that without improved cooperation with NMS, which is the primary resource for data related to Vote 116, this assessment could be delayed further.

### *Next step*

- As part of the health outcomes study, assess what needs to be done to develop a strategy to create equity in fund allocation under Vote 116 and for laboratory supplies.

### **Prioritize resources for greater health impact**

SURE supported an exploratory study of medicines financing and distribution that established how funds are prioritized and spent based on national-level priority health outcomes goals. Given the national priorities for maternal, newborn, and child health, SURE used vital medicines that address these priority problems to demonstrate the approach and analytic framework for a detailed study next quarter.. The detailed study will focus primarily on lower level facilities, the essential medicines kit system, financing of specific EMHS, and will also address health system issues such as policies, procurement, human resources, and equity.

The analysis from the exploratory study provided an idea of the impact Uganda could see if: a) MoH could achieve scale a few interventions, in some cases requiring taking interventions to the people with the problems (i.e., at community level); and b) if MoH could assure no stock outs of a few vital medicines and commodities in the priority problems.

The initial exploratory study has set a stage for an in-depth analysis in the next quarter. Initial results confirmed our hypothesis that little or no consideration of national priorities is taken when planning procurement and allocating medicines for use in the facility and to support their outreach community programs. The detailed study will make recommendations on what actions can be taken to achieve greater health impact from the limited resources available.

***Next steps***

- Implement second part of the study including an in-depth analysis of which vital medicines correspond to the interventions that reduce maternal, newborn, and child mortality.
- Estimate the needed volumes and identify equity issues for outcomes targeting vital interventions and medicines/supplies

## **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**

SURE did not directly support NMS this quarter because of the lack of an MoU with the MoH. In spite that, SURE involved regional NMS staff in data collection and agreed with NMS to help build capacity in logistic management, in NMS regional staff who do not have a pharmaceutical background. SURE plans to train them as MMS to give them a stronger understanding of the national capacity building strategy—SPARS.

Indirectly, SURE developed a web-based ARV ordering and reporting system to help NMS receive and fill facility ARVs orders efficiently. SURE also collaborated with MoH and NMS in the second national kit survey, which was presented at the kit revision meeting hosted by NMS.

### **SUB-RESULT 2.2: IMPROVED CAPACITY OF MoH PROGRAM MANAGERS AND TECHNICAL STAFF TO PLAN AND MONITOR NATIONAL EMHS**

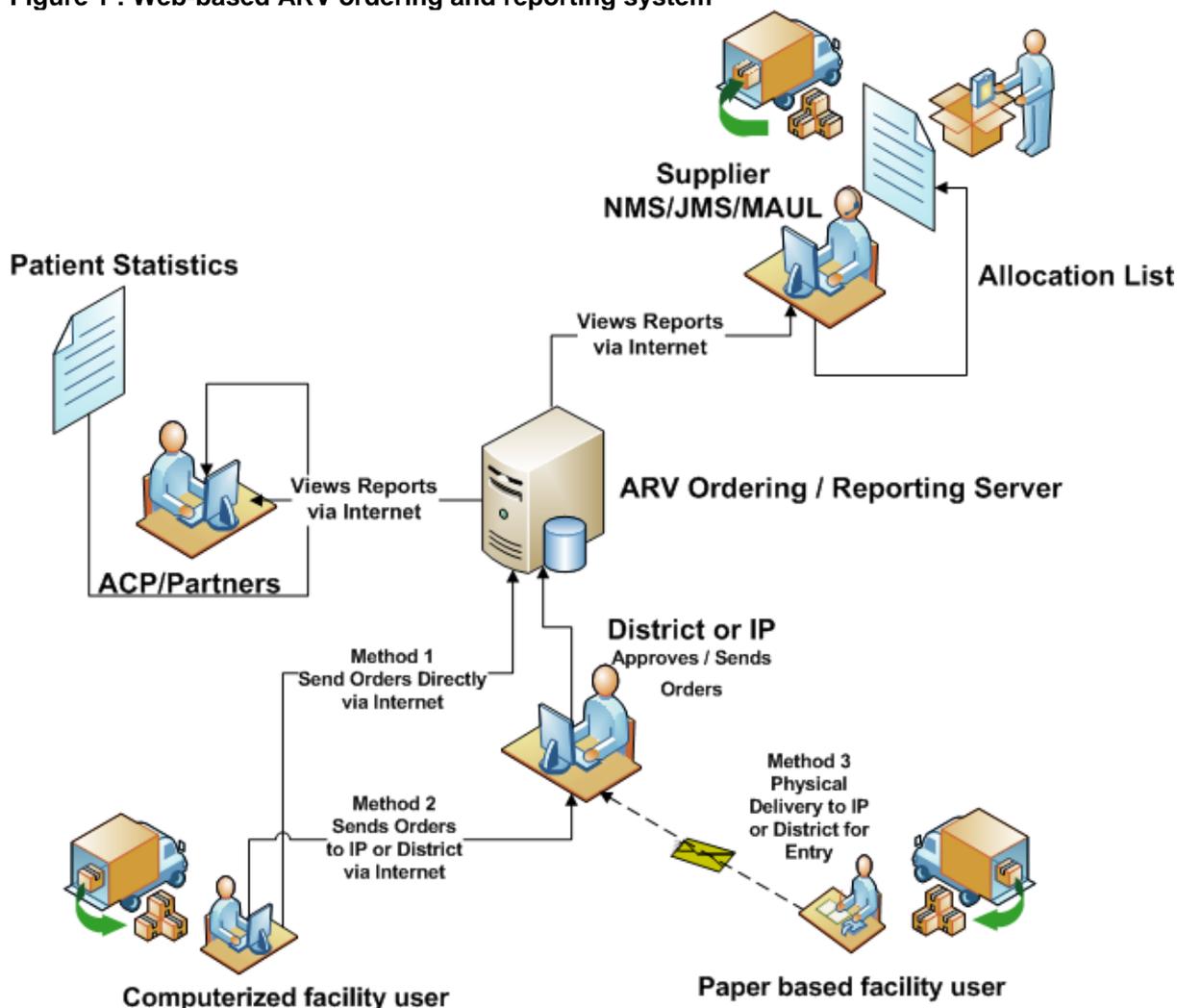
#### ***Support MoH technical programs in commodity management***

During Q9, SURE continued to support the MoH technical programs as well as the private not-for-profit sector in their pharmaceutical management responsibilities. SURE has helped MoH technical programs on an ad hoc basis. The planned assessments of the logistics systems for the different technical programs will inform SURE's long-term support to each program.

***Support AIDS Control Program:*** During this quarter, the SURE team completed the web-based ARV ordering system design and conducted extensive testing using actual reports received from both NMS and JMS. The web-based ARV ordering and reporting system is integrated into MoH's health management information system reporting framework, which is built on the DHIS2 platform. SURE demonstrated the system to the AIDS Control Program, who approved the rollout of the system and recommended that the rollout start with regional referral hospitals, particularly Mulago and Butabika hospitals. In addition, SURE developed an implementation strategy that involves hand-over of the system to MoH from the start of implementation, with SURE playing a supporting role in rollout, including training. SURE will work with the AIDS Control Program, Pharmacy Division, and USAID- and CDC-supported implementing partners to roll out the system. The system's success relies on the cooperation of NMS, which in the planned harmonization exercise will serve over 50% of ART sites in the country, as well as the involvement of the logistics team at the AIDS Control Program and Pharmacy Division.

Figure 1 below outlines the web-based ARV ordering and reporting system.

Figure 1 : Web-based ARV ordering and reporting system



### Next steps

- Finalize the implementation plan for the web-based ARV ordering system and start rolling it out to implementation partner-supported districts
- Assess the HIV supply system to identify priority areas for intervention

**Support the TB program:** A meeting was held between National Tuberculosis and Leprosy Program (NTLP), Pharmacy Division, USAID, and the World Health Organization to discuss SURE providing long-term support to strengthen the TB medicines and supplies logistics system. The group agreed that a comprehensive assessment should be conducted to define priority areas of intervention.

During this period, SURE supported the TB program's assessment of the efficiency of the TB logistics system. SURE will provide technical assistance to integrate the TB supply system as part of the MoH's decision to harmonize the essential medicines systems at NMS. The assessment results will inform a plan to ensure uninterrupted supply of TB medicines and related supplies, which will facilitate this integration. Assessment findings showed significant weaknesses at central, district, and facility levels, largely attributable to weak supervision of logistics practices. It also revealed the poor quality of logistics information and low ordering

and reporting rates. The consultancy recommended the development of a plan to manage the transition of commodity management from the NTLP to NMS. Follow-on technical assistance from SURE will include a review of the TB pharmaceutical management information system leading to a comprehensive plan for strengthening the TB logistics system and ensuring availability of medicines and supplies.

#### *Next steps*

- Conduct follow-on STTA to assess the TB program's logistics management information system
- Support development of a plan to manage the transition of TB commodity management to NMS/JMS
- Support the QPP Unit in tracking TB commodities procurement
- Finalize and disseminate the TB supply chain assessment and develop a comprehensive plan for strengthening the TB supply system
- Conduct regular meetings with NTLP

**Support laboratory commodity management:** The main achievement from SURE support in this area is CPHL's adoption of the essential medicines concept. SURE has contributed to the development of an essential list of lab commodities for Uganda listing vital, essential, and necessary items. This classification will help optimize resources available to procure lab items. The final list also introduced the idea of combining lab commodities into kits to reduce cases where essential tests could not be performed because one item was not available. These changes have reduced the essential list of lab commodities from over 400 items to just under 150 items, which will ease inventory management at all levels. That said, these changes will take several months to yield benefits after ongoing framework contracts at NMS expire and existing lab inventories have been used.

In addition, SURE held discussions with CPHL, CDC, and the Pharmacy Division to discuss SURE's long-term support to strengthen the lab logistics and financing system. Stakeholders will conduct a comprehensive assessment to define priority interventions. As a first step, information management systems and monitoring and evaluation require immediate attention. A job description for an M&E Advisor at CPHL has been prepared for discussion and the recruitment will take place next quarter.

SURE also supported CPHL in implementing a brief logistic assessment and a quantification exercise for lab supplies (discussed under QPP Unit section).

#### *Next steps*

- Finalize job description and fill position of M&E Advisor secondment
- Conduct lab logistics system assessment
- Use assessment results to inform harmonization and integration of lab logistics into essential medicines system
- Conduct separate regular meetings with the CPHL team and CDC

**Support the malaria control program:** The President's Malaria Initiative donated artemisinin-based combination therapies (ACTs) and rapid diagnostic tests to private not-for-profit facilities through JMS. Additional quantities were made available with funding from the UK's Department for International Development. Despite the high malaria burden in the country, less than 20% of private not-for-profit facilities had re-ordered ACTs and rapid diagnostic tests from JMS by the end of September 2011. In this quarter, SURE reviewed the factors influencing access and built capacity within private not-for-profit health facilities to regularly and correctly order commodities and manage stock cards correctly.

This activity was carried out through engagement with the medical bureaus and the respective Diocesan Health Coordinators and with support from the district MMS. Preliminary findings showed weak record management practices: only 37% of facilities had stock cards for all ACTs and rapid diagnostic tests, and more than 30% of these were not updated on the day of the survey. We issued stock cards to all sites that did not have them and provided training on how to correctly complete the stock cards and the report/order form required by JMS for resupply decisions. SURE will continue capacity-building effort in this sector, including improving efficiency at JMS. Access to these commodities should also improve once USAID begins to pay JMS for distribution up to the diocesan level.

SURE also supported the program to update procurement and supply management-related components for Global Fund grants for malaria (discussed under QPP Unit section).

#### ***Next steps***

- Use routinely available data collected by MMS in SURE districts to regularly update the malaria program on availability of ACTs through monitoring of malaria supply chain performance
- Finalize the report from the private not-for-profit data collection and capacity building exercise and begin implementing recommendations

#### ***Support and strengthen the Pharmacy Division***

SURE's positive collaboration with Pharmacy Division continues with weekly meetings. Staff from the CPHL, the reproductive health program, CDC, and the World Health Organization now also attend. Frequent meetings ensure good coordination, allow for strategy discussions, and facilitate a high degree of information sharing. This is critical because the Pharmacy Division will take over many SURE activities at the end of the program.

SURE provided support to several supervisory visits and surveys, including the design and implementation of the second review of the essential medicines kits for Health Centres II and III. The findings were presented in December 2011 at a stakeholder meeting held at NMS; the findings contributed to the revision and optimization of the essential medicines kit for Uganda.

In December, the second pharmaceutical sector survey (2011) was carried out in 15 non-SURE supported districts. The survey not only provides a comparison control for the SPARS intervention, but also characterizes the present status of medicines management in Uganda.

***Next steps:***

- Support the Regional Pharmacists biannual meeting
- Continue weekly coordination meetings
- Discuss quarterly progress

***Support the NDA***

SURE has regular meetings with NDA to insure adherence to the implementation plan. However, delays have been experienced, especially in procurement.

The server to host NDA's verification of imports system has been purchased and will be delivered in January 2012. NDA, SURE, and the supplier are preparing the server room and deciding on training needs for NDA's information technology administrator. A consultant is finalizing the information technology strategy by incorporating NDA comments. The final version is expected to be published in January 2012.

The other planned information technology support (GIS and hardware) has been put on hold pending a review of the work plan with NDA in which priorities can be re-assigned.

SURE and NDA have started the work to prepare NDA to carry out SURE's initiative to accredit public health facility pharmacies and dispensaries. Two NDA inspectors have undergone MMS training as an introduction to drafting inspection tools for public and private sector medicine stores and dispensaries. In December, the first meeting was held, and after that, NDA started revising their inspection tool by comparing and including elements from the SURE routine tool. Pilot inspections at SURE-supported facilities are planned for the next quarter.

A consultant is identifying the services offered by NDA, costing them, and comparing the costs with the fees currently charged. The analysis will make it possible for NDA to properly value their services. The consultant will also optimize processes and practices to enable NDA to increase effectiveness and efficiency.

***Next steps***

- Install server at NDA
- Load the verification of imports system on the server
- Finalize and publish the information technology strategy report
- Set up criteria for good pharmaceutical practices facility accreditation, which will be determined by MMS inspection
- Conduct joint inspection with NDA to pilot the updated tool and criteria for certification
- Finalize costing consultancy report

### **Support development of pre-service training program for health workers**

To strengthen medicines management, SURE follows a two-track strategy: supporting in-service training through the implementation of the SPARS and supporting pre-service training. Pre-service training is important to ensure sustainability so that newly trained health workers will already have the necessary skills and the SPARS program will shift to maintaining rather than developing the skills.

The curriculum for pre-service training of health professionals according to the Ugandan law is largely influenced by the training institutions that seek program accreditation from the Uganda National Council for Higher Education. To change the curricula for health workers to include a stronger medicines management component, advocacy is needed not only for training institutions but also for institutions that provide policy direction, such as professional councils and the accreditation body.

SURE contracted with Makerere University to develop an advocacy strategy and a two-level training of tutors' package for pre-service training of all health workers. Advocacy activities have been moving forward; for example, Makerere University has mapped institutions that are critical to influencing the required curriculum changes and agreed on minimum competencies for each level. Also, it has engaged top leadership at major institutions to present proposals for curricula change. Initial proposals on the actual curriculum for different levels have been developed. A baseline assessment tool has been designed for impact evaluation, and initial findings indicate that existing curricula includes some medicines management elements, but they are generally weak.

Development of training materials for tutors is also progressing. Initially, Makerere trainers were trained as MMS, and they are now implementing MMS training through a SURE contract. This expertise will help them develop the tutors' training program that will also be based on the MMS training material and the EMHS manual.

#### ***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 minimum skills
- Present curricula for approval
- Initiate the drafting of tutors' training material

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

Innovative approaches under SURE cover work with the Uganda Medicines Therapeutic Advisory Committee (UMTAC), QPP Unit, JMS, and PIP/FACTS.

#### ***Support Uganda Medicines Therapeutic Advisory Committee***

During this quarter, a consultant incorporated changes to the Uganda Clinical Guidelines that were suggested in a workshop held earlier in the year to discuss changes in treatment guidelines and the essential medicine list. The Uganda essential medicines list, medical supplies list, and lab commodity list were combined and edited to form the Essential Medicine and Health Supplies List for Uganda.

UMTAC did not meet during this quarter. The next meeting will focus on launching the Uganda Clinical Guidelines.

#### *Next steps*

- Identify vendors for printing the Uganda Clinical Guidelines and Essential Medicine and Health Supplies List for Uganda
- Print Uganda Clinical Guidelines for SURE districts and 6,000 copies of the Essential Medicine and Health Supplies List for Uganda
- Support the development of a launch strategy for Uganda Clinical Guidelines and Essential Medicine and Health Supplies List for Uganda
- Work with MoH to start holding regular UMTAC meetings

#### **Support Quantification and Procurement Planning Unit**

**Comprehensive stock status report:** SURE, through the QPP Unit, supported the production of the MoH's October 2011 stock status report. For the first time, the report included tracer lab items (HIV test kits, CD4 reagents, rapid plasma reagin kit, malaria rapid diagnostic tests, field stain A, methylene blue, and carbo-fuchsin). The report showed that NMS and JMS had sufficient stock of ACTs, most ARVs, and reproductive health supplies, but highlighted stock risks for TB and lab supplies. The report contributed to discussions leading to government's commitment of 2 billion Uganda shillings to procure TB medicines in FY2011/12. Timely production of the reports continues to be hindered by delays in accessing data from NMS. However, the Global Fund has made it a requirement for Uganda to share the bimonthly stock status reports, which should also provide incentive to the MoH to more actively follow up these reports.

#### *Next step*

- Continue production of bimonthly stock status report.

**Support quantification and procurement planning in MoH:** Since the QPP Unit was established, it has been instrumental in supporting the Focal Coordination Office to update and align procurement and supply management plans for Global Fund grant disbursement requests. During this quarter, the QPP Unit led the revision of the procurement and supply management plans for TB, malaria, and health systems strengthening grants for Round 10, as well as responding to procurement and supply management -related queries from Global Fund prior to signing the grants. Recognizing the role that the QPP Unit is playing, the Global Fund has approved the recruitment of an additional staff person to support the QPP Unit under the health systems strengthening grant. Furthermore, the Clinton Health Access Initiative began funding a part-time staff person for the QPP Unit.

The QPP Unit also led the forecasting and quantification activities for lab commodities. The exercise was carried out in collaboration with Pharmacy Division, CPHL, NMS, JMS, Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN), USAID, and CDC, among others. A key challenge was the lack of historical consumption data for the different platforms, because the current logistics management information system does not track the specific technology used in a test. Findings indicate that on average, about 50 million US dollars is needed annually to procure lab reagents and consumables, not including of the purchase cost for equipment. The lab commodities quantification report will be finalized in the next quarter.

The function of the QPP Technical Committee is to provide support in the respective disease areas. The Technical Committee's terms of reference were developed and representatives from different technical programs, implementation partners, and funding agencies were nominated to be members. However, the MoH failed to appoint the QPP Technical Committee, which will delay implementation of a number of QPP Unit activities.

#### ***Next steps***

- Explore the need for additional staff and help recruit a Global Fund staff person for the QPP Unit
- Follow up the appointment of the QPP Technical Committee and finalize the QPP implementation strategy
- Finalize the lab supplies quantification report and supply plan
- Conduct a quantification for HIV-related commodities and develop a supply plan
- Update the reproductive health commodities two-year supply plan

#### ***Support JMS***

***Project coordination.*** Biweekly program management meetings with JMS guide ongoing interventions and the coordination of STTA activities. At the end of Year 2, an STTA provider carried out an end-to-end supply chain diagnosis and made recommendations covering all aspects of JMS's in-house supply chain processes to improve service. In Q9, the STTA provider conducted a business process transformation training course for all JMS process owners followed by a business process transformation exercise to identify and remove processes that do not add value. The project resulted in a 72% decrease in time spent on non-value adding activities for all primary processes and the creation of new customer-responsive processes.

#### ***Next steps***

- Help JMS prioritize activities for improvement
- Assist JMS in laying out strategies to solicit funding for prioritized activities

***Improve procurement processes:*** The STTA provider audited the JMS procurement process and made recommendations for process flow and additional functions and tools. Among the

recommendations were to align the stock-holding policy with the procurement lead times and source of items as well as to identify key performance monitoring indicators for the procurement function. Automation of forecasting processes through an off-the-shelf system was also recommended. Automation would reduce at least 67% of the manual effort and allow the procurement department to incorporate frequent forecasting updates into a sales and operational planning process. Recommendations were made to reduce hand-offs to 34% of the current levels

#### *Next steps*

- Develop specifications to acquire an off-the-shelf forecasting software package
- Procure new forecasting software

**Manage third-party logistics (3PL) providers:** In Q9, analysis determined that JMS warehouse operations were not designed to support door-to-door delivery and that inadequate storage space would prevent accumulation of picked orders. The need for a 3PL was thus delayed. Also, the lack of order delivery capacity at JMS was considered the single most important constraint to the growth of JMS business, but recent observations point to a wider problem. For example, while JMS is intended to be the first source for private not-for-profit health facilities to procure medicines, private not-for-profit health facilities spend only a small proportion of their EMHS budget at JMS. JMS' lack of transportation capacity cannot fully explain this low level of patronage. Discussions with JMS revealed that the scope of client needs and preferences was much wider, and that building a door-to-door delivery capacity alone may not yield the projected levels of business growth. Stakeholders agreed to change strategy and delay implementation of this activity until the completion of an in-depth assessment of client needs and preferences for JMS services. The need to optimize the activities in end-to-end supply-chain operations, including warehousing, inventory management, and distribution activities, requires JMS to first redefine the problem being addressed. This activity will therefore be conducted after carrying out a client network study and developing a logistics network strategy in the next quarter.

#### *Next step*

- Conduct a client network study and develop a logistics network strategy

**Improve warehouse operations:** A warehouse process problem diagnosis was done by mapping the current sequence of activities that must take place to complete tasks such as order picking, stock taking, receiving of goods, etc. When related to the movement of the product in the supply chain, the analysis determined which steps are essential or non-essential and which added or reduced value to JMS's business. This diagnosis was carried out as part of the end-to-end supply system diagnosis and was intended to identify opportunities for warehouse operations improvement. The diagnosis identified key areas of efficiency reduction in many processes including order picking, which had several hand-offs and non-value adding activities. The probability of supply-chain disruptions, such as poor communication, human error, and missed shipments, increased with the number of hand-offs in the warehouse during customer order fulfillment. Study recommendations implemented consistently can potentially improve warehouse operations and customer service.

Until now, JMS operated a pick-and-carry service model. Recent proposals for contracting a third-party transport service provider meant that JMS would have to remodel its warehouse operations to accommodate the accumulation of customer orders to dispatch. The inadequate warehouse space for storage, order assembly, and dispatch was identified as a key constraint to the proposed expansion of JMS operations, including direct delivery. A major recommendation was to increase the infrastructure with an option to increase warehousing space by 145% to address JMS's needs over the next 20 years, which includes the option of moving to a completely new location.

#### ***Next step***

- Support JMS to implement warehouse improvement interventions

***Strengthen information systems:*** The management information system assessment implemented earlier by Leif-Erik was enhanced by the end-to-end supply chain diagnosis and the subsequent recommendation to remove non-value adding activities. A primary recommendation was to conduct training in the current management information system (MACS) so that the system can sustain JMS while proposals for a replacement system are considered and commissioned (up to 18 months). Functional and non-functional requirements were identified that will be used to develop system specifications in Q10 to inform the process of acquiring a new system.

#### ***Next steps***

- Conduct MACS system super user training
- Develop detailed specifications for a new system

#### ***Develop the Pharmaceutical Information Portal***

The development of the PIP has experienced substantial delays. Financial negotiations and contract development took longer than expected, but has been finalized. Installation of the PIP server is still pending signing of the MoU between SURE and the MoH. The PIP development is planned to start in January 2012. MoH Pharmacy Division has promised space for the development team, but has not allocated it. The MoH will formally establish the technical committee to oversee the development of PIP/FACTS .

On 12 December, the Director General of Health Services issued a directive to stop all partners' information technology-related activities until further notice. Concerns of duplication of efforts and unclear MoH priorities prompted the re-assessment of ICT support. The Director General must give direct approval to continue, which cannot be expected before 16 January, when the ICT Harmonization Technical Workgroup meets to map current information communication technology solutions with the Ministry's needs assessment. If MoH does not approve continuing the development of PIP and FACTS in the week of 16 January, we run a high risk of having to re-tender the RFP, which can result in a delay of at least 4–6 months. Should the implementation be delayed, the program activity will need to be reconsidered because the remaining program time may be insufficient to ensure proper MoH capacity building and hand-over.

Meanwhile, the MoH/SURE team is working on project preparations. The software stack was selected in concert with the vendor and quotes have been requested. Issuing the purchase request and organizing training is pending the Director General's go-ahead. The project strategies and project planning are finalized and need to be confirmed after installation of the total project team. Several meetings were held with stakeholders to inventory their data sources and requirements and identify their contact personnel for communicating with the PIP team.

The Orange 4Mbs symmetrical fiber Internet connection for the MoH was renewed for one year.

***Next steps***

- Sign the PIP equipment usage agreements and hand over the PIP server and rack hardware to the MoH Resource Centre
- Sign contract with the vendor for PIP development
- Review training providers for the Microsoft SQL data warehousing/business intelligence training and identify a prospective trainer for the PIP team
- Establish a project team for PIP/FACTS development
- Start review of requirements phase

## **RESULT 3: IMPROVED CAPACITY AND PERFORMANCE OF TARGET DISTRICTS AND USAID IMPLEMENTING PARTNERS IN SUPPLY CHAIN MANAGEMENT ROLES AND RESPONSIBILITIES**

### **SUB-RESULT 3.1: IMPROVED CAPACITY OF TARGET DISTRICTS AND HEALTH FACILITIES IN PLANNING, DISTRIBUTION, MANAGING, AND MONITORING EMHS**

#### ***Develop and implement a district and facility level support package***

***Build facility-level supply chain management capacity:*** In this quarter, SURE and MoH carried out their final review of the EMHS manual. The training materials were finalized and SURE handed over the MMS training to Makerere University following both classroom and field orientation of the tutors by SURE staff. Makerere was able to successfully implement two trainings in the quarter. In total, 65 persons were trained this quarter, including 35 of MMS from the South West region, Makerere tutors, MoH regional pharmacists, implementing partners logistics advisors, and new SURE staff. SURE and experienced MMS will support a field orientation exercise for all the trainees in the next quarter to provide them with practical experience in performance assessment using the indicator-based tool and carrying out on-the-job training at facilities.

SURE participated in MoH-led discussions to devise ways of coordinating the printing of new HMIS tools. In the interim, SURE got MoH approval and has printed the stock book and supervision book for health facilities in SURE's 45 districts as we await further guidance from MoH and USAID on printing other EMHS tools such as the prescription/dispensing log and the stock card.

#### ***Next steps***

- Print the EMHS manual and prescription /dispensing log
- Makerere University trains 44 MMS in non-SURE districts in supply chain management
- Provide field orientation to regional and implementing partner pharmacists

***Build facility-level pharmaceutical financial management capacity:*** The pharmaceutical financial management manual was further improved and will be used in the draft form as reference during the training of MMS. Final corrections will be made before large-scale printing for distribution to health facilities. The process to develop the training materials for pharmaceutical financial management was delayed when the STTA provider withdrew due to injury sustained in a motor accident. It is now agreed that the materials will be developed in-house, and the first training—with SURE regional staff as participants—will also serve as a pilot for the materials. SURE drafted a pharmaceutical financial management course including details on the purpose and scope of the course.

#### ***Next step***

- Complete pharmaceutical financial management training materials and pilot them

**Promote coordination and collaboration.** SURE Central and Eastern regional offices organized two-day regional meetings that brought together DHOs, MMS, and the MoH regional pharmacists. Participants shared experiences and discussed the challenges in strengthening logistics for health commodities. The most pressing issues centred on the current kit system adopted to deliver EMHS to Health Centre II and Health Centre III levels. While participants noted that availability had improved, new problems with over supply and under supply of certain commodities have increased. They also noted that although improvements in stock management and rational medicines use indicators were evident following supervision visits, lack of basic infrastructure such as shelves and pallets was hindering progress with stores management.

The coordination meeting involving all the MMS focused on improving quality in data collection and analysis of health facility data. Results of previous reproducibility studies were discussed and consensus was reached on definitions of most of the indicators that were problematic.

#### **Next steps**

- Hold SURE/DHO/MMS regional meeting in three regions
- Support implementation of regular district logistics management meetings involving all stakeholders

**Improve infrastructure in selected facilities.** Findings in the field have shown that stores infrastructure is poor in many facilities which affects health commodity management. SURE is recruiting an STTA provider to assess the situation and estimate quantities and costs for standard shelves and pallets. The MoH is currently reviewing the statement of work.

#### **Next step**

- Complete statement of work for stores infrastructure review and recruit STTA

#### **Implement the supervision, performance, and reward strategy (SPARS)**

**Train in motorcycle use:** 44 MMS were trained in defensive riding and the inspector of vehicles passed them. In addition, SURE sought and received approval to procure 11 additional motorcycles, so that all 146 MMS will be mobile by end of the coming quarter.

#### **Next step**

- Train 22 MMS in motorcycle riding

**Implement supervision and performance assessment.** MMS visited and carried out on the job training in 641 facilities in the 45 SURE districts where 367 were first baseline visits. A number of districts in South-western region, particularly those have not received motorcycles, are still lagging behind, with less than 20% of facilities having received their first supervisory visit.

### ***Next steps***

- Provide supervision and on-the-job training in 700 facilities
- Develop a performance assessment quality assurance strategy and implement routine reproducibility tests to strengthen data quality

***Assure sustainability of SPARS.*** SURE worked closely with the Pharmacy Division to develop a plan for engaging other partners in implementing SPARS as described below. SURE supported the training of Pharmacy Division staff and regional pharmacists in supply chain management and supervision concepts and also provided 13 laptops to this team. We believe the regional pharmacists will build experience by supporting other partners in implementing SPARS in the non-SURE districts. This will put them in a strong position to gradually assume responsibility for SPARS in all districts in their regions.

### ***Next steps***

- Hold Pharmacy Division/SURE biannual meeting
- Develop specifications and initiate procurement of facility rewards
- Review SPARS strategy and present at the next biannual Pharmacy Division/SURE meeting

### ***Implement new communication and information technology***

The RxSolution pilot report has been revised and finalized; the focus during the quarter was on collaborating with MoH on a rollout plan for RxSolution, drafting a training strategy, and procuring hardware. We have found that several support options that we tested function well, including the wiki/web board for reporting and tracking RxSolution issues and the Skype/Teamviewer setup to provide remote support to users outside of Kampala.

At Masaka Hospital, the network cable connecting the store and pharmacy was cut due to construction work. At Butabika Hospital, network equipment was supplied to connect the pharmacy department with the outpatient dispensary. General support visits revealed a few additional issues; for example, items not showing up on the orders and staff inadvertently unplugging the power cord for the network switch. At Kayunga Hospital the system is running as planned.

Development of the Rx Box is in its final stage. Current box contents include a data-DVD with the RxSolution software and other supporting software and a set of manuals to guide RxSolution set up, use and maintenance. A demonstration has been given to MoH Pharmacy Division and Resource Centre/Information Technology on installation of Rx Solution.

SURE held a stakeholder meeting in October 2011 with participants from MoH PD/RC&IT, implementing partners, and USAID to draft a generic workplan to harmonize the roll out of RxSolution in all districts of Uganda. To support the process, an overview sheet has been developed where MoH and SURE can track progress of targeted hospitals. SURE has learned

that the national referral hospital, Mulago, has been using an electronic health information system, called IICS, for many months. SURE is pushing to get more information regarding the system to identify possible overlaps and coordinate accordingly. Roll out of RxSolution to hospitals has been delayed and is pending MoH's decisions on Health harmonization.

In addition, the use of Adobe Acrobat Forms has been expanded beyond routine data collection from facilities to collect data for the kit assessment in December 2011 and for the baseline study in 2011 and to assess the President's Malaria Initiative ACT distribution. This quarter, we started the process of translating Adobe Acrobat Forms into Excel, which allows for automated report generation.

Last, SURE has initiated the procurement of netbooks, laptops, and printers with delivery expected in January/ February 2012. We chose netbooks for the health subdistrict-level MMS after a successful pilot program and laptops for the district-level MMS because they need to write reports, make presentations, and analyze data.

### *Next steps*

- Hand over the Rx Box to MoH
- Coordinate rollout of RxSolution with MoH
- Develop structure for computerized hospitals to report
- Conduct training of trainers program for RxSolution
- Train first group of hospital users in RxSolution
- Train MMS to use netbooks and electronic forms
- Prepare desktop computers for five hospitals
- Expand use of the web-based support function for RxSolution
- Make routine visits to RxSolution pilot sites
- Finalize RxSolution indicator manual based on WHO template
- Prepare laptops and netbooks for MMS
- Give netbooks to MMS
- Finalize rollout plan and categorize hospitals for rollout
- Test manual on data use and test entry of supervision data
- Develop automated reporting forms for all levels to increase use of facility data
- Finalize financial performance assessment tool and corresponding electronic form

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

***Support implementing partners and nongovernmental organizations to improve their capacity to manage EMHS***

SURE has been helping MoH implementing partners roll out SPARS in non SURE-supported districts and facilitating partners' activity planning and budgeting as well as capacity building of MMS and coordinators. To date, eight implementing partners, including the Belgian Development Agency, World Bank, Strengthening TB and AIDS Response-Eastern Region (STAR-E), STAR-EC, STAR-SW, STRIDES for Family Health, SUSTAIN, the UK Department for International Development, and the Health Care Improvement project have agreed to implement SPARS in 42 districts in addition to the 45 SURE districts. The MoH Pharmacy Division is discussing coverage of an additional 37 districts with support from the Global Fund. Opportunities exist to expand the collaboration to include all health projects that significantly invest in medicines and health supplies including, among others, partners supported by CDC such as Baylor College and Malaria Consortium.

An MoH concept paper detailing the SPARS strategy including the cost of implementation has been developed and circulated by SURE.

In Q9, SURE engaged MoH programs, namely TB, NMCP, and AIDS Control Program, to discuss how to adapt SPARS as a way to improve commodity management relating to the programs' specialized areas. In addition, SURE conducted a comprehensive assessment to understand the challenges relating to lab commodities and reagents.

#### *Next steps*

- Adapt SPARS for MoH technical programs and other medicine management situations within the public and private not-for-profit sectors
- Review implementing partner plans and schedule MMS training in partner-supported districts

#### **Build capacity of storekeepers**

Outcomes from discussions with MoH technical programs regarding SPARS should lead to the definition of more concrete roles for storekeepers in improving ordering, reporting, and managing specialized commodities. SURE will develop a training curriculum that empowers storekeepers to effectively contribute to improvements in the commodity logistics system.

#### *Next step*

- Develop a curriculum and training materials for in-service training of storekeepers

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

#### ***Institute good pharmacy practices certification***

Two NDA inspectors have undergone MMS training to introduce them to the draft inspection tool for public and private sector medicine stores, pharmacies, and dispensaries. The tool, which is based on existing guidelines and practices, is being finalized with inputs from SURE staff. NDA is interested in making the tool in the direction of the MMS routine tools and

indicators to increase uniformity of inspection criteria. A pilot accreditation of public sector pharmacies is planned for next quarter. Discussion of the scheme's practicalities and the performance score needed to qualify for accreditation has begun. The pilot will also indicate the need for SURE to further train NDA inspectors to implement the certification inspections in the public sector.

***Next steps***

- Finalize inspection tools and disseminate readiness performance criteria
- Agree on inspection details
- Pre-test the NDA good pharmacy practices assessment tool and finalize the pass/fail criteria
- Recruit an STTA provider to develop a good pharmacy practices community involvement strategy
- Initiate good pharmacy practice inspections in the central region

## MONITORING AND EVALUATION

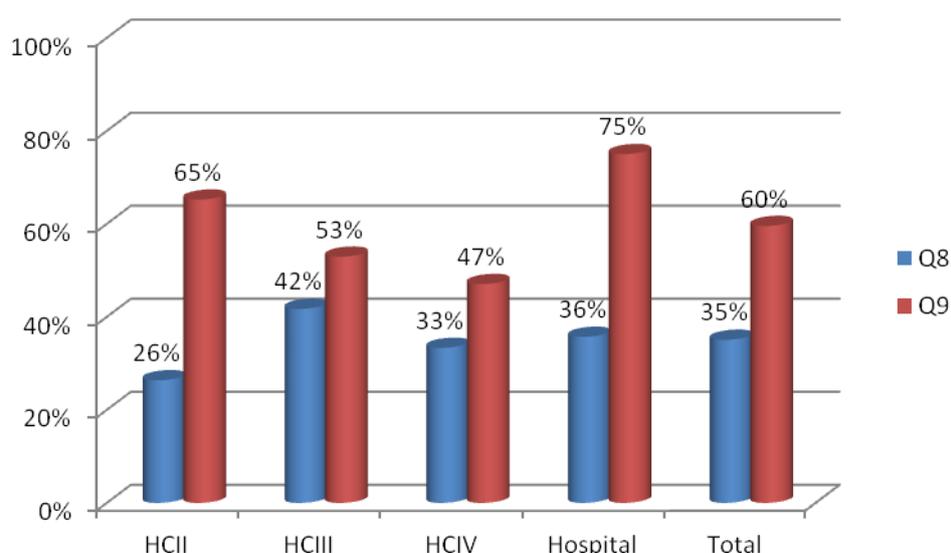
### SURE PERFORMANCE COMPARED WITH PMP

In October 2011, partner reporting systems managed by Monitoring and Evaluation of the Emergency Plan Progress (MEEPP) and Uganda Monitoring and Evaluation Management Services (UMEMS) were updated with SURE data for the annual report. SURE received feedback about the data and made changes. At the beginning of the third year of the program, the SURE team made progress in discussing Year 3 activities and developing a work plan to guide the implementation of planned activities. The final Year 3 work plan was submitted to and approved by USAID

SURE's PMP includes indicators tied to health facility performance in medicines management. SURE continued to assess the performance of health facilities through routine facility supervision by the Medicines Management Supervisors in Q9. Data validation, entry, and analysis were coordinated at SURE headquarters. During the quarter, 230 facilities were supervised and their quarterly performance results are presented below. All analyses were based on October and November data because that was all that was available at the time of reporting. Following quarters will represent 3 month reporting period i.e quarter 10 will report on December, January and February. The result represents the findings from facilities that are assessed for the first time (baseline) and facilities that have been visited several times. Information on select indicators follows.

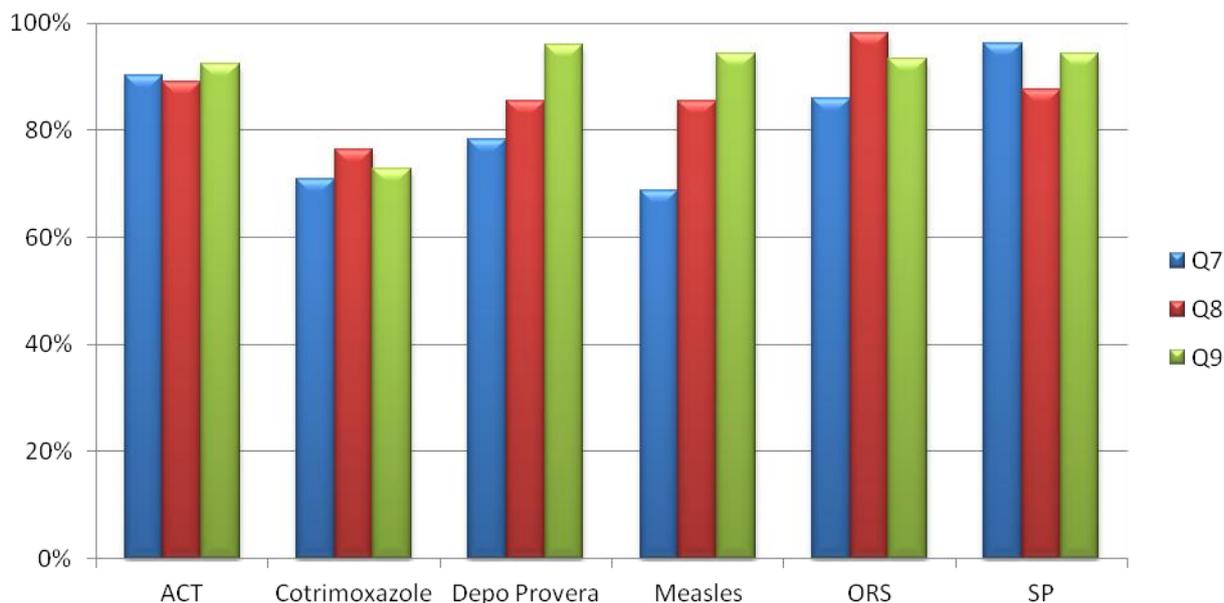
***Sixty percent of health facilities had all six tracer medicines available on the day of the visit.*** Figure 2 compares the different health facility levels over the three previous quarters (Q7–Q9); facilities at all levels improved in availability of tracer medicines.

Health Centre IIs previously had the lowest availability but it has drastically improved as a result of the increased funding to EMHS with the introduction of the kit.



**Figure 2:** Percentage of health facilities by level with all six tracer medicines available

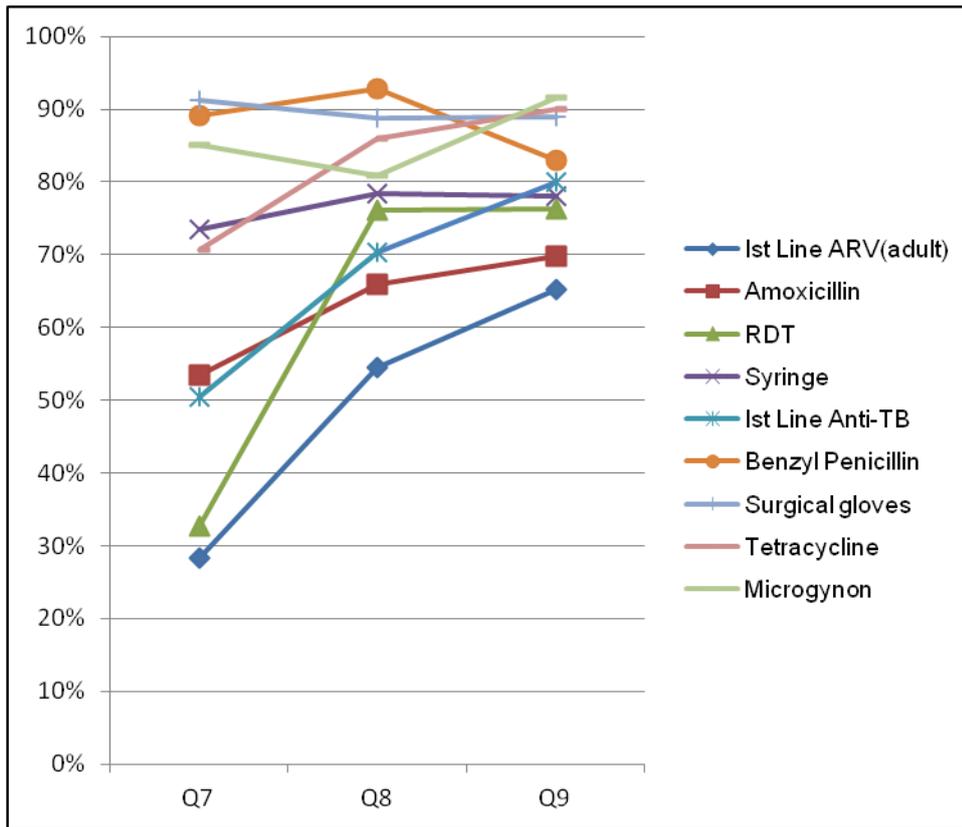
*The average availability of basket of six tracer items on the day of survey was 90%. This is compared to 89% availability during Q8. Figure 3 shows improvement the availability of all tracer medicines except oral rehydration solution (ORS) and cotrimoxazole.*



**Figure 3:** Average percentage availability of the tracer medicines

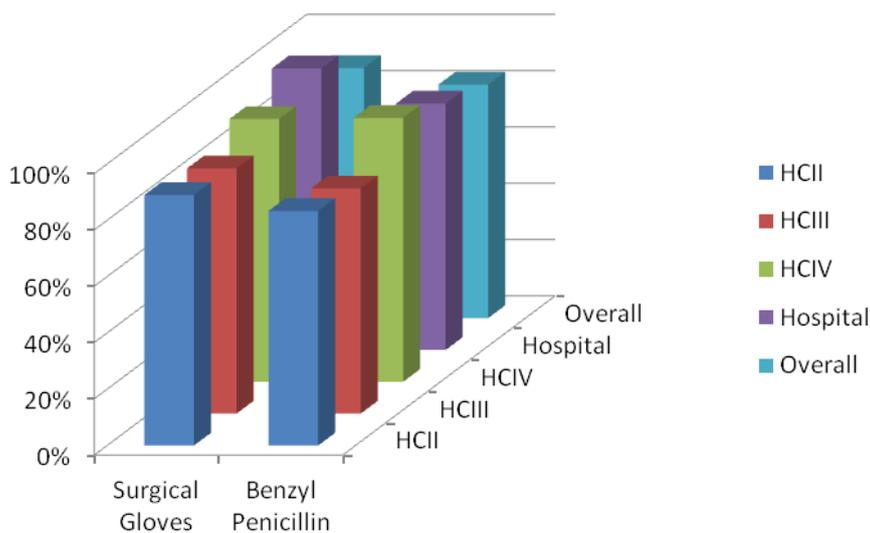
Cotrimoxazole registered the lowest availability at 73%, and further analysis showed that on average, cotrimoxazole was out of stock for 22 days in the last 3 months, while other medicines were out of stock for less than 7 days. Availability of Cotrimoxazole at the NMS has been a constraint as can be seen from figure X below. NMS experienced stock outs of Cotrimoxazole in all Q7, Q8 and Q9 which is more than the maximum stock of 5 month explaining why many facilities will be out of stock if they have access to no other sources than NMS.

Figure 4 below shows that availability of 9 other EMHS improved from before being 29 % to 92% to a narrower and improved availability of 68 to 92%. Few items (Benzyl penicillin and gloves decreased slightly)



**Figure 4:** Availability of other vital medicines/supplies on the day of the survey

Availability of surgical gloves and Benzyl Penicillin by facility level in Figure 5 below shows that it was lowest for HCII and HCIII. The decrease could be attributed to insufficient kit content for the two commodities.



**Figure 5:** Availability of other vital medicines/supplies on the day of the survey

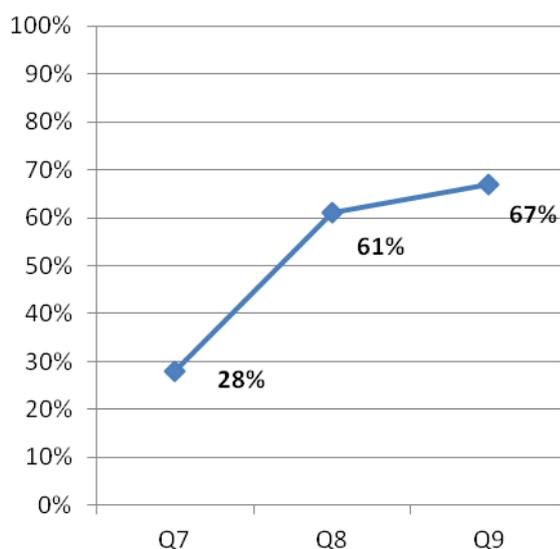
Other findings from the routine facility supervisions done during the quarter are displayed in Table 1 below. Results in Table 1 below show that stock cards are available at the health facilities as displayed by the high percentage (90%) although 38% of the facilities did not have stock cards for all the tracer medicines. Further still, it clearly shows that the fact that they are available doesn't necessarily translate into having accurate information on these stock cards. Only 2% of the health facilities had accurately filled their stock cards. The availability of stock cards found in the 2010 pharmaceutical survey from none SURE supported districts was on average 68%, highest at higher level facilities and highest for medicines compared to supplies, 74% vs 63%. Stock cards being so very critical for all stock management it is encouraging to see that availability in SURE supported districts has improvement reaching 90%.

Table 1 also shows that few facility staff members understand what VEN stands for (24%). On the other hand, the majority of health facilities have filing systems in place for delivery notes (94%) and prescription and dispensing logs (95%). However, emphasis needs to be placed on filing discrepancy reports (15%).

**Table 1: Supply management assessed in 230 facilities from 4 SURE regions in October/November 2011**

Indicator	Percentage
Percentage of health facilities with stock cards available for all tracer medicines	62%
Percentage availability of stock cards at the health facilities	90%
Percentage of health facilities accurately filing out stock cards for all 6 tracer medicines	2%
Percentage of stock card where physical count tally amount on the stock card	12%
Percentage of health facilities that know what VEN stands for	24%
Percentage of health facilities that file the following reports	
Discrepancy reports	15%
Delivery notes	94%
Previous orders made	63%
Old prescription and dispensing logs	95%

***The percentage availability of a basket of six vital tracer medicines at National Medical Stores measured over three months was 67%.*** Figure 6 shows improvement in the average availability of the six tracer medicines over the previous three quarters. Table 2 shows information for specific products.



**Figure 6:** Percent availability of six tracer vital medicines at NMS

NMS tracer medicines	Quarters		
	Q7	Q8	Q9
ACT	0%	100%	100%
Benzyl Penicillin	67%	67%	100%
Cotrimoxazole 480mg	0%	0%	0%
Amoxicillin 250mg	0%	33%	0%
Doxycycline 100mg	100%	100%	100%
ARV AZT+3TC+NP	0%	67%	100%

**Table 2:** Percent availability of the tracer vital medicines for three quarters: Q7-Q9

Figure 6 above shows that there has been an improvement in the availability at NMS of the 6 tracer medicines over the quarters. In addition, and table 2 also displays the same message except for Amoxicillin and Cotrimoxazole that continues to be out of stock..

### **Indicator 2.21 Number of individuals trained in supply chain management and/or pharmaceutical leadership and management**

SURE organized five trainings during the quarter, registering a total of **116** trainees (female=25, male=91). A total of **69**(female=19, male=50), individuals received training in supply chain management and others were trained in Motorcycle defensive riding (47, female=6, male=41).

### **SURVEYS AND ASSESSMENTS**

In this quarter SURE implemented a number of surveys. SURE collected data for the second assessment of the kit system in September and October and drafted the report for the kit revision meeting held by NMS in mid December 2011, where results were presented. The final version of the report is final before scheduled in the work plan and will be available in the next quarter. Data was collected with assistance from NMS staff. MMS and SURE staff.

The Annual Pharmaceutical Sector Report 2010 was finalized and data for the 2011 version was collected by MOH Medicines Management Supervisors with assistance from SURE staff.

#### **Next steps:**

- 2012 Target setting for PMP indicators
- Revise SURE PMP and indicators reference sheets

- Review data collection tools for PMP related data
- Design and implement the SURE program monitoring indicators database.
- Develop and monitor SURE work plan indicators
- Update UMEMS and MEEPP partner reporting systems with quarterly and semi-annual data respectively.
- Participate in partner M&E meetings and share data with other Implementing Partners.
- Printing Pharmaceutical Sector Report 2010.
- Analyze data and finalize Pharmaceutical Sector Report 2011.
- Finalize and print second kit assessment.

### **IMPROVE M&E CAPACITY FOR KEY STAKEHOLDERS**

SURE collaborated with CDC to develop indicators to track the performance of National Medical Stores (NMS). In addition, SURE continued to provide technical support to refine the Indicator reference sheets and the revised draft is now available for review by CDC and MoH

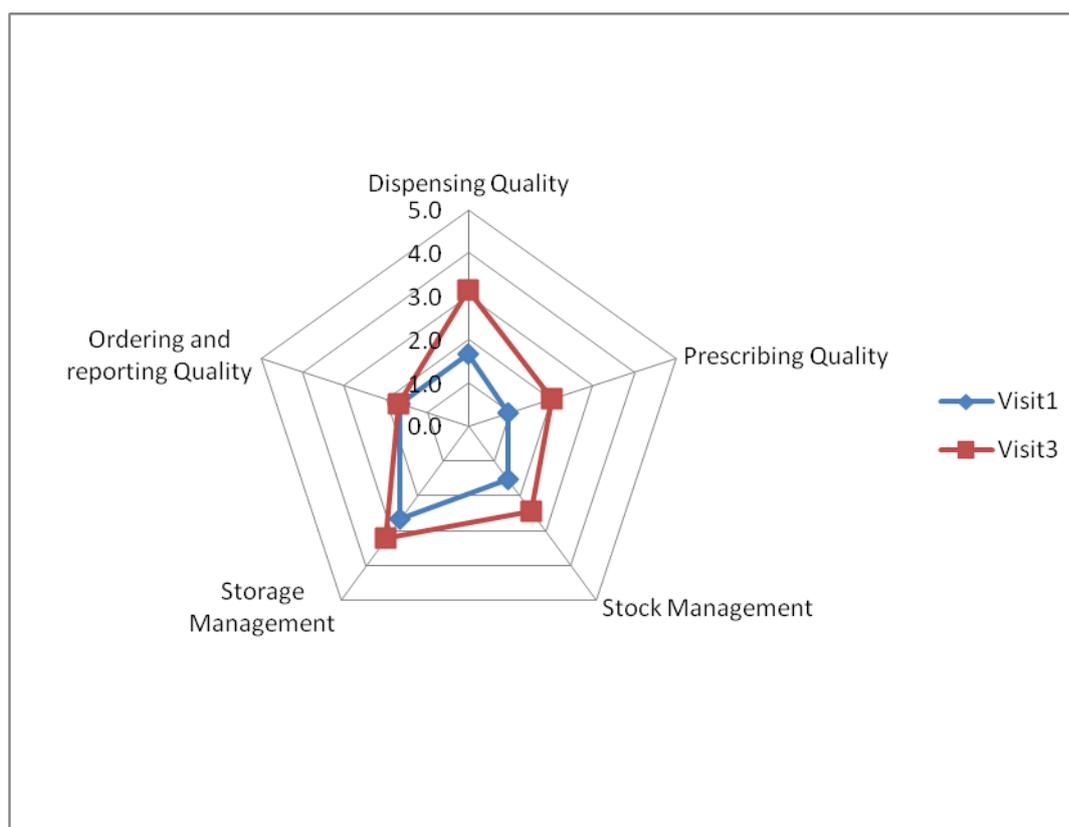
#### ***Next steps:***

- Conduct M&E training for district staff (MMS), and other MoH staff
- Support CDC in finalizing indicator reference sheets for the NMS indicators.
- Support NMS and JMS in developing M&E performance indicators.
- Develop data collection tools for JMS monitoring data.
- Collect and analyze performance data.

### **ASSESSMENT OF SPARS INTERVENTION.**

In order to assess the effect of the medicines management supervision and the SPARS strategy so far, 36 health facilities that had data for three consecutive visits were considered. Table 3 in the annex shows analysis for the 25 indicators considered under the SURE program and there's generally an improvement in performance of health facilities.

The spido-graph below comparing visit 1 and visit 3 performances shows that the supervised facilities have improved their dispensing, prescribing, storage management and stock management practices. However, they need more support in terms of ordering and reporting.



**Figure 7:** Spidograph showing supervision assessment by component at facilities having had three assessments and two supervisions.

### ***Highlights from the Facility supervision and monitoring by assessment component***

a. Dispensing quality

More facilities are appropriately packaging (40% - 71%) through the use of appropriate dispensing envelopes and clean containers, more facilities are using appropriate dispensing equipment (39% - 59%) mainly attributed to reduced use of bare hands when counting tablets. Availability of services at the dispensing area has also improved from 75% - 87% as a result of presence of chairs in the dispensing area, and existence of a facility to wash hand. The level of discrepancy between amount prescribed and amount dispensed for the antibiotics has greatly reduced to from 37% to 1%.

b. Prescribing Quality

Major improvements have been noted here mainly due to reduction in average number of medicines prescribed per encounter (3.3 - 2.7), more medicines are prescribed by generic name (59% - 70%), there's a great decline in the patients prescribed one or more antibiotics (56% - 47%) and injections (22% - 15%), better recording system (required information recorded in the prescription system from 69% - 83%). In addition malaria cases are more appropriately treated compared to the first visit (47% - 68%).

c. Stock Management

Availability of stock cards has greatly improved (82% - 93%) and there's also an improvement in accuracy of stock information from 60% to 68%. Keeping stock cards up to date is still a challenge (% required data filled in the stock card header 9% - 39%) because it is

time consuming and many staff have problems calculating the AMC which is one of the required fields in the assessment.

d. Storage Management

The level of hygiene in the dispensary and main store has greatly improved from 51% - 69% and this is mainly attributed to availability of toilets, and existence of acceptable and hygienic washing facilities. In addition, the level of cleanliness in the dispensary and main store improved (49% - 56%), level of storage system in the main store improved from 55% - 65%, level of storage practices in the store and dispensary from 47% - 59% and Level of storage conditions in the main store from 66% - 73%.

e. Ordering and reporting quality

Level of filing system has tremendously improved from 57% - 78% mainly attributed to existence of the filing system for delivery notes, previous orders, old prescription and dispensing logs. Accuracy of HMIS reports on the other hand improved from 62% - 71%.

## PROGRAM MANAGEMENT

### ACTIVITIES

This quarter started off with the submission of the Year 3 work plan and budget for October 1, 2011–September 30, 2012 and subsequent approval by USAID in October 2011.

With five regional offices established and running, operational support to the MMS district supervision efforts has been strengthened by the provision of additional motorcycles and motorcycle training. The SURE program has received 124 of the 135 motorcycles ordered and has received approval for the purchase of an additional 11 motorcycles and 5 4WD pickups to aid in the district activities. We processed the purchase order for these additional motorcycles and vehicles and expect to receive these new purchases in February 2012.

Early in this quarter, the SURE program supported the printing of HMIS tools by issuing an RFP to ensure a fair and transparent procurement process to select a printing vendor. The chosen vendor printed 5,000 MoH stock books and 3,000 medicines and health supplies management supervision books to be used in SURE and non-SURE districts. The procurement unit received approval from USAID to use the same procurement process for the EMHS training manual and for future printing related to HMIS tools.

The SURE communication strategy is to share relevant administrative and technical information both within and outside the SURE program using the website ([www.sure.ug](http://www.sure.ug)), newsletter (*The Value Chain*), and success stories that are regularly sent to USAID.

Furthermore, the SURE program holds periodic staff meetings, weekly management team meetings, orientation meetings with USAID, and meetings with technical working groups and others to promote coordination with MoH central-level programs.

### Challenges

On 5 November, 2011, four motorcycles were stolen from the SURE central offices in Bugolobi. SURE staff swiftly reported this incident through the appropriate channels and processes. The USAID-recommended CID investigator, KK Security, and Chartis Insurance investigators finalized their reports. Preliminary information indicates that the theft was committed by the KK Security guard on duty and an outside gang of individuals. MSH Uganda and KK Security have reviewed and strengthened their security procedures regarding guard staffing to ensure no future incidents. Currently, SURE staff is working with KK Security, Chartis Insurance, and Lion Insurance companies to seek full replacement of the four stolen motorcycles. The replacement has taken longer than expected but we expect to get replacements by the end of January 2012.

### *Next steps*

- Monitor trips to be made in the second quarter of 2012 to offer operational support and evaluate adherence to travel procedures
- Conduct a staff retreat to further cement team building and staff motivation
- Closely monitor the Year 3 procurement plan to ensure timely delivery

## STAFFING

This quarter we recruited the open positions of Receptionist/Administrative Assistant–Lira Office and established the need for two M&E Assistants and five Regional Office Drivers. This increases the total number of planned staff to 64, up from 57 as reported in the previous quarter.

Table 3 summarizes the number of positions. Annex 2 presents a more detailed roster of employees.

**Table 3: Update on staffing status (actual and planned) as of 31 December 2011**

<b>Time Period</b>	<b>Staff Number</b>
31-Dec-09 (actual)	10
31-Mar-10 (actual)	22
30-Jun-10 (actual)	28
30-Sep-10 (actual)	33
31-Dec-10 (actual)	41
30-Mar-11 (actual)	44
30-Jun-11 (actual)	45
30-Sep-11 (actual)	57
31-Dec-11 (planned)	67

### *Next step*

- Complete the recruitment according to the planned positions as of 31 December 2011

## SHORT TERM TECHNICAL ASSISTANCE

The table below illustrates the international STTA providers and a brief description of their tasks that were newly mobilized during the quarter.

**Table 4: STTA in Q9**

<b>Last name</b>	<b>First name</b>	<b>Title/counterpart</b>	<b>Level of effort</b>	<b>Scope of work</b>
Hazemba	Oliver	TB LMIS Consultant/TBLP	6 weeks	Conduct an assessment of TB logistics system
Kraushaar	Dan	Pharmaceutical Finance Consultant/MoH	3 weeks	EMHS financing at central level

## ANNEXES

### ANNEX A: SUMMARY OF SURE STAFFING STATUS AS AT DECEMBER 31, 2011

	Job Title	Last Name	First Name	Hire dates	Comments
1	Office Assistant	Naluggwa	Patricia	1-Aug-09	
2	Chief of Party	Trap	Birna	1-Sep-09	
3	Tech. Advisor – Supply Chain Operations	Kidde	Saul	1-Sep-09	
	Logistics Training Officer	Gwoyita	Loi	1-Sep-09	Under EHG; Transferred to SDSI on Aug 20, '11.
4	Logistics Training Officer	Okello	Bosco	21-Nov-11	Replaced Loi Gwoyita, will be under MSH.
	ARV Procurement Advisor	Ntale	Caroline	1-Sep-09	100% charged to SCMS
5	Administrative Coordinator	Nakandi	Sarah	1-Mar-10	
6	Transport Lead	Kaweesa	Moses	18-Sep-09	
7	Pharm. FC–Central Office	Nakiganda	Victoria	14-Oct-09	
8	District Pharm. Strengthening Specialist	Mohammed	Khalid	2-Nov-09	
9	M&E/LMIS Coordinator	Belinda	Blick	30-Nov-09	
	Accountant	Bacia	Scovia	4-Jan-10	
10	Accountant	Natumanya	Dennis	9-Dec-11	Replaced Scovia Bacia
11	Finance and Admin. Mgr	Nguyen	Vinh	1-Feb-10	
12	PIP Tech. Advisor	Schaefer	Petra	1-Feb-10	EHG Staff
13	Lab Data Analyst - Secondment to CPHL	Baitwababo	Bernard	8-Feb-10	
14	Driver - Central Regional Office	Sekamatte	Timothy	8-Feb-10	
15	Logistics Data Manager - Secondment to NTLP	Sekalala	Shaquille	15-Feb-10	
	ARV Procurement Officer	Aboyo	Caroline	1-Mar-10	100% charged to SCMS
16	HR Generalist	Achilla	Carolyn	1-Mar-10	
	LMIS Specialist	Bagyendera	Moses	3-Mar-10	Resigned
	M&E Specialist	Semakula	Richard	3-Mar-10	
17	M&E Specialist	Nalwadda	Brenda	28-Nov-11	Replacement for Richard Semakula

	<b>Job Title</b>	<b>Last Name</b>	<b>First Name</b>	<b>Hire dates</b>	<b>Comments</b>
18	Logistics Coordinator	Nabuguzi	Eric	22-Mar-10	
19	Logistic Officer – PNFP	Kadde	Stephen	22-Mar-10	
20	Logistic Expert - Finance/LMIS, MoH Secondment	Were	Lawrence	15-Apr-10	
21	Driver - Kampala HQ	Tumwesigye	Felix	10-May-10	
22	M&E, Logistics and AMU Coordinator	Konradsen	Dorthe	1-May-10	Title changed from Logistics/M&E Officer; Transferred to EHG on August 16, 2011
23	Programs Operations Associate	Mugagga	Peter	1-Jun-10	
24	Communications Assistant	Natukunda	Julian	15-Jun-11	Appointed upon completion of internship
	M&E/LMIS Coordinator – Kampala	Elur	Bill	7-Jul-10	Resigned effective May 5, 2011
25	District Computerization Officer	Opio	Tom	26-Sep-11	Replacement for Bill Elur, with new title
26	IT Specialist	Muwanga	Peter	7-Jul-10	
27	Pharmaceutical Field Coordinator. – Mbale Regional Office	Umirambe	Emmanuel	7-Jul-10	
28	IT Officer - seconded to National Drug Authority	Nassimbwa	Hamidah	2-Aug-10	
29	Systems Administrator - seconded to Resource Centre	Tumwesigye	Alex	23-Aug-10	
30	Driver – Mbale Regional Office	Derrick	Draleku	15-Nov-10	
31	Assistant Pharmaceutical Field Coordinator – Mbale Regional Office	Anthony	Kirunda	15-Nov-10	
32	Assistant Pharm. FC – Kampala	Omalla	Samuel	15-Nov-10	
33	Pharm. FC. -Fort Portal	Nuwagaba	Timothy	15-Nov-10	
34	Pharm. FC – Lira	Okidi	Denis	15-Nov-10	
35	Driver - Fort Portal	George	Sekimpi	22-Nov-10	
36	Assistant Accountant – Mbale	Madras	James	26-Nov-10	
37	Driver – Lira	Obonyo	Christopher	6-Dec-10	
38	Driver – Kampala	Mukisa	John	3-Jan-11	
39	Assistant Pharm. FC - Fort Portal	Nantongo	Lynda	3-Jan-11	on EHG subcontract

Job Title	Last Name	First Name	Hire dates	Comments	
40	Assistant Accountant – Fort Portal	Tugume	Godfrey	17-Jan-11	Moved to Fort Portal in Sep '11 to replace Geoffrey Olwol (Asst. Acct.) who resigned; Program Ops Assistant position closed and new position of Program Ops Associate Created below
41	Program Ops. Associate – Central	Musinguzi	Michael	4-Jul-11	
42	Asst. Accountant Fort Portal	Tugume	Godfrey	1-Sep-11	
43	QPPU Coordinator	Okumu	Morris	22-Mar-11	EHG Staff
44	District Info. Mgmt Coord.	Hoppenworth	Kim	15-Apr-11	EHG Staff
45	Assistant Pharm. FC – Lira	Ondoma	Jimmy	6-Jun-11	
46	Pharm. Field Coord. – Mbarara	Agaara	Mark	18-Jul-11	RTT Staff
47	Quality Assurance Associate	Bagonza	David	1-Sep-11	
48	Assistant Pharm. FC– Mbarara	Gabula	Sadat	11-Jul-11	RTT Staff
49	Assistant Accountant – Lira	Okello	Ben	14-Jul-11	
50	HR Coordinator	Okot	Agatha	11-Aug-11	
51	Logistics Officer – Vertical & IP	Amuha	Monica	5-Sep-11	
52	Program Assistant	Khasoma	Susan	12-Sep-11	
53	Driver – Mbarara	Bidong	Richard	5-Sep-11	
54	Assistant Accountant – Mbarara	Walusimbi	Alex	15-Aug-11	
55	Administrative Assistant Mbarara	Nalubowa	Fatuma	1-Aug-11	
56	Receptionist/Admin Asst. – Lira	Ayugi	Christine	24-Nov-11	
57	M&E Assistant	Nabanoba	Allen	21-Nov-11	
58	M&E Assistant	Nakabugo	Stella	21-Nov-11	
<b>Existing staff as at December 31, 2011</b>				<b>58</b>	
<b>Summary of full-time positions planned as at December 31, 2011</b>					
59	Driver - Central Office	TBD	TBD	31-Jan-12	
60	Driver - Fort Portal	TBD	TBD	31-Jan-12	
61	Driver - Lira Office	TBD	TBD	31-Jan-12	

---

	<b>Job Title</b>	<b>Last Name</b>	<b>First Name</b>	<b>Hire dates</b>	<b>Comments</b>
62	Driver - Mbale Office	TBD	TBD	31-Jan-12	
63	Driver – Mbarara	TBD	TBD	31-Jan-12	
64	QPPU Officer	TBD	TBD	31-Jan-12	
<b>Planned full time staff as at December 31, 2011</b>					<b>6</b>

## ANNEX-B: 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

##### *Develop information system for tracking financing and EMHS funding (FACTS)*

###### **Planned:**

- Start development of FACTS functional architecture 0
- System process mapping and requirements confirmation 0
- System testing , data collection and analysis 0

###### **Progress:**

- Identification of Vendor to develop FACTS
- Data collection tools and guidelines have been developed but system testing has been delayed

##### *Financial assessment of EMHS utilization*

###### **Planned:**

- Establish a monitoring system for VEN utilization for EMHS & lab 0

###### **Progress:**

##### *Prioritize resources for greater health impact*

###### **Planned:**

- Support creation of equity in distribution of vote 116 0
- Assess what needs to be done in prioritization of pharmaceutical resources for health priority outcomes ✓

###### **Progress:**

- Implementation of this activity has been rescheduled to start after the assessment of outcomes study
- SOW of the study was finalized and preliminary work done

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

##### *Assure signature to MoH/SURE agreement*

###### **Planned:**

- MoU signed for collaboration with MOH 0
- Establish SURE Program Steering Committee 0

###### **Progress:**

- This is still pending signature by MoH
- Pending signing of MoU

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

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

#### Support NMS

##### Planned:

- Following the release of the NMS business plan, a detailed plan for SURE support will be developed 0
- Develop revised support plan for NMS based on the new NMS strategic plan, if requested - 0

##### Progress:

- Pending signing of MoU with MoH

### 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:

##### HIV/AIDS

- Develop an implementation strategy for roll out of the Web-based ARV ordering and reporting system -✓✓
- Externally test and initiate the rollout of the web-based ARV ordering and reporting application in collaboration with all stakeholders -✓✓
- Desk assessment of the HIV supply chain to identify key areas of intervention -0

##### Progress:

- Draft roll-out strategy developed together with ACP
- System tested using forms received at NMS and JMS, and system bugs fixed. System was demonstrated to ACP and approval for roll-out

##### TB Program

- Hold discussion with NTLP and Pharmacy Division on long term strategy for strengthening the TB logistics system-✓✓
- Assessment of TB Logistics system-✓✓

- Meeting held, and established a task force to follow up. Task Force will meet regularly to discuss implementation of recommendations
- Assessment of supply chain was conducted, and report is being finalized

##### Lab Commodities

- Hold discussion with CPHL, Pharmacy Division and other stakeholders on long term strategy for strengthening the lab logistics system-✓✓
- Assessment of the lab logistics system-✓
- Stakeholder review of lab supplies VEN Classification-✓✓
- Staff secondment-✓✓

- Meeting held and agreed on priority areas for interventions, including an assessment of the logistics system
- Scope of work developed, sourcing consultants ongoing
- VEN classification of lab supplies completed. Printing is ongoing
- Job description of staff seconded revised to support M&E function. Job description developed for recruitment

##### Malaria Program

- Support to PNFP to increase uptake of
- Assessment of logistics practices done, and

ACTs and RDTs-✓✓

capacity building for completion of stock cards, and order forms provided. Data analysis ongoing

**Support and strengthen the Pharmacy Division**

**Planned:**

- Continue meeting regularly with Pharmacy Division -✓✓

**Progress:**

- Held weekly meetings with Pharmacy Division, circulated minutes circulated to current attendees—staff members from SURE and Pharmacy Division

**Support to National Drug Authority**

**Planned:**

- Activity costing study-✓
- Develop new inspection tools-✓
- MMS training of 2 inspectors -✓✓

**Progress:**

- SoW developed and STTA deployed, work ongoing
- Draft tools developed, being revised by NDA due for piloting in Q10

Done

**Support a pre-service training program for health workers**

**Planned:**

- Collaboration between MUK and key institutions to update curriculum for healthcare staff - ✓✓
- Developed competencies relevant to effective medicines management✓✓
- Draft training materials✓✓

**Progress:**

- Mapping of key institutions done and meetings held as a group and individual partners
- Training materials reviewed and approved, MUK now implementing MMS training as well

**Sub-result 2.3. Supply chain system effectiveness and efficiency improved through innovative approaches**

**Support to UMTAC**

**Planned:**

- Edit of the EMLU and UCG

**Progress:**

Done

**Support to QPP Unit**

**Planned:**

- Finalize the QPP strategy paper - ✓
- Establish QPP Technical Committee - ✓✓
- Establish a quantification and procurement planning calendar - ✓✓
- Conduct centralized national quantification and procurement planning for lab and HIV commodities - ✓
- Support to MoH programs in developing Global Fund grant PSM plans for TB, HIV

**Progress:**

- Progress was slower than anticipated as a lot of time was devoted to GF support
- ToR for QPP Technical Committee were developed, members nominated but appointment delayed by DGHS
- Finalizing quantification report and supply plan for lab commodities
- Updated PSM plans for approved Round 10 grants for TB, Malaria, HSS

and Malaria - ✓✓

---

### Support JMS

---

#### Planned:

- Hold monthly meetings ✓✓
- Finalize business Process Transformation (BPT) to improve JMS' key business functions ✓✓
- Identify areas of enhancement for the current MIS functions and key users skills for efficiency gains ✓✓
- Finalize plan to introduce new MIS and develop detailed specifications 0
- Develop SoW for procurement process audit ✓✓
- Conduct procurement process audit ✓✓
- Design procurement process improvement strategies and plan ✓✓
- Support Implementation of procurement process improvement plan 0
- Management of 3PL distributors 0
- Complete assessment of warehousing efficiency at JMS ✓✓
- Develop interventions for improving warehouse operations ✓✓
- Identify and agree on list of equipment with JMS ✓✓
- Strengthening the MIS system at JMS ✓

#### Progress:

- Meetings were held regularly to monitor progress of implementation
- The BPT was finalized including all business processes of JMS
- Area of improvement for the MIS were identified with training needs to utilize current MIS
- The plan to introduce a new MIS was stayed until discussion is held on priority areas of implementation following the BPT
- The SOW was done and the audit carried out during the BPT
- The procurement process audit was completed
- An improvement strategy and plan was developed
- The implementation is pending prioritization of areas to implement
- Interventions on 3PL distribution were rescheduled until a client study is carried out and logistics network strategy is developed
- The warehouse assessment was done along with the BPT
- Interventions to improve warehouse efficiency were identified
- Equipment for improving JMS' warehouse handling efficiency were identified during the BPT exercise
- Broad function requirements were identified for the MIS

---

### Develop PIP

---

#### Planned:

- Transfer the server set-up to the MoH, and launch the hand-over of the PIP server.- 0
- Present an overview of GIS functionality -0
- Sign contract with selected PIP development vendor -✓

#### Progress:

- Installation of the server at MOH is awaiting signing of the MoU
- PIP development vendor contract negotiations finalized. Signing contract pending go-ahead from DG
- Web based ARV ordering system integrated into DHIS2 and ready for roll-out

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

**Sub-result 3.1: Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS**

***Develop and Implement a district and facility level support package***

<b><i>Planned</i></b>	<b><i>Progress:</i></b>
<ul style="list-style-type: none"> <li>• Printing of EMHS manual, Supervision book and Stock book: ✓</li> <li>• Scale out of use of netbooks among MMS: 0</li> <li>• Train MMS in SCM and Motorcycle riding. ✓✓</li> <li>• Supervision and on the job training in 700 facilities✓</li> <li>• SURE/DHO/MMS regional meeting to review implementation of SPARS✓✓</li> <li>• Build storekeepers supply chain management capacity: 0</li> <li>• Evaluate computer hardware needed and draft purchase request for procurement of computers for district hospitals in the 45 SURE districts</li> <li>• Develop computer training strategy</li> <li>• Finalize national work plan to support MoH in Rx roll out in non-SURE supported districts</li> <li>• Work with MoH/IPs/UNICEF to explore national support options</li> </ul>	<ul style="list-style-type: none"> <li>• Supervision book and Stock sent for printing. EMHS manual being reviewed</li> <li>• Procurement of netbooks initiated</li> <li>• 35 MMS trained in SCM, 44 trained in defensive riding</li> <li>• Supervision and on the job training for 641 facilities</li> <li>• Two regional meeting held and discussed SPARS implementation and data quality</li> <li>• Training of storekeepers moved forward pending development of SPARS strategy for MoH programmes</li> </ul>

***Implement new communication and information technology***

<b><i>Planned</i></b>	<b><i>Progress:</i></b>
<ul style="list-style-type: none"> <li>• Evaluate computer hardware needed and draft purchase request for procurement of computers for district hospitals in the 45 SURE districts✓✓</li> <li>• Develop computer training strategy✓</li> <li>• Finalize national work plan to support MoH in Rx roll out in non-SURE supported districts✓</li> <li>• Work with MoH/IPs/UNICEF to explore national support options✓</li> </ul>	<ul style="list-style-type: none"> <li>• PR has been processed and orders placed</li> <li>• Training of netbook users has been planned</li> <li>• Training for Rx Solution has been planned</li> <li>• Generic workplan for hospital computerization has been drafted</li> <li>• SURE has attended a meeting with MoH/UNICEF/IPs to give input and suggestions</li> </ul>

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

***Roll out MMS/SPARS strategy to implementing partners***

<b><i>Planned:</i></b>	<b><i>Progress:</i></b>
<ul style="list-style-type: none"> <li>• Assist IPs to roll out SPARS in non SURE</li> </ul>	<ul style="list-style-type: none"> <li>• Roll out strategy developed and work plans for</li> </ul>

---

supported districts ✓✓

- Implement training of MMS in non SURE supported districts: 0

phase 1 IPs developed

- The first step was to identify and train regional coordinators for SPARS before selecting MMS
- 

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

---

***Establish accreditation certification system for GPP and GFP***

---

***Planned:***

- Pre-test the NDA GPP assessment tool and finalize the pass fail criteria: 0
- Develop scope of work for STTA to draft the GPP information, education and communication plan ✓✓

***Progress:***

- A comprehensive approach to reviewing of NDA inspection tool was discussed with possibility of recruiting STTA with experience from more advanced Medicines Regulatory Authorities to guide the process
  - Scope of work for STTA to GPP community involvement completed and recruitment initiated
-

**ANNEX-C: MEDICINES MANAGEMENT SUPERVISION ASSESSMENT RESULTS.**

<b>MEDICINES MANAGEMENT SUPERVISION DASHBOARD</b>				
<b>No.</b>	<b>Indicators</b>	<b>Explanation</b>	<b>Visit1</b>	<b>Visit3</b>
<b>A: Dispensing quality</b>				
1	Average Dispensing time (seconds)	Whether the dispenser takes at least 60 seconds to provide information about the medicine to the patient.	32	42
2	% Facilities with Appropriate packaging material	Appropriate packing material includes appropriate dispensing envelopes and appropriate clean containers.	40%	71%
3	% Facilities with Appropriate dispensing equipment	Dispensing equipment includes use of a spatula or spoon while dispensing, tablet counting tray when counting tablets, not using bare hands when counting tablets, use of a graduated measuring cylinder when dispensing liquids	39%	59%
4	% Availability of services at the dispensing area	The services assessed include presence of chairs/bench, ensure that privacy is achieved when dispensing, existence of a facility to wash hands and availability of drinking water for the patient in the dispensing area.	75%	87%
5	Average Patient Care score	A number of issues are considered here i.e non discrepancy between prescribed and dispensed medicines, whether patient knows how much to take, how often, how long, why take the medicine and other information such as adverse reactions.	0.5	0.7
6	Average Labeling Score	Whether the following have been correctly labelled i.e. medicine name, strength, quantity, date, dose, patient name, facility name.	0	0.3
7	% Non-Discrepancy	Assess the level of discrepancy between amount prescribed and amount dispensed for the antibiotics.	63%	99%
<b>B: Prescribing Quality</b>				
8	% required information recorded in the prescription system	Whether the following information has been recorded on the prescription and dispensing log i.e. OPD/IP number, diagnosis, medicines name, prescriber's name, amount prescribed, and amount dispensed.	69%	83%
9	Average # of medicines prescribed per counter	Whether prescribers are not providing so many medicines to the patients and here the number of medicines prescribed is noted.	3.3	2.7
	% Medicines prescribed by generic name	whether prescribers are prescribing by generic name	59%	70%
	% Patients prescribed one or	whether prescribers are not over prescribing antibiotics	56%	47%

<b>MEDICINES MANAGEMENT SUPERVISION DASHBOARD</b>				
<b>No.</b>	<b>Indicators</b>	<b>Explanation</b>	<b>Visit1</b>	<b>Visit3</b>
	more antibiotics			
	% Patients prescribed one or more injections	whether prescribers are not over prescribing injections.	22%	15%
	% Diagnosis recorded	Whether diagnosis is always recorded by the prescriber	90%	97%
10	% Diarrhoea Cases appropriately treated	Appropriate Diarrhoea treatment includes ORS only, or ORS and Zinc.	10%	35%
11	% Cough/cold Cases appropriately treated	Appropriate cough/cold treatment includes antipyretic/analgesic, cough/cold drugs, albendazole / mebendazole	7%	21%
12	% Malaria Cases appropriately treated	Appropriate malaria treatment includes ACT or quinine but not both, and with or without paracetamol	47%	68%
<b>C: Stock Management</b>				
13	%Availability of the stock card	Whether stock card is available for the 6 tracer medicines	82%	93%
14	%required data filled in the stock card header	Whether the stock card is filled with the name, strength, dosage form, AMC and special storage.	9%	39%
15	%Accuracy of stock information	Whether balance on hand and physical count agree.	60%	68%
16	% accurate use of stock book	Whether all fields of the stock book have been filled including AMC.	stock books not yet distributed	
<b>D: Storage Management</b>				
17	Level of cleanliness in the dispensary and main store	Whether the dispensary and main store are very clean.	49%	56%
18	Level of hygiene in the dispensary and main store	Whether toilets are available, acceptable, and hygienic and functioning, toilet paper is available, washing facilities are acceptable, hygienic and functioning and soap for hand washing is available.	51%	69%
19	Level of storage system in the main store	Whether medicines are stored on shelves/cupboards, stockcards kept next to medicines in shelves, medicines stored in systematic manner (alphabetical/therapeutic), shelves labelled.	55%	65%
20	Level of storage conditions in the main store	Observe the main store for the following i.e pests, protection from direct sunlight, temperature monitoring, temperature regulation, roof in good condition, sufficient storage space, limited access, fire safety equipment available, cold storage system, only medicines in the refrigerator, vaccines in the centre of the refrigerator, refrigerator temperature recorded etc	66%	73%

**MEDICINES MANAGEMENT SUPERVISION DASHBOARD**

No.	Indicators	Explanation	Visit1	Visit3
21	Level of storage practices in the store and dispensary	Check for boxes not on the floor, record of expired drugs, place to store expired medicines, fefo adhered to, opened bottles clearly labelled with opening date, opened tins have a lid.	47%	59%
<b>E: Ordering and reporting quality</b>				
22	% facilities with staff capable of calculating quantities to order	Assess whether the staff know how to calculate the quantity to order by checking for calculation of AMC and quantity to order, know VEN, and know at least 3 vital items.	30%	57%
23	Level of order timeliness	Whether ordering was timely i.e. actual date of order was within ordering schedule date.	Few cases to analyze	
24	% Accuracy of HMIS information	Whether stock out information on the report and stock card agree.	62%	71%
25	Level of filing system	Whether the following are filed i.e. discrepancy reports, delivery notes, previous orders made, old prescription and dispensing logs.	57%	78%