



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

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



### Quarterly Progress Report January–March 2014 (Quarter 18)

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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.

### SURE Objectives

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

The five-year \$39 million cooperative agreement was awarded to Management Sciences for Health in collaboration with the Euro Health Group, Imperial Health Sciences (formerly 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

ACT	artemisinin-based combination therapy
ARV	antiretroviral
ART	antiretroviral therapy
CPHL	Central Public Health Laboratory
DHC	diocesan health coordinators
DHIS2	District Health Information Management Software Version 2
DSDS	district supervision data system
EMHS	essential medicines and health supplies
GPP	good pharmacy practice
HC	health center
JMS	Joint Medical Store
MAUL	Medical Access Uganda Limited
M&E	monitoring and evaluation
MMS	medicines management supervisors
MoH	Ministry of Health
MSH	Management Sciences for Health
NDA	National Drug Authority
NMCP	National Malaria Control Program
NMS	National Medical Stores
NTLP	National TB and Leprosy Program
NU-HITES	Northern Uganda Health Integration for Enhanced Services [Project]
QPPU	Quantification and Procurement Planning Unit
PFP	Private for profit
PFM	pharmaceutical financial management
PNFP	private not-for-profit
RDT	rapid diagnostic test
SOP	standard operating procedure
SPARS	Supervision, Performance Assessment, and Recognition Strategy
SURE	Securing Ugandans' Right to Essential Medicines [Program]
TB	tuberculosis
UGX	Uganda Shillings
UMMB	Uganda Muslim Medical Bureau
UMTAC	Uganda Medicines Therapeutic Advisory Committee
USAID	US Agency for International Development
USD	US dollar
VEN	vital, essential, or necessary
WAOS	web-based ARV ordering system

## EXECUTIVE SUMMARY

The 18<sup>th</sup> quarterly performance monitoring report (Q18) for the Securing Ugandans' Right to Essential Medicines (SURE) Program covers the period from 1 January to 31 March, 2014, the second quarter of the final year of the program. The report presents progress on our implementation of the Year 5 program work plan. The delay in both the disbursement of obligated funds and the approval of the final Year 5 budget severely constrained program implementation in this quarter. A number of activities had to be postponed and subsequently cancelled as a result. The next steps are largely related to finalizing ongoing activities or to the close out of the program and represent the final effort in each result area.

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

A number of assessments conducted by SURE in collaboration with the Pharmacy Division on equity of essential medicines and health supplies (EMHS) allocations for public sector health facilities in Uganda were completed. Although EMHS allocations increase with higher levels of care, the current allocations are not equitable as the same EMHS allocation is provided to all facilities within the same level of care without taking into account variations in patient load. We make a number of recommendations including implementing a patient load-based EMHS allocation for health facilities as well as establishing a multi stakeholder committee to oversee the efforts to improve equity of EMHS allocation. An assessment on the extent to which vital, essential, necessary (VEN) prioritization is being used both at the central warehouse and facility levels is being finalized. It is expected that improving equity and ensuring VEN prioritization at all levels will go a long way in increasing access and availability of EMHS.

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

The WAOS stakeholders report and action plan were finalized and shared with all stakeholders. The AIDS Control Program logistics (ACP) secondments are following up on the recommendations and implementation of the action plan. A scope of work for a local consultant to upgrade WAOS to reflect changes in anti retroviral therapy (ART) guidelines, monitor additional indicators, and improve report generation functionality was developed. The upgrade will be done next quarter. The ART Master Health Facility List which is the cornerstone of the supply chain rationalization strategy needs to be updated on a regular basis with accurate data on facility warehouse allocation and patient numbers. Despite concerted efforts made in the quarter a number of issues on the master list remain unresolved such as the criteria used to assign facilities to warehouses, who is responsible for updating the list, and how often this should occur.

Improving visibility of stock data, identifying supply chain challenges, and developing and implementing effective strategies to improve the availability of and access to commodities continued to be the key elements of the technical assistance to the National TB and Leprosy Program (NTLP) and the National Malaria Control Program (NMCP). To obtain information on facility stock status, SURE, using district TB and Leprosy Supervisors in the south-west region, collected data from eight districts on stock levels of six anti-TB medicines. Over 50% of the facilities were found to have over stocks of three of the medicines.

The print and electronic versions of the lab SPARS performance and assessment tool were finalized but these tools, together with the lab SPARS training materials, will need to be aligned with the Director General's policy directive requiring that all health facilities use a store that is designated for storing and managing all medicines and lab commodities. These tools and materials together with the Lab SPARS concept paper and the lab SPARS database will enable the Central Public Health Laboratory (CPHL) to rollout lab SPARS by the even after the end of SURE.

The Quantification and Procurement Planning Unit (QPPU) continued to support the quantification and procurement planning of program commodities, and preparation of the bi-monthly Ministry of Health (MoH) stock status reports. The AIDS Control Program plans to roll out new antiretroviral

therapy (ART) guidelines in April 2014 and QPPU has helped guide the process by identifying the implications of the new guidelines on the stock status. QPPU's reproductive health quantification and supply plan was used to secure USD 29 million in funding commitments for Uganda for 2014-2015. QPPU also compiled quantification reports for antiretrovirals (ARVs), laboratory supplies, reproductive health commodities, and antimalarial medicines which will be used by the MoH to advocate for additional resources.

The *Practical Guidelines for Dispensers for HCII and HCIII* are currently undergoing final review. Due to the funding situation, SURE is not able to print and launch the guidelines but the final electronic version will be handed to the Pharmacy Division. When this resource is made available to health workers, it will support improved dispensing quality, particularly in relation to patient information. In its other efforts to improve medicines use SURE will provide four grants to health workers to explore medicines use problems in their facilities.

SURE support to the PNFP sector this quarter was primarily to finalize the development of an indicator based monitoring and evaluation system for JMS and support the religious medical bureaus to continue with SPARS implementation. Practical field orientation using the SPARS supervision tool was conducted for 19 UCMB DHCs by experienced MMS from SURE-supported districts. Routine supervision by UCMB DHCs is expected to commence in the next quarter. UPMB DHCs carried 30 routine supervisions in this quarter.

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

By the end of the quarter four out of five SURE regional offices had closed. Three field coordinators have been retained to support MMS until the end of next quarter. As part of the sustainability plan, regional pharmacists were involved in some of the close-out meetings held in the 59 districts. SURE also worked with the Pharmacy Division to complete the mapping of districts to regions and to create regional teams which include regional pharmacists, representatives from the regional performance monitoring teams, and logistics advisors from the implementing partners working in the regions. The regional teams are key components of the peer strategy.

The first ever annual pharmaceutical sector performance report is almost complete. The report tracks developments, identifies problems, provides data for decision making, and monitors impact of strategies in the pharmaceutical sector. SURE in collaboration with NMCP and Pharmacy Division also embarked on third end use verification survey for malaria. The survey which assess human resource capacity and malaria commodity usage will be finalized next quarter.

As of 31 March, 89% of the SURE MMS computers have received the DSDS SPARS offline form, and MMS have entered 46% of the estimated backlog of 851 forms accumulated since October 2013. SURE, in collaboration with the Pharmacy Division, provided the RxBox installation set to 14 regional referral hospitals and six implementing partners to facilitate future roll out of RxSolution.

### **Challenges**

- The funding uncertainties at the beginning of January made it difficult to plan for and subsequently implement many activities.
- The discrepancies in the ART master health facility list continue to erode confidence in its usefulness. The lack of clarity on the ownership and responsibility for maintenance further complicates the matter and still remains unresolved. SURE will continue to work with other stakeholders to resolve these issues and ensure a comprehensive and accurate master list.

The table below summarizes SURE's primary outputs this quarter. Annex B shows SURE's summary of progress against planned activities.

## SURE PROGRAM KEY OUTPUTS Q18

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

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

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- Finalized report on *Improving Equity in Resource Allocation for Essential Medicines and Health Supplies in Public Health Facilities in Uganda*
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**Result 2: Support to improve the capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities**

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

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**Support MoH technical programs in commodity management**

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***Central Public Health Laboratory (CPHL)/laboratory commodity management***

- Provided 500 copies of *Laboratory Logistics System Assessment* report to CPHL
  - Provided laboratory logistics monitoring and evaluation (M&E) plan with indicators aligned to SPARS
  - Calculated baseline logistics indicators based on pilot test of lab SPARS tool
  - Provided piloted electronic version of SPARS laboratory assessment tool, along with training materials
- 

***National Malaria Control Program (NMCP)***

- Monitored stock status of anti-malarial commodities and prepared bimonthly PNFP antimalarial stock status report
  - Participated in the NMCP mid-term review of the National Strategic Plan 2010-2015 and development of the national malaria reduction strategy 2020
  - Trained Uganda Muslim Medical Bureau (UMMB) health facility in charges on how to use the artemisinin-based combination therapy (ACT) order and report form
  - Designed and coordinated the implementation of the third End Use Verification survey
  - Participated in the review of the performance plan for the malaria Round 10 grant with a team from the Global Fund
- 

***National tuberculosis (TB) and Leprosy Program (NTLP)***

- Held key meeting with NTLP and TRACK TB to discuss way forward on logistics issues
  - Developed a tool and collected data on the stock status and supply of anti-TB medicines from facilities in the south-west region
- 

***AIDS Control Program***

- Finalized and disseminated web-based ARV ordering system (WAOS) report and action plan to all stakeholders
  - Updated anti retroviral therapy ART and eliminating mother to child transmission (e-MTCT) Report and Order form to reflect changes in the guidelines
  - Trained 17 logistics officers from Uganda Catholic Medical Bureau (UCMB) facilities in WAOS
  - Updated the logistics training materials for the new 2013 ART guidelines
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**Support and strengthen the Pharmacy Division**

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- Held a meeting to obtain consensus on a national product code
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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)**

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- Finalized first draft of *Practical Guidelines for Dispensing for HCII and HCIII*
  - Updated rational use of medicine study proposals and readied them for implementation
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#### **Quantification and Procurement Planning Unit**

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- Coordinated two Commodity Security Group (CSG) meetings and presented recommendations to the technical working group on medicines and procurement management (MPM-TWG) and the Health Policy Advisory Committee (HPAC)
  - Reviewed supply plans for the MoH commodity needs including Joint Medical Store's (JMS) ARV and laboratory commodity requirements, public sector ARV and test kits, anti-TB medicines, and reproductive health commodities
  - Published the January 2014 and March 2014 bimonthly stock status reports
  - Developed a template for bundling laboratory commodities during supply planning
  - Contributed to the logistics mentorship materials for the new 2013 ART guidelines
  - Finalized the reproductive health quantification report and supply plan, and secured USD 29 million in funding commitments for 2014–2015
  - Updated national quantifications for antimalarial and anti-TB medicines and compiled quantification reports for laboratory supplies and antimalarial commodities, to be used by the MoH as advocacy tools for resource mobilization
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#### **Support to PNFP including Joint Medical Store**

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##### *Joint Medical Store*

- Developed a comprehensive M&E system and prepared a baseline report for 2012-2013
- Conducted an impact assessment of the business process transformation and IFS implementation

##### *Other PNFP*

- Conducted practical field orientation for 19 UCMB diocesan health coordinators (DHCs)
  - Trained two Uganda Protestant Medical Bureau (UPMB) and one UCMB staff in use of the district supervision data system (DSDS)
  - Conducted SPARS orientation training for one UCMB and two Uganda Orthodox Medical Bureau (UOMB) staff
  - Provided five net books to five UPMB DHCs for SPARS data entry using DSDS
  - Trained five UPMB and one UCMB staff in RxSolution
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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**

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- Undertook 456 SPARS supervision visits and submitted data from 344 to DSDS
  - Held 59 district close-out meetings
  - Held a meeting for regional pharmacists and implementing partners on the sustainability of SURE interventions
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##### **New district communication and technology (net book/RxSolution)**

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- Provided RxBoxes to all 14 regional referral hospitals
  - Developed RxSolution electronic reports for stock status of TB medicines
  - Prepared RxSolution training and support for 19 hospitals
-

- Developed generic stock status template for use with the MoH technical programs
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#### **Pharmaceutical Financial Management**

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- District MMS conducted 11 pharmaceutical financial management (PFM) supervision visits
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#### **District supervision data system (DSDS)**

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- Finalized development of the DSDS SPARS form for offline use
  - Rolled out the DSDS software to 89% of SURE MMS
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### ***3.2 Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS***

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#### **SPARS**

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- Rolled out SPARS in 133 health facilities in non-SURE districts bringing the total number of health facilities with SPARS to 530
  - Trained 19 implementing partner (IP) staff in DSDS
  - Developed templates for quarterly SPARS roll out status reports
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### ***3.3 Overall access to EMHS improved through innovative district-level interventions***

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#### **Good pharmacy practice (GPP) accreditation of public sector health facility pharmacies**

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- Supported National Drug Authority (NDA) inspection of 465 health facilities
  - Finalized the management information system for NDA and trained staff in usage
  - Finalized action report template and developed automated system for generation of NDA certificates
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#### **Monitoring and evaluation**

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- Completed cleaning of data for entry into DSDS
  - Produced the first-ever pharmaceutical sector performance report
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## **TECHNICAL RESULT AREAS AND ACTIVITIES**

This section discusses the status of activity implementation under the three result areas.

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

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

##### **Resource allocations for EMHS and strategies for greater equity**

A report was finalized which consolidates the findings from a number of assessments conducted by SURE in collaboration with the Pharmacy Division. These assessments aimed to generate evidence on the level of equity in EMHS allocations for public sector health facilities in Uganda. The report highlights the increase in the Vote 116 component for health facility EMHS purchases from 20 billion (2009/10) to 84 billion UGX (2013/14); as well as the prioritization of funding for lower level units whose proportion of the vote increased from 30% to 47% during the period. Although EMHS allocations increase with higher levels of care, the current allocations are not equitable as the same EMHS allocation is provided to all facilities within the same level of care without taking into account variations in patient load. As a result, all levels have variations in EMHS allocation per patient, with the most significant being at health center (HC) IV and regional referral hospitals. The EMHS allocation per patient at HC IV ranged from UGX 638 to 5,530 (1:9). At regional referral hospitals, the allocation ranged from UGX 2,674 to 9,865 (1:4) per patient. The medicines availability situation reinforces the evidence of inequity. Overall 18% of 77 facilities were under stocked while 30% were over stocked. We make a number of recommendations including implementing a patient load-based EMHS allocation for health facilities as well as establishing a multi stakeholder committee to oversee the efforts to improve equity of EMHS allocation.

##### **VEN utilization**

The assessment intended to determine the extent to which vital, essential, necessary (VEN) prioritization is being used both at the central warehouse and facility levels. VEN prioritization is being assessed by investigating: 1) the extent to which central warehouses are supplying vital items to their clients 2) the extent to which health facilities are ordering vital items relative to other categories and 3) the availability of vital items at both central warehouse and health facility level. The results of these assessments will be published next quarter.

##### **Final steps**

- Print and deliver the equity report to the Pharmacy Division
- Present the equity report to the medicines procurement and management technical working group
- Conclude the VEN assessment

**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 the nation's EMHS**

It was not possible to carry out any of the planned activities with National Medical Stores (NMS) due to funding constraints.

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

**Support MoH technical programs in commodity management**

Four Logistics Officers continue to provide project-specific support to AIDS Control Program, NTLP, NMCP and CPHL. SURE provided eight officers to work alongside the logistics officers to support the programs. The technical programs' logistics coordinator provided backstopping support and oversaw the planning and implementation of SURE interventions. The team is led by a health systems strengthening specialist who mentors and builds team capacity. Close out meetings have been held with a number of the technical programs at which the implications of the cessation of support and possible forward actions are discussed.

***AIDS Control Program***

***Web-based ARV ordering and reporting system (WAOS)***

The WAOS stakeholders report and action plan were finalized and shared with all stakeholders. The AIDS Control Program logistics secondments are following up on the recommendations and implementation of the action plan. Due to the delay in release of funds, planned training of DHCs and MMS was cancelled. However using resources from UCMB, the ACP logistics team and the Pharmacy Division facilitated a WAOS training of 17 logistics officers from UCMB facilities. Granting access for users from these facilities by the resource centre is expected to be fast tracked.

The ACP logistics officers continued to support NMS to generate allocation lists from WAOS. In preparation for the transfer this activity to NMS, a meeting was held between NMS, SURE, and Clinton Health Access Initiative where it was resolved that SURE will train NMS regional teams to enter paper orders received at the regional offices, and generate and submit allocation lists to the NMS office in Entebbe. This training will be conducted at NMS in April 2014.

A scope of work was developed to upgrade WAOS to reflect changes in ART guidelines, monitor additional indicators, and improve report generation functionality. A consultant with knowledge of DHIS2 will be selected to upgrade the system in the next quarter.

Timely feedback on queries and continuous reminders on reporting deadlines have been sent to implementing partners and district biostatisticians to ensure facilities are supported to report on time.

***Support implementation of supply chain rationalization for HIV commodities (1 supplier–1 facility)***

The ART Master Health Facility List needs to be updated on a regular basis with accurate data on facility warehouse allocation and patient numbers so that these data can be reflected in supply chain rationalization, forecasting, and quantification activities at the national level. SURE logistics officers worked with the AIDS Control Program M&E unit to validate overall patient numbers as reported under WAOS with those reported in the health management information system and agreed to update the ART master health facility list with these numbers on a quarterly basis.

Health facility numbers for JMS and Medical Access Uganda, Ltd. (MAUL) in the current master list (September 2013) were unreliable and could not be used for compiling the last bi-monthly WAOS report. Denominators had to be obtained from the warehouses themselves. A number of other issues on the master list remain unresolved such as the criteria used to assign facilities to warehouses, who is responsible for updating the list, how often this should occur, and who should own the results. These issues will be taken up with the program manager next quarter.

### ***Support Implementation of Option B+ for Elimination of Mother to Child Transmission***

Central-level availability of key Option B+ commodities was continually monitored in collaboration with QPPU and reported in the stock status reports. A weekly SMS facility report was instituted to monitor implementation of Option B+ at the facility level. This report provides timely information on key indicators including availability of HIV test kits and ARVs for Option B+. Information on facility stock status obtained from weekly reports is correlated with WAOS facility ordering and reporting data and shared with stakeholders supporting implementation of Option B+. This information has enabled partners to focus their support on non-reporting facilities and will help avert facility stock outs.

### ***Program support***

SURE secondments undertook the following other activities during the quarter:

- Updated the logistics training materials and the ART and e-MTCT Report and Order form to reflect changes in the Ministry of Health 2013 ART guidelines. The team was also engaged in a national training of trainers on the implementation of the new guidelines and will conduct this training at the regional level in the next quarter.
- Facilitated a Supply Chain Management Training for MAUL-supported PFP facilities. Facility logistics personnel were trained in key logistics concepts and on the changes to ART guidelines and logistics management information system tools.
- Conducted a Global Fund support supervision exercise in the West Nile region to assess both the progress of Global Fund supported activities and the availability and use of Global Fund commodities at the district, facility, and sub-county levels. A draft report has been prepared and recommendations will be presented to the Global Fund in-country secretariat.
- Reviewed and updated the monitoring and evaluation framework for the AIDS Control Program. This framework provides program indicators and targets to measure progress of interventions to the HIV national response. Developed in consultation with key development partners, the framework ensures that all targets for development partners are aligned to the national targets.

### **Challenges**

- The discrepancies in the ART master health facility list continue to erode confidence in its usefulness. The lack of clarity on the ownership and responsibility for maintenance further complicates the matter and still remains unresolved. SURE will continue to work with other stakeholders to resolve these issues and ensure a comprehensive and accurate master list.
- WAOS reporting rates for private for-profit (PFP) and not-for profit (PNFP) facilities receiving ARVs from JMS continue to be low. This is partly attributed to the high workload of district biostatisticians who prioritize the completion of public facility reports. This problem could be resolved if DHCs were granted access rights to enter orders on behalf of the PNFP facilities. Next quarter, SURE will analyze and report on the additional reasons for the low reporting rate from PFP sites.
- It is still unclear how the SURE-supported AIDS Control program activities including generation of monthly reports can be sustained in future.

### **Final Steps**

- Recruit and support local consultant in upgrading WAOS

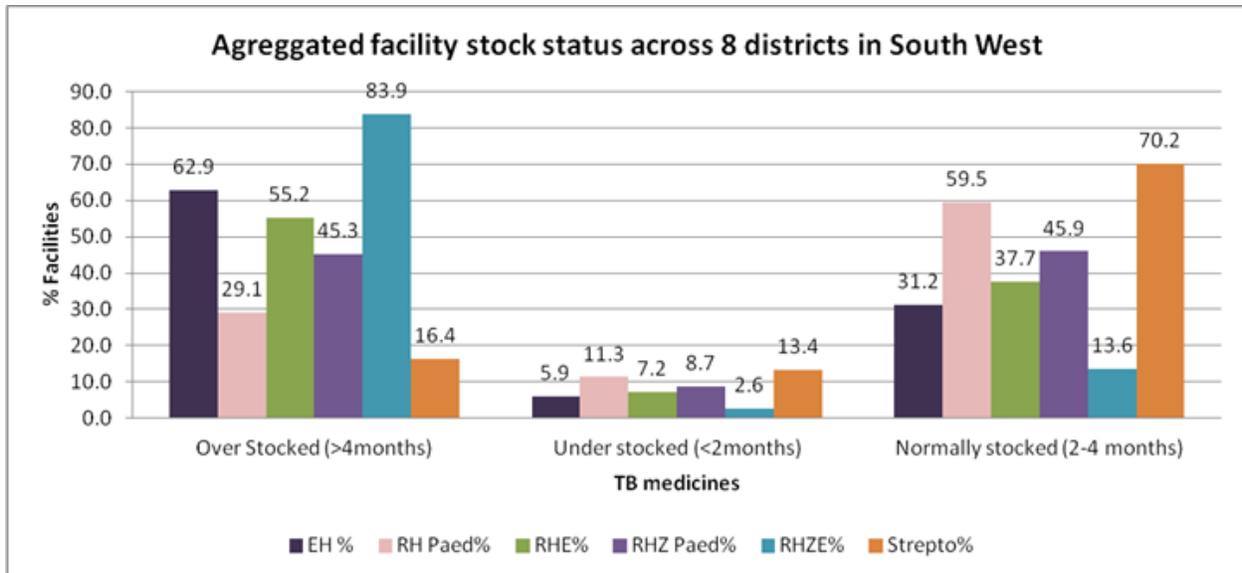
- Facilitate WAOS training for NMS regional teams and ensure NMS ability to generate allocation lists without external support
- Conduct training on roll out of new ART guidelines at the regional level
- Prepare a concept for the Health Commodity Systems Strengthening Grant under the new Global Fund funding model
- Finalize report on *Quantification and Supply Planning of ARVs and Cotrimoxazole for the Public Sector*
- Support activities on ART master health facility list including clarification of roles and verification of ART patient numbers

**National TB and Leprosy Program**

A logistics officer responsible for overall logistics management and a technical officer responsible for coordinating TB SPARS activities left at the start of the quarter. The technical officer was taken on by TRACK TB. A data specialist tasked to assist in managing data and entering orders into Supply Chain Manager at NMS completed his service on 28 February. To support the program’s sustainability, TRACK TB agreed to take over the logistics officer position, however recruitment did not commence until the end of Q18. Due to an urgent need to obtain information on the status of TB commodities at health facility level following numerous reports of over and under stocking, SURE was compelled to continue providing logistics support to the NTLP.

**Monitoring TB Supplies**

During the quarter, SURE focused on obtaining data on facility-level orders and consumption rates of anti-TB supplies. Failure to obtain the data from submitted orders through NMS led to the development of a data collection tool that was sent out in January to the District TB and Leprosy Supervisors in the south-west region. This tool will help inform the aggregated district facility stock status. Findings from the south-west zone (eight districts) showed over-stocking for six medicines, ranging from 16 to 84% highest for RHZE (Figure 1). These findings were similar to 2013 SPARS data obtained from 333 health facilities which indicated a mix of normal, over and under stocking of key anti-TB medicines. This situation which increases the risk of expiry is a result of most facilities receiving anti-TB medicines through a push rather than a pull system.



Key: E-Ethambutol, H-Isoniazid, R-Rifampicin, Z-Pyrazinamide, Strepto - Streptomycin

**Figure 1: Aggregated facility anti- TB medicine stock status, 8 districts in the South-West zone**

SURE is also supporting the program with responding to Global Fund queries and requests. One of these requests is to provide quantitative facility stock status data before the next disbursement of funds. Preliminary anti-TB stock status data from regional referral hospitals were obtained and shared with the Global Fund. To get comprehensive data on orders from facilities nationwide, a data collection tool has been designed and sent to over 100 facilities. In addition, SURE supported the TB program in updating the supply plan for first-line and second-line TB medicines. The QuanTB training conducted the previous quarter simplified the development of the supply plans.

### **Challenges**

- Two logistics staff left the SURE program during this quarter; the NTLP logistics officer resigned in January while the contract for the data specialist ended in February 2014 leaving the program lacking in logistics support.
- Access to facility reports submitted to the central warehousing unit was not granted making it difficult to analyze facility-based data which would better guide the planning and management process and minimize the risk of expiry.
- Lack of clarity on how NMS is re-supplying health facilities with TB medicines.

### **Final steps**

- Monitor the pipeline for first- and second-line drugs
- Analyze facility stock status data and ordering status and recommend an action plan to guide handling and ordering of anti-TB medicines

### ***National Malaria Control Program***

The malaria logistics officer seconded to NMCP attended meetings with the Global Fund country team, and other stake holders to provide information about malaria commodity logistics and support the development of the concept note in line with the new funding model. SURE also participated and presented at a President's Malaria Initiative meeting on health systems strengthening to assist with the development of the Malaria Operational Plan for fiscal year 2015. The presentation covered support provided by SURE, key successes, remaining challenges, and areas that warrant additional support in fiscal year 2015.

### ***Improving ordering and uptake of anti-malarial commodities***

SURE has continued to support interventions (along with other partners) to improve uptake of anti-malarial commodities in the PNFP sector. The January 2014 PNFP bimonthly stock status report showed that stock levels at JMS were expected to remain optimal for the first half of 2014 (Figure 2). Figure 3 shows the trends in reporting and ordering rates for PNFP health facilities since 2011. The dip in reporting in September–October 2013 was a result of facilities having sufficient stock and therefore not ordering and reporting. JMS closed for stock taking in June and July which delayed deliveries to facilities that had sent in orders during that period to August and September, already another reporting period which made it hard for facilities to order/report again when they had just received stock. SURE continued feedback sessions and engagement with health facility in-charges and DHCs on the use of the order form. This has resulted in improvements in the quality of orders from 10% in the previous quarter to 19% in this quarter. SURE also trained 65 UMMB staff (in charge of health facilities and management) on how to use the malaria commodity order form.

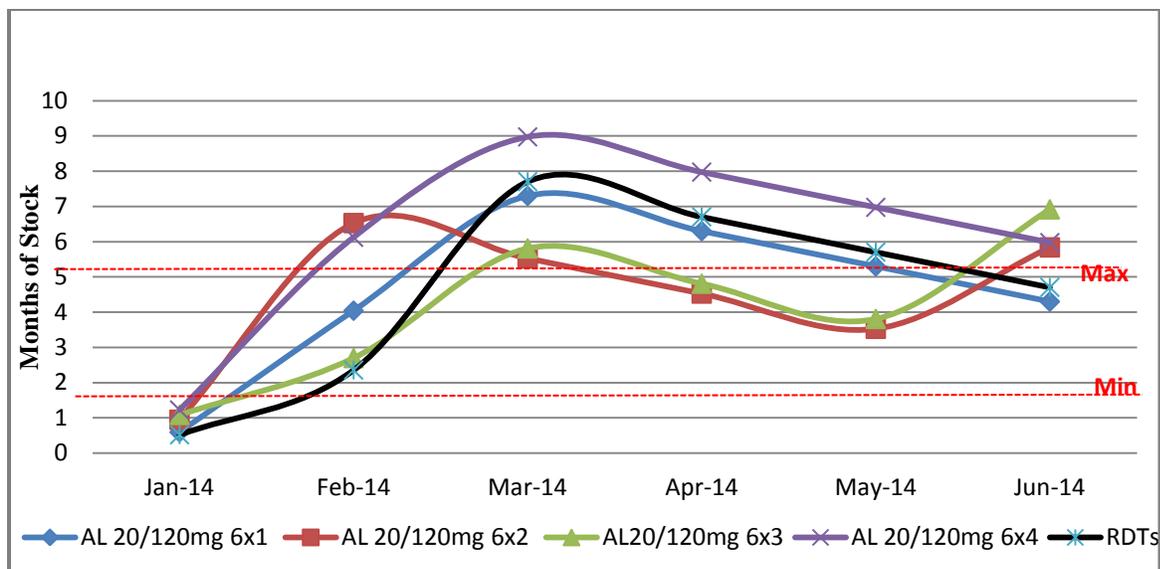


Figure 2: Projected stock status of anti-malaria commodities at JMS through June 2014

During this quarter SURE supported NMCP in a number of quantification and procurement planning activities:

- Collected, analyzed, and disseminated information on the stock status of malaria commodities in both the public and private sector. Gathered in collaboration with QPPU, this information was used to update the stock-on-hand and pipeline data in the January and March stock status report.
- Reviewed the anti-malaria commodity quantification and gap analysis, and supported the submission of procurement and supply management plans for both Global Fund principal recipients 1 and 2, and budget and performance framework for the malaria round 10 grant extension (through December 2014).
- Drafted the malaria quantification report using NMCP assumptions and methodology, to be finalized in the next quarter.

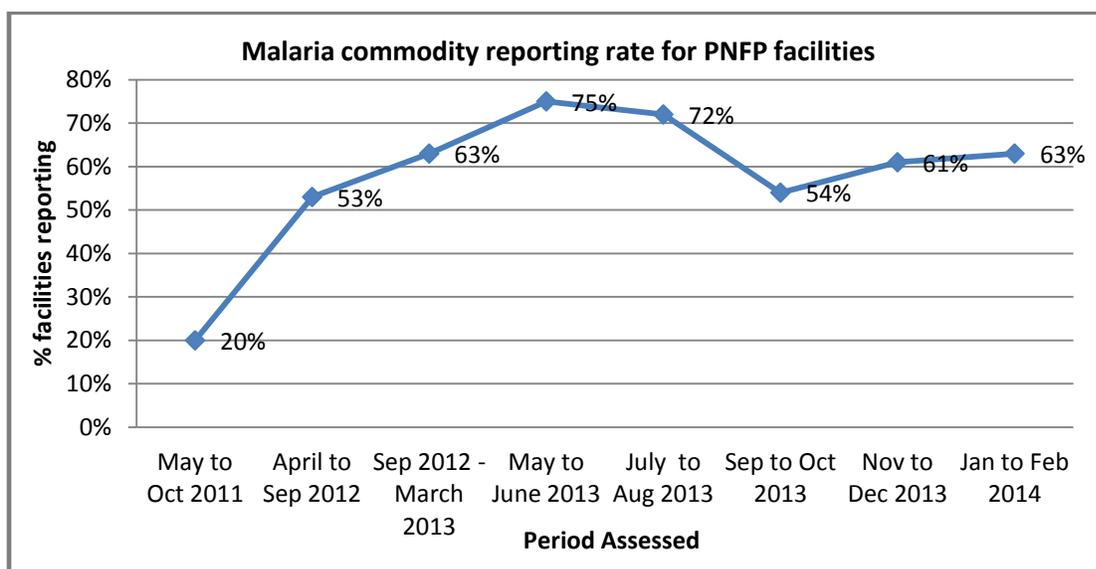


Figure 3: Trend of PNFP health facility reporting from May 2011 to February 2014

### ***Additional activities***

- The long-lasting insecticide nets campaign logistics team was supported during data validation, cleaning, and estimation of net needs for all wave six districts. Distribution in 71 districts was completed as scheduled. Distribution to the final three waves is expected next quarter.
- SURE participated in NMCP's mid-term review of the malaria strategic plan 2010–2015 which informed the development of the malaria reduction strategy 2020. This activity involved comprehensive assessment of progress to date, key issues affecting progress, SWOT analysis, and suggested shifts going forward.
- Country data was compiled for the quarterly USAID Procurement Planning and Management Report for malaria and submitted in January 2014.

The joint SURE and JMS field visit planned for the quarter and the roll out of the PNFP malaria commodities electronic tool will not take place.

### **Final steps**

- Support the program in the development of the Global Fund concept note application and LLIN campaign
- Finalize and share the quantification report on malaria commodities
- Compile bi-monthly PNFP and stock status report
- Compile quarterly PPMR report and orient QPPU to undertake its preparation
- Train JMS personnel to conduct M&E activities and reporting (i.e. preparation of PNFP bi-monthly stock status report and monitoring PNFP orders)
- Finish analysis of data and reporting on the End Use Verification survey

### ***Central Public Health Laboratory***

Three staff (senior logistics officer, senior programmer, and M&E intern) were terminated at the end of February, slightly earlier than originally planned due to funding constraints. The M&E Advisor remained with the program until mid-March.

### ***Capacity building at facility level to strengthen laboratory management toward accreditation/SPARS***

The lab SPARS concept paper, which provides the background and justification for the proposed Lab SPARS strategy has been finalized and is awaiting approval from the head of CPHL. The implementation plan documenting the detailed procedures, resources, schedules, and timeline, still remains in draft and will need additional review before being finalized by CPHL.

In November 2013, the Director General issued a policy directive requiring that all health facilities use only stores designated for storing and managing medicines, supplies and lab commodities. Stock management must take place in the designated store and not in a dispensary or laboratory whereby there will be only one stock card managed per item. The practical implementation of this directive requires further explanation and will be discussed during the regional pharmacists meeting in April 2014. The outcome from the meeting will be shared with CPHL.

SURE planned to pilot lab-SPARS training materials in classroom-based and practical trainings with the district focal lab personnel and senior lab technicians. However, due to the early close out of the program, these activities could not take place. However, CPHL was able to conduct training in January and in March, funded by other implementing partners. During the first training, the draft training materials were systematically reviewed and finalized. The support of lab SPARS by other implementing partners is encouraging since it ensures sustainability of the initiative.

The print and electronic versions of the lab SPARS performance and assessment tool were finalized but these tools, together with the lab SPARS training materials, will need to be reviewed by CPHL to ensure that they are aligned with the Director General’s policy directive and the outcomes from the regional pharmacists meeting. The lab SPARS database was populated with information collected from eight facilities visited during pilot testing. A two-page facility report and corresponding spider graphs can be generated from responses to 32 selected indicators (Figure 4). Further work is required on the reports.

Assessment Area	Maximum Score (A)	Total Score (B = Total Score / A)	SPIDO Graph Value Scaled (C= B%)
Stock Management	9	0.24	24%
Storage Management	5	0.47	47%
Ordering and reporting	3	0.26	26%
Laboratory Equipment	4	0.43	43%
Information Systems	6	0.27	27%
Laboratory Credit Line Tracking	5	0.00	0%

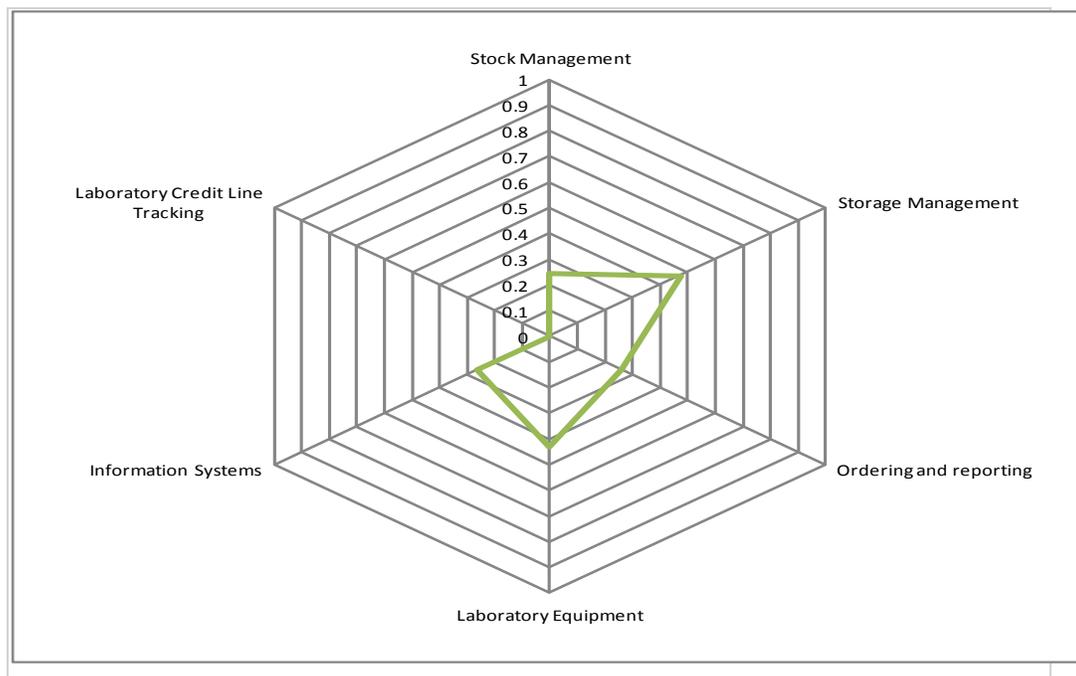


Figure 4: Example of Spider graph and report from Lab SPARS

**Support performance monitoring of the laboratory logistics system**

As the practical field testing of lab SPARS was cancelled, the baseline data collected during the pilot testing was used to populate the logistics component of the M&E framework. The lab-specific reports that CPHL have customized to provide laboratory logistics and supplies data still require approval by the Resource Centre before they can be implemented.

**Supply chain rationalization**

Very limited progress was made in this area. Development of a standard, web-based laboratory order form to simplify ordering for facilities including by bundling reagents for a given test was anticipated to be complete in January 2014, but still requires considerable additional work (Figure 5). It is unlikely be finalized under SURE as it requires much coordination and collaboration with other stakeholders i.e. Resource Center, NMS, JMS and Pharmacy Division to move beyond the technical solution to implementation stage.

The screenshot shows a web-based order form for laboratory supplies. At the top, there is a header with the Ministry of Health logo on the left, the text 'Essential Laboratory & Specialised Lab Supplies Order Form' in the center, and another logo on the right. Below the header, the form is divided into several sections. The first section is for administrative information, including 'HMIS No. 018b' and dropdown menus for 'Region', 'District', and 'Sub County'. There are also text boxes for 'Health Facility', 'Completed By', and 'Order Date', and an 'Order Total' field. The second section is titled 'Order Details' and contains four pink buttons with the following labels: 'CD4/ CD8 REAGENTS & CONSUMABLES', 'RECONSTITUTED REAGENTS', 'DIAGNOSTIC KITS & REAGENTS', and 'CONSUMABLES FOR MICROSCOPY'.

Figure 5: New electronic laboratory order form

### Other activities

- At a two day meeting in early March on monitoring and evaluation of laboratory services under the National Health Laboratory Strategic Plan, SURE presented on support provided to CPHL in strengthening the laboratory supply chain system at all levels.
- With SURE support, CPHL has developed an online web application for monitoring equipment availability and functionality at the health facility level. A database has been developed to capture the information, but the application, which needs to be integrated into DHIS2 still awaits a decision from the Resource Centre.

### Challenges

- During this period, all contracts for staff supported under the current US Centers for Disease Control and Prevention cooperative agreement came to an end and staff were required to reapply for the positions. The national laboratory logistics coordinator position was vacant for a large part of Q18 and still remains open. This has negatively affected CPHL's ability to respond to activities related to quantification and procurement planning.

### Final steps

- Conclude close out meetings with technical programs and resource centre

### Support Pharmacy Division

SURE and the Pharmacy Division continued the weekly stakeholder and the monthly Medicines Procurement and Management Technical Working Group meetings. One of the recurrent topics was the close out of SURE activities and sustainability of program activities moving forward. SURE updated USAID separately on the phase out plan and activities to be carried out in the remaining period.

SURE worked with Pharmacy Division to identify office furniture needs and was able to transfer basic furniture from SURE offices to the regional pharmacists in nine hospitals.

During the quarter, SURE received communication that MSH was selected to implement activities aimed at improving access to reproductive, maternal, newborn, child health (RMNCH) commodities, through to be funded by the UN Commission on Life Saving Commodities (UNCOLSC) initiative. Funding of USD

239,000 US \$ was set aside for three activities relating to development of data warehouse, revision of the essential medicines and health supplies list and computerization of hospital in year 1. SURE was identified as most suited to implement these activities on behalf of MSH. After further analysis, it was became evident that the available funds was to be regarded as seed funding and far more resources including time were required to implement the activities. In view of SURE phasing out in the coming month, we proposed to implement a comprehensive review of the existing supply chain for RMNCH commodities and development of a concept paper based on consensus by key players. However, a number of technicalities including the close out of SURE led MSH to temporarily withdraw from the implementation of the activity.

### ***Promote streamlining and integration of EMHS tools***

The Pharmacy Division with SURE support held a meeting in February to discuss the national product code. Meeting participants noted that a national product code was critical for the success of the supply chain rationalization (one supplier–one facility) strategy adopted by the MoH. A national product code would also:

- Facilitate data aggregation at district, regional, and national levels for use in quantification
- Support electronic ordering at any of the central warehouses
- Support rational drug use (facilitate production of data on consumption by category)
- Support electronic exchange of information (such as tenders and purchase orders)

Increasing the reliability and accuracy of EMHS data through the use of a common unique identifier would greatly enhance planning and decision making for the sector. The 12 digit alphanumeric code that SURE proposed was found acceptable and was submitted by Pharmacy Division to the central warehouses for approval.

### ***Harmonization of EMHS management at facility level***

Almost six months after the release of the directive on management of health facility stores by the Director General Health Services, stakeholders had different interpretations on how to implement it. To help move toward a harmonized EMHS management system and as a starting point for discussions, SURE drafted a presentation showing different scenarios on how best the directive could be implemented using laboratory supplies for illustration.

### ***Redistribution study and order delivery review***

There was little progress made on the redistribution study report. More attention will be paid to these reports in the next quarter.

### **Final steps**

- Finalize and circulate the redistribution study report
- Finalize and circulate the order/delivery assessment report
- Support the division to hold out program close out meeting for all stakeholders

### **Support the National Drug Authority**

After a final inspection, the SURE team determined that the servers are ready to receive the verification of imports (VOI) application. The NDA is negotiating a support contract with the vendor and once this has been established a support team will transfer the software to the server. Other support to NDA is discussed under section 3.3.

### Final steps

- Monitor the full implementation of VOI including use at ports of entry and adherence by NDA to the software requirement specifications

### Sub-result 2.3: Supply chain system cost effectiveness and efficiency improved through innovative approaches

#### Uganda Medicines and Therapeutic Advisory Committee and appropriate use of EMHS

In this quarter, SURE evaluated the expert reviews received on the rational use of medicine studies. The evaluation team agreed that the scope of the study proposals were too broad and that a specific focus on exploring the problems of appropriate medicines use would be more helpful to improving medicine use practices. Changes were suggested to five of the studies selected for grant support and four were updated and re-submitted with an improved focus on problem exploration. The studies will be implemented during the course of 2014.

Development of the *Practical Guidelines for Dispensers for HCII and HCIII* is currently undergoing final review. Due to the funding situation, SURE is not able to print and launch the guidelines but the final version will be shared with the Pharmacy Division in Q19. Once this guideline is made available to health workers in the primary care facilities, it will support dispensing, particularly in relation to quality of patient information.

Uganda Network for Appropriate Medicine Use (UNAMU) was established in Q17 but progress in Q18 was limited. Makerere University and INRUD members were not involved much in UNAMU related work. With the close-out of the program approaching, SURE focused on other rational use of medicine activities.

### Final steps

- Provide grants for rational use of medicine studies
- Finalize *Practical Guidelines for Dispensing 2013* and share with Pharmacy Division

#### Quantification and Procurement Planning Unit

To mitigate the effects of SURE close out, two staff members seconded to QPPU and one staff member on short-term technical assistance were transitioned to Supply Chain Management System at the start of February 2014. However, activities will continue to be monitored and reported under SURE.

QPPU supported a number of quantification and supply planning activities during this quarter:

- The report on quantification of reproductive health commodities and a three-year supply plan were completed and disseminated to stakeholders at a meeting where USD 29 million in funding commitments from partners were pledged.
- The laboratory supply plan and funding gap for 2014, stemming from the review of the national laboratory quantification exercise, was also shared with partners as an advocacy strategy for resource mobilization. The gap analysis showed that USD 119,978,843 was required to procure laboratory commodities for 2014. The committed funding from all stakeholders was USD 65,015,630, leaving a funding gap of approximately USD 51 million.

- QPPU drafted quantification reports for antimalarial and laboratory commodities, documenting the methodologies and assumptions used to estimate the requirements and funding gap for January 2014–December 2016.
- QPPU supported the Global Fund focal coordinating office to review the public sector ARV and test kit supply plans for 2014 in order to identify gaps and allocate savings from the previous Global Fund grant (HIV Year 5 Round 7), worth \$10.2 million. The quantities and preferred delivery schedules were generated and shared with the coordinating office for submission to Global Fund.
- SURE supported the Global Fund focal coordinating office in compiling a semi-annual report on the receipts and issues of ACTs and malaria rapid diagnostic test kits for the public sector for the period ending December 2013 (Table 1). The report, along with TB and HIV semi-annual reports, is part of Global Fund reporting requirements.
- QPPU reviewed the ARV and lab supply plans for JMS for the period between July 2014 to December 2014 and recommended quantities to be procured by Supply Chain Management System with funding from PEPFAR.
- With support from SURE, the President’s Malaria Initiative reviewed the supply plan and USD 557,063 funding gap for rapid diagnostic test kits in the PNFP sector to explore the potential for future support.

**Table 1. ACT/rapid diagnostic test kit report for the public sector July–December 2013**

Item	Quantity received (Jul-Dec 13)	Quantity issued (Jul – Dec 13)	Stock on Hand (31 Dec 2013)
Artemether 20mg + Lumefantrine 120mg (6 's)	-	12,410	125
Artemether 20mg + Lumefantrine 120mg (12's)	-	3,189	7
Artemether 20mg + Lumefantrine 120mg (18's)	-	3,673	-
Artemether 20mg + Lumefantrine 120mg (24's)	63,854	245,289	67,775
Artesunate injection 60mg vial	230,000	136,307	-
Malaria rapid diagnostic kits (25 Tests)	107,413	356,747	172,048

**Publication of stock status reports**

The January and March 2014 stock status reports were published and discussed at the monthly Commodity Security Group and the Health Policy Advisory Committee meetings. At the January meeting, the group discussed strategies for collecting facility level stock status information, and replacing oral rehydration salts and co-trimoxazole with ORS plus zinc and amoxicillin dispersible tablet on the list of tracer medicines. The recommendation to revise the list of tracer medicines was in line with the new treatment guidelines for diarrhea and pneumonia in children. The March stock status report was revised to reflect the Health Policy Advisory Committee recommendations.

**Coordination of Commodity Security Group meetings**

Two Commodity Security Group meetings were conducted during this quarter. Using the stock status reports, risks in the supply chain were identified including the manufacturing challenges of ATV/r, which led to a decision to accept a short-dated consignment into the country to avoid stock-outs. During the meetings, it was also recommended that NMS procure ACTs, TDF/3TC, and anti-TB medicines to fill the

existing gaps before delivery of Global Fund consignments. The bitterness of uncoated TDF/3TC, which prompted a recall by NDA, was addressed through a recommendation to continue use of the medicine following sensitization of the users. In regard to the implementation of the new pediatric ART guidelines, it was recommended that an initial allocation of ABC/3TC pediatric tablets be pushed to facilities during the initial rollout of the new ART guidelines.

### **Other activities**

- QPPU prepared a set of tools for health facilities: 1) a standard operating procedure for hospitals and HC IVs on how to develop an annual health facility EMHS procurement plan and provide guidance on budgeting and vetting and 2) a procurement plan and cycle tracking tool in Excel to allow a health facility to track its orders placed and received from NMS. These tools require additional work in the next quarter before they can be disseminated.
- QPPU has successfully used the upgraded version of Quantimed, built on the Microsoft Access 2010 and 2013 platforms on the new 64-bit Windows operating system.
- We continued to support the emergency operation center for e-MTCT by sharing the stock status reports on a weekly basis and shared stock out reports with warehouses and AIDS Control Program for comparison with WAOS.
- QPPU, in collaboration with AIDS Control Program, supported the development of logistic mentorship materials to be used during the roll out of the new ART guidelines. To further accommodate the roll out of the new ART guidelines, QPPU helped develop strategies to make the medicines available to facilities without causing stock outs or wastages. The partners supporting the procurement process were advised on the most appropriate quantities and delivery schedules.

### **Challenges**

- The end of several contracts for logistics staff at NTLP and CPHL created critical gaps which QPPU stepped in to fill.
- The ongoing review of supply chain management at NMS led to a temporary disruption of supply chain rationalization and inter-warehouse stock transfers.
- Delay in approval of Global Fund interim funding for the period July 2014–June 2015 created unanticipated commodity gaps, increasing the potential for possible stock-outs later in the year if gaps are not addressed.
- The NDA recall of uncoated TDF/3TC tablets due to bitterness caused an unforeseen stock-out of this item at NMS. In addition, ATV/r manufacturing challenges led to delays in its delivery causing shortages at NMS and JMS
- Incomplete pipeline information for NMS-initiated procurements complicated supply planning. For example, NMS procured over 10 months of stock of artesunate injection without the knowledge of QPPU, which will increase the risk of overstock and expiries if Global Fund stock already in the pipeline is delivered.
- A continued lack of accurate morbidity data greatly hampered the quantification process. Having morbidity data allows for triangulation with consumption data thereby increasing the reliability of quantifications.

### **Final steps**

- Review ARV supply plan for the public sector (2015) and share gap with partners
- Finalize report on quantification and supply planning for anti-TB medicines
- Final formatting of quantification and supply planning reports for HIV, malaria, and laboratory
- Compile and publish MoH stock status report for May 2014

- Contribute to procurement and supply management component of the Global Fund grant application for health commodity system strengthening
- Finalize and disseminate standard operating procedure and tool on procurement planning and ordering

## **Support to Private not-for-Profit entities**

### ***Joint Medical Store***

The indicator-based M&E system, developed for JMS by a SURE-supported local expert, has been completed. The system is based on a results framework with five intermediate result areas covering access, availability, affordability, and quality of medicines as well as institutional sustainability. The framework, which contains 49 detailed indicators and reporting templates, has been approved by JMS. During the reporting period, the consultant supporting JMS also undertook a performance assessment of JMS for the 2012–2013 and evaluated the impact of two SURE interventions: the business process transformation exercise started in 2010 and the enterprise resource planning solution IFS in July 2013. The outputs of the expert's work will be presented to JMS in Q19. A post-implementation review of IFS and an assessment of the door to door distribution system for JMS regular stock will not take place due to funding constraints as well as delayed implementation in the case of the latter.

### ***Religious Medical Bureaus***

SURE has continued to work closely with the four religious medical bureaus to supplement MMS SPARS implementation in PNFP health facilities through a network of 45 trained DHCs. SPARS is a relatively new concept to the faith-based medical bureaus and therefore quite a bit of effort has been devoted to building capacity of the bureau staff appointed to coordinate its rollout. We conducted SPARS orientation training for one UCMB staff and two UOMB staff, following departure of the previously trained staff. Additionally, three staff members from UPMB and one from UCMB were trained in DSDS who will provide the training to their respective DHCs. To date, 30 performance assessments conducted by DHCs have been submitted into the system. To further support use of the DSDS system and data utilization by the faith-based medical bureaus, five UPMB DHCs were provided with net books based on exemplary performance.

During the quarter, we also supported practical field orientation for 19 UCMB DHCs in mentorship and supervision using the MoH SPARS supervision tool. This exercise was conducted by experienced MMS from SURE-supported districts. Routine supervision by UCMB DHCs is expected to commence in the next quarter. Following the practical field orientation for UPMB DHCs conducted during the last quarter, 30 routine supervisions have been made by DHCs in this quarter.

In the next quarter, we will conduct close-out meetings with each bureau to discuss issues related to sustainability of the program.

### **Challenge**

- UMMB and UOMB do not have appropriate structures in place to support rollout. This has greatly hindered implementation beyond the first visit. In addition, the two staff trained from UOMB resigned at the end of last quarter, which further slowed progress.

### **Final steps**

- Train UMMB and UOMB in use of DSDS
- Hold close-out meetings with each bureau to discuss sustainability of SPARS
- Train DHCs in DSDS
- Document SURE support to the PNFP sector

### **Result 3. Improved capacity and performance of targeted districts and USAID implementing partners in their 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 essential medicines and health supplies**

##### **Expand SPARS to additional locations**

This quarter SURE started implementing the close-out plan with the closure of four out of five regional offices and termination of all but three of our regional staff. The remaining staff will provide technical support to MMS as they transition to new payment and data submission system until the end of Q19. Prior to their departure, the regional teams held close-out meetings in all the 59 districts and communicated the key management decisions on the future of SPARS:

- The assets used by MMS to implement SPARS (e.g. motorcycles, computers, modems, and printers) will remain property of USAID but will be used by MMS until a final decision is made during the follow-on project. In the interim period, the assets will be used for medicines management activities under the custodianship of the district health office.
- SURE will continue support MMS to carry out supervision using a new modality of payment. A flat fee of UGX 30,000 to cover safari daily allowance, fuel, and maintenance of motorcycle will be paid to MMS for every complete performance assessment submitted to the DSDS. Payment will be made on a monthly basis.
- MMS were also informed of the need to consistently use supportive supervision approach to encourage long-term improvements in the management of EMHS. In addition, the importance and relevance of the stock book and the supervision book were emphasized.

In the first two months of the quarter, MMS carried out 456 supervision visits in 59 districts and the total number of facilities implementing SPARS at the end of February was 1,782 (86% of total). The actual number of supervision visits conducted by the end of the quarter will be determined when all MMS have entered their reports in DSDS.

##### **Support district collaboration and coordination**

SURE met with the Strengthening Decentralization for Sustainability (SDS) program to explore opportunities for collaboration in the districts in which both programs provide support. We reviewed the integrated support supervision activity conducted under SDS grants and have agreed that the MMS will be included as part of the team and use the previous performance assessment reports to give feedback and carry out coaching and mentoring in EMHS management as necessary. SURE will formally propose this approach to SDS management in the next quarter. The regional meetings for district health officers, MMS, Pharmacy Division, and SURE did not take place because they were replaced with district close-out meetings.

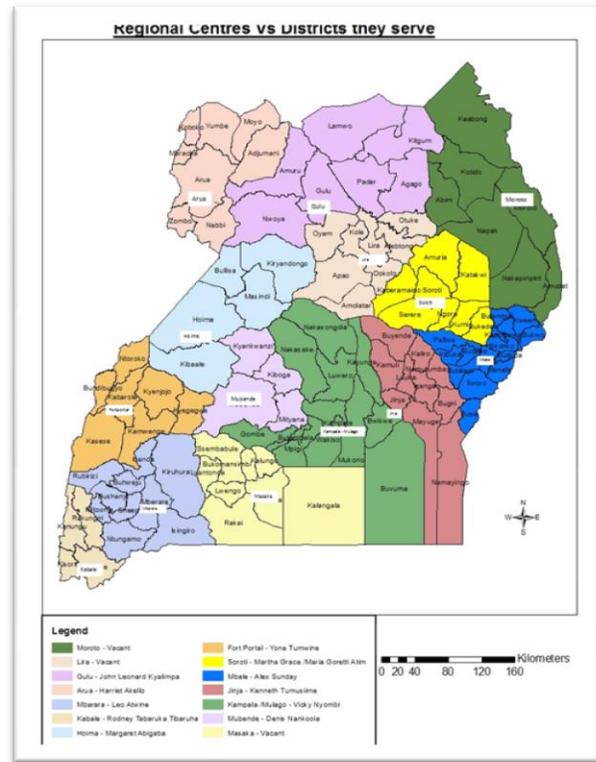
##### **Final steps**

- Support MMS to conduct 500 SPARS visits
- District team to follow up on correct use of stock books and supervision books

**Assure sustainability of SPARS**

SURE and the Pharmacy Division organized a two-day meeting that brought together regional pharmacists, pharmaceutical focal persons from the MOH regional monitoring team, and implementing partners to discuss sustainability of SPARS and the role of the each stakeholder after the closure of SURE regional offices. The peer strategy was presented and discussed along with the mapping of districts to specific regional teams. The overall aim was to put in place a mechanism for management and monitoring of SPARS activities at the national, regional and districts levels using a systematic approach based on standardized reporting tools. One of the key outcomes from the meeting was the development of joint work plans by 14 regional teams made up of the regional pharmacist, pharmaceutical focal person, and representative from implementing partners operating in the region.

A number of challenges were cited during discussion: districts with no implementing partners to support SPARS, inadequate funding for EMHS, lack of clear format for the monthly facility stock status reports, lack of skills to use DSDS data, and lack of access to the DHIS2 by the members of the regional team. As a result of this discussion, it was recommended that the Pharmacy Division approach implementing partners working in the respective districts to encourage support for SPARS, advocate for additional government funding for EMHS, initiate work to find a more equitable allocation formula for available EMHS funds, and standardized the format for health facility stock status reports. SURE was asked to organize DSDS training for DHOs and regional team members.



**District communication and information technology**

Hospitals, as major consumers of EHMS, are keen to implement new technology that can facilitate commodity management. In Q18, SURE provided the RxBox installation set to regional pharmacists and members of the performance monitoring teams at 14 regional referral hospitals. The remaining four computers will be distributed as part of the last round of training and support that started 31 March 2014. SURE had planned to train 24 hospitals but this activity was delayed due to financial constraints.

Up to the start of year 5, SURE received electronic reports in PDF format from the MMS, submitted through the regional offices. This system has been phased out in favor of DSDS, which uses SharePoint to collect data and generate reports. The system will also handle data analysis and reporting for Pharmaceutical Financial Management (PFM) supervision and NDA’s good pharmacy practice (GPP) program. This quarter, the SharePoint system was updated to include distribution of 20 RxBoxes and contact information for 14 more hospitals. Tests on importing commodity data from RxSolution at hospitals has been expanded to include first- and second-line TB medicines as a separate report for NTLF. This activity is still pending implementation after development has finished.

SURE previously engaged the Pharmacy Division and the Resource Center to develop a strategy for hardware and software support, including selection of a vendor to provide this support to hospitals. Due to the moratorium on eHealth activities, there has been no further progress in establishing support at the

national level. When the eHealth strategy is finalized, RxSolution sites will need to be included. Pharmacy Division has also been advised to involve more implementing partners in planning of training in preparation for a national rollout of RxSolution. SURE has also set up two online forums for pharmaceutical sector information sharing: one for regional pharmacists and the other for MMS. Both have proven to be very lively for discussing common issues and challenges.

### Final steps

- Train seven NDA inspectors in use of the GPP management information system
- Train staff from 25 hospitals in RxSolution
- Train pharmacy and store staff at SUSTAIN-supported health facilities on RxSolution
- Finish last round of support visits to the 42 hospitals where desktop computers have been set up
- Develop and implement a reporting cycle standard operating procedure for hospitals
- Develop standard operating procedures for current RxSolution support structure

### Pharmaceutical financial management

Eleven PFM visits were conducted in January 2014. All PFM data is now available through the electronic system. A total of 138 visits have been undertaken in the 44 facilities where PFM has been piloted. 117 at HC IVs and 21 in hospitals. All the facilities have had at least two visits and over 50 % have had three. Scores in all four assessment areas are much higher at visit three compared to visit one.

	Visit 1	Visit 3
KNOWLEDGE ON CREDIT LINE SYSTEM	1.7	4.4
GOOD PFM PRACTICES	2.9	4.6
PFM TRACKING	0.4	3.7
PHARMACEUTICAL FINANCIAL DATA MANAGEMENT	1.6	3.1

### Final steps

- Analyze the dataset
- Write the PFM pilot report

### District supervision data system (DSDS)

As of 31 March, 89% of the SURE MMS computers have received the DSDS SPARS offline form, and MMS have entered 46% of the estimated backlog of forms (Table 2). Submissions from the Northern and Western region are behind due to poor Internet connectivity.

**Table 2. Installation and usage of DSDS by region – as of 31 March 2014**

Region	Successful installations	Coverage	Total forms to enter	Forms entered in DSDS	Percentage complete
Central	47	100%	277	176	64%
Eastern	39	83%	148	100	68%
Western	58	85%	292	87	30%
Northern	24	96%	134	30	22%
<b>Total</b>	<b>168</b>	<b>89%</b>	<b>851</b>	<b>393</b>	<b>46%</b>

In February, 19 representatives from implementing partners supporting SPARS were trained in DSDS SPARS data entry and portal usage to ensure that they are able to support MMS in the submission and utilization of data. A total of 46 SPARS forms have been submitted by five of the nine implementing partners trained (Figure 6). Both MMS and implementing partners are very positive about the new system because it makes entry easier, faster, and automatically checks for errors at the time of entry to ensure data quality. Extra memory and data storage was installed in the DSDS server to facilitate a separate test environment for the Portal and to host the GPP and PFM SharePoint sites.

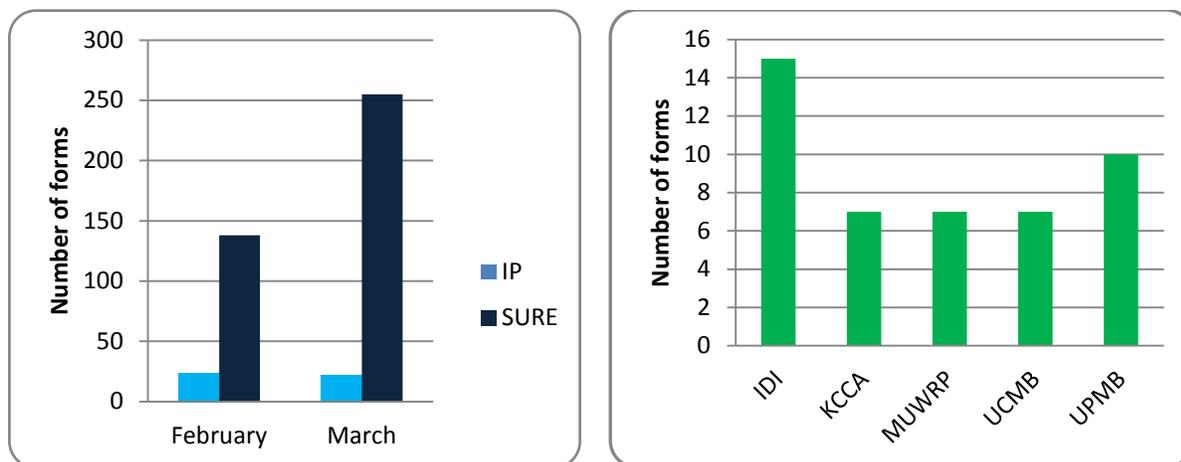


Figure 6: Submission of forms by SURE MMS and implementing partners January–March 2014

### Challenges

- Data cleaning issues have delayed the publishing of the DSDS portal

### Final steps

- Rollout the offline DSDS data entry application to all SURE-supported MMS
- Open the portal for data reporting and analysis
- Present the DSDS Portal to various stakeholders in regular meetings
- Produce user-guides for the DSDS Portal
- Finalize and present the feasibility study for placement of DSDS server

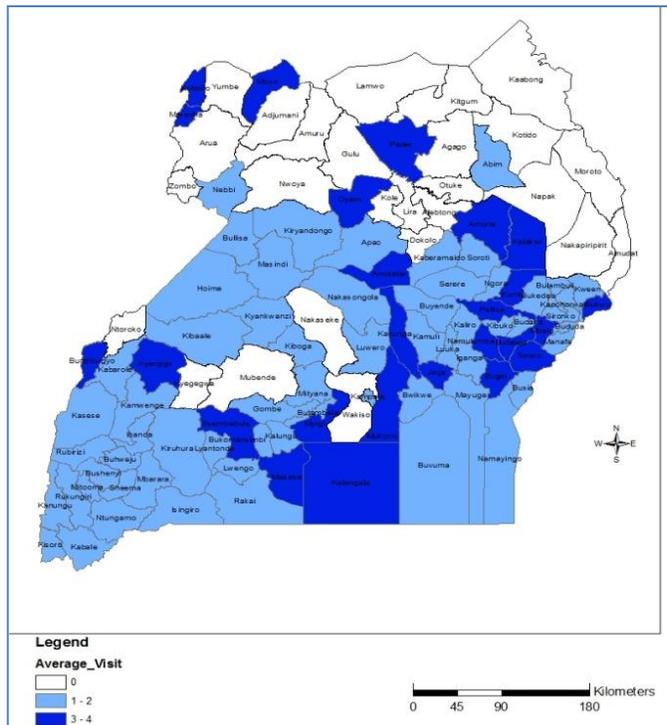
**Sub-result 3.2. Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS**

**SPARS roll out to implementing partners**

A number of implementation and development partners are involved in the roll out of SPARS under the stewardship of the Pharmacy Division. These include STRIDES, STAR-E, STAR-EC, STAR-SW, Infectious Disease Institute, SUSTAIN, NU-HITES, Makerere University Walter Reed Project, World Bank, Belgian Development Agency, and United Nations Population Fund. SURE supports the Pharmacy Division in coordinating and facilitating the national rollout. By the end of March 2014, SPARS had been rolled out 530 health facilities in 47 non-SURE districts (Table 3).

**Table 3. Status of national SPARS roll out as of 31 March 2014**

Activity	Implementing Partners (none SURE)	Overall including SURE districts
Number of districts with SPARS (trained MMS)	47	106
National SPARS coverage by district (%)	89%	95%
Number of health facilities with SPARS (at least one visit)	530	2312
National SPARS coverage by facility (%)	35%	64%
Number of trained MMS	185	320



**Figure 7: SPARS implementation status by district: December 2013**

Support to implementing partners during the quarter, was centered on SPARS data management using DSDS. We conducted DSDS training and implementing partner staff have entered 40 forms into the system. We are finalizing data cleaning of the old forms, after which all data will be available to the implementing partners for reporting. In addition, we continued to follow up with the partners on a weekly basis to support smooth roll out of SPARS.

SPARS implementation involves different stakeholders at the different levels of the health care system. Monitoring its roll out is critical to its successful implementation. During the quarter, we developed a report template for national roll out of SPARS. This is one of the tools managers at different levels will use to monitor roll out and make evidence based decisions. The first report will be produced in April 2014. In addition, templates for regional pharmacists, implementing partners, and faith-based medical bureaus have been drafted.

### Challenge

Belgian Development Agency, World Bank, and United Nations Population Fund have not made much progress in rolling out SPARS in their allocated districts. The Pharmacy Division is working with them on this and will follow-up with all three partners in the next quarter to determine how to proceed.

### Final steps

- Train SUSTAIN, NU-HITES, and STAR-EC staff in DSDS reporting
- Produce quarterly report for SPARS status and disseminate through the Pharmacy Division
- Support national rollout of SPARS

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

### GPP certification

During the quarter the collaboration with the NDA, focused on setting up routine activities that can continue after the SURE program ends. The main focus in Q18 was dissemination of action reports and *Sawa Sawa* (community awareness material) to the certified health facilities. The action report was updated and automated certification developed. The action reports and certificates are currently being printed and will be disseminated to the health facilities in Q19.

By end of February 2014, NDA had inspected a total of 1,066 health facilities in the SURE districts and a selected number of control districts. During the reporting period, 465 of the inspections were conducted. SURE is only obligated to pay for 801 inspections; the additional inspections are covered by NDA. The contracts for data entry personnel hired by SURE ended early in Q18 after data was entered for 601 health facilities. Data entry for the new inspections is currently ongoing but at a slower pace. Feedback to the health facilities is to be given using action reports following data entry. The delayed dissemination of the action reports arising from the inspections did not give stakeholders to improve pharmacy practices as had been envisaged. It is beyond the scope of SURE to address the deficiencies identified but realizing the high percentage of facilities that do not meet the minimum standards, this is an area that could be addressed in the SURE follow on program.

A feedback meeting with NDA's GPP inspectors was planned but not implemented. NDA was unable to hold the meeting and instead relied on email to communicate with underperforming inspectors.

SURE is working on a study to compare the inspection results in SURE-supported SPARS districts and non-SPARS districts (control districts). The study aims to inform and guide both the MoH as well as other countries working on improving good pharmacy practices in the public sector.

### Challenge

- More could have been achieved on the GPP data base if NDA had not had competing activities"

### Final steps

- Support NDA training of regional inspectors in electronic data entry of inspection tools
- Attend NDA meeting to involve implementing partners in national roll-out of GPP inspections

- Transfer database responsibility to NDA IT manager
- Enter data from inspection tools
- Finalize report on GPP certification

### **Recognition of good district and facility performance**

Recognition of districts and health facilities was not possible following the postponement of the regional access to medicines conference. We also decided that institutions would benefit more from the MDS-3 manual than individuals, so we provided copies to universities, the medical stores, and the Pharmacy Division. It was agreed that MMS who continue to supervise and submit reports in DSDS until end of next quarter will receive certificates of recognition.

### **Final step**

- Give out certificates of recognition to eligible MMS

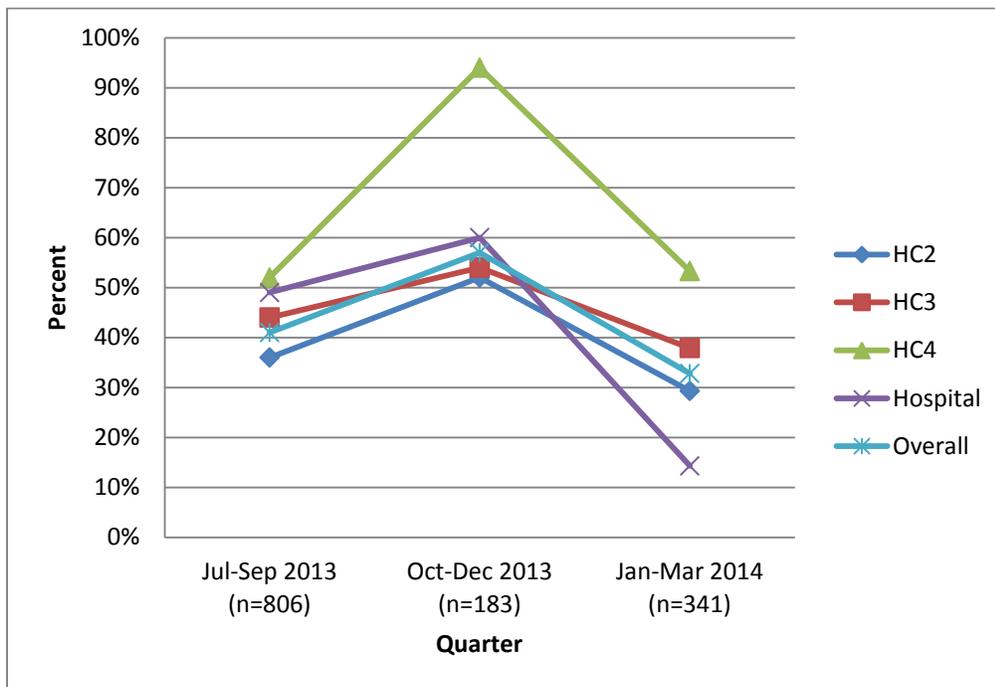
## MONITORING AND EVALUATION

### Performance monitoring plan

SURE’s performance monitoring plan approved for Year 5 has 16 indicators, six (five core, one supplementary) of which are tracked quarterly and the other 10 tracked annually. Due to the transition to DSDS, SPARS data forms were only available from an additional 282 facilities at the time of reporting. Results for the quarterly indicators follow.

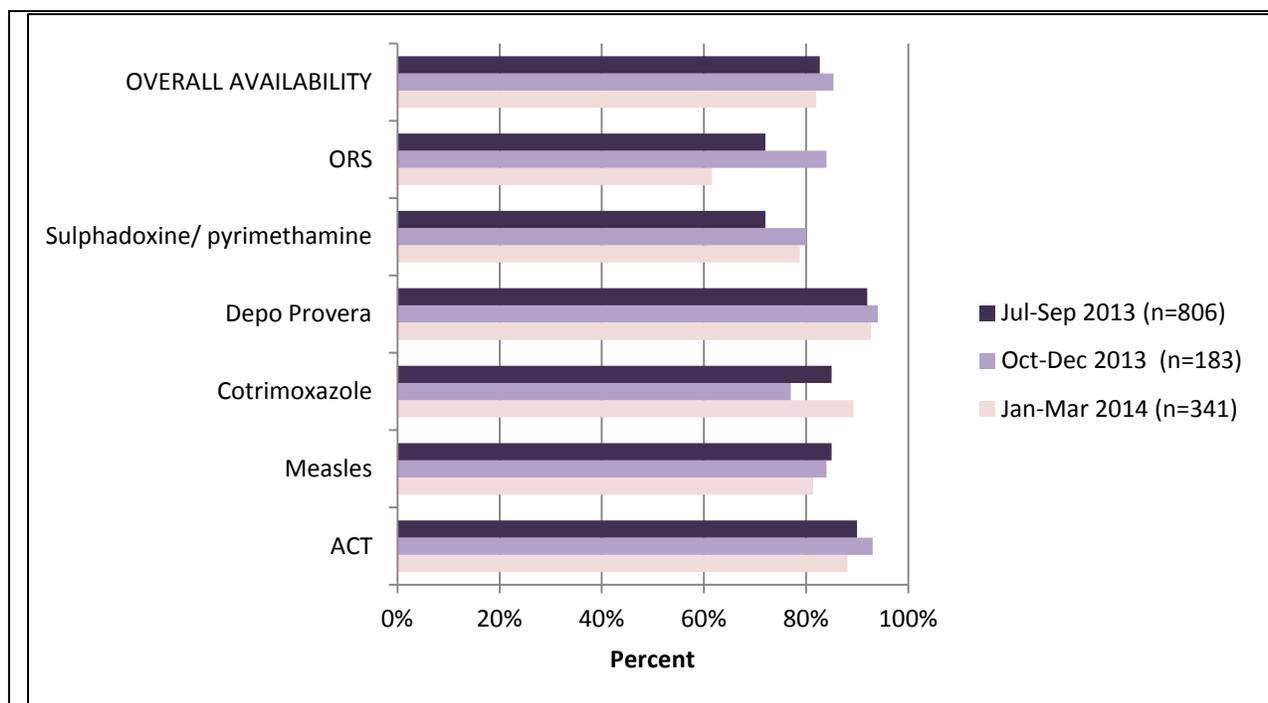
#### *1.00 Percentage of health facilities with all 6 tracer vital essential medicines available on the day of visit.*

There was a considerable decline in the percentage of facilities that had all six tracer medicines available on the day of the visit. Less than 30% of facilities at all levels of care had all six tracer medicines on the day of the visit. Hospitals were worst off with only one in six having all tracer medicines in stock on the day of the visit.



**Figure 8: Facility availability of all tracer medicines on the day of the visit**

**2.0 Average percentage availability of basket of six tracer vital medicines at health facilities on the day of visit at the surveyed service delivery points.**



**Figure 9: Availability of individual tracer medicines on the day of the visit**

There was a decrease in the availability of ACT, Depo Provera, ORS and measles vaccine in the quarter compared to previous reporting periods and hence a decrease in the overall availability of the medicines. This is the likely reason why less than 25% of facilities had all six tracer medicines on the day of visit. Notably low availability of measles vaccine was reported primarily for HCII and HCIII and might reflect the shortages in gas and other inputs required for cold storage.

**3.0 Average lead time from ordering to delivery at facility level.**

On average, it took 26.4 days (range: 11.5 to 51.0 days) for NMS to process and deliver orders to the health facilities. This is well within the recommended 60 day period. Lead time is affected by the time the order is placed, approved at the district, NMS and distribution to the service delivery points. With facilities given the right quantities of EMHS ordered and average lead time of 26 days, there should be reduced stock outs of medicines.

**4.0 Number of public facilities supported with technical assistance for pharmaceutical supply chain management**

SURE project mainly provides support to health facilities through the implementation of SPARS strategy. During the quarter, 282 facilities (see table 4 below) were supported and reported on. Staff from these facilities received technical assistance in the areas of stock management, storage management, dispensing practices, and prescribing practices and how to order and report. 15 HC IV and three hospitals received pharmaceutical financial management support.

**Table 4. Number of facilities supported January - March 2014**

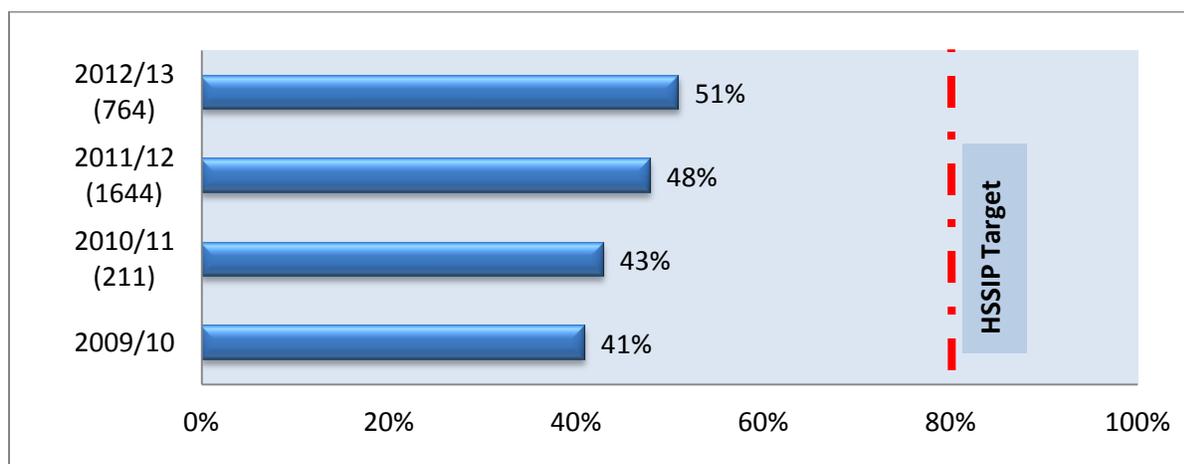
Level of care	Number of facilities supported
HC II	161
HC III	105
HC IV	11
Hospital	5
<b>Total</b>	<b>282</b>

### 5.0 Number of individuals trained in supply chain management and/or pharmaceutical leadership and management.

During the quarter, no supply chain management or pharmaceutical leadership training was undertaken due to project phase out.

### Pharmaceutical sector M&E support

The annual pharmaceutical sector performance report has been finalized pending final comment and approval of the Assistant Commissioner Health Services Pharmacy Division. The report tracks developments, identifies problems, provides data for decision making, and monitors impact of strategies in the pharmaceutical sector. The report findings will be presented to the Medicines Procurement Management Technical Working Group meeting and published on the MoH and SURE websites. Performance on the 31 indicators used to monitor the sector improved over the four-year assessment period, but most targets were not met. One of the key indicators of performance for the sector is EMHS availability at health facilities. There have been improvements in availability over the last four years (Figure 10) due in part to increased funding. Donor EMHS contributions have increased 125% and government spending 220% in the last three years (Figure 11). However in spite of these improvements, half of the health facilities still experience stock-outs. Unless equity is better addressed and additional funding is obtained, the 80% target may not be achieved.

**Figure 10: Health facilities with all six tracer medicines available on the day of visit**

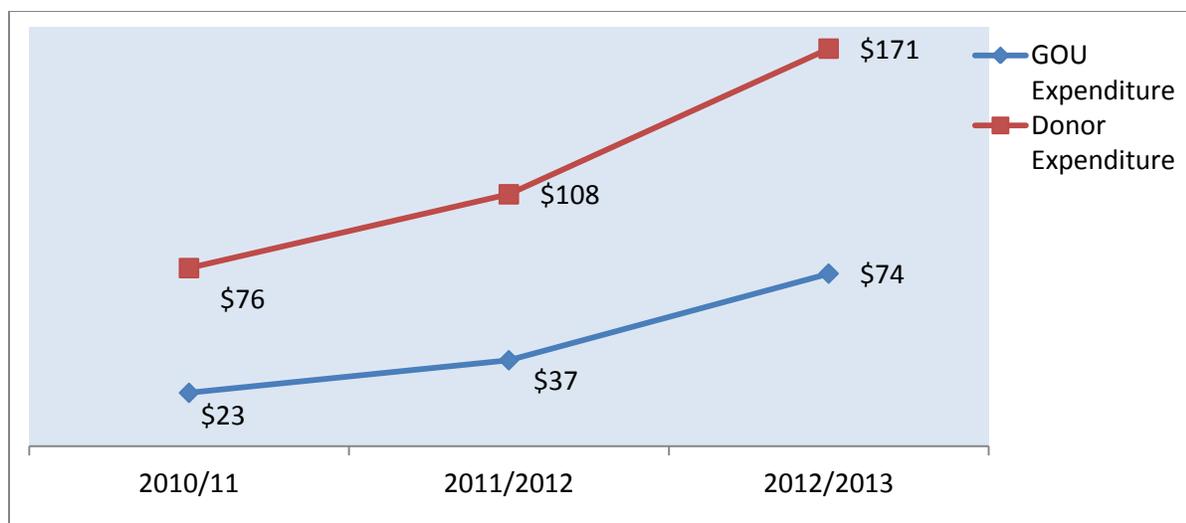


Figure 11: Trends in government and donor funding for EMHS, 2010 to 2013 (in USD millions)

### Comprehensive national SPARS report and transition report generation to DSDS

The national SPARS report is disseminated on a quarterly basis. The October–December 2013 quarterly report was not generated due to the delay in DSDS data entry and analysis from SPARS visits. The next national report will cover the period January–March 2014.

### President’s Malaria Initiative - End Use Verification survey

SURE supported the third End Use Verification survey for malaria, conducted in collaboration with President’s Malaria Initiative, the Pharmacy Division, and the NMCP in March. The survey was conducted nationwide at 75 randomly selected health facilities from all levels of care. The survey is intended to assess human resource capacity and management, and use of malaria commodities at health facilities. Data will be analyzed and the report drafted in the next quarter.

### Impact studies

Progress on the impact studies continued to be slower than expected. The status is as follows:

Study	Design	Implemented	Data entered	Data analysis	Report drafted	Report finalized
SPARS	✓	✓	✓			
Data Quality Audit	✓	✓	✓	✓	✓	
Supportive supervision	✓	✓	✓	✓	✓	
Redistribution	✓	✓	✓	✓		
GPP	✓	✓	✓	✓		
GFP	✓	✓	✓			
SPARS cost effectiveness	✓	✓	✓			
Stores keepers training	✓	✓	✓	✓		
Tutor training impact	✓	✓	✓	✓		
Equity	✓	✓	✓	✓	✓	✓
Kit	✓	✓	✓	✓	✓	
Impact factors	✓	✓	✓	✓	✓	✓

***Final steps***

- Disseminate the annual pharmaceutical sector performance report
- Finalize more intervention studies
- Finalize End Use Verification survey analysis and report
- Update the Pharmacy Department indicator monitoring sheets
- Draft SURE final program report

## PROGRAM MANAGEMENT

### Operations

#### Close out

Preparing for the close out of SURE dominated program management activities this quarter. The first priority was to close regional offices by 15 March. Three rounds of layoffs, on 28 February, 15 March, and 31 March took place resulting in the departure of 49 staff. Final hard copy MMS reimbursement claims were reviewed and processed and regional teams worked with their respective service providers (landlords, hotels, motorcycle fuel stations, utilities, Internet service providers, and communication companies) to review and process final payment of all bills and invoices. Some regional office equipment and furniture was provisionally sent to regional pharmacists and the remainder to SURE Kampala office for storage while awaiting USAID approval of our disposition plan, which was submitted January 15.

Even though regional offices have closed, SPARS reporting will continue under the peer strategy in line with SURE's sustainability plan. In addition, supervision administration has been simplified—MMSs will receive a flat fee of UGX 30,000 per supervision report accepted by the DSDS. This fee takes into account the new schedule of rates for Government of Uganda employees involved in development partner activities which took effect from February 1 2014. The flat fee will cover all MMS expenses for their supervisions visits including daily allowance, fuel, and basic maintenance of their motorcycles.

SURE requested and received USAID approval for a no-cost extension through October 31, 2014. This extension will allow SURE to conduct a limited number of activities, primarily on the management of SPARS using the peer strategy, finalization and full implementation of the DSDS, and assistance with the WAOS.

#### Procurement

Major procurement during the quarter included the receipt and payment of servers for JMS and payment for DSDS software development. Final payment for the latter is expected to take place next quarter.

NDA is nearing completion of its Good Pharmacy Practice inspection of health facilities. SURE will be billed for approximately 800 inspections next quarter.

#### Visibility and communication

Visibility and communications activities are being supported with the assistance of a local expert. The following was achieved this quarter:

- Three success stories on JMS, rational drug use, and the impact of training storekeepers were submitted to USAID and are awaiting approval.
- The *Value Chain Newsletter*, Issue 5, in electronic format. Print copies will be distributed in April 2014.
- SURE website updated regularly with new information.
- A shorter, five-minute version of the original SURE video was created. Consequently, the video can be used in more settings and reach a wider audience.

- SURE participated in the MSH awareness fair in Kampala. An information stand enabled staff to hand out communication materials and network with donors, government, NGO, and private sector attendees.
- Four pages were allocated to SURE in an MSH magazine to highlight innovative models and best practices to address challenges in the health system.
- SURE Chief of Party delivered a presentation for MSH Board and global staff. The SURE video was also made available to all MSH staff.

### SURE staffing

Staff numbers fell from 83 to 34 by end March 2014 largely due to layoffs associated with the program close out. As of March 31, 2014 SURE laid off 49 staff, mostly from the regional offices. Staff were fully supported through the exit process.

#### SURE staff numbers, December 2009 through March 2014

31-Dec-09	30-Sep-10	30-Sep-11	30-Sep-12	30-Sep-13	31 Dec-13	31 -Mar-14
10	33	54	72	85	83	34

See Annex A for the list of the 34 staff remaining and the 49 staff who left during this quarter.

### Short term technical assistance

No international technical assistance was mobilized and no international trips took place this quarter. The program recruited two local technical assistance providers as indicated below.

Name	Title	LOE	Scope of Work
Richard Odoi	Training of Trainers Study Consultant	1 week	Training of Trainers Advocacy Study
Dan Kajungu	Statistics Consultant	8 weeks	Monitoring and Evaluation

**Finance**

SURE was obliged to halt all program activity and delay payments beginning mid-January until incremental funding of USD 2.9 million was made available in late February. This was one million more than originally anticipated and allowed the program to make long-standing payments, resume regular operations, and conduct limited program activities. Following receipt of the incremental funding SURE requested and was granted a no-cost extension from 17 July 2014 to 31 October 2014. The new funding and no-cost extension will be used to enhance the sustainability of select program activities including SPARS implementation through the peer strategy, further development and rollout of the DSDS, simplified administration of MMS visits in the field, and upgrading and continued monitoring of WAOS. SURE has now been in operation for 63 months (since July 2009) and has spent \$26 million (93%) of its current obligation of \$27,985,912 as of March 31, 2014. An obligation balance of \$1.97 million remains.

Following are details of the current budget, expenditure, and obligation status for the life of project and for program year 5.

**Life of Project Budget Report 2009 - 2014**

Item No.	Line Item	Actual Expenditures Years 1 to 4	Actual Expenditures Year 5	Total Expenditures to Date
		July 2009 to September 2013	October 2013 to March 2014	July 2009 to March 2014
I.	Salaries and Wages	\$5,837,241	\$1,014,217	\$6,851,458
II.	Consultants	\$382,938	\$83,278	\$466,216
III.	Overhead	\$2,640,072	\$409,214	\$3,049,286
IV.	Travel and Transportation	\$1,415,736	\$221,631	\$1,637,367
V.	Allowances	\$816,867	\$99,119	\$915,986
VI.	Subcontracts	\$3,733,943	\$567,679	\$4,301,622
VII.	Training	\$1,050,520	\$109,465	\$1,159,985
VIII.	Equipment	\$2,500,882	\$61,011	\$2,561,893
IX.	Other Direct Costs	\$4,404,185	\$667,627	\$5,071,812
<b>Subtotal</b>		<b>\$22,782,384</b>	<b>\$3,233,240</b>	<b>\$26,015,624</b>
Cost Share		\$1,069,934	0	\$1,069,934
<b>Grand Total</b>		<b>\$23,852,318</b>	<b>\$3,233,240</b>	<b>\$27,085,558</b>

<b>Obligation to date</b>	\$ 27,985,912	100%
<b>Expended to date</b>	\$ 26,015,625	93%
<b>Obligation remaining</b>	\$ 1,970,287	7%

<b>Life of Project Budget</b>	\$ 37,832,647	100%
<b>Expended to date</b>	\$ 26,015,625	69%
<b>Balance remaining</b>	\$ 11,817,022	31%

**Program Year 5**  
**Program Year 5 Budget Report – October 2013 to October 2014**

Item No.	Line Item	Year 5 Work Plan Budget	Year 5 Expenditures	Year 5 Balance 1 April 2014
		Oct-13 - Oct-14	Oct-13 – Mar-14	
I.	Salaries and Wages	\$1,351,331	\$1,014,217	\$337,114
II.	Consultants	\$114,600	\$83,278	\$31,322
III.	Overhead	\$559,170	\$409,214	\$149,956
IV.	Travel and Transportation	\$311,460	\$221,631	\$89,829
V.	Allowances	\$256,376	\$99,119	\$157,257
VI.	Subcontracts	\$1,096,817	\$567,679	\$529,138
VII.	Training	\$356,521	\$109,465	\$247,056
VIII.	Equipment	\$0	\$61,011	-\$61,011
IX.	Other Direct Costs	\$988,322	\$667,627	320,695
Incremental funding granted beyond the PY 5 budget		\$168,931		
<b>Subtotal</b>		<b>\$5,203,528</b>	<b>\$3,233,240</b>	<b>\$1,970,288</b>
Cost Share		\$65,045	0	\$65,045
<b>Grand Total</b>		<b>\$5,268,573</b>	<b>\$3,233,240</b>	<b>\$2,035,333</b>

***Final Steps***

- Continue with closeout operations
- Obtain USAID approval for the disposition plan
- Close out the DSIDS software development contract with Technobrain

**ANNEX A. SUMMARY OF SURE STAFFING STATUS AS OF MARCH 31, 2014**

#	Job Title	Last Name	First Name	Hire dates	Comments
1	Office Assistant I	Naluggwa	Patricia	1-Aug-09	
2	Project Director III	Trap	Birna	1-Sep-09	
3	Driver IV	Kaweesa	Moses	18-Sep-09	
4	Technical Advisor	Nakiganda	Victoria	14-Oct-09	
5	Principle Technical Advisor/ DCOP	Mohammed	Khalid	2-Nov-09	
6	M&E Specialist	Blick	Belinda	30-Nov-09	
7	Senior Technical Advisor	Schaefer	Petra	1-Feb-10	EHG Staff
8	Senior Technical Advisor	Konradsen	Dorthe	1-May-10	EHG staff
9	Driver III- Kampala HQ	Tumwesigye	Felix	10-May-10	
10	Senior Operations Officer	Mugagga	Peter	1-Jun-10	
11	Senior IT Specialist	Muwanga	Peter	7-Jul-10	
12	IT Specialist- seconded to Resource Center	Tumwesigye	Alex	23-Aug-10	
13	Technical Advisor– Central	Anthony	Kirunda	8-Nov-10	
14	Technical Advisor – Lira	Okidi	Denis	15-Nov-10	
15	Senior Technical Advisor	Hoppenworth	Kim	15-Apr-11	EHG Staff
16	HR Specialist	Hamba M	Agatha	11-Aug-11	
17	Senior Technical Officer	Amuha	Monica	5-Sep-11	
18	Senior Operations Specialist	Khasoma	Susan	12-Sep-11	
19	Senior IT Specialist	Opio	Tom	26-Sep-11	
20	M&E Associate	Nabanoba	Allen	21-Nov-11	
21	Senior Project Associate	Nakabugo	Stella	21-Nov-11	
22	Driver III - Central Office	Okello	Charles	2-Apr-12	
23	Technical Officer	Muwonge	Barbara	10-Jul-12	
24	Senior Technical Officer	Walusimbi	Denis	1-Aug-12	
25	Technical Officer - Central	Nantongo	Lynda	3-Sep-12	Original hire date 3-Jan-11. EHG staff
26	Senior Finance and Admin. Mgr	Schulz	Alfred	26-Nov-12	
27	Driver III- Pharmacy Division	Mukulu	Musa	1-Dec-12	
28	Senior Technical Advisor	Remedios	Valerie	5-Jan-13	
29	M&E Coordinator	Kisembo	Julius	1-Feb-13	

**ANNEX A. SUMMARY OF SURE STAFFING STATUS AS OF MARCH 31, 2014**

#	Job Title	Last Name	First Name	Hire dates	Comments
30	Principle Technical Advisor Supply Chain Operations	Kusemererwa	Donna	16-Mar-13	EHG staff
31	Technical Officer RDU	Namugambe Kitutu	Juliet	9-Apr-13	
32	Project Specialist	Lajul	Grace Otto	22-Apr-13	
33	M&E Intern, JMS	Nabukalu	Sarah	8-Jul-13	
34	Accountant	Ajwang	Jacqueline	1-Aug-13	

**STAFF DEPARTURES JANUARY-MARCH 2014**

#	Job Title	Last Name	First Name	Last Work Date	Reason for Departure
1	TB SPARS M&E Manager	Muhwezi	Darlington	6-Jan-2014	Resigned
2	Driver III- Kampala	Asiimwe	Stephen	13-Jan-2014	Resigned
3	Senior Data Specialist - Secondment to NTLP	Sekalala	Shaquille	16-Jan-2014	Resigned
4	Senior Technical Officer	Were	Lawrence	24-Jan-2014	Resigned
5	Senior Operations Specialist	Nakandi	Sarah	31-Jan-2014	Resigned
6	Driver III - Fort Portal	Sekimpi	George	31-Jan-2014	Resigned
7	Logistics Specialist	Namuli	Janice	31-Jan-2014	End of contract
8	Senior Technical Officer	Balyejjusa	Samuel	31-Jan-2014	EHG Staff – Transferred to SCMS
9	Technical Officer	Achii	Pamela	31-Jan-2014	Transferred to SCMS
10	M&E Intern	Walusimbi	Stewart N.	25-Feb-2014	End of contract
11	Senior Capacity Building Program Specialist	Okello	Bosco	28-Feb- 2014	Close out
12	Driver III- Central Regional Office	Sekamatte	Timothy	28-Feb- 2014	Close out
13	Technical Officer – Mbale	Omalla	Samuel	28-Feb- 2014	Close out
14	Technical Officer – Lira	Ondoma	Jimmy	28-Feb- 2014	Close out
15	Driver III– Mbarara	Bidong	Richard	28-Feb- 2014	Close out
16	Administrative Coordinator - Mbarara	Nalubowa	Fatuma	28-Feb- 2014	Close out
17	Driver III - Mbale Office	Buyi	Lawrence	28-Feb- 2014	Close out
18	Technical Officer - Fort Portal	Paalo	Julius	28-Feb- 2014	EHG Staff – Close out

**STAFF DEPARTURES JANUARY-MARCH 2014**

#	Job Title	Last Name	First Name	Last Work Date	Reason for Departure
19	Operations Coordinator	Nahabwe	Catherine	28-Feb- 2014	Close out
20	M&E Coordinator	Kakembo	Samuel	28-Feb- 2014	Close out
21	M&E Coordinator	Namutebi	Mariam	28-Feb- 2014	Close out
22	Logistics Coordinator	Kikazi	Lillian Charity	28-Feb- 2014	Close out
23	Technical Officer -Eastern	Musitwa	Rajab	28-Feb- 2014	Close out
24	Accountant- Central	Naluzze	Sophie	28-Feb- 2014	Close out
25	Accountant- Eastern	Opira	Robert	28-Feb- 2014	Close out
26	Technical Officer- Central	Twinomujuni	Fred	28-Feb- 2014	IHS staff – Close out
27	Senior Technical Officer, Lab	Namakula	Aidah	28-Feb- 2014	Close out
28	M&E Intern, CPHL	Kasibante	Phillip	28-Feb- 2014	Close out
29	Senior Programmer, CPHL	Kuboi	Godfrey	28-Feb- 2014	Close out
30	Data Specialist, NTLF	Muwonge	Denis	28-Feb- 2014	Close out
31	Administrative Coordinator	Mugena	Harriet	28-Feb- 2014	Close out
32	Technical Advisor– Mbale	Umirambe	Emmanuel	15-Mar-2014	Close out
33	Technical Advisor -Fort Portal	Nuwagaba	Timothy	15-Mar-2014	Close out
34	Accountant II - Mbale	Madras	James	15-Mar-2014	Close out
35	Accountant I – Fort portal	Tugume	Godfrey	15-Mar-2014	Close out
36	Senior Operations Specialist	Musinguzi	Michael	15-Mar-2014	Close out
37	Senior Technical Officer– Mbarara	Gabula	Sadat	15-Mar-2014	IHS Staff – Close out
38	Accountant I - Lira	Okello	Ben	15-Mar-2014	Close out
39	Accountant I –Mbarara	Walusimbi	Alex	15-Mar-2014	Close out
40	Driver III- Fort Portal	Asaba	John	15-Mar-2014	Close out
41	Driver III- Lira Office	Okot	Michael	15-Mar-2014	Close out
42	Driver III- Mbale	Olungat	Peter	15-Mar-2014	Closeout
43	M&E Specialist - CPHL	Batamwita	Richard	15-Mar-2014	Closeout
44	Operations Coordinator	Mirembe	Esther	15-Mar-2014	Close out
45	Driver III- Kampala	Kaggwa	Fredrick	15-Mar-2014	Close out
46	Driver III- Lira Office	Ssimbwa	Rashid	15-Mar-2014	Close out
47	Finance Coordinator	Katabaika	Juliet Joy	31-Mar-2014	Close out
48	IT Coordinator	Walugembe	Hakim	31-Mar-2014	Close out
49	Capacity Building Advisor	Talima	David	31-Mar-2014	Close out

## ANNEX B. SUMMARY OF PROGRESS AGAINST PLANNED ACTIVITIES FOR Q18

✓	All expected results achieved
	Some results achieved
✗	Some results achieved, no further action
✗	No longer feasible

Planned Activities		Status		
		Q17	Q18	Q19
<b>Result 1: Improved policy, legal, and regulatory framework to provide for longer term sustainability and public sector health commodities sustainability</b>				
<b>Sub result 1.1: Government of Uganda demonstrated commitment to improving health commodities financing</b>				
<b>1.1.1 Assess resource allocations for EMHS and propose strategies for greater equity</b>				
a	<b>Assess equity</b>			
	Propose revised vote 116 allocation		✓	
	Build consensus for equitable resource allocation			
	Prepare a policy paper for the Pharmacy Division on equitable resource allocation		✓	
b	<b>Establish a monitoring system for VEN utilization</b>			
	Prepare a concept note for VEN strategy assessment			
	Implement and report on assessment			
<b>Result 2. Improved capacity and performance of central Government of Uganda entities in their supply chain management roles and responsibilities</b>				
<b>Sub result 2.1 : Improved capacity of NMS to procure, store, and distribute nation's EMHS</b>				
<b>2.1.1 Strengthen NMS efficiency and effectiveness</b>				
a	<b>Support NMS management to build capacity in warehouse management, distribution, and governance</b>			
	Identify and support appropriate courses		✗	
<b>Sub result 2.2: Improved capacity of MoH program managers and technical staff to plan and monitor national EMHS</b>				
<b>2.2.1: Support MoH programs in commodity management</b>				
a	<b>Support AIDS Control Program</b>			
	Support and implement the web-based ARV ordering and reporting system			

Planned Activities		Status		
		Q17	Q18	Q19
	Stakeholders' meetings to decide future support for WAOS	✓		
	Outcome of the meeting to guide year five SURE support to WAOS		✓	
	Support monitoring of the HIV logistics system performance			
	Support implementation of option B+			
	Provide facility stock status data and patient statistics to the program			
	Develop a sustainability plan for SURE supported ACP activities		✗	
<b>b</b>	<b>Support National TB &amp; Leprosy Program</b>			
	Monitor TB supplies			
	Support program M&E		✗	
	Adapt SPARS model for TB focal persons		✗	
	Develop a sustainability plan		✗	
<b>c</b>	<b>Support Central Public Health Laboratory</b>			
	Develop and implement Lab-SPARS		✗	
	Support monitoring of the lab logistics system performance		✗	
	Carry out supply chain rationalization		✗	
	Support program management		✗	
	Conduct quantification review		✗	
<b>d</b>	<b>Support National Malaria Control Program</b>			
	Support PNFP sector malaria commodity management			
<b>e</b>	<b>Support other streamlining efforts</b>			
	Assist in streamlining EMHS coding			
	Support and advocate for JMS, NMS, and MAUL involvement in national level harmonization efforts			
	Monitor and support supply chain rationalization (1 facility: 1 supplier)			

Planned Activities		Status		
		Q17	Q18	Q19
<b>2.2.2: Support and strengthen the Pharmacy Division</b>				
a	<b>Strengthen coordination and supervision</b>			
	Support regular Pharmacy Division supervisory visits to strengthen SPARS implementation		X	
	Organize and attend various stakeholder coordination meetings			
	Hold biannual regional district staff and implementing partner meeting (See 3.1.2 d)		✓	
	Support national conference on access to medicines		X	
	Sponsor secondments to the Pharmacy Division	✓	✓	
b	<b>Promote streamlining and integration of EMHS tools</b>			
	Participate in review of EMHS tools during the overall MoH discussion on changing HMIS forms	✓	✓	
	Assess the level of implementation of integrated store for TB and laboratory items with other essential medicines (one stock card principle)	✓	✓	
<b>2.2.3 Support and strengthen NDA</b>				
a	<b>Improve dispensing and prescribing practices</b>			
	Disseminate results from the assessments in a stakeholder meeting (NDA, professional councils, MUK, MoH)		X	
b	<b>Support the verification of imports system</b>		X	
<b>2.2.4 Support implementation of a pre-service training program for health workers</b>				
a	<b>Finalize and assess training of tutors</b>			
	Train last group of 100 tutors	✓		
	Disseminate EMHS manual to training institutions		✓	
	Conduct outcome assessment and provide recommendations			
<b>Sub-result 2.3: Supply chain system cost effectiveness and efficiency improved through innovative approaches</b>				
<b>2.3.1. Support UMTAC and appropriate use of EMHS</b>				
a	<b>Make practical guidelines for dispensers available in HC II and HC III</b>			
	Finalize <i>Practical Guidelines for Dispensers in Primary Health Care</i>			

Planned Activities		Status		
		Q17	Q18	Q19
	Print, launch, and disseminate <i>Practical Guidelines for Dispensers in Primary Health Care</i>		X	
b	<b>Support UMTAC</b>			
	Meet to discuss future UMTAC responsibilities		X	
	Share rational drug use information on MoH website		X	
c	<b>Establish a rational use of medicine network with INRUD</b>			
	Establish collaboration with INRUD and set up intra-Uganda network	✓		
	Select studies by reviewing submitted proposals from health workers trained in medicines use		✓	
	Provide technical and financial support to rational use of medicine studies			
<b>2.3.2: Support quantification and procurement planning in MoH</b>				
a	<b>Support MoH and partners in the forecast and quantification of technical program EMHS needs</b>			
	Update quantification calendar	✓		
	Review and update quantification for various disease programs			
	Share supply plan with various programs and warehouses			
	Prepare quantification reports and update procurement and supply management plans			
	Strengthen documentation and sharing of forecasts reports			
b	<b>Support monitoring of performance of EHMS logistics system</b>			
	Collect bi-monthly data and generate stock status reports			
	Update pipeline to support stock monitoring for program commodities			
	Coordination meetings with technical program logistics officers to discuss stock status reports and PipeLine reports			
	Meet with Commodity Security Group and technical working groups to discuss the stock status reports			
	Monitor stock transfers across warehouses			
c	<b>Build capacity in quantification and procurement planning for Pharmacy Division and technical programs (JMS, NMS, others)</b>			

Planned Activities		Status		
		Q17	Q18	Q19
	Undertake capacity building in TB quantification	✓		
<b>d</b>	<b>Support upgrade of Quantimed to assure Microsoft compatibility</b>			
	Assist in keeping Quantimed compatible with the latest updates from Microsoft in both MS Access and Office		✓	
<b>e</b>	<b>Strengthen technical program commodity security groups</b>			
	Coordinate Commodity Security Group review of quantification, pipeline, stock status reports			
	Collaborate with technical programs to track commodity consumption at health facilities		✗	
<b>f</b>	<b>Identify US government partner to support QPPU secondments</b>			
	Identify US government partner to take over QPPU secondments		✓	
<b>2.3.3: Support private not-for-profit (PNFP) sector including JMS</b>				
<b>a</b>	<b>Support JMS</b>			
	Monthly meetings		✓	
	Develop and implement an indicator-based M&E system		✓	
	Assess and document the outcomes of key interventions at JMS		✓	
	Support IFS system		✗	
<b>b</b>	<b>Support the PNFP facility level</b>			
	Strengthen pharmaceutical management in PNFP through SPARS			
	Build capacity for faith-based medical bureau staff to manage PNFP-SPARS			
	Hand over PNFP-SPARS coordination role to JMS		✗	
<b>Result 3: Improved capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities</b>				
<b>Sub Result 3.1: Improved capacity and performance of target districts and health facilities in planning, distributing, managing, and monitoring EMHS</b>				
<b>3.1.1. Implement supervision, performance assessment, and recognition strategy (SPARS)</b>				
<b>a</b>	<b>Expand SPARS to additional locations</b>			
	District quarterly meetings with headquarters and pharmaceutical field coordinators		✓	

Planned Activities		Status		
		Q17	Q18	Q19
	Headquarter supervision visits to the regional office		X	
b	<b>Support district collaboration and coordination</b>			
	Conduct quarterly district logistics planning and coordination meetings		✓	
	Conduct bi-annual regional DHO, MMS, SURE, Pharmacy Division SPARS review meetings			
	Provide administration support to DHO and MMS	✓	✓	
	Support field visits by DHO	✓	✓	
	Hand over motorcycles and computers to district to continue SPARS		✓	
<b>3.1.2 Assure sustainability of SPARS</b>				
a	<b>Peer education strategy for SPARS</b>			
	Develop concept and implement peer-education strategy		✓	
	Develop training and orientation materials		X	
	Train regional pharmacists		X	
	Conduct quarterly peer group meetings on MMS performance/issues on EMHS/electronic reporting		X	
b	<b>Self-assessment and reporting</b>			
	Develop concept to implement and assess effectiveness of self-assessment strategy		X	
	Develop training and orientation materials		X	
	Train and support MMS to orient facilities on self-assessment		X	
	Work with ASSIST project to integrate SPARS into their tool		X	
<b>3.1.3. Implement new district communication and information technology/computerization</b>				
a	<b>Develop MMS technology support solution</b>			
	Develop and implement concept including cost for future use and sharing with MSH/MoH			

Planned Activities		Status		
		Q17	Q18	Q19
<b>b</b>	<b>Strengthen pharmaceutical management through RxSolution</b>			
	RxSolution reporting			
	Develop support and training strategy			
	Roll out of RxSolution in new facilities in SURE districts (20)			
	Develop transition and sustainability plan for hardware and software			
<b>3.1.4. Implement pharmaceutical financial management training</b>				
<b>a</b>	<b>Support district MMS to implement PFM training</b>			
	Pilot PFM in the 55 study facilities			
	Test and implement electronic data collection tool for PFM			
<b>3.1.5. Build capacity in using the District Supervision Data System (DSDS)</b>				
<b>a</b>	<b>Finalize system function</b>		✓	
<b>b</b>	<b>Produce printed and online documentation</b>			
<b>c</b>	<b>Conduct training at different levels</b>			
	Train MMS in data entry	✓		
	Train expert users			
	Train basic users (facility staff) (computer-based)		✗	
	Train super users (on the job)			
	Train system administrators in Microsoft suite (on the job)			
<b>d</b>	<b>Deploy system</b>			
	Launch			
	Conduct visibility campaign to promote usage		✗	
<b>Sub-result 3.2: Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS</b>				
<b>3.2.1: Roll out SPARS to implementing partners and PNFP</b>				
<b>a</b>	<b>Build implementing partner capacity to implement SPARS</b>			
	Conduct support visits to partners implementing SPARS			
	Support meetings between Pharmacy Division and partners that have shown slow progress in SPARS implementation		✗	
	Apply SPARS to strengthen PNFP facilities			
<b>b</b>	<b>Establish SPARS steering committee</b>			

Planned Activities		Status		
		Q17	Q18	Q19
	Develop National SPARS data management plan with M&E unit in Pharmacy Division			
	Train implementing partners in data quality assurance and utilization			
<b>c</b>	<b>Transfer national SPARS coordination role to Pharmacy Division</b>			
<b>3.2.2 Build capacity in supply management in storekeepers</b>				
<b>a</b>	<b>Roll out training of storekeepers in the new districts</b>	✓		
<b>b</b>	<b>Assess impact of training on EMHS management</b>			
<b>Result 3: Improved capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities</b>				
<b>Sub-result 3.3: Overall access to EMHS improved through innovative district-level interventions</b>				
<b>3.3.1: Implement good pharmacy practice (GPP) certification</b>				
<b>a</b>	<b>Support GPP inspections of public health facility pharmacies in collaboration with NDA</b>			
	Support NDA inspection of health facilities		×	
	Support electronic data collection		×	
	Track implementation of inspections		×	
<b>b</b>	<b>Implement GPP information and education material for community awareness</b>			
	Organize first recognition ceremony of health workers from GPP-certified health facilities in district meeting	✓		
	Make T-shirts for selected staff in certified health facilities	✓		
	Recognize health workers from GPP-certified health facilities in district/regional meetings		×	
	Work with media to publish article about GPP certification in Ugandan newspaper	✓		
<b>c</b>	<b>GPP certification of public health facilities in SURE districts</b>			
	Print NDA certificates		×	
	Hand over GPP certification, signage, and posters to health facilities		×	

Planned Activities		Status		
		Q17	Q18	Q19
<b>3.3.2 Carry out SPARS recognition component</b>				
<b>a</b>	<b>Implement recognition scheme</b>			
	Select and recognize the best district in SPARS implementation in the country		X	
	Select and recognize the best health facility in the country		X	
	Implement rewards for MMS who meet set targets		X	
<b>Monitoring and Evaluation</b>				
<b>M&amp;E performance monitoring, documentation and data utilization</b>				
<b>a</b>	<b>Update the performance monitoring plan</b>			
<b>b</b>	<b>Update partner reporting systems</b>			
<b>Intervention studies and lessons learned</b>				
<b>a</b>	<b>Conduct and document intervention studies</b>			
	SPARS impact assessment			
	Cost effectiveness of SPARS			
	Data quality audit reproducibility of SPARS indicators			
	Kit assessment			
	GPP			
	PFM			
	Supportive supervision			
	Redistribution			
	SPARS influencing factors			
<b>b</b>	<b>Document lessons learned</b>			
	One facility: one supplier			
	Web-based ARV ordering system		X	
	QPPU		X	
	RxSolution post implementation		X	
<b>M&amp;E support for the pharmaceutical sector</b>				
<b>a</b>	<b>Develop an indicator tracking system</b>			
	Set up a data collection system	✓		

Planned Activities		Status		
		Q17	Q18	Q19
	Analyze M&E data		✓	
	Write pharmaceutical sector M&E report			
<b>b</b>	<b>Strengthen logistics M&amp;E in the pharmaceutical sector</b>			
	Hold monthly logistics M&E meetings		✗	
<b>c</b>	<b>Strengthen SPARS data reporting</b>			
	Disseminate SPARS district and national reports by Pharmacy Division quarterly			
	Transfer the report generation from Adobe to DSDS			
	Revise data quality audit training materials		✗	
	Integrate implementing partners' data into reports			
<b>d</b>	<b>Optimize pharmaceutical sector information sharing</b>			
	Strengthen Pharmacy Division filing system		✗	
	Increase sharing of pharmaceutical sector documentation with stakeholders			