



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

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



## Quarterly Progress Report

**April to June 2012  
(Quarter 11)**

**July 2012**

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**About SURE**

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

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

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

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## ACRONYMS AND ABBREVIATIONS

ACP	AIDS Control Program
ACT	Artemisinin-based Combination Therapy
ARVs	Antiretrovirals
ART	Antiretroviral therapy
CDC	US Center for Disease Control and Prevention
CPHL	Central Public Health Laboratory
DHIS2	District Health Information Management Software Version-2
DHO	District Health Officer
DOP	District Operational Plan
DRC	District Report Card
DTLS	District Tuberculosis & Leprosy Stores
EMHS	Essential medicines and health supplies
EMHSLU	Essential Medicine and Health Supplies List of Uganda
FACTS	Financial and Commodity Tracking System
GFATM	Global Fund to fight HIV/AIDS, Tuberculosis & Malaria
GPP	Good Pharmacy Practice
ICT	Information Communication Technology
IEC	Information Education & Communication
IT	information technology
JMS	Joint Medical Store
MAUL	Medical Access Uganda Limited
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
PFM	Pharmaceutical Financial Management
PIP	Pharmaceutical Information Portal
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PNFP	Private not-for-profit
PSM	Procurement and Supply Management
QPPU	Quantification, Planning, and Procurement Unit
RC	Resource Center
RH	Reproductive Health
RDT	Rapid diagnostic test
SMGL	Saving Mothers Giving Life Project
SPARS	Supervision, Performance Assessment, and Recognition Strategy
STTA	Short term technical assistance/assistant
SURE	Securing Ugandans' Right to Essential Medicines [Program]
TB	Tuberculosis

ToT	Training of trainers
UMTAC	Uganda Medicines Therapeutic Advisory Committee
USAID	US Agency for International Development
VEN	Vital, essential, or necessary



## **EXECUTIVE SUMMARY**

The eleventh quarterly progress and performance monitoring report (Q-11) for the Securing Ugandans' Right to Essential Medicines (SURE) Program covers the period between 1<sup>st</sup> April to 30<sup>th</sup> June 2012. It summarizes progress made and examples of program actions taken during this period along with a description of the program's effect on access to medicines. The report also highlights the variety of implementation challenges encountered by SURE. Lastly, the report proposes activities for implementation in the next quarter Q-12.

There has been significant progress during Q-11 in all targeted program result areas that increase access to and contribution of medicines and health supplies for improved quality of and outcomes from patient care.

The SURE Program has helped raise the profile of medicines management at all levels, especially at district and health facility levels, through program initiatives based on best practices and evidence. To maintain a sense of country ownership and ensure sustainability, these initiatives are implemented within existing structures and through strong collaboration with Ministry of Health staff. For example, with MoH help, the Supervision, Performance Assessment, and Recognition Strategy (SPARS) initiative has been successfully implemented and it is now a widely accepted and harmonized country strategy for building capacity of medicines management capacity within health facilities.

The Memorandum of Understanding (MoU) between the MoH and SURE was signed in May 2012, creating a improved opportunities to strengthen and harmonise medicines supply chains at all levels; grant SURE access to valuable, objective-related information.; and bolster collaboration efforts among SURE, the MoH, and districts. As the successes of SURE have become known and and technical assistance made available, the Ministry of Health (MoH) has become increasingly responsive to and supportive of the SURE Program.

The SURE Program has, however, been delayed in some areas and have not been able to meet implementation deadlines for NMS-support activities and the roll out of information and communication projects. Thus, the Scope of Work (SoW) should be revised in these areas.

The midterm review of the program work plan and strategies, which was initially planned for May 2012, has been rescheduled for September 2012.

SURE's progress during the reporting period is summarized below.

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

A key activity in this area is the establishment of a central level financial and commodity tracking system (FACTS) to inform policy makers of potential commodity financing gaps and partner oversubscription. While the system concept was developed in collaboration with all key stakeholders, the MoH has halted the implementation of all new electronic and information communication tools, including the Financial and Commodity Tracking System, since November 2011. Due to this roadblock, SURE made proposals to expand the MoH's National Health Accounts (NHA) to include elements of pharmaceutical financial tracking. However, it was determined that the NHA could not fully replace the need for FACTS.

Thus, one main focus in Q-11 was to review FACTS for initial use as a simple manual tool to track prioritized financial and commodity tracking indicators at central level. An SoW has been developed and a medicines financing expert identified to support this process in the next quarter. Also, the health desk at Ministry of Finance & Economic Development shared EMHS financial data included in the Budget Speech, Budget performance reports, the Approved National Budget and the MTEF FY 2010/11-2015/16. SURE will support MoH to engage partners and collect priority off budget data on medicines financing and expenditure as part of the FACTS review.

Similarly, the development of the Pharmaceutical Information Portal (PIP) is also pending approval from the MoH. Approval is expected after the e-Health consultant evaluates the PIP system; however, there is considerable delay by MoH in hiring the consultant. A decision has now made to reduce the scope of PIP implementation due to limited time for system development, capacity building, and hand over. During Q-11, priority was given to building project capacity to handle and process an increasing volume of health facility performance monitoring data from nearly 1,400 health facilities. Data warehouse experts have been identified, and the required software was purchased during the reporting period.

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

SURE continues to collaborate with the National Medical Stores (NMS), Joint Medical Store (JMS), GFATM, the Quantification, Planning, and Procurement Unit, and technical programs to support the production of the MoH's bi-monthly stock status report. The stock status reports for May 2012 were published and shared widely with the stakeholders.

While the MoU between MoH and SURE was signed, the MoU between NMS and SURE has not yet been authorized and therefore, direct program support to NMS has delayed. However, NMS has significantly gained from ongoing SURE support to the MoH to roll out a web-based ARV reporting and ordering system. It is the first step towards the implementation of a single-supplier for each accredited HIV treatment site.

Weekly meetings with the MoH Pharmacy Division have continued to not only provide program accountability to the MoH but also a forum to resolve challenges, answer questions, and solicit opinions for new ideas in the SURE program. In addition, SURE has supported the Pharmacy Division staff's supervision of SURE-supported districts and health facilities to evaluate how capacity building programs are developing and give recommendations that strengthen implementation. Support to the Pharmacy Division has also included the recruitment of a Pharmaceutical Monitoring and Evaluation (M&E) Expert who will be responsible for establishing capacity and systems to manage information from various partners and periodically prepare sector performance reports.

However, SURE experienced challenges providing technical assistance to MoH technical programs following the resignation of three key persons, including the technical programs team leader. Recruitment of new candidates was prioritized during the quarter; they are expected to start work in August 2012.

The new M&E Advisor at the Central Public Health Laboratory (CPHL) reported for duty in May 2012 to support the establishment of a lab logistics information management and performance monitoring system. This position is supported by SURE program. The

assessment of the lab logistics supply-chain was initiated and is expected to be complete in the next quarter. It will identify priority improvement areas that can be supported by SURE and other stakeholders.

Good Pharmacy Practice (GPP) accreditation has progressed this quarter. Following the pre-testing of GPP inspection tools in the previous quarter, SURE with the National Drug Authority (NDA) led a second pilot to inspect 24 health facilities for GPP accreditation. Additionally, an advertising agency will be selected to develop and implement an Information, Education & Communication strategy to involve communities in the recognition of and demand for GPP accreditation at their health facilities. An extensive roll out of facility inspection for GPP accreditation will begin next quarter alongside ongoing roll out of the recognition scheme, which should aid facilities in meeting GPP targets in a timely manner.

Several studies were completed this quarter. These include an activity costing study to revise the fee structure of various services provided, an evaluation of outsourcing options as outlined in the Information Technology Strategy Paper, and a TB supply-chain assessment.

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

This quarter, SURE trained all 142 Medicines Management Supervisors (MMS) with the 10 SURE regional coordinating team members in electronic data collection, aggregation, and transmission. Each MMS was provided with a portable computer (laptops and netbook) and a modem. Remote desktop support to MMS is now possible but retraining of 15 MMS in use of computers is required next quarter along with advanced training of DMMS and SURE staff.

To increase utilization of data collected from health facilities by MMS, a “Quarterly District Report Card” (DRC) has been developed to provide districts with data for planning, monitoring, and review of pharmaceutical management interventions,. The QRC reports the health facilities league table; number of MMS supervision visits; and relative shift in the aggregated performance of district facilities in timeliness of ordering and reporting, store and stock management performance, and prescribing and appropriate use of medicines. The report, which is automatically generated when new data sets are aggregated each quarter, summarizes key medicines management challenges in every district and empowers District Health Officers (DHO) to target their efforts on specific issues. In coming months, SURE will be focused on developing an aggregated report for 45 districts to map districts’ progress against each other and identify common problems that may require higher-level support from the government. A standardized national report will be generated for this purpose.

The stores condition assessment was piloted and the national assessment exercise rolled out this quarter. The assessment should be completed in early Q-12 when the expert returns to analyze and prepare a report on key findings.

During this quarter, bids were solicited for the supply of shelves to 1,300 health facilities in 45 districts. The lack of appropriate store shelving makes it difficult to improve storage practices such as properly organizing items, using stock cards, and labeling storage areas. The award of contracts is expected to take place next quarter.

SURE also supported the 2<sup>nd</sup> Annual Pharmaceutical Partners Forum held on 6<sup>th</sup> and 7<sup>th</sup> June 2012 and held two regional meetings to share experiences with using SPARS. These meetings

increase the knowledge of capacity-building activities in the districts, and the feedback has led to several quality improvement actions, including improving MMS performance management and motorcycle management.

At this quarter's end, the MoH's e-Health technical working group has not moved ahead with implementation of new ICT tools, including RxSolution. This project has now been delayed by seven months. Since all equipment for a national roll out were have been procured and training materials and resource persons are available, the program is exploring the roll out of only RXSolution to private not-for-profit (PNFP) facilities. Preliminary discussions have supported this proposal.

Also, an active web-based forum has been created for medicine management supervisors in 45 districts to interact and share ideas among themselves and with their regional pharmacists, SURE key staff, Pharmacy division and DHOs. The forum is increasingly becoming an important communication tool to solve medicine management problems.

The SURE Program is progressing well but as mentioned previously, certain challenges remain:

- There is presently a seven-month delay to authorize the implementation of PIP, FACTS, and RxSolution.
- The MoU between SURE and NMS is not signed, and technical support has not been requested. There are a number of improvement areas in medicine management that cannot be fully addressed without direct support to and collaboration with NMS. These improvements include planning for the transition from a push to pull system, ensuring equity in medicine financial allocation, and the implementation of the vital, essential, and necessary (VEN) classification among areas.
- The lack of critical data to operate FACTS and monitor indicators remains a serious problem. NMS is the only source of data for several indicators that measure program progress. To tackle this challenge, the Performance Monitoring Plan (PMP) has been revised so that data is collected from the field instead of NMS.
- Resource constraints among implementing partners (IP) to roll out SPARS, as well as constraints in managing facility performance monitoring data in IP-supported districts remain.

The table below summarizes SURE's primary outputs this quarter. Annex 1 summarizes progress against planned activities.

## SURE Program Key Outputs Q11

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

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

##### *Financing*

##### **FACTS**

- No progress with system development, pending re-evaluation of needs by Ministry of Health.
- SoW developed and expert identified to review FACTS implementation as a manual system covering only priority areas.
- GoU medicines financing data for 2010/11 obtained

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

- Developed a SoW to assess sizing inequities in resource allocation and cost-effectiveness of VEN, kits, and other supply systems. Expert identified.

### Result 2: Support to improve the capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities

#### *2.1 Improved capacity at NMS*

##### **NMS support**

- Supported the transition from using a supply-chain manager to using a new web-based ARV ordering and reporting system

#### *2.2 Improved capacity of MoH program managers and technical staff to plan and monitor national essential medicines and health supplies*

##### **MoH technical program support**

- Trained five regional trainers for implementing partners and regional pharmacists who will then train district level health facilities
- Supported the NMCP to estimate national requirements of pharmaceuticals to meet the National Malaria Strategic Plan targets in Uganda for the period of 2012 to 2016
- Supported the AIDS Control Program (ACP) with reviewing the Global Fund Round 7 Phase 2 HIV Grant Procurement and Supply Management (PSM) Plan in the months of April and May 2012
- Completed the TB Supply-chain assessment report; ready for dissemination next quarter
- Deployed a short term technical assistant (STTA) to mentor and build capacity of the program support team at SURE

##### **Pharmacy Division support**

- Supported the Pharmacy Division with organizing the 2<sup>nd</sup> Annual Pharmaceutical Partners Forum on 6<sup>th</sup> & 7<sup>th</sup> June, 2012
- Supported the Pharmacy Division team to undertake supervision of districts and health facilities supported by SURE and make recommendations for program quality improvement

##### **NDA support**

- Inspected 24 health facilities in the central region using GPP; report to be discussed the coming

quarter

- Completed the activity costing study; report accepted by the NDA
- Created a report detailing and costing outsourcing options as proposed in the IT Strategy.
- Installed the VOI system on a temporary server
- Extended contract of IT support secondment and reallocated systems administrator secondment from MOH RC to NDA

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#### **PIP/FACTS**

- Developed SoW for development of district data management system; software purchased and STTA identified. The development of PIP in its original scope is now under review.

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

- Trained 14 tutors as part of the training of trainers (ToT) training material pilot in May 2012
- Decision was made that the medicines supply management training can begin and does not need to wait for the conclusion of the curriculum review

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

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

- Finalized and printed the Essential Medicine and Health Supplies List for Uganda (EMHSLU) 2012
- Harmonized the UCG 2010 with the medicines in the 2012 EMHSLU; the layout of the UCG 2010 second version is now in print-ready form.

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#### **QPPU**

- Published and widely shared the bi-monthly stock status reports for May 2012
- Recruitment of the new QPPU coordinator

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#### **JMS**

- Recruited STTA to carry out network strategy study
- Provided STTA to product requirement specifications for new MIS system
- Provided STTA to prepare RFP and manage the bidding process for acquiring vendor for the new MIS system
- Recruited M&E secondment to JMS.
- Finalised performance assessment indicators, data collection and analysis tools for JMS

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### **Result 3: Support to improve the capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities**

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#### ***3.1 Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS***

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##### **District support package**

- Makerere trained 21 MMS
- Printed 10,000 copies of EMHS Manual and 3,000 copies of Prescription Dispensing Log

- Initiated approximately 3,500 GoU & PNFP health facilities in 112 districts initiated following a pilot of the tools
- 
- Initiated procurement of store shelves for 1,300 health facilities in 45 districts; award of contracts planned for next quarter
- 
- Finalized Pharmaceutical Financial Management (PFM) Manual and training materials
- 
- Standardized district EMHS performance reports disseminated to 45 districts
- 
- Disseminated DQA guidelines and conducted reproducibility survey in 4 regions
- 
- Carried out supervision and on the job training in 803 facilities
- 
- Launched reward scheme and distributed first batch to all facilities where baseline was completed
- 
- Trained 44 store keepers and 6 pharmacists from General hospitals store in EMHS management
- 

#### **New district communication and technology (netbook/RxSolution)**

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- Trained 142 MMS to use a netbook and issued a corresponding number of netbooks and modems
- 
- Developed the Automated District Report (final version)
- 
- Developed a support strategy for computerized MMS with possibility for remote support
- 
- Supported existing RxSolution pilot sites in maintaining and using the software
- 
- Initialized setup of 45 Rx training computers
- 

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

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##### **SPARS**

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- Filled Pharmaceutical M&E position to assist in managing data from partner supported facilities
  - Presented and discussed SPARS at the Pharmaceutical Partners Forum
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#### ***3.3 Overall access to EMHS improved through innovative district-level interventions***

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##### **GPP accreditation of public facilities**

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- Inspected 24 facilities in the central region using GPP
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## **TECHNICAL RESULT AREAS AND ACTIVITIES**

This section discusses the status of activity implementation for Results 1, 2, and 3.

### **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***

Implementation of the financial and commodity tracking system (FACTS) is pending re-evaluation of its need by the Ministry of Health (MoH). There were attempts to collect only the priority Government of Uganda (GoU) medicines financing and expenditure and some progress was made to access GoU medicine financing data but utilization information is required from NMS and other partners. SURE and the MoH is reviewing the concept of FACTS and redesigning it as a manual system. It will initially capture only priority financial data; feedback from this stage will inform on the impact of this system on reducing supply gaps and wastage.

The Scope of Work (SoW) for a health-financing expert has been approved, and an expert has been identified to review and improve FACTS, clarify stakeholder financial information needs, review indicators, and support the development of a manual system. This system will be linked to the Quantification & Procurement Planning Unit (QPPU). These activities are scheduled for next quarter.

Unfortunately, it is infeasible to implement FACTS and the Pharmaceutical Information Portal (PIP) as originally proposed due to time lost (over 7 months) over the MoH's decision to suspend implementation of new electronic tools.

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

- Collect partner financial data needed to operate FACTS
- Set up and test a manual FACTS linked to QPPU

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

There was some progress in tracking the utilization of EMHS funds. While access to information is expected to improve in Q-12 following the signing of the MoU with Ministry of Health, the importance of monitoring of funds utilization needs to be part of the routine annual performance reporting at Pharmacy Division. The planned engagement of the planning unit at MoH was overshadowed by annual budgeting activities in the month of June.. The Pharmacy Division has agreed to increase sector performance indicators to include SURE program performance reports.

### **Next steps**

- Assist Pharmacy Division and Planning Unit to prepare the Annual Sector Performance report with expanded indicators

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

SURE supported the data analysis of the exploratory study to evaluate the effectiveness of the VEN strategy and the kit distribution system. The study has attracted high level attention to the area of health outcomes and the prioritization the limited resources. An abstract on this study has been accepted by a scientific conference on health systems strengthening where SURE will be represented to exchange experiences that can be used to further strengthen the pharmaceutical supply system in Uganda. Again, the British Medical Journal has requested authors of the study to submit a full paper which if accepted will be one important step in documenting the impact of US government support to the Ugandan people. However, due to difficulty in obtaining some cost information from facility data and the lack of an MOU with the NMS, it was not possible to conduct both the equity and cost effectiveness study as planned.

### **Next steps**

- Explore a strategy to conduct a cost effectiveness study for the push system in Uganda
- Conduct an assessment to create equity distribution of vote 116

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

#### ***Assure signature of Memorandum of Understanding***

The Memorandum of Understanding (MoU) was signed in May 2012 between the MoH and SURE.

### **Next step**

- Follow up on the establishment of the program steering committee

## **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**

The MoU between the National Medical Store and SURE has not yet been authorized and therefore, direct program support to NMS has delayed; however, NMS has made contact with SURE to start discussions on support.

*Next step*

- Discuss with NMS possible areas of collaboration and technical support

**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***

The overall technical program support structure consists of four Logistics Officers who provide project-specific support to the four MoH technical programs (AIDS Control Program (ACP), Central Public Health Laboratory (CPHL), National TB and Leprosy Program (NTLP), Reproductive Health (RH), and National Malaria Control Program (NMCP)). The Logistics Coordinator –Vertical Programs provides backstopping support to the officers, as well as supports the planning and implementation oversight of SURE interventions at MoH technical programs. In addition, there is an international short term technical assistant (STTA) to mentor and build capacity of the programs support team.

***Support the AIDS Control Program***

Roll-out of the web-based antiretroviral (ARV) ordering and reporting system, the support of the one-facility-one-supplier, and the assessment of the ARV supply chain management system were the focus of SURE support during the reporting period.

*Web-based ARV ordering and reporting system:* The implementation of the web-based ARV ordering and reporting system was authorized by the MoH in May 2012.

A two-day training of trainers on the (DHIS2) ARV web-based ordering system was conducted for ACP Program Department and Resource Centre staff. These trainers will be responsible for training implementing partners and regional pharmacists in the five regional trainings scheduled to start in July 2012. The implementing partners and regional pharmacists will then be responsible for training district logistics focal persons responsible for management of ARV orders in the district.

In the previous quarter, suppliers, Joint Medical Stores (JMS) and Medical Access Uganda Ltd (MAUL), had been trained on the web-based ordering system. However, the major supplier, National Medical Stores (NMS), responsible for the greatest bulk of ARV orders, had not yet been trained. In the last quarter, SURE successfully trained six persons responsible for inputting orders at NMS. The system was well appreciated at NMS for its efficiency improvement at the medical stores through decreased central level work-load. Since the system is web-based and information is accessible to all stakeholders, it will also facilitate tracking of non-reporting and reporting facilities in a given order cycle.

The DHIS2 web-based ARV ordering user manual that had been developed in the previous quarter, and it was sent to MSH headquarters for professional editing and formatting. A foreword was also drafted and signed by the Director General of Health Services at the MoH. Following

budget approval for the system's roll out, the user manual has been printed along with other training materials that had been developed.

Prior to roll out, another mapping was conducted to assess computer and internet connectivity for all health facilities and district hospitals. Implementing partners were requested to provide information on computer and internet connectivity at the district and health facilities. The mapping revealed that out of 650 (ART) facilities, over 60% had functional computers, though most of these had difficulty connecting to the internet. Thus, most ARV orders will be entered into the system at the district health office. This office is responsible for compiling all orders from health facilities in the district.

Monitoring indicators for the web-based system were discussed and agreed upon among the AIDS Control Program, MoH Pharmacy Division, and SURE Program. Indicator reference sheets for these indicators have been developed.

*ARV supply chain management systems assessment:* In the previous quarter, a recommendation was made to hire an international consultant to conduct a desk review for the HIV commodity supply system rather than delegating to a staff member who would otherwise be engaged in the system implementation. However, it was decided that the STTA currently supporting the logistics team would conduct the desk review. This STTA will be returning in August and will work together with the logistics officer supporting the HIV Program to compile the desk review report.

*Other support activities to HIV/AIDS commodity management:* Pertinent to signing the Global Fund (GF) Round 7 Phase 2 HIV Grant was the completion of the Procurement and Supply Management (PSM) Plan. The second version of the PSM Plan was written in March 2012; however, it required further review. The SURE Program working together with the GF Focal Coordination Office (FCO), ACP, and the MoH Pharmacy Division spearheaded the final review of the PSM plan in April and May 2012. Following this review, the final submission was accepted for grant signing and currently, the country is awaiting the disbursement of the funds for HIV commodities procurement.

Writing the PSM required collated efforts to ensure that the Round 7 Phase 2 HIV Grant is signed. This activity took up most of the time that had previously been allocated for other activities in the work plan.

*Rationalization of ARV supply chains:* Among the recommendations of the Policy Options Analysis was the need for supply chain rationalization for HIV logistics. One of the existing challenges in the HIV logistics is that more than one supplier provides commodities to one facility. This has created duplicate reporting and overstocking at some facilities, while other facilities have stock outs. Implementing partners have also been providing buffer stocks to facilities; however, in some facilities, facilities stopped placing orders with the NMS and instead with supportive implementing partners.

Following the need for this supply chain rationalization, a one-supplier-one-facility policy has been adopted, and a resolution to remove barriers between the facility level and central level has been decided. The SURE Program is a member on the supply chain rationalization team. Part of this policy transition requires that HIV commodity requirements be determined for the public and private sector facilities. SURE has carried out public sector quantification for HIV commodities and Co-trimoxazole using December 2011 data provided by the ACP. SURE is awaiting new targets from the U.S. President's Emergency Plan for AIDS Relief to carry out the

private sector quantification. In addition, SURE is writing a document for facilities that do not report on how they will be affected by the supply chain rationalization. SURE has also developed indicators to monitor the progress of the transition. The team currently meets once every two weeks to assign tasks to the sub-teams that are then required to report on the progress in every subsequent meeting.

***Next steps***

- Desk review/assessment of the ARV logistics system
- Support partners to develop roll out plans to user sites, identify the resources needed
- Monthly coordination meetings with ACP

***Support the TB program***

Following the completion of the draft report on the supply chain system for TB medicines and supplies assessment, a partners' workshop was held to update partners on the transition process, particularly the potential housing of commodities in country from GFATM by NMS and the initial results from the ordering process. The SURE Program has provided technical advice on the timing of medicines arrival and coordinated communication with NMS on behalf of the National TB and Leprosy Program (NTLP) to ensure the central warehouse has completed all necessary steps to receive and store the supplies. NMS is still undergoing training and assessment of its capacity to process orders and ensure key data sets are received and analyzed by the relevant supply chain partners. A revision of the key tools and information flows to NMS and the NTLP is in advanced stages.

A presentation on the findings from the assessment and a discussion of the recommendations with expert partner input included need for:

- A strengthened pipeline monitoring system for the NTLP to aid timely decision making
- A robust monitoring and evaluation (M&E) unit with a defined M&E framework
- A financial tracking system for anti-TB medicines and supplies that is linked to the MoH QPPU
- A Performance Monitoring Plan (PMP) to assess the recommendations in the report

The workshop strongly recommended the establishment of an M&E unit and an M&E framework by the next quarter. The SURE Program was tasked with coordinating this effort. The unit and framework will be novel for the program, and thus the partners agreed to lend all necessary support to ensure that the unit is created quickly.

This quarter, SURE also successfully advocated for a change in the TB treatment regime for the continuation phase from EH to RH. This decision now aligns the NTLP Program with global TB treatment standards, which will affect future quantifications made. The SURE program will continue to work with the TB Program to coordinate the quantification efforts and align the QPPU with treatment changes.

***Next Steps***

- Complete quantification review, taking into account changes in the treatment regimen

- Coordinate the establishment of the M&E unit for the TB program
- Complete work on the M&E framework to guide monitoring of supplies management for the TB program
- Monthly coordination meeting
- Disseminate SCM assessment report and recommendations to support transfer of logistics operations to NMS

### ***Support the Malaria Control Program and the PNFP sector***

This quarter, a consultative meeting was held between SURE and the National Malaria Control Program NMCP team to agree on priority problems that can be solved with technical support from SURE. A detailed work plan has been developed to schedule delivery of technical support activities.

Furthermore, the SURE Program has continued to support private not-for-profit (PNFP) facilities through JMS. This support involves monitoring stock and usage rates for ACTS procured through USAID and the U.S. President's Malaria Initiative (PMI) funds and other partners. Support also involves the review of facility orders to ensure an accurate forecast of medicines needs. Targeted interventions and remote support to districts and health centers may be required to ensure optimal utilization of the ACTs and rapid diagnostic tests (RDT) to address supply constraints at PNFP facilities.

Despite the constraints, there has been a threefold increase in the uptake of ACT/RDTs by PNFP facilities compared to previous quarters. This is attributed to awareness of the commodities' availability through JMS, use of ordering tools that have been widely distributed, and improved knowledge on completing the ordering tool. This improvement is due to the introduction of the distribution system for ACTs at the diocese level, which has reduced the distance from facilities to JMS.

SURE was requested by USAID/PMI to support the quantification of national pharmaceutical requirements to meet the National Malaria Strategic Plan targets between 2012 to 2016 in public and PNFP sectors. The quantification was intended to identify funding gaps and prepare supply plans for the same period.

### ***Next steps***

- Continue support to JMS in distribution of ACTs & RDTs to PNFPs
- Engage stakeholders to support implementation of actions recommended in the PNFP survey report
- Share the malaria forecast report with stakeholders
- Present and discuss the malaria support work plan with NMCP staff
- Develop a strategy to track commodity consumption at facility level as required by GFATM (link to the stock status report)
- Track and monitor funding trends and gaps for program commodities
- Build NMCP capacity in quantification (to estimate needs) and procurement planning

- Harmonize ordering for malaria commodities by government and PNFPs
- Together with NDA, address RDT performance concerns (quality failure)
- Establish a supply chain performance monitoring system for malaria commodities
- Hold monthly coordination meetings with the Malaria Control Program

### ***Support and strengthen Lab commodity management (CPHL)***

From 14<sup>th</sup> May, 2012, the SURE program supports a full time position of the M&E Advisor at Central Public Health Laboratories (CPHL). Among other roles, the staff is responsible for strengthening the information management system to meet CPHL M&E requirements, and provide technical guidance to streamline the lab logistics information system, including developing standard report formats, strengthening performance assessment, and ensuring that they are aligned with other MoH interventions in supply chain. By end of June, the major output is a draft M&E plan that has already been distributed to stakeholders at CPHL and SURE for final comments. The plan contains details of the how the entire M&E function for laboratory supply chain will be implemented, monitored and evaluated.

To date; monitoring and evaluation and planning gaps have been identified, CPHL logistics and supply mandate clarified. A draft PMP is included in the draft in the M&E plan including indicators, possible sources of information for SCM and indicator sheets.

A results framework has been proposed and aligned to CPHL mandate and its strategic plan. That said, feedback from key stakeholders about the draft M&E plan is limited but there is time. The assessment of lab commodity supply-chain management commenced as planned in June 2012 but halted as the lead consultant needed specialized medical attention. This activity is now confirmed to resume in Q-12. The assessment, among others, will include the baseline assessment of the lab commodity supply-chain performance where possible.

### ***Next steps***

- Collect baseline data to inform the indicators monitoring
- Assessment of lab supply-chain management
- Work with MoH resource center to link SCM in the current DHI2
- Review data collection and reporting tools, compare to information needs and make summaries
- Review level of utilization of data collected by the specific departments
- Improve resources for information management including M&E capacity and budget
- Weekly/monthly coordination meetings
- Share progress reports

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

The SURE and MoH Pharmacy Division weekly meetings have continued with participation from the CPHL, the reproductive health program, the US Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO). These meetings are intended to strengthen coordination and sharing of information. To facilitate continuous improvement and

build capacity, SURE supported Pharmacy Division visits to districts and health facilities to recommend actions for SURE and stakeholders that improve effectiveness of program activities.

SURE also helped the MoH organize the 2<sup>nd</sup> Annual Pharmaceutical Partners Forum on 6<sup>th</sup> & 7<sup>th</sup> June 2012. The meeting assessed progress made since the first meeting, particularly regarding SPARS' national roll out. The resolutions made from this meeting will guide actions of all partners and the MoH.

### *Next steps*

- Continue support to Pharmacy Division quarterly visits to district and health facilities
- Continue weekly coordination meetings

### *Support the NDA*

The National Drug Authority (NDA) funds their activities through fees for services, such as licensing and inspections. Therefore, it is important that the fee structure fits the actual costs to of NDA operations. A health economist consultant undertook a costing study and made several recommendations to improve the fee structure. The report was accepted and will be used by the NDA to revise their fee structure of provided services. These changes will help the organization operate from a healthier financial position.

Chief among the recommendations is an investigation of the effects of medicines dispensed by doctors and pharmacists, a widespread practice. Under Ugandan law, dispensing doctors and prescribing pharmacists are not allowed to dispense medicines. The law was established to protect patients, who may be compromised when financial considerations are prioritized over patients' safety. In other healthcare systems around the world, doctors and pharmacists have distinct, complementary tasks to ensure that the prescribed medicine is necessary and rational. SURE, NDA, and Makerere University is collaborating on a study comparing the systems, which will inform on a strategy to either enforce or change the law. Two Makerere University master degree students will undertake the studies, each studying either DD or PP, which was designed by stakeholders from different professional bodies. The students have used the quarter to perfect the study design, using the comments from the stakeholder meeting.

Another important activity that SURE and NDA are collaborating on is the Good Pharmacy Practice (GPP) inspection. This activity is covered under section 3.3.

Regarding personnel, the Systems Administrator (at NDA position is pending Board approval, which has delayed server (equipment) installation. To ease the Board's decision, SURE prepared a report detailing and costing the options available for IT support (comparing in-house and outsourcing) based on the IT strategy report. After approval by the NDA Management Team, the report will be presented to the Board by the Executive Secretary.

Meanwhile, the Verification of Imports system has been installed on a temporary server and is being tested by NDA headquarter staff. The network connections to the ports of entry are not yet stable and thus, the system is pending installation at these stations.

NDA requested and was approved for a six-month contract extension to replace the Systems Administrator. While the search continues, there is still an eminent need for high-level systems administration support, and the secondment placed at the MOH Resource Center is assuming this role on a part-time basis.

***Next steps***

- Hold stakeholders meeting and work with NDA on a wholesaler strategy to increase requirements to wholesalers
- Make decision on placement of the server and facilitate its installation at NDA or alternative at external host
- Install verification of imports system on to the server
- Identify areas for STTA assistance to NDA to amend the National Drug Policy and Authority Act
- Discussion of the results of the costing study with NDA management

***PIP/FACTS***

No progress has been made on the evaluation of ICT initiatives by the e-Health Technical Working Group, delaying implementation by seven months. Together with USAID and the MoH Pharmacy Division, a decision was made to begin development of an Information Portal to disseminate and use the data collected by Medicines Management Supervisors (MMS) during their supervision visits. If time permits, an extension can be made on the existing architecture by adding another Data Mart, such as FACTS and/or JMS data.

A Scope of Work has been produced for Phase I, and the previously selected vendor has submitted a proposal for development. SURE evaluated this proposal and is now working with MSH headquarters to prepare the contract for signing.

The server has been moved to the SURE IT room, and the software to run the portal is awaiting delivery and installation. Training in the software stack has commenced for SURE and Pharmacy Division IT staff.

The Data Warehouse Architect has resigned his position and a new job description, more tailored to the current needs, has been developed and advertised.

***Next steps***

- Sign the contract and begin development
- Recruit a replacement for the Data Warehouse Architect
- Respond to further requests from the e-Health Technical Working Group and the UNICEF consultant to facilitate a decision on the PIP system

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

A medicine supply chain management pre-service training and advocacy program has been established to ensure that all newly trained health workers are equipped with these necessary

skills when they graduate. Makerere University implements this program under two contracts with SURE.

Under the advocacy for curriculum revision program to include pharmaceutical training, the collection of baseline assessment data progressed well. This is internally steered by the Pharmacology Department, College of Health Sciences.

The Curriculum Program, which is internally steered by the Pharmacy Department, has developed and piloted training of trainers (ToT) materials and trained 14 tutors. The pilot training was based on the ToT report by the Department, which was previously submitted and approved on 5 March 2012. The report included initial proposals on the actual curriculum for different levels.

At the ToT pilot, it was observed and generally agreed by key implementers that inclusion of pharmaceutical training does not depend on completely revising the full curriculum. Instead, training can be fast tracked as an addendum to the existing curricula by individual institutions. ToT will be rolled out in quarter 12 with three more sessions.

#### *Next steps*

- Finalize baseline assessment report
- Publication and dissemination of the minimum skills package for different professional cadres

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

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

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

The Essential Medicine and Health Supplies List for Uganda (EMHSLU) was finalized and printed in this quarter. During the next quarter, the list will be made available to health facilities staff to ease the ordering process for facilities that are still ordering. All items in the EMHSLU, which include medicines, health supplies, and laboratory commodities, are classified as vital, essential, or necessary according to the VEN classification. VEN helps staff make ordering choices when funding is insufficient to order all items needed. According to the VEN classification, vital items have the biggest health impact and therefore take priority over essential and necessary items when ordering.

The UCG 2010 was updated with the medicines in the 2012 EMHSLU by a short-term consultant, and the layout of the UCG 2010 second version was changed to a more print-ready layout. The medicine list from the EMHSLU 2012 is included as an appendix in the UCG 2010 second version in a user-friendly format for health workers. The UCG second version coupled

with MMS supervision will help improve the rational use of medicine, particularly of prescriptions.

***Next steps***

- Print UCG 2010, second version
- Prepare and launch EMHSLU 2012 and UCG 2010, second version. It is proposed to launch both books at regional meetings in five regions with presentations from UMTAC members, an MOH representative, and a RRH medical doctor regarding rational use of medicine.
- Start developing a practical guide for HC II and HC III
- Monthly meetings

***Support the Quantification and Procurement Planning Unit***

The QPPU Coordinator resigned in May 2012 and therefore, fewer activities were implemented by the QPPU this quarter. All quantification responsibilities were delegated to technical program support officers.

A new coordinator and a supporting officer were hired during the period and will report in August 2012.

***Comprehensive stock status report***

SURE continues to collaborate with the National Medical Stores (NMS), Joint Medical Store (JMS), GFATM, and technical programs to support the MoH as it prepares a bi-monthly stock status report for priority items.

The Technical Working Group extensively discussed the May 2012 status report. The report intended to improve access to supply chain data and to support timely decision making that prevent stock outs and expiries of high spend vital commodities. The data in the bi-monthly stock status report is sufficiently utilized, but challenges of timely access and accuracy of data have persisted.

One key outcome of the report has been the strengthening of alternative distribution channels to increase uptake and prevent waste of reproductive health commodities. Other commodities include antiretrovirals (ARVs), HIV test kits, artemisinin-based combination therapies (ACTs), anti-TB medicines, reproductive health commodities, selected laboratory commodities, and selected medicines for opportunistic infections.

***Next steps***

- Continue production of bimonthly stock status report
- Orientation of the new QPPU team and Year 4 planning

***Support JMS***

SURE continued to support JMS to improve its efficiency but also explore means of expansion of its capacity to better serve the PNFP and private sector clients. SURE provided support to

JMS to procure a team of consultants to conduct the logistics and customer network study that will take place in the coming quarter Q-12. SURE also assisted JMS in finalizing the system specifications for acquiring a new enterprise resource planning software as well as providing technical assistance to manage the bidding process include preparation of the required documentation for the process.

SURE assisted JMS in developing vendor evaluation criteria, project monitoring plan, risk mitigation strategies and actual project monitoring for the new MIS. SURE provided support to JMS to build an M&E function for monitoring systems strengthening interventions but also to ensure performance monitoring by recruiting and supporting an M&E position. To ensure that the performance monitoring and baseline data for interventions are conducted, SURE supported JMS in development of performance monitoring indicators and data collection and analysis tools to assist in data collection and analysis.

*Next steps*

- Finalize data collection and analysis for baseline data at JMS
- Complete vendor evaluation for system development of the new MIS
- Conduct site visits to shortlisted vendor sites for the new system
- Conduct the network strategy study
- Year 4 work planning

**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*

This quarter, SURE trained all 142 Medicines Management Supervisors (MMS) from 45 districts with the 10 SURE regional coordinating team members in electronic data collection, aggregation, and transmission. Each MMS was provided with a portable computer (laptops or netbook) and a modem. As a result, the regional offices have been receiving an increasing volume of electronic files from the MMS. As MMS gain confidence in computer use, all health facility performance monitoring data will eventually be transmitted electronically. This new capability provides the MoH with timely data to make improved and reliable decisions. Also, the utilization of data at regional and district levels is likely to improve and thus improve medicines management. Remote desktop support to MMS is now possible but retraining of 15 MMS in use of computers is required next quarter along with advanced training of MMS and SURE staff.

The Supervision Performance Assessment and Rewards Strategy (SPARS) was rolled out in districts supported by other implementing partners. Twenty-one MMS were trained: 16 were from the STAR E, STAR EC, and STRIDES supported districts; two replaced MMS from

SURE, and three were from the MOH National Tuberculosis and Leprosy program. Three MMS were retrained. Next quarter, SURE will train additional MMS to support the Pharmacy Division and other national programs that will roll out SPARS.

SURE printed 10,000 copies of the Essential Medicines and Health Supplies Management Manual for distribution to all health facilities and health training institutions in the country. In addition, 3,000 copies of the prescription/dispensing log were printed for health facilities in the 45 SURE-supported. HMIS tools were also provided to the Yumbe District.

*Build facility-level pharmaceutical financial management capacity*

The Pharmaceutical Financial Management (PFM) Course and Manual were finalised, and the materials will be piloted in the first training next quarter. SURE regional coordinators and Pharmacy Division staff will be trained during the pilot, while District MMS training will take place after Good Pharmacy Practice (GPP) certification of health facilities. The GPP certification process has been piloted and will include more districts in the next quarter.

*Promote coordination and collaboration among implementing partners*

SURE continued to collaborate on initiatives and activities with implementing partners in several districts.

The District Operational Plan (DOP) for USAID implementing partners was officially endorsed at a signing ceremony in Ibanda District, and coordination meetings were held in Oyam and Mbale Districts.

Activities to coordinate support to four districts under the Saving Mothers Giving Life (SMGL) initiative continued, and joint reports with other U.S. government partners have been submitted to the MOH. SURE has shared reports on the availability of maternal and child health medicines and supplies with partners in addition to giving priority to training MMS and storekeepers in four SMGL districts.

*Regional management and coordination meetings*

This quarter, SURE shared comprehensive reports on MMS performance, health facilities' performance on the five indicator categories, and the status of EMHS availability with District Health Officers (DHO) in all the 45 districts. This is the first step to facilitate district health teams' use of EMHS data for planning and decision-making. In the next quarter, SURE will support districts to hold meetings specifically to discuss health commodities logistics with a wider group of stakeholders. The meeting will also provide a forum for coordination among partners that support EMHS management.

*Improve infrastructure in selected facilities*

In the previous reporting period, SURE recruited an expert to assess medicine stores conditions and estimate the investment required to bring all health facility stores to an adequate state of repair, which would enable them to apply good practices in store and stock management.

In this period, the stores condition assessment tools were piloted and improvements were made in consultation with the Pharmacy and Infrastructure Divisions. The national stores condition

assessment exercise was initiated in June 2012 in all 112 districts, and assessment materials were procured and delivered to all DHO in all districts. However, appointing and facilitating the store assessors, particularly in new and hard-to-reach areas, was challenging. This hindrance should be resolved in Q-12 as data collection, entry, and analysis is performed. The results of the assessment will be used by SURE, the MoH, and partners to identify priority rehabilitation and equipment needs and estimate the level of investment needed for all medicine stores to meet requirement standards for optimized stock management.

The procurement of medicine store shelves for 1,300 health facilities has progressed well. A call for bids to supply shelves was issued and will close on July 20<sup>th</sup>; during this period, it is essential to respond to clarifications to the bid solicitation requirements. Further, plans for transporting and installing the shelves at health facilities were finalized. The prospect of providing store shelves has generated excitement at health facilities and districts supported by SURE. In addition, the stores interventions will enable many facilities to reach targets for GPP accreditation faster.

### *Next steps*

- Makerere University to train 22 MMS from implementing partner-supported districts
- Train the SURE regional staff and Pharmacy Division staff in PFM, and update the manual and the training materials
- Support DHO implement district essential medicines and health supplies (EMHS) management coordination meetings with all stakeholders
- Update the data quality orientation program to reflect the problematic indicators; present in the next district
- Conduct workshops to orient 60 MMS in EMHS management data quality
- Evaluate and award tender to supply medicine store shelves
- Perform stores condition data collection, entry, and analysis

### *Implement the Supervision, Performance Assessment, and Recognition Strategy (SPARS)*

#### *Train MMS in motorcycle use*

Sixteen MMS were trained in defensive riding of motorcycles this quarter for a total of 146 trained MMS working across 45 districts. A plan will be put in place to train new MMS who will replace those that left due to job promotions or departure for further studies. Most MMS have now been riding for over one year, and it has been observed that their riding suits have undergone wear and tear. SURE plans to procure a second set of riding suits to be issued out as part of the reward scheme to MMS who meet their targets.

#### *Next step*

- Procure and distribute second set of riding suits and gloves and distribute to eligible MMS

### *Implement supervision and performance assessment*

MMS visited and carried out on the job training in 803 health facilities in the 45 SURE districts. This is above the quarterly target of 700 facilities as all the MMS now have motorcycles. In total 888 visits were made where 15% were first baseline visits. A bigger proportion of health facilities have now been visited several time and as discussed in the M and E section improvements in EMHS indicators have been observed. The health facility recognition scheme was officially launched, and the list of rewards was provided to all facilities. Procurement of the first batch of items was completed, and distribution began in all facilities where the baseline has been completed.

### *Next steps*

- Provide supervision and on-the-job training in 700 facilities
- Distribution of batch 2 rewards to all eligible facilities

### *Quality assurance of supervision data*

The first round of the data quality audit in the North, East, West, and Southwestern Regions was completed in June 2012. Eight health facilities (four health center II and four health center III levels) and 24 MMS were audited. The assessment revealed improvement in data quality and reproducibility based on the indicators of packaging material, dispensing equipment, labelling, correct use of stock book, hygiene of the pharmacy, timeliness of order and distribution, and filing of records. This may be attributed to the training in data quality of all MMS that followed the first audit in the central region.

The exercise also provided useful insights into the different ways some indicators are interpreted during data collection and calculation of scores. This will be used to redesign the MMS orientation program to be implemented in the next quarter.

### *Next Steps*

- Update the data quality orientation program to reflect the problematic indicators and present in the next quarter
- Conduct workshops to orient 60 MMS in EMHS management data quality

### *Assure sustainability of SPARS*

SURE supported the Pharmacy Division to plan and implement a meeting to review the status of logistics management in the country. The two-day workshop brought together partners from funding and implementing agencies with significant support to health commodities logistics. The participants discussed and recommended strategies to strengthen the following areas: implementation and national roll out of SPARS, M&E and EMHS data utilisation capacity, human resources, and rational use of medicines. The Pharmacy Division will develop and share a detailed action plan with the roles of different implementing partners.

Following the meeting, the Pharmacy Division visited four regions to review SPARS implementation. Four teams met with different stakeholders, including implementing partners, district officials, health facility staff, and regional partners. The Pharmacy Division reports indicate that SPARS has been well received and is already showing positive impact on improved EMHS management in facilities visited. Two main bottlenecks were cited by MMS: the overwhelming number responsibilities given and poor response from health facility staff. The teams also recommended the need to enhance the sense of ownership of SPARS by districts and facilities.

***Next steps***

- Support the Pharmacy Division develop a detailed work plan based on workshop recommendations
- Continue involvement of the Pharmacy Division and regional pharmacists in SPARS implementation and review

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

Rolling out netbooks for electronic data entry and data submission from MMS was a major focus this quarter. Fourteen trainings have been held in all SURE-supported districts. To facilitate data utilization, a semi-automated Excel report template has been developed to generate reports in each SURE-supported district. Currently, data utilization is limited by the amount of paper forms that need data entry.

By the end of December 2011, all activities related to RxSolution were suspended due to a directive from the Director General's office. An e-Health Technical Working Group was established to review the overall MoH information technology policies. SURE is still awaiting MoH approval. Meanwhile, a training course in RxSolution has been planned.

Certain activities under RxSolution have continued, including support to already existing pilot sites to maintain and use RxSolution and to develop reporting skills. SURE has encouraged the pilot sites to apply these reporting skills and has set up a draft reporting structure.

SURE has finished the Rx Box software DVD, and procurement of stationary to finalize 210 boxes have been initiated. Also, a web-based forum has been established for medicine management supervisors in the supported districts. While this allows exchange of ideas to address problems, SURE moderates the debate and uses the forum to determine the most problematic areas that require changes or improvements in the support provided to districts and health facilities.

***Next steps***

- Print, digitally record, and prepare the RxBox for distribution
- Organize an instructional training in use of RxSolution
- Hold further meetings with Medical Access Uganda Ltd. (MAUL) to explore using RxSolution

- Develop reporting structure for computerized hospitals
- Respond to requests and support the UNICEF consultant in assessment of RxSolution as part of the MoH IT strategic assessment
- Make routine visits to RxSolution pilot sites
- Finalize RxSolution indicator manual based on WHO template
- Finalize financial performance assessment tool and corresponding electronic form
- Expand use of the web-based support function for MMS
- Conduct special computer training for selected MMS
- Conduct training of SURE field staff in advanced use of Acrobat

### **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***

The newly trained implementing partner-supported MMS worked with regional pharmacists and experienced MMS to undertake practical training and baseline assessment of their facilities. Data management generated through routine MMS supervision activities is still a challenge; as a result, implementing partner logistics focal persons have been invited to interact with the SURE M&E team to learn more about data management. However, due to resource constraints, some implementing partners are unable to accommodate this increased work load and thus have delegated their MMS supervision roles to Regional Pharmacists. This has provided an opportunity to build MoH staff's capacity. Further, SURE supported the Pharmacy Division to recruit a Pharmaceutical M&E Expert to train MoH staff members to manage the data.

At the recent partners meeting, there was commitment from a number of partners to support the implementation of SPARS in new districts. SURE and the Pharmacy Division will follow up with these partners.

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

- Meet with CDC-supported partners through MAUL
- Prepare strategy paper for the Pharmacy Division to effectively manage the national Supervision, Performance Assessment, and Recognition Strategy (SPARS) roll out, including a system for facility performance information management and utilization

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

Forty-four storekeepers from hospitals and health centres level IV (HC IV) were trained over five days in two groups. A total of 200 storekeepers in all SURE-supported hospitals and HC IV will be trained. The training focused on stores and stock management with emphasis on updated EMHS guidelines following review of the MOH health management information system. It is envisaged that the training will expedite the process of adopting the new tools and guidelines, such as the stock book and the "one store one stock card principle".

SURE and the Pharmacy Division agreed on a modular approach to build capacity of pharmacists who have been posted to general hospitals across the country. The first course focuses on stores and stock management and will be implemented as part of the ongoing storekeepers training. This quarter, six general pharmacists participated in the five-day training. Other modules will be introduced to provide pharmacists skills necessary to implement SPARS, rational medicines use, and monitoring and evaluation.

*Next steps*

- Train 66 store keepers from Hospitals and HC level IV in SURE supported districts
- Train the remaining 13 general hospital pharmacists in stock and stores management

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

*Institute Good Pharmacy Practices certification*

SURE worked closely with the National Drug Authority (NDA) to update the NDA inspection tool used for the private sector. The inspection tool was changed to include more detailed and objective indicators, easing collection of reproducible data for inspectors. The tool includes several of indicators from the SPARS routine tool, particularly dispensing, storage, and stock management.

During this quarter, the updated tool was piloted in six health facilities by NDA Inspectors, MMS, and SURE technical staff. A second pilot of 24 health facilities followed. The objective of the second pilot was to identify if practical training by MMS is sufficient for NDA inspectors to comfortably carry out inspections, assess if the estimated prices are sufficient, identify necessary tool changes, and agree on certification criteria.

NDA and SURE agreed that SURE would fund inspectors' per diem and transportation costs for all Good Pharmacy Practice (GPP) inspections, and the NDA would fund the inspection fee. NDA was given a grant to cover the expenses. The grant will be ready next quarter to ease the GPP certification process for both NDA and SURE.

A strategy for sensitizing the population about GPP certification was developed. It was decided that a short term technical assistant would be unable to carry out the necessary campaign and instead, a request for proposal was written to identify and hire a public relations company to develop and implement the campaign in the beginning of the next quarter.

*Next steps*

- Meet to discuss the second pilot report
- Finalize the GPP inspection grant and have it signed by the NDA

- Initiate GPP inspections in health facilities that have received five supervisory visits by MMS (target: 26 per quarter)
- Identify PR company to carry out sensitization campaign for GPP inspections

## **MONITORING AND EVALUATION**

The Monitoring and Evaluation section summarizes the SURE achievements in the last quarter in the areas of training, SPARS implementation and major monitoring /evaluation activities including surveys, studies and evaluations. During the quarter, the M&E team was able to enter a lot more data into the database which greatly reduced the backlog. Quality of SPARS data was also assessed which showed improvement from an average of 9 indicators being reproduced to an average of 12 indicators. Analysis of SPARS data showed a slight improvement in availability of the six tracer medicines from 82% to 85%. The kit assessment III was also conducted and report writing is in progress.

### **Key outputs**

- 3415 visits conducted by the end of the quarter
- 803 Facilities supervised during the quarter
- A total of 2406 (70%) visits entered in the district database by the end of the quarter.
- 4 Data quality assessment exercises conducted during the quarter.
- 162 Individuals trained (26 supply chain, 50 store keeping, 72 Net book, 14 pre-service)
- Control 2011 data analysed
- Kit assessment III data collection done.
- Discussions of EUV handover held.
- JMS indicators and data collection tools finalised.

### **Activities implemented**

#### **Management and utilization of district data**

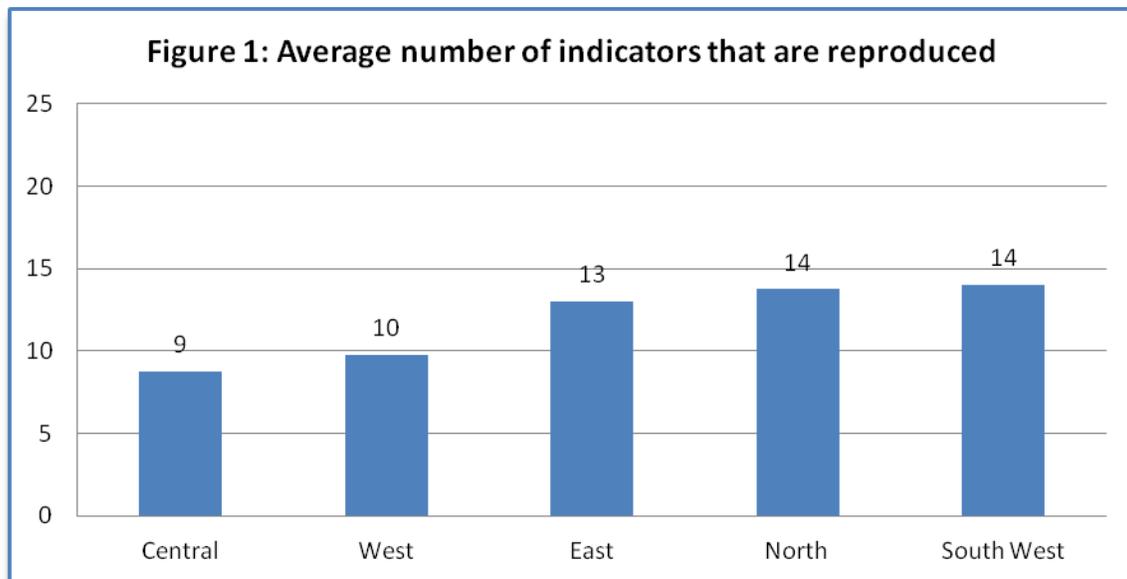
With the implementation of SPARS strategy, a lot of data about medicines management has been collected in the 45 USAID/SURE supported districts. This data is very useful in assessing improvement in the five components and highlighting key issues that need attention by the different stakeholders.

By the end of this quarter, SURE had made a total of 3415 visits and 2406 (70%) records had been entered into the district database. This data was cleaned and further analyzed to produce reports that are relevant for the different stakeholders. During the quarter, the M&E team produced quarterly district reports, which were shared with the regional teams for their input. Once solicitation of input from the regional teams has been finalized, these reports will be shared and discussed with Ministry of Health.

#### **Data Quality Assurance**

Data quality was another key aspect that was handled this quarter. During SPARS implementation, there are usually 25 performance indicators (PA) assessed using the routine tool. Data validation to ensure quality data is entered is done before data is entered into the database. In addition, it was found necessary to conduct a data quality audit (DQA) in order to understand the quality of this data (25 PA indicators), and also test the MMS’ understanding and interpretation of these indicators. During the last year, a pilot DQA was conducted in central region and results of this audit showed that on average, nine of the 25 indicators were reproduced. The low reproducibility level was mainly due to poor understanding of the scoring system, calculation errors, and observation bias. These were addressed immediately by (a) Editing the data collection tool clearly explaining the scoring system, (b) standardizing the scoring of subjective indicators that required observation i.e. by introducing a particular aspect that had to be observed for one to score and (c) designing calculation exercises. Regional meetings were then organized and these interventions were all discussed in the meetings.

During this quarter, the second DQA was rolled out to all regions including the pilot region. In each region, 6 MMS were randomly selected to participate. These were then divided in two groups each visiting 2 facilities. Results for the five regions are displayed in figure 1 below.



The results show better performance after the intervention. However, there’s need for further improvement to achieve 100% reproducibility. Indicators that caused the biggest problem are displayed below

PROBLEM TYPE	INDICATORS AFFECTED
ALCULATION ERRORS	RATIONAL PRESCRIBING
	NON DISCREPANCY BETWEEN PRESCRIBED AND DISPENSED MEDICINES
	CORRECT USE OF THE PRESCRIPTION RECORDING SYSTEM
SCORING ISSUES (1,0,NA)	DISPENSING TIME

OBJECTIVE ISSUES

STOCK MANAGEMENT AREA

STORAGE CONDITIONS

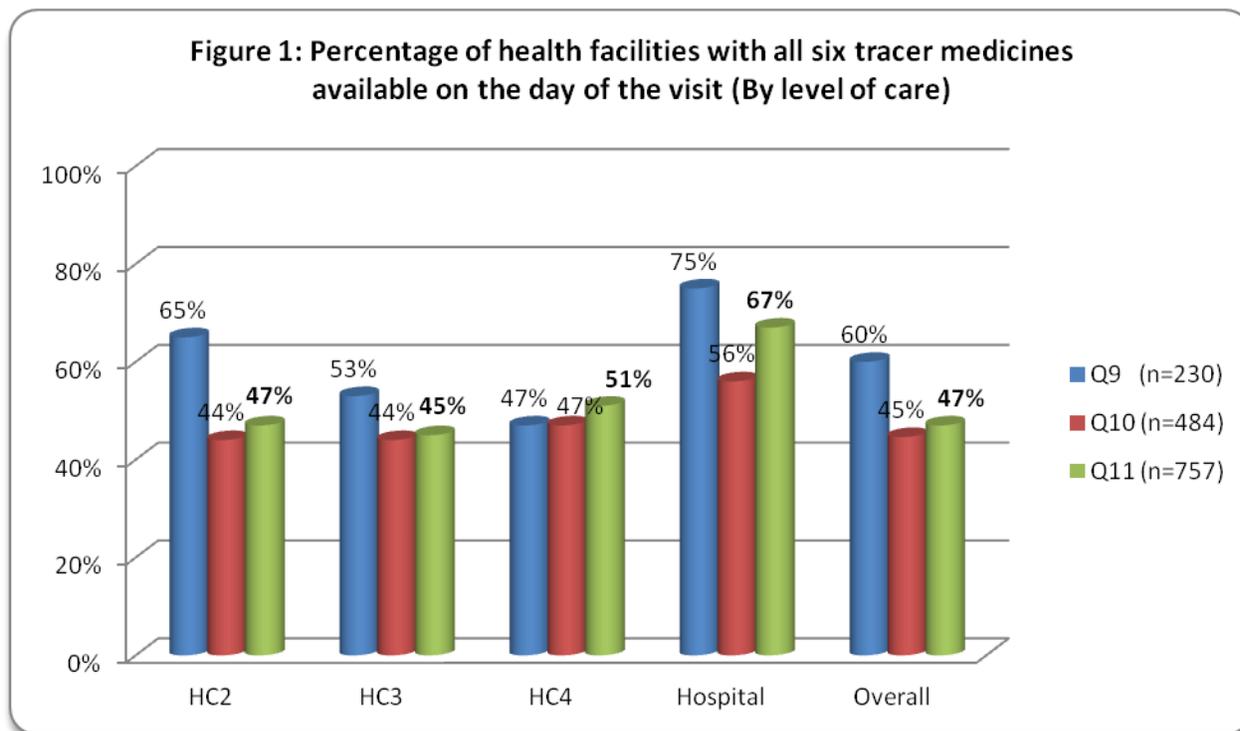
In order to reduce this problem, during the next quarter, the M&E team will hold data quality assurance meetings with all regional teams focusing on the problematic indicators. In addition to these discussions, new sets of QA exercises in line with the current problems will be given out to all teams, to help improve their data collection, observation and calculation skills.

**USAID Performance Monitoring Plan (PMP) / Reporting**

As part of monitoring performance, USAID requires that a performance monitoring plan be developed and implemented. This activity was implemented during the quarter and results of indicators that are monitored on a quarterly basis are displayed below and these have been reported into the USAID Partner reporting system.

*i. Indicator 1.00: Percentage of health facilities with all six tracer vital essential medicines available on the day of survey.*

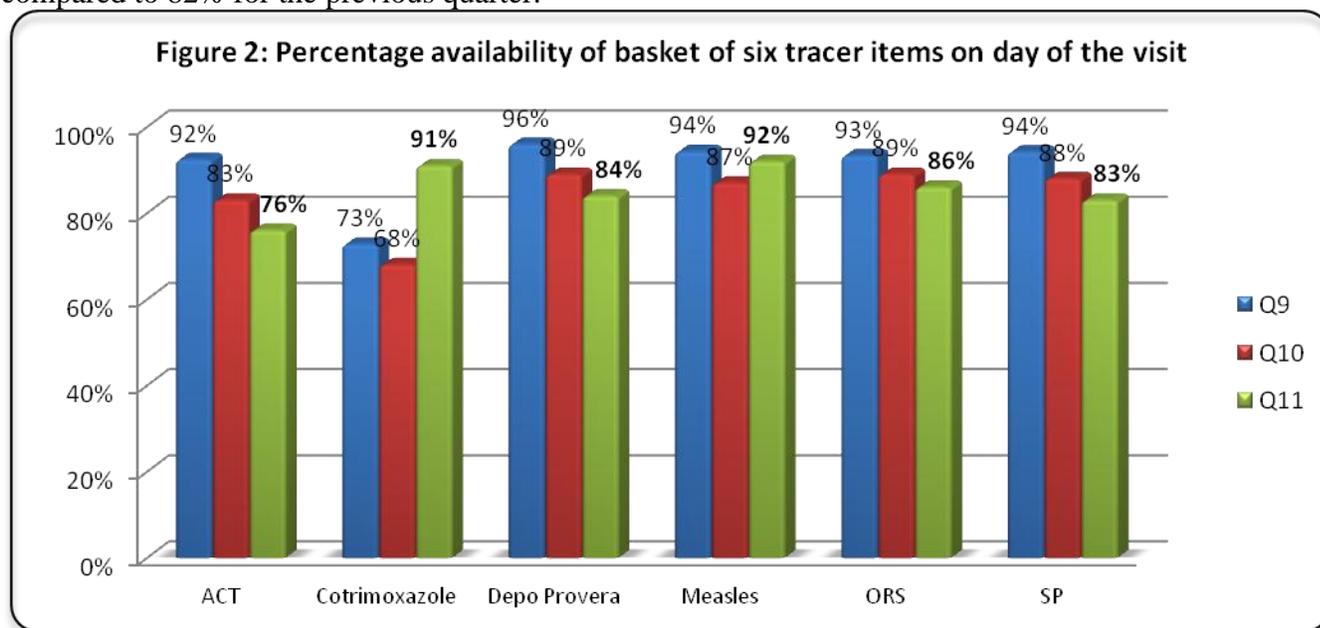
The basket of the 6 vital essential medicines and supplies includes: Artemether Lumefantrine (ACT) - for youngest age band, Cotrimoxazole 480mg, Measles vaccine, Oral Rehydration Solution (ORS), Depo-Provera Injectable and Sulphadoxine Pyramethamine (SP). A slight improvement was noticed from 45% to 47%.



Results in figure 1 above show that there is a slight improvement in availability of the basket of the six tracer medicines, by level of care.

*ii. Indicator 1.01: Percentage availability of basket of six tracer items on day of the visit*

The average percentage availability of the six tracer medicines during the quarter was 85% compared to 82% for the previous quarter.



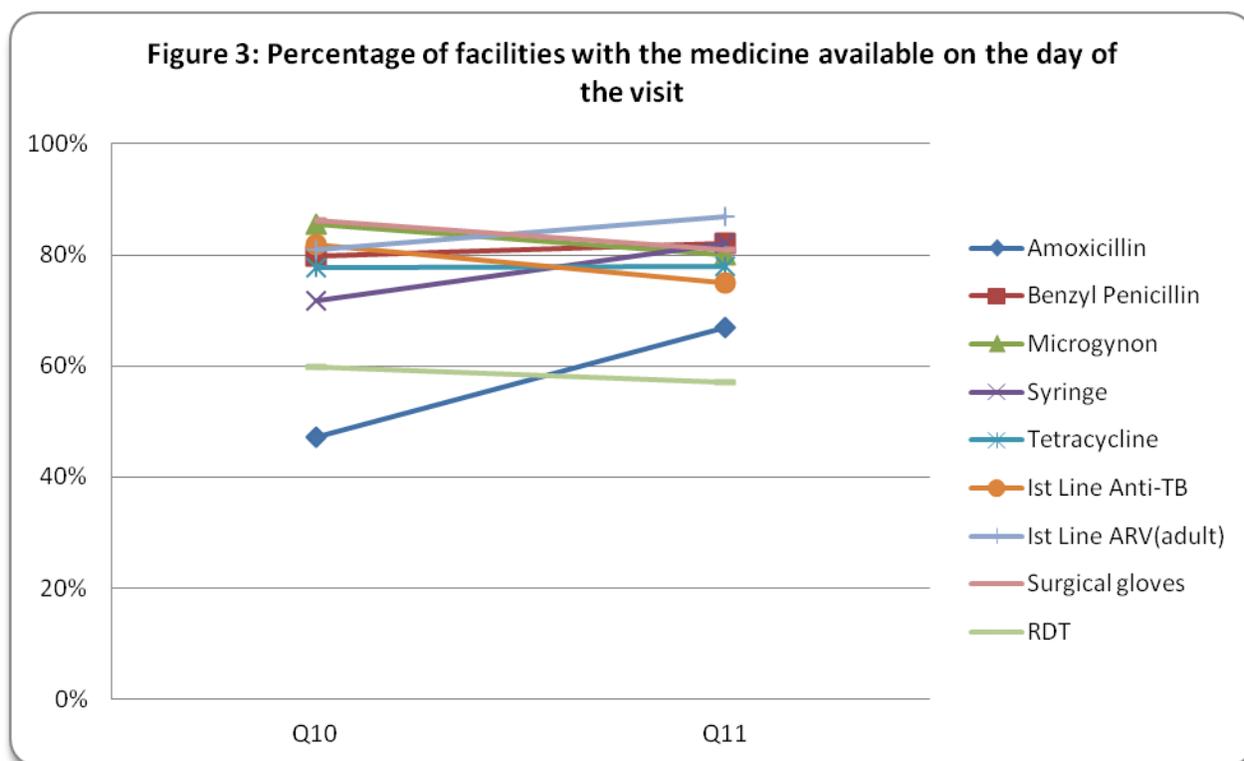
Improved availability of cotrimoxazole has also contributed to the better percentage, see table 1 below which shows availability of each of the tracer medicine by level of care.

**Table 1:** Percentage of facilities with the tracer medicine available on the day of the visit

Level of care	Artemether Lumefantrine (ACT)	Cotrimoxazole	Depo-Provera Injectable	Measles vaccine	Oral Rehydration Solution (ORS)	Sulphadoxine Pyramethamine (SP)
HC2	78%	89%	82%	89%	88%	85%
HC3	70%	95%	88%	96%	83%	83%
HC4	82%	90%	86%	95%	90%	72%
Hospital	85%	89%	73%	92%	93%	78%
<b>Overall</b>	<b>76%</b>	<b>91%</b>	<b>84%</b>	<b>92%</b>	<b>86%</b>	<b>83%</b>

The improved availability of cotrimoxazole might be a s a result of increase in national supplies by NMS.

### Availability of other medicines



There has been a national stock out of TB medicines which might have contributed to the decline in availability of TB medicines. However, more TB medicines were recently shipped into the country by Global fund and other partners and we expect this situation to improve.

**Table 2: Percentage of facilities with the medicine available on the day of the visit (by level)**

	Amoxicillin	Benzyl Penicillin	Microgynon	Syringe	Tetracycline	Anti-TB	Ist Line ARV	Surgical gloves	RDT
HC2	61%	80%	79%	84%	75%	-	-	78%	59%
HC3	75%	81%	81%	80%	82%	-	-	87%	54%
HC4	62%	95%	92%	74%	77%	68%	84%	67%	-
Hospital	85%	96%	67%	81%	93%	85%	92%	70%	-
Overall	67%	82%	80%	82%	78%	75%	87%	81%	57%

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

SURE organized one training in supply chain management, training 26 individuals. Three of these trainees were being retrained after failing previous training examinations. Stores management was another area that needed strengthening and therefore 50 individuals were trained in stores management in quarter 11. Other trainings organized are summarized in table 4 below.

**Table 4:** Other trainings

Training	Total
Motor bike Defensive riding	23
Net book Training	72
Pre-Service Trainers of Trainers	14

iv. **Indicator 2.31: Average lead time for order processing and delivery**

On average, it took 48 days for NMS to process and deliver orders during the quarter. These days ranged from 22 to 66 and the total number of facilities used in this analysis were 18.

v. **Other findings**

A few other indicators assessed during the supervision showed some improvement in comparison with the previous quarter which is attributed to the SPARS intervention.

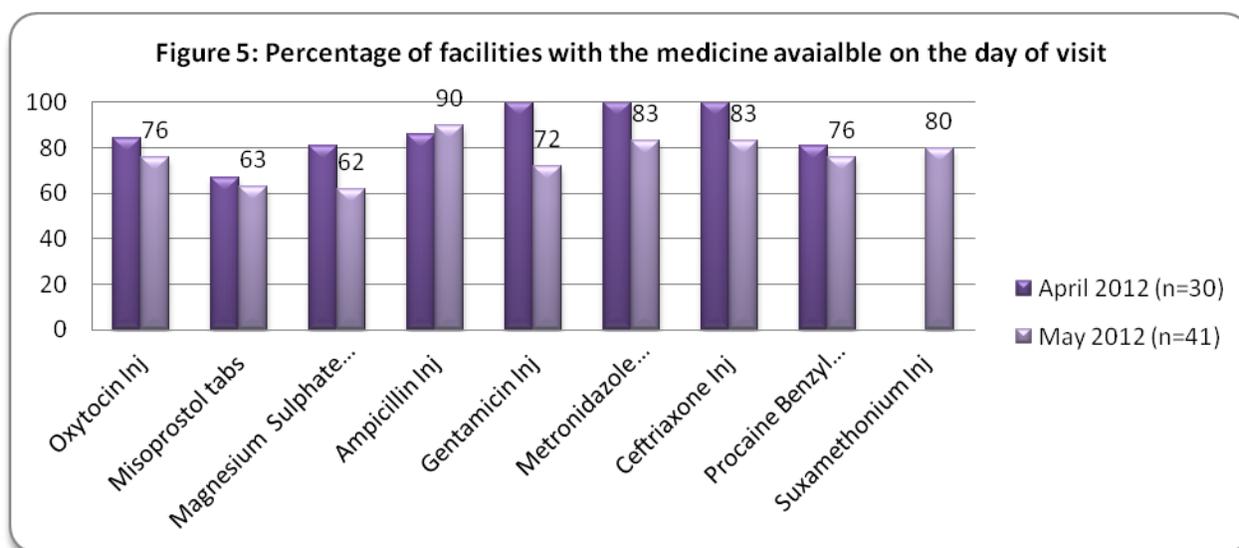
**Table 5:** Other findings

Indicator	Q9	Q10	Q11
Percentage of health facilities with stock cards available for all tracer medicines	62%	62%	69%
Percentage items with stock cards available at the health facilities	90%	88%	91%
Percentage of health facilities that know what VEN stands for	24%	28%	51%
Percentage of health facilities that file the following reports			
Discrepancy reports	15%	13%	18%
Delivery notes	94%	94%	96%
Previous orders made	63%	63%	74%

Percentage of health facilities with the stock cards available is affected by availability of depo-provera stockcards (84%) and Measles vaccine stock cards (84%).

**Support to Saving Mothers Giving Life Project (SMGL)**

SURE operates in the four SMGL supported districts and as part of the routine facility assessment exercise, SURE assesses availability of each of the 8 medicines relevant for this project. Results for March and April are displayed below. Availability of the medicines was overall above average (50%).



### Kit Assessment

This quarter, the second kit assessment was printed and distribution has started. Additionally, data for the third kit assessment was collected.

### Annual Pharmaceutical Sector Report

The Annual Pharmaceutical Sector Report 2010 was printed and distribution to stakeholders is ongoing. Analysis and writing of the 2011 version of the report also started.

### End User Verification Survey (EUV)

SURE program has previously handled two EUV surveys to assess the Malaria supply chain and case management situation in the country. Plans are underway to hand over this activity to National Malaria Control Program and several discussions were held by both parties during the quarter. However, continued implementation of this activity is still on hold pending confirmation of funding by USAID/Presidential Malaria Initiative (PMI).

### Support to Joint Medical Stores (JMS)

During the quarter, SURE drafted indicators that will be used to monitor performance of JMS operations and a joint meeting was held with JMS to discuss these indicators. In addition, it was further found out that there's need to strengthen the M&E function within JMS. SURE then drafted a scope of work for an individual to provide this support, which was shared with JMS for input and approval. Advertisements have been placed and interviews will be held he next quarter.

### M&E Training

Monitoring and Evaluation training has been scheduled for the next quarter due to difficulties in getting consultancies in time.

### Next steps

- 2012 Data collection for the control districts
- Collect Baseline data for JMS
- Finalise Kit assessment report III

- 
- Finalise Control 2011 Report
  - Finalise intervention study designs
  - Develop M&E Strategy for pharmacy Division
  - Conduct M&E training for MOH staff
  - Update USAID Partners reporting system
  - Conduct M&E Visits to the regions
  - Support Evaluation team
  - Compile national QA report
  - Conduct regional QA meetings
  - Develop QA exercises
  - Monitor quality of data entered by the MMS
  - Follow-up on the district performance improvement system (MMS / PFCs)

## **PROGRAM MANAGEMENT**

### ***Program implementation and staff recruitment***

In this quarter, the Program Management Unit consolidated operational support to the program. This mainly consisted of support for rewards items procurement and distribution in coordination with the district strengthening activities in Result Area 3.1.

Other procurements outlined in the procurement plan have also been completed: five double cabin pick-up vehicles were delivered in the quarter and internet access modems have been provided to the DHOs and MMS' to facilitate with communication and reporting. District MMS will be equipped with printers in the next quarter for printing reports.

Several printed materials, training manuals, and reports have been provided to continue supporting the roll out of the Supervision, Performance Assessment, and Recognition Strategy (SPARS). These include the Essential Medicines and Health Supplies (EMHS) List, the Kit II survey reports, prescription and dispensing logs, and the EMHS manual. An order was placed to print HMIS tools, but they have not yet been delivered by New Vision, the business recommended by the Government of Uganda.

The Unit has continued to promote SURE's visibility with the second edition of its VALUE CHAIN newsletter, regular submission of success stories to USAID and MSH, and maintenance of an interesting website. Another set of cameras were procured for the five regional offices to continue capturing moments that indicate program success.

The program has continued to share regular reports and other printed materials. Technical reports have been shared with MoH and its specialized technical departments through regular meetings. MSH also continues to hold regular meetings with USAID, MoH, MoH technical departments,

and implementing partners to share progress of the program. Staff now meet quarterly, but departmental meetings have continued on a monthly basis.

Poor quality and irregular submission of financial reports from MMS is still a challenge. There are concerted efforts to visit and continue mentoring each MMS on how to fill in logbooks as part of the reporting requirements.

Finally, in this quarter with support from the MSH Uganda Country Operations Management Unit (COMU), the SURE Program head office and central regional office teams moved to a new building located at the same address of Plot 15, Princess Anne Drive, in Bugolobi, Kampala.

### *Next steps*

- Continue supporting procurement and distribution for district reward items, including shelving units for health facilities and advertising/media services for GPP roll out
- Perform supervision trips to regional offices/districts to offer operational support
- Prepare for the next annual work plan process, including the drafting of the Program Budget for the remaining 24 months of the program
- Seek USAID approval to sub-contract the National Drug Authority for Good Pharmacy Practice accreditation of health facilities
- Continue to support the MMS in motorcycle usage and reporting

### *Staffing*

This quarter, SURE recruited five regional office drivers, an M&E advisor for CPHL (this evolved from the Lab Data Analyst position), and an Assistant Pharmaceutical Field Coordinator based in Fort Portal. SURE has also recruited a QPPU Logistics Officer (secondment to MoH), two M&E Specialists (secondments to JMS and Pharmacy division), and nine interns to support various SURE technical and program management areas.

During the quarter, the positions of QPPU Coordinator, Logistics Coordinator Technical Programs Support, Data Warehouse Architect, and Logistics Officer PNFP became vacant and will need to be filled.

As of June 30, 2012, there are 64 staff members, and total planned staff by December 31, 2012 is 74. **Annex 2, Summary of SURE Staffing status** presents an update on staffing status (actual and planned) at the end of **June 30, 2012**. Actual and planned full time staff numbers are summarized in the table below.

Time Period	31-Dec-09 (actual)	30-Jun-10 (actual)	30-Sep-10 (actual)	31-Dec-10 (actual)	30-Jun-11 (actual)	30-Sep-11 (actual)	31-Dec-11 (actual)	30-Jun-12 (actual)	31-Dec-12 (planned)
Staff #	10	28	33	41	45	57	58	64	74

*Next steps*

- Complete the recruitment for the vacant positions opened before or on June 30, 2012

*Short Term Technical Assistance*

The table below illustrates the International STTAs that were newly mobilized during the quarter and a brief description of their tasks.

<b>Last Name</b>	<b>First Name</b>	<b>Title/counterpart</b>	<b>LOE</b>	<b>Scope of Work</b>
Larsen	Christoph	Lab Logistics Consultant/CPHL	6 weeks	Conduct an assessment of TB Logistics System
Duarte	Kyle	MIS Specialist/PIP Team and JMS	1 week	Develop specifications for a system to replace MACS and SAGE Software Solution
Remedios	Valerie	Mentorship and capacity building; Quantification and Vertical Programs	12 weeks	Support in pharmaceutical quantification and supply-chain systems strengthening and harmonization, system change, and the design of supply-chain performance monitoring systems for Ministry of Health programs
Arshed	Umar	Network and Infrastructure Specialist/SURE	2 weeks	COMU infrastructure operations

**Note:** *Christoph Larsen's consultancy was delayed after he suffered a fire accident at his hotel room. We are in the process of identifying another consultant.*

**ANNEX-A: SUMMARY OF SURE STAFFING STATUS AS AT JUNE 30, 2012**

#	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 Strengthening Decentralization Support Project I on Aug 20, '11.
4	Logistics Training Officer	Okello	Bosco	21-Nov-11	Replaced Loi Gwoyita 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	Blick	Belinda	30-Nov-09	
	Accountant	Bacia	Scovia	4-Jan-10	Resigned effective Oct 14, 2011
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
	Lab Data Analyst - Secondment to CPHL	Baitwababo	Bernard	8-Feb-10	Contract expired 8 <sup>th</sup> Feb. The job was remodeled into an M&E Advisor position
13	Driver - Central Regional Office	Sekamatte	Timothy	8-Feb-10	
14	Logistics Data Manager - Secondment to NTLP	Sekalala	Shaquille	15-Feb-10	
	ARV Procurement Officer	Aboyo	Caroline	1-Mar-10	100% charged to SCMS

	HR Generalist	Achilla	Carolyn	1-Mar-10	Charges an average of 30% time to SURE
	LMIS Specialist	Bagyendera	Moses	3-Mar-10	Resigned
	M&E Specialist	Semakula	Richard	3-Mar-10	Resigned
15	M&E Specialist	Nalwadda	Brenda	28-Nov-11	Replacement for Richard Semakula
	Logistics Coordinator	Nabuguzi	Eric	22-Mar-10	Resigned April 2012
16	Logistic Officer - PNFP	Kadde	Stephen	22-Mar-10	Resigned effective July 31, 12
17	Logistic Expert - Finance/LMIS, MOH Secondment	Were	Lawrence	15-Apr-10	
18	Driver - Kampala HQ	Tumwesigye	Felix	10-May-10	
19	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
20	Programs Operations Associate	Mugagga	Peter	1-Jun-10	
21	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
22	District Computerization Officer	Opio	Tom	26-Sep-11	Replacement for Bill Elur with new title
23	Data Warehouse Architect	Kavuma	Michael	7-Jun-2010	Resigned effective Jul 14, 2012
24	IT Specialist	Muwanga	Peter	7-Jul-10	
25	Pharmaceutical Field Coordinator– Mbale	Umirambe	Emmanuel	7-Jul-10	
26	IT Officer - seconded to National Drug Authority	Nassimbwa	Hamidah	2-Aug-10	
27	Systems Administrator - seconded to Resource Centre	Tumwesigye	Alex	23-Aug-10	
28	Driver – Mbale	Derrick	Draleku	15-Nov-10	
29	Assistant Pharm. FC– Central	Anthony	Kirunda	15-Nov-10	
30	Assistant Pharm. FC – Mbale	Omalla	Samuel	15-Nov-10	
31	Pharm. FC. -Fort Portal	Nuwagaba	Timothy	15-Nov-10	
32	Pharm. FC – Lira	Okidi	Denis	15-Nov-10	

33	Driver - Fort Portal	George	Sekimpi	22-Nov-10	
34	Assistant Accountant - Mbale	Madras	James	26-Nov-10	
35	Driver – Lira	Obonyo	Christopher	6-Dec-10	
36	Driver – Mbarara	Mukisa	John	3-Jan-11	Transferred to Mbarara
	Assistant Pharm. FC - Fort Portal	Nantongo	Lynda	3-Jan-11	On EHG subcontract. Resigned May 2012
37	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
38	Program Ops. Associate - Central	Musinguzi	Michael	4-Jul-11	
	QPPU Coordinator	Okumu	Morris	22-Mar-11	EHG Staff. Resigned May, 2012
39	District Info. Mgmt Coord.	Hoppenworth	Kim	15-Apr-11	EHG Staff
40	Assistant Pharm. FC – Lira	Ondoma	Jimmy	6-Jun-11	
41	Pharm. Field Coord. – Mbarara	Agaara	Mark	18-Jul-11	RTT Staff
42	Quality Assurance Associate	Bagonza	David	1-Sep-11	
43	Assistant Pharm. FC– Mbarara	Gabula	Sadat	11-Jul-11	RTT Staff
44	Assistant Accountant - Lira	Okello	Ben	14-Jul-11	
45	HR Coordinator	Okot	Agatha	11-Aug-11	
46	Logistics Officer – Vertical & IP	Amuha	Monica	5-Sep-11	
47	Program Assistant	Khasoma	Susan	12-Sep-11	
48	Driver – Mbarara	Bidong	Richard	5-Sep-11	
49	Assistant Accountant – Mbarara	Walusimbi	Alex	15-Aug-11	
50	Administrative Assistant - Mbarara	Nalubowa	Fatuma	1-Aug-11	
51	Receptionist/Admin Asst. - Lira	Ayugi	Christine	24-Nov-11	
52	M&E Assistant	Nabanoba	Allen	21-Nov-11	
53	M&E Assistant	Nakabugo	Stella	21-Nov-11	

54	Driver - Central Office	Okello	Charles	2-Apr-12	
55	Driver - Fort Portal	Asaba	John	2- Apr-12	
56	Driver - Lira Office	Okot	Michael	2- Apr-12	
57	Driver - Mbale Office	Buyi	Lawrence	10- Apr-12	
58	Driver - Kampala	Olungat	Peter	2- Apr-12	
59	M&E Advisor CPHL	Batamwita	Richard	14-May-12	
60	Assistant Pharm. FC - Fort Portal	Paalo	Julius	18-Jun-12	On EHG sub contract
61	Training Intern	Nahabwe	Catherine	18-Jun-12	
62	Program Support Interns	Mirembe	Esther	18-Jun-12	
63	Finance Intern	Katabaika	Juliet Joy	27-Jun-12	
64	M&E Intern	Kakembo	Samuel	18-Jun-12	
<b>Existing staff as at June 30, 2012</b>					<b>64</b>
<b>Summary of full-time positions planned to December 31, 2012</b>					
#	Job Title	Last Name	First Name	Hire dates	Comments
65	QPPU Coordinator	TBD	TBD	TBD	Replacement of Okumu Morris
66	QPPU Logistics Officer	TBD	TBD	TBD	New position
67	Logistics Coordinator Technical Program Support	TBD	TBD	TBD	Replacement of Eric Jemera Nabuguzi who resigned in April 12.
68	Pharmaceutical M&E Specialist	TBD	TBD	TBD	New position
69	M&E Specialist (JMS Secondment)	TBD	TBD	TBD	New position
70	District Computerization Intern	TBD	TBD	TBD	Recruitment in progress
71	Supply Chain Intern	TBD	TBD	TBD	Contracting in progress
72	Supply Chain Intern	TBD	TBD	TBD	Contracting in progress
73	IT Intern	Walugembe	Hakim	2-Jul-12	
74	M&E Intern	Namutebi	Mariam	3-Jul-2012	
<b>Planned staff to December 31, 2012</b>					<b>10</b>

## Annex-B: Summary of progress against planned activities in Q-11

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:**

- Evaluate the feasibility of implementing the current scope of FACTS/PIP ✓ ✓
- Re-confirm PIP/FACTS functional requirements if approved for implementation 0
- Undertake financial data collection and analysis for 2009/10 & 2010/11 ✓ ✓
- Manual testing of the finds tracking system ✓
- Data utilization for FACTS 0

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

- It is decided that current scope of PIP cannot be implement due to time constraint. Also, it is agreed to review FACTS and implement it as a manual system initially.
- GoU medicines budget and expenditure information obtained. Off budget support and utilization of resources by NMS to follow next quarter.
- SoW of for financing expert to review FACTS done and expert identified to set up manual tracking systems in Q-12
- Secured commitment from the MoH planning division to design a manual pharmaceutical financial tracking system

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

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

- Transfer pharmaceutical sector performance monitoring indicators to Planning and Pharmacy Divisions ✓
- Establish a monitoring system for VEN utilization for EMHS & lab -✓

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

- Pharmacy Division agrees to expand coverage of the annual performance report 2011/2012 to include in-depth analysis of medicines financing (budgets, releases and utilization). Partial data obtained, deadline is September 2012.
- EMHS List printed
- Strengthen M & E capacity at PD, recruit expert

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

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

- Support creation of equity in distribution of vote 116 0
- Explore the possibility for implementing cost effectiveness study of pull vs push system ✓
- Assess what needs to be done to direct pharmaceutical finances for priority health outcomes ✓

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

- SoW for assessing equity in resource allocation under Vote 116 and the effectiveness of the push-pull system done and expert reports for duty in September 2012; STTA identified
- BMJ approves publication of the health outcomes study. Also, abstract of same study approved at the next strengthening health systems conference

### 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 ✓✓
- Establish SURE Program Steering Committee 0

**Progress:**

- MoU signed by MoH in May 2012

**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

- Finalize the implementation plan for the web-based ARV ordering system and start rolling training activities-✓✓
- Assess the HIV supply system to identify priority areas for intervention-0
- Monthly meetings with the program-✓
- Establish the ordering and reporting system performance monitoring framework -✓✓
- Pilot the system in 18 sites, refine implementation plans, and undertake a live launch of the web-based ARV ordering and reporting system-✓✓

**Progress:**

- Implementation plan done and rolled out of training of trainers on the web-based system authorized nearly complete
- Ongoing support to ACP based areas identified as part of the ARV supply-chain rationalization; a desk review now deferred to Q-12
- Pilot and the system launched at IP meeting of 6<sup>th</sup> & 7<sup>th</sup> June.

TB Program

- Finalize and disseminate the TB supply chain assessment and develop a comprehensive plan for strengthening the TB supply system-✓
- Conduct regular meetings with NTLP -✓
- Review quantification of needs ✓✓

- Supply-chain assessment complement; draft report done

Lab Commodities

- Finalize job description and fill position of M&E Advisor secondment-✓✓
- Conduct lab logistics system assessment-✓
- Use assessment results to inform

- Two Consultant identified to conduct lab logistics assessment, work starts May 2012
- An M&E recruited to assist CPHL in setting up an M&E system for lab logistics

harmonization and integration of lab logistics into essential medicines system  
0

- Conduct separate regular meetings with the CPHL team and CDC 0

---

#### Malaria Program

- Monthly meetings with NMCP ✓
  - Support the Malaria Control Program and the QPP Unit to review the quantification of national needs for program commodities ✓✓
  - Engage partners to implement recommended actions to remedy ACT and RDT supply chain problems for PNFP ✓
  - Hold program meeting to identify and prioritize medicines management issues, develop strategy and an agreed plan of action for SURE support to the malaria program ✓✓
  - Establish a supply chain performance monitoring system for malaria commodities ✓
  - Develop an appropriate way to provide regular information on commodity availability at facility levels i.e. as part of the stock status report 0
- Meeting with malaria program to discuss priority areas of technical support done
  - Monitoring of the ACT and RDT pipeline at central level is routine, analysis of facility performance data pending.
  - Meeting with medical bureaus to discuss the implementation of recommended actions in the PNFP facility survey

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

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

- Continue meeting regularly with Pharmacy Division -✓✓
- Support supervisory visits to districts and facilities ✓✓

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

- Held weekly meetings with Pharmacy Division,
- Supported a partners meeting to discuss coordination and harmonization of medicine management activities.

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#### ***Support to National Drug Authority***

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

- Install server at NDA-0
- Load the verification of imports system on the server-0
- 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-✓✓

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

- Pilot of GPP inspection tools done
- Costing study completed
- Report produced detailing the options for in-house or outsourced IT-support
- Server delivered, installation pending decision by the board
- NDA Secondment extended and secondment of MOH RC reallocated to NDA

- Finalize costing consultancy report-✓

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

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#### **Planned:**

- Collect baseline data on the status of pharmaceutical training ✓
- Conduct advocacy meetings with key stakeholders 0
- Present curricula for approval-✓✓
- Initiate the drafting of tutors' training material ✓✓

#### **Progress:**

- Collection of baseline data ongoing and expected to be complete in Q12
- Tutor training materials done and piloting planned for May 2012

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

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#### **Support to UMTAC**

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#### **Planned:**

- Edit of the EMHS List and UCG-✓
- 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 health facilities throughout Uganda ✓✓
- Support the development of a launch strategy for Uganda Clinical Guidelines and EMHSLU 0
- Work with MoH to start holding regular UMTAC meetings and develop a strategy for further strengthening appropriate medicines use together with UMTAC 0

#### **Progress:**

- Vendor selection and printing done .

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#### **Support to QPP Unit**

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#### **Planned:**

- Continue production of bimonthly stock status report ✓✓
- Explore the need for additional staff and help recruit a Global Fund staff person for the QPP Unit ✓✓
- Disseminate the QPP strategy paper
- Conduct a quantification for HIV-related commodities and develop a supply plan ✓✓
- Update the reproductive health commodities two-year supply plan ✓
- Employ a second secondment to support the work of the QPP unit ✓✓

#### **Progress:**

- Bimonthly stock status report prepared and shared
- Staff recruitment done

**Support JMS**

**Planned:**

- Monthly meetings -✓✓
- Procurement of the network study STTA -✓
- Initiate the proposed network study -0
- Provide STTA to prepare specifications, request for proposal document, work plan, resource requirements and STTA schedule for acquisition and implementation of a new warehouse management, finance and accounting software ✓
- Management of 3PL distributors 0

**Progress:**

- STTAs for network study and for new MIS identified and hiring done
- Support to JMS to prepare specs, plans, identify resource requirements, etc done.
- Detailed MIS specification finalized
- RFP issued and bidding process well managed by JMS with SURE support
- Baseline performance indicators approved by JMS, data collection tools developed
- Support JMS to fill position of an M&E Expert

**Develop PIP**

**Planned:**

- Respond to further requests from the E-health TWG and the UNICEF consultant to facilitate a decision on the PIP system-✓✓
- Expand and strengthen the data base for collecting facility based data collected by the MMSs to facilitate district and national reporting and data utilization-✓

**Progress:**

- Scope of Work for development of a Data Mart for the MMS facility based data finalized
- Offer from vendor evaluated and recommendation made to MSH Head Quarters
- Server moved to SURE IT-room and software purchased
- JD for replacement Data Warehouse Architect created and position advertised

**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**

**Planned**

- 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 0
- Complete pharmaceutical financial management training materials and pilot them 0
- Hold SURE/DHO/MMS regional meeting in three regions ✓✓
- Support implementation of regular district logistics management meetings involving all stakeholders ✓

**Progress:**

- The Prescription/Dispensing log was finalized and sent for print. The EMHS manual is pending approval from MOH
- Makerere University was able to conduct 1 training for 20 participants
- The regional pharmacists were not oriented in the quarter
- The PFM materials were not finalized and implementation of PFM pushed forward
- Three meeting were held in the North, West and SW region
- Meetings attended organized by SDS and coordination meetings USAID under
- SOW was completed, SSTA hired, Data

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|--|---|
| <ul style="list-style-type: none"> <li>• Complete statement of work for stores infrastructure review and recruit STTA ✓✓</li> <li>• Train 22 MMS in motorcycle riding ✓</li> <li>• Provide supervision and on-the-job training in 700 facilities ✓✓</li> <li>• Develop a performance assessment quality assurance strategy and implement routine reproducibility tests to strengthen data quality ✓✓</li> <li>• Hold Pharmacy Division/SURE biannual meeting ✓✓</li> <li>• Develop specifications and initiate procurement of facility rewards ✓✓</li> </ul> | <ul style="list-style-type: none"> <li>collection tools piloted and specifications for shelves being discussed</li> <li>• 12 MMS trained as the remaining were yet to undergo MMS training</li> <li>• 832 facilities were visited and staff received on the job support</li> <li>• 19 DMMS out of 45 supported to improve on understanding of indicators. SOP for routine reproducibility tests finalized</li> <li>• SURE/ PD meeting for regional pharmacists held and focused on SPARS implementation</li> <li>• Updated reward scheme for DHO, MMS and Health facilities circulated and procurement initiated</li> </ul> |
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### ***Implement new communication and information technology***

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#### ***Planned***

- Finalize national work plan to support MoH in Rx roll out in non-SURE supported districts 0
- Work with MoH/IPs/UNICEF to explore national support options 0
- Hand over the Rx Box to MoH ✓
- Coordinate rollout of RxSolution with MoH 0
- Develop structure for computerized hospitals to report ✓
- Conduct training of trainers program for RxSolution 0
- Train first group of hospital users in RxSolution 0
- Train MMS to use netbooks and electronic forms ✓✓
- Prepare desktop computers for five hospitals ✓
- Expand use of the web-based support function for RxSolution 0
- 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

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

- Pilot hospitals has been encouraged to develop criteria for required report and examples given
- Training has been postponed until further notice from the eHealth TWG
- 142 computers prepared and all 142 MMS trained and equipped with computers.
- The first computers for RxSolution has been setup with all needed software
- All pilot sites have been approached and routine support done as needed.
- A district report template has been adopted in Excel and an automated interface developed and tested with SURE pharmaceutical field staff
- The report on national roll out plan for Rx which include IP strategy is awaiting the decision from eHealth TWG

- 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 0

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

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

**Planned:**

- Support the diocese to strengthen medicines management at PNFP through a SPARS approach -0
- Support MoH to mobilize phase-3 partners to ensure national SPARS coverage ✓
- Prepare strategy paper for Pharmacy Division to effectively manage the national SPARS roll out, including a system for facility performance information management and utilization - 0
- Explore feasibility of designating core and supplementary medicines management (GPP) indicators. ✓

**Progress:**

- 2<sup>nd</sup> Partners forum held by MoH with SURE support and a number of partners pledge to consider SPARS implementation, follow up in Q-12
- Partners guided on contributing new indicators for consideration by MoH

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

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

**Institute good pharmacy practices certification**

**Planned:**

- 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 0
- Recruit an STTA provider to develop a good pharmacy practices community involvement strategy ✓
- Initiate good pharmacy practice inspections in the central region 0

**Progress:**

- Inspection tools were finalized
- Inspection process agreed upon
- Inspection tool yet to be piloted
- SOW of completed and Candidates interviewed recruitment not finalized
- GPP inspection not yet started

**Build Capacity of Storekeeper**

**Planned:**

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

**Progress:**

- Curriculum and Training materials developed

**Monitoring and Evaluation**

**Planned:**

- Develop M&E Strategy for Pharmacy

**Progress:**

- Consultant hiring in progress

Divison ✓

- Conduct M&E Training for MOH and SURE staff ✓
- Develop M&E Package for Ips 0
- Analyse controll 2011 data and write report ✓✓

Collect and analyse data for central supply chain indicators ✓✓

- Consultant hiring in progress. Development of material will begin in SeptemberDraft in place

- Analysis completed. Report writing in progress

Data collection tool developed. Data collection next quarter

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