



SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE) PROGRAM

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Quarterly Progress Report October – December 2013 (Quarter 17)

Securing Ugandans' Right to Essential Medicines
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About SURE

The US Agency for International Development (USAID)-funded program, Securing Ugandans' Right to Essential Medicines (SURE), aims to assist the Government of Uganda's and the Ministry of Health's commitment to strengthen the national pharmaceutical supply system. 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
- 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

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
CDC	US Centers for Disease Control and Prevention
CPHL	Central Public Health Laboratory
CSG	Commodity Security Group
DHC	diocesan health coordinators
DHIS2	District Health Information Management Software Version 2
DHO	District Health Officer
DSDS	district supervision data system
EMHS	essential medicines and health supplies
GPP	good pharmacy practice
HC	health center
HMIS	health management information system
JMS	Joint Medical Store
MAUL	Medical Access Uganda Limited
M&E	monitoring and evaluation
MMS	medicines management supervisors
MoH	Ministry of Health
MPM-TWG	Medicines Procurement and Management Technical Working Group
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]
PNFP	private not-for-profit
QPPU	Quantification, Planning, and Procurement Unit
PFM	pharmaceutical financial management
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
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
WHO	World Health Organization

EXECUTIVE SUMMARY

The 17th quarterly performance monitoring report (Q17) for the Securing Ugandans' Right to Essential Medicines (SURE) Program covers the period from 1 October to 31 December, 2013, the first quarter of the final year of the program. The report presents progress on our implementation of the Year 5 program work plan and highlights both opportunities for positive change and the challenges we encountered. The funding situation at the time of reporting is questionable due to the delayed release of a tranche of obligated funds for the year and uncertainty about whether SURE will have the funding needed to complete the Year 5 work plan. Proposed next steps are contingent upon receiving the required level of funding in time.

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

SURE continued to make small inroads into health commodity financing. At an October meeting, Ministry of Health (MoH) and other health sector stakeholders concluded that the significant inequity in allocation of essential medicines and health supplies (EMHS) in Uganda needs to be addressed, and a committee of representatives from the planning unit, Pharmacy Division, National Medical Stores (NMS), districts, and development partners be put in place to take action. Our report investigating EMHS allocation equity, expected in February, will provide Pharmacy Division with a basis to move forward.

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

Implementation of the web-based ARV ordering system (WAOS) remained the focus of SURE support to the AIDS Control Program during the quarter. At a meeting to build consensus and evaluate progress on WAOS implementation and use, stakeholders acknowledged the system's value and made recommendations to increase its stability and extend its usage. While over 70% of public accredited sites report through WAOS, reporting through the other warehouses particularly Joint Medical Store (JMS) lags behind due to health facilities' lack of Internet access.

As part of the TB supervision, performance assessment, recognition strategy (SPARS) development process, we prepared mentorship training materials and conducted a training of TB SPARS trainers for zonal TB and leprosy supervisors and representatives from National TB and Leprosy Program (NTLP) partner institutions. Participants suggested changes which have been included in the final training materials and tools, and endorsed the eight-module course. With TRACK TB having the expertise to spearhead TB SPARS implementation and lead other interventions in support of the TB program, SURE will only provide a supportive role to NTLP in the coming months.

SURE has continued to support interventions to improve the private not-for-profit (PNFP) sector's uptake of antimalarial commodities, which has led to a greater than 600% increase in uptake between October 2012 and October 2013. In addition, through SURE's continuous monitoring of the malaria commodity pipeline and information sharing using the stock status report, the President's Malaria Initiative (PMI) re-scheduled its deliveries from May to January 2014 to avert a stock-out situation at JMS.

Materials for Lab SPARS training, covering stock management, storage, equipment management, information systems, and lab financial information management and reporting, were consolidated and an accompanying guide was developed. In addition, SURE and the Central Public Health Laboratory (CPHL) piloted and modified the manual Lab SPARS performance and assessment tool and developed an electronic version. Both the materials and the tool will need to be reviewed in light of a policy directive issued by the Director General Health Services requiring that the designated store in a health facility should store all medicines and lab commodities. Also in response to the directive, Pharmacy

Division and SURE drafted standard operating procedures (SOPs) that provide for an integrated and holistic approach to EMHS management. The SOP titled *Quality Improvement in EMHS Management* will be finalized next quarter. To ease data collection and uniformity, a decision was made to align the laboratory logistics and supplies monitoring indicators to those used for medicines. The monitoring and evaluation (M&E) framework was revised accordingly, with 94% of the indicators monitoring performance at facility level and 6% at the national level.

We made progress on the development of *Practical Guidelines for Dispensing* for health center (HC) IIs and HC IIIs. Two clinical experts reviewed the medicine monographs and a review meeting was held to check the appropriateness of the language for dispensing staff. The guidelines, due for publication next quarter, will help dispensing staff check prescription accuracy and ensure good dispensing practices.

The Quantification Procurement Planning Unit (QPPU) continues to support the five technical programs in logistics management and to prepare regular stock status reports. The National Malaria Control Program (NMCP) has been struggling with critically low stock of artemisinin-based combination therapies (ACTs) in the public sector with no funding to support the gap until the interim funding period expected to begin in July 2014. QPPU's review and presentation of the stock status and gap analysis to the Global Fund has enabled the country to secure an additional USD 3.4 million to support ACT procurement before the interim funding period. An emergency operation center for eliminating mother-to-child transmission of HIV (e-MTCT) was opened, and QPPU is providing support in logistics management. In addition, QPPU recommended to NTLP and NMS to delay certain TB drug procurements because Global Fund supplies would be expected in country at about the same time.

SURE's collaboration with the PNFP sector continued through strengthening JMS and supporting the four religious medical bureaus to roll out SPARS. Nine bureau staff and 45 diocesan health coordinators (DHCs) were trained as Medicines Management Supervisors (MMS), and we supported practical field orientation for 20 of them. SURE also distributed 1,339 stock books to all PNFP health facilities.

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

We plan to transition the national SPARS coordination role to Pharmacy Division. We have had initial discussions on the transition plan and SURE is working closely with the Division and each implementing partner to ensure that the peer strategy, which is the main sustainability approach, is well developed. By the end of December, national SPARS coverage was at 2250 facilities. SURE is responsible for 1853 (82%) of these health facilities and implementing partners support 397 (18%). Altogether 320 MMS are active in 106 (95%) districts countrywide. One of the areas where SPARS scores were found to be generally low this quarter was stock book usage. A refresher session was organized for MMS and integrated within a scheduled District Supervision Data System (DSDS) training in November, providing a cost effective way of addressing the problem.

District logistics coordination meetings were held in all 14 new SURE districts at which MMS presented the district SPARS quarterly report; regional pharmacists presented the national SPARS report, and the district health program focal persons discussed issues affecting their programs. DHOs appreciated the improvements in EMHS management and SURE's investments in shelving and pledged to work towards improving indicators that were lagging behind.

SURE set up desktop computers installed with RxSolution in 21 public hospitals bringing to 38, public and PNFP health facilities with RxSolution country wide. Progress on the DSDS development, though slower than expected, was sufficient for us to start testing and training. SURE trained 180 district MMS and 18 MoH/SURE staff over nine weeks in using the DSDS SPARS form for data entry and using the DSDS portal for reporting and analysis. The system will be rolled out in January.

National Drug Authority (NDA) launched the SURE-supported Good Pharmacy Practice (GPP) certification scheme in October at an event to make stakeholders aware of GPP inspections and recognize staff from 10 GPP-certified public health facilities. NDA inspected pharmacies in 201 public health facilities during the quarter, and reports from all 601 facilities inspected so far were entered into a SURE developed electronic system for analysis. Action reports were developed that highlight areas for improvement will be provided to relevant stakeholders. Educational and information materials including posters and signage for increasing public awareness on GPP were finalized and handed over to NDA for dissemination to the inspected health facilities.

Significant progress was made in establishing a monitoring and evaluation (M & E) system for the Pharmacy Division. Data collection for a number of impact studies including on redistribution of EMHS, inclusion of medicines management into the curricula of health training institutions and supportive supervision was undertaken. We also completed an assessment of the additional effect of storekeeper training combined with SPARS.

SURE's visibility was enhanced during the quarter at the GPP launch and through the submission of four success stories to USAID. In addition an electronic value chain newsletter produced and distributed.

Challenges

The discrepancies in the antiretroviral therapy (ART) master list that led to users' erosion of confidence in it are a major challenge because the list is the basis for facility allocations under the supply chain rationalization principle and for quantification of national HIV commodity needs. The lack of clarity on the ownership and responsibility for its maintenance further complicates resolution. SURE continues to work with other stakeholders to ensure an accurate and comprehensive 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 Q17

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

1.1 Government of Uganda demonstrated commitment to improving health commodities financing

- Held a stakeholders meeting on equity of allocation of resources for essential medicines and health supplies
-

1.2 Legal, regulatory and policy framework revised to promote appropriate use of available funds and commodities

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

2.1 Improved capacity at NMS to procure, store and distribute essential medicines and health supplies

- Organized a lesson learning forum for NMS on JMS experience implementing the IFS system
-

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

Support MoH technical programs in commodity management

CPHL/Laboratory commodity management

- Revised laboratory logistics M&E plan with indicators aligned to SPARS
 - Pilot tested Lab SPARS manual assessment tool and developed electronic Lab SPARS assessment tool
 - Printed 500 copies of the *Laboratory Logistics System Assessment* report
 - Improved CPHL access to internet through installation of routers
-

National Malaria Control Program

- Updated the anti-malarial commodity quantification and gap analysis and anti-malaria commodity pipeline tool database
 - Compiled the bi-monthly malaria commodity stock status report for PNFP sector and the quarterly procurement planning and management report for malaria
 - Participated in the Roll Back Malaria Partnership meeting and Roll Back Malaria gap analysis tool review
 - Trained diocesan health coordinators (DHCs) in use of the ACT/rapid diagnostic test (RDT) order form
-

National TB and Leprosy Program

- Conducted training of trainers for 8 zonal TB and leprosy supervisors and 16 representatives from implementing partners (SUSTAIN, STAR-EC, STAR-SW), Kampala Capital City Authority, and NTLF
 - Training materials for TB performance improvement strategy enriched with partners input and finalized
 - Several meetings held with TRACK TB and ASSIST to agree on transition of logistics support and TB SPARS from SURE to TRACK TB
-

AIDS Control Program

- Undertook WAOS problem analysis and held consensus building stakeholders' meeting
 - Presented recommendations from consensus building meeting at the Medicines Procurement and Management Technical Working Group (MPM-TWG) meeting
 - Generated allocation lists for NMS to resupply anti-retrovirals (ARVs)
 - Trained staff in 52 SPEAR-supported facilities in Western, Eastern, and Northern Uganda on WAOS
 - Drafted *Quantification and Supply Planning of ARVs and Cotrimoxazole for the Public Sector* report
-

Support and strengthen the Pharmacy Division

- Held USAID/Pharmacy Division/SURE quarterly meeting, two MPM-TWG meetings, two Commodity Security Group (CSG) meetings and weekly meetings with Pharmacy Division
 - Provided secondments to Pharmacy Division to support M&E, QPPU, and appropriate medicines use activities
-

National Drug Authority (NDA)

- Finalized wholesaler inspection tool based on NDA *Good Distribution Practice Guidelines 2013* and submitted to NDA
 - Regular NDA/SURE meetings held
-

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

Uganda Medicines Therapeutic Advisory Committee (UMTAC)

- Developed 114 medicine monographs in *Practical Guidelines for Dispensing*
 - Organized for clinical expert review of all *Practical Guidelines for Dispensing* monographs
 - Held a review meeting for *Practical Guidelines for Dispensing* attended by 18 health facility staff
-

Quantification and Procurement Planning Unit

- Coordinated two CSG meetings and presented those recommendations to the MPM-TWG and the Health Policy Advisory Committee meetings.
-

- Quantified requirements for various national needs and programs including salvage ARV regimens for Quarters 3 and 4, hepatitis B medicines, and reproductive health commodities
- Updated the national quantification calendar
- Published *November Bimonthly Stock Status Report*
- Coordinated a five-day QuantTB training for eight local and international professionals
- Developed a draft SOP on preparing a procurement plan and tools for monitoring procurement plans for health facilities
- Developed SOP for reporting stock-outs of ARVs as part of the activities of the Emergency Operation Center, where QPPU will continue to provide guidance on availability for e-MTCT medicines.

Support to PNFP including Joint Medical Store

Joint Medical Store

- Concluded support by SURE secondment for IFS system implementation
- Procured two storage servers for JMS

Other PNFP

- Conducted practical field orientation for 20 Uganda Protestant Medical Bureau diocesan health coordinators
- Distributed 1,339 stock books to PNFP health facilities through the faith-based medical bureaus
- Trained seven bureau staff in monitoring and evaluation
- Held monthly meetings with the four faith-based medical bureaus and JMS to discuss progress on PNFP SPARS

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

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

District support package

- Conducted refresher training on stock book use for 180 MMS and trained 8 in defensive riding
- Logistics coordination meetings held in 14 new districts
- MMS conducted 737 supervision visits for improving EMHS management in 380 facilities
- District MMS conducted 100 pharmaceutical financial management (PFM) supervision visits in 50 facilities
- Distributed rewards to 237 facilities in the 14 new districts

New district communication and technology (net book/RxSolution)

- Installed computers in 21 public hospitals and trained relevant staff
- Installed RxSolution in 21 hospitals
- Developed electronic reports for PFM
- Undertook post implementation RxSolution training and support on site in 19 hospitals
- Developed RxSolution training schedule for new hospitals including remote training
- Expanded use of TeamViewer to facilitate remote support to RxSolution hospitals

Pharmaceutical information portal/district supervision data system (DSDS)

- Finalized development and user acceptance testing of the DSDS Portal and DSDS SPARS Form
- Trained 180 district MMS and 18 MoH/SURE staff on SPARS form entry and usage of the DSDS portal
- Installed DSDS software on over 200 trainees' net books / laptops

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

SPARS

- Rolled out SPARS in 79 health facilities in non-SURE supported districts bringing the total number of health facilities with SPARS to 397 in non-SURE districts
 - Trained six implementing partner staff members in M&E and SPARS data quality assurance and utilization
 - Incorporated data from 12 non-SURE districts in *National Performance Report on Medicines Management*
 - Held initial discussions with Pharmacy Division M&E unit about the national SPARS coordination role transition to Pharmacy Division; drafted a plan for joint support activities
 - Distributed 2,347 stock books to non-SURE districts through implementing partners
-

Storekeeper supply management capacity

- Trained 43 storekeepers from Hospitals and HC IVs in 14 new districts in stock and storage management
-

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

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

- NDA inspected 201 health facilities for GPP
 - Developed electronic reports for good pharmacy practices (GPP) and finalized system set-up
 - Entered 602 inspection reports in the electronic system
 - Conducted the national launch of GPP inspections, including recognition of selected staff from certified health facilities
 - Developed electronic reports for good pharmacy practices (GPP) and finalized system set-up
 - Handed over *Sawa Sawa* material including educational posters, signs, and T-shirts for recognition
-

Monitoring and evaluation

- Prepared pharmaceutical sector M&E plan
 - Obtained consensus from key stakeholders on the sector plan
 - Undertook a number of impact and intervention studies including on redistribution, pre-service training and storekeepers training
-

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

SURE continued to address equity in resource allocation for EMHS. SURE organized a stakeholder meeting in October attended by 30 participants including representatives from USAID, World Bank, World Health Organization (WHO), district local government officials, and the MoH to discuss the findings of SURE's international consultant and other work done by SURE on equity. Participants agreed that the significant inequity in allocation of EMHS in Uganda needs to be addressed. Key recommendations were that—

- NMS should document the concept and principles behind the current basis of allocation to share with stakeholders
- MoH should have the responsibility for allocating resources for essential medicines and health supplies
- A committee, including representatives from planning unit, Pharmacy Division, districts, NMS, and development partners, be put in place to take action on the issue
- Review of EMHS allocations should be done in the context of other resource allocation discussions taking place in the Ministry of Health. Particularly, the criteria proposed in a recent WHO-supported consultancy on resource allocation for the sector should be considered
- A disruptive and fragmented change process should be avoided

Meeting discussions provided input for completing the investigation into allocation equity. The report, which is expected early in Q18, will be shared with all relevant stakeholders and used by Pharmacy Division for ongoing advocacy to improve equity.

VEN utilization

SURE is conducting an assessment intended to provide information to strengthen the VEN system. Data has been collected at various levels on the extent to which the procurement and use of vital medicines are being prioritized in the health system. The implementation of the VEN strategy will continue to be very important in face of insufficient EMHS funding.

Next steps

- Conclude the VEN assessment
- Finalize and disseminate the equity report
- Lobby for implementation of the recommendations in the equity report and from the stakeholders meeting

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

SURE organized a lesson-learning forum for NMS to learn from JMS's experience with implementing their new Enterprise Resource Planning (ERP) system, IFS. The forum was also attended by other central warehouses, Uganda Health Marketing Group and Medical Access Uganda, Limited (MAUL), as well as representatives from the US Centers for Disease Control and Prevention (CDC) and the Supply Chain Management System project.

The key critical success factors that JMS shared included—

- Commitment and prioritization of the system change process by JMS management and staff
- Dedicated project managers—a member of JMS senior management and a full time management information systems consultant provided by SURE
- Identification of super users from each business unit who were integrally involved in the system development and deployment process right from the beginning
- Involvement of all users in the process of defining functionality and developing the system

Next step

- Implement capacity building for NMS managers in warehouse management, distribution, and governance

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

SURE continued to support the AIDS Control Program with a Senior Logistics Officer responsible for overall management of WAOS implementation and support to QPPU (GF activities, quantifications, option B+ implementation and new guidelines implementation), a logistics officer and intern responsible for WAOS implementation (daily monitoring of WAOS, responding to queries, generation of allocation lists, WAOS monthly reports, validating the quality of orders submitted, updating DHIS2/WAOS module with accredited ART health facilities and undertaking data analysis).

AIDS Control Program

The focus of support to the AIDS Control Program included reviewing the implementation of the WAOS; updating the ARV order form and job aid in line with the new WHO ART guidelines; and supporting the one facility–one supplier (supply chain rationalization), option B+, and working with QPPU on the quantification of ARV commodities.

Web-based ARV ordering and reporting system

A consensus building stakeholder meeting was held in October. The main aim was to evaluate progress with the implementation and use of the WAOS and discuss the challenges and possible solutions necessary to continue with the system. Overall stakeholders felt that the system was beneficial although its usage was not yet optimal. Some of the key recommendations included—

- Ensuring system stability by securing long-term commitment of the Internet provider and employing system administrators at the resource centre
- Revising eligibility criteria for access rights and monitoring the processes and response time for granting the rights

SURE presented the recommendations from the meeting to the MPM-TWG in November and agreement was reached that these recommendations should form part of an action plan with close monitoring on a bimonthly basis. The action plan will be prepared and the report finalized and disseminated at the start of the next quarter.

Instead of a monthly WAOS report, a combined report was produced for September–November due to delays in finalizing the master list needed to calculate the warehouse reporting rates. The report will be circulated at the start of the next quarter. Figure 1 shows the current system usage which rose sharply in September, followed by a dip in October (due to server issues), and a recovery in November. The significantly higher reporting rate at NMS compared to the other warehouses is due to involvement of the district biostatisticians in submitting orders from public health facilities. The majority (78%) of the orders in the public sector are entered into the system by the district biostatisticians who have Internet access and user rights for the DHIS2/WAOS system. The lower reporting rate for PNFP/PFP orders is partially due to lack of support by the district biostatisticians who prioritize entry of public facility orders as well as lack of Internet access and DHIS2/WAOS rights.

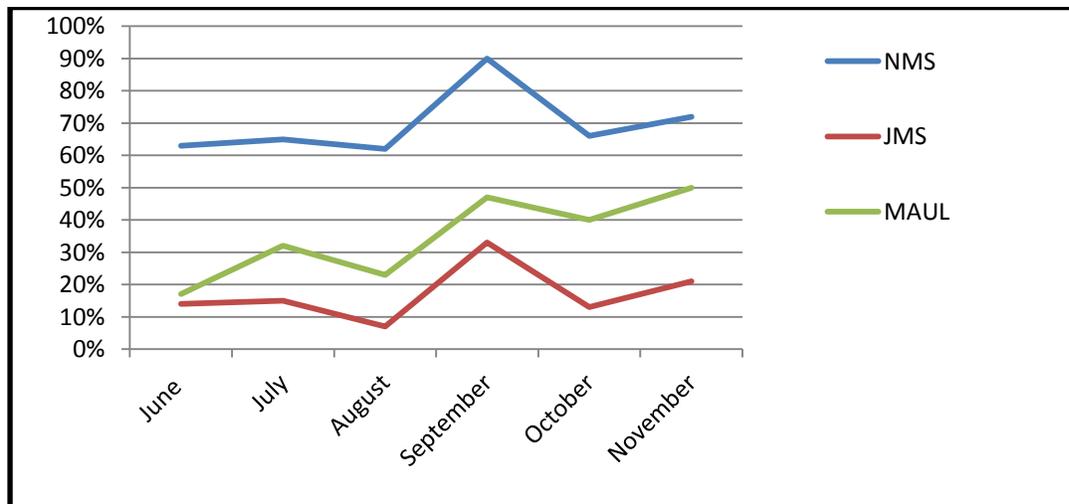


Figure 1: Trend in WAOS reporting rates by warehouse from June to November 2013

SURE has continued to support WAOS training; in the last quarter, the SURE secondments to ACP trained a total of 52 staff members from USAID/SPEAR-supported facilities in Northern, Eastern, and Western Uganda. At least 70% of all implementing partners have completed or almost completed training in their districts. The training of MMS from the 59 SURE districts in WAOS and general ART logistics has been rescheduled to Q18.

Currently NMS, which processes the bulk of ART and prevention of mother-to-child transmission order forms is not able to generate allocation lists from WAOS due to a slow Internet connection. The AIDS Control Program logistics officers have been retrieving and emailing orders submitted through WAOS to NMS, yet NMS has not upgraded its Internet bandwidth. This matter will be given priority in the next quarter to ensure that by the end of the program, NMS is able to perform the activity without external support.

Support implementation of supply chain rationalization for ART commodities (one supplier–one facility)

The ART master list is part of the supply chain rationalization process with all treatment sites linked to a particular warehouse (one facility–one supplier). Public health facilities get their supplies from NMS, USAID implementing partners' facilities get theirs from JMS, and CDC-funded partner facilities are supplied by MAUL. However, over time, patient numbers across MAUL and JMS have become unbalanced, requiring a review of the criteria used to assign facilities to warehouses. In addition, there is an increasing lack of clarity about who is responsible for updating the master list, how often this should occur, and who should own the results.

Questions on the credibility and accuracy of the patient numbers have resulted in an urgent need to validate the data. The ongoing process of validation requires that SURE investigates how patient numbers are collected from health facilities and reported through the WAOS and health management information system (HMIS) and help verify the data. Because patient numbers from the master list are used to quantify HIV/AIDS commodities, which has large financial implications, it is important to ensure that these data are accurate.

Support quantification, procurement planning, and financial tracking

SURE collected, analyzed, and disseminated information on the stock status of HIV/AIDS commodities in both the public and private sectors in collaboration with the QPPU. This information was used to update the stock on hand and pipeline data as of November 1, 2013. In addition, SURE and QPPU drafted a report titled *Quantification and Supply Planning of ARVs and Cotrimoxazole for the Public Sector*. This report documents the quantification methodologies and assumptions for estimating the requirements and funding gaps for ART medicines and cotrimoxazole for the period of July 2013–December 2015.

QPPU together with AIDS Control Program is providing information for a Global Fund application. Using spectrum modeling, AIDS Control Program generated new HIV population estimates, which QPPU used to forecast ART commodity needs for the country up to 2020.

Other activities

Following WHO's publication of new ART guidelines, there was need to revise and update the national guidelines. SURE is on the revision team and is updating the logistics training materials that the AIDS Control Program expects to roll out next quarter. SURE also continued to support the national implementation of option B+ by providing implementing partners information on facility-level ARVs to take further action. In addition, SURE was part of Resource Center-led meetings to revise HIV related logistics tools as part of the ongoing national review of HMIS materials.

Following reports of commodity stock outs of ARVs and HIV rapid test kits in six districts in South West region, an analysis was conducted of the ARV quantities ordered and delivered by NMS to health facilities. Several problems were highlighted with the way NMS processes orders. It was reported that NMS had pushed out supplies that had not been ordered, rationed supplies or not supplied at all. The conclusion was that there did not appear to be a clear pattern of how supplies were rationed, short supplied, over supplied or not supplied and that the way NMS processed orders needed to be clarified. The report was shared with USAID, Pharmacy Division and ACP.

Challenges

- The discrepancies in the ART master list and the subsequent erosion of confidence in it are a major challenge because the list provides the basis for facility allocations under the supply chain rationalization principle, for reporting on WAOS utilization and for quantification of national HIV commodity needs. The lack of clarity on the ownership and responsibility for maintenance of the list further complicates the matter. SURE will continue to work with other stakeholders to try and resolve the issues and ensure a comprehensive and accurate master list.
- Low reporting rates from PNFPs receiving ARVs from JMS are attributed to the high workload of district biostatisticians who give them low reporting priority preferring to invest their time for public facility reports. This problem could be resolved if DHCs were granted access rights to enter orders on behalf of the PNFP facilities.

Next steps

- Finalize report and action plan from WAOS stakeholder meeting
- Finalize report on *Quantification and Supply Planning of ARVs and Cotrimoxazole for the Public Sector*
- Complete activities on ART master list and verification of ART patient numbers
- Train SURE MMS to use WAOS and in general ART logistics
- Ensure NMS ability to generate allocation lists without external support
- Ensure clarity on ARV master list update, roles and responsibilities
- Assist in data validation especially of WAOS reported patient numbers
- Support the DHCs in getting user rights
- Do final WAOS system upgrade
- Develop a sustainability plan for SURE-supported AIDS Control Program activities including generation of monthly reports

National TB and Leprosy Program

SURE continued to support the NTLP with one Logistics Officer, responsible for overall logistics management, an intern responsible for data management/ entering orders into Supply Chain Manager at NMS and a Technical Officer responsible for coordinating TB SPARS activities.

Adapt SPARS model for TB focal persons

The NTLP has adopted the TB management and performance improvement approach as a national strategy in line with SPARS. It entails an assessment of performance, mentorship of facilities and application of continuous quality improvement principles of the MOH national QI framework.

As part of TB SPARS, SURE coordinated the development of NTLP's first set of mentorship training materials including the first consolidated TB mentoring tool that partners will use to mentor facility staff in managing TB based on the five components of performance assessment. The TB performance and assessment tool (known as "TB Care routine mentorship tool") was developed, pretested, and presented to NTLP and other implementing partners. This activity was carried out in collaboration with TRACK TB the MoH's Quality Assurance Department and ASSIST.

The tools and training guide standardize NTLP's approach to strengthen performance across the country and provides a technical framework for partners involved in TB management. The plan is to use these tools as the key source of data for the quarterly performance reports because they will provide a basis for analyzing performance across facilities, districts, and zones. To facilitate this, the tool will need to be

converted into an electronic format that allows for electronic data entry and facilitates data use. Basic standards and indicators were defined for measuring each component of TB care, with reference to the NTLP manual and the international standards for TB care. The tool assesses the extent to which the standards/ indicators for TB care are met and in addition generates scores for each component of TB care (see Figure 2).

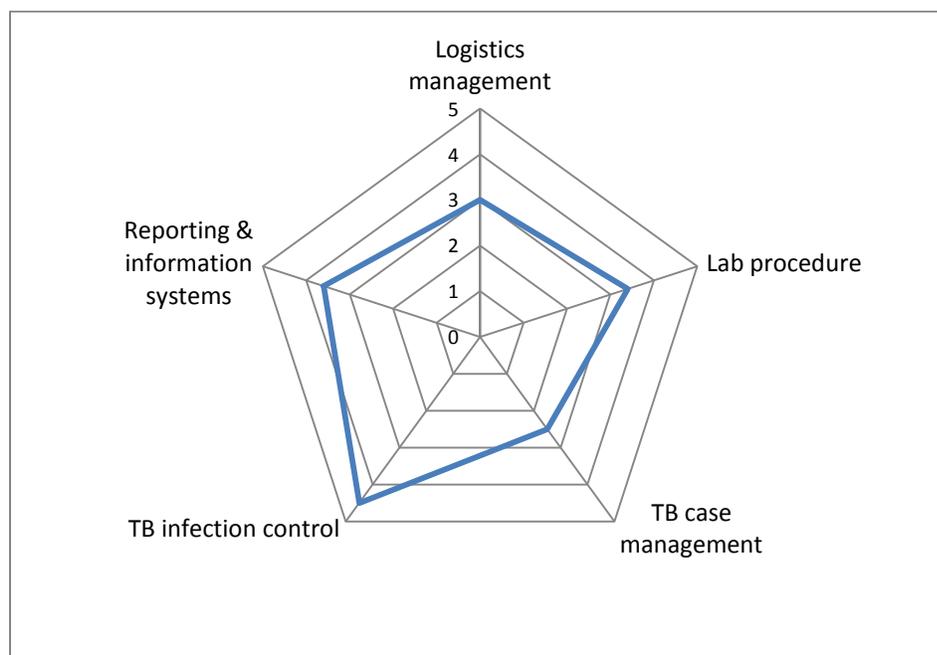


Figure 2. Spidograph showing five areas of assessment under TB Care routine mentorship tool

The training of TB SPARS trainers was conducted from 30 September to 4 October 2013. The training was attended by all eight zonal TB and leprosy supervisors and representatives from partners (SUSTAIN, STAR-EC, STAR-SW), Kampala Capital City Authority, and NTLP. Participants' suggested changes were included in the final training materials and tools. The TB management and performance improvement approach has the potential to improve TB supportive supervision and the quality of TB services, and implementing partners are committed to rolling out the approach in their districts. The facilitators and participants agreed that the eight-module course content was adequate and includes TB case management; infection control; laboratory procedures and assessment; TB medicines and logistics management; reporting and information systems; quality improvement; supportive supervision; and monitoring performance.

As SURE is phasing out, it was decided in collaboration with USAID that TRACK TB should take over the pilot and coordination of TB SPARS roll out and several meetings were held between SURE and TRACK TB to ensure an adequate transition of experiences, knowledge and already developed training materials, pilot design. At the start of the next quarter one member of staff, responsible for TB SPARS, will transfer to TRACK TB as part of the transition strategy.

TB Care routine mentorship tool - Performance monitoring indicators	
<p>1.0 TB case management</p> <p>1. Screening and diagnosis of TB 2. Treatment and follow up 3. Adherence to Standard Treatment Guidelines 4. TB/HIV co-infection handling</p>	<p>4.0 Logistics Management</p> <p>12. Availability of selected anti-TB medicines 13. Stock card availability 14. Physical count agrees with stock card balance 15. Ordering quality 16. Timeliness of ordering</p>
<p>2.0 Lab procedure</p> <p>5. Staffing 6. Working environment 7. Waste management 8. Sample processing 9. Quality management procedures</p>	<p>5.0 Reporting & Information systems</p> <p>17. Completeness of TB tools used 18. Accuracy of HMIS 106a form</p>
<p>3.0 TB infection control</p> <p>10. Specimen handling 11. Patient handling</p>	

Support design of DHIS2 web-based TB ordering tool for Global Fund grant

SURE supported the development of a web-based TB medicines ordering concept paper as part of the required supporting documents for proposed interventions under the Global Fund proposal for Phase II of the current single stream funding grant for the TB program. NTLP fast tracked responses to queries related to the roll out plan, the number of districts targeted, and the differences with DHIS II as part of the integration of HMIS routine data. SURE also shared the concept with USAID and TRACK TB. The report on WAOS implementation from the stakeholders meeting will inform the future roll out and possible implementation of web-based order/report system for TB. Concern is raised on the suitability of having a parallel order system for TB drugs to EMHS instead of one order form for all commodities. However, unlike EMHS, the TB form, like the ARV form is an order/reporting form, and a fundamental decision needs to be taken whether a reporting/ordering form should continue especially when there is an HMIS system that can report on patient statistics, leaving the order form only for re-supply of commodities. Also the issue of HMIS and WAOS having different reporting periods and the problem this is currently causing with verification of patients numbers, could also apply to TB. This issue could be discussed further in the follow on project.

Support NMS to enter facility orders into Supply Chain Manager™

All TB treatment facilities, from HCII upwards, submit order/report forms ('pulling') for replenishment by NMS, previously supplies were 'pushed' to health facilities. However it appears that NMS is not using the orders to generate the re-supply of medicines and is continuing to push TB commodities. In addition, the treatment facility orders and reports are not being captured in Supply Chain Manager, so NTLP is unable to monitor the patient statistics or consumption and inventory data. This is a critical issue and does not seem to be easily resolved given that despite a letter from the Director General, the SURE-recruited data

manager has not obtained permission from NMS enter orders into Supply Chain Manager on their behalf. NTLP plans to organize a meeting in the next quarter with NMS and the DG to resolve the matter.

Other activities

Other SURE support to NTLP during the period included—

- Working with QPPU to update delivery or planned delivery dates for first-line drugs expected from Global Fund
- Updating QPPU on extremely drug resistant-TB medicines needs and status of the program with regard to the procurement process and pipeline
- Continually tracking first-line medicines including preparing the documentation necessary for a waiver for suppliers that are not registered in country, which led to a savings of over USD 250,000 on Global Fund orders
- Providing support to the NTLP in tracking shipments funded through both the Global Fund and the government. A verification of the multidrug-resistant-TB medicines due in country was conducted in partnership with the focal coordination office, ensuring that suppliers adhere to projections.
- Collecting routine data to feed into the M&E logistics indicators. Initial data was collected on stock position at facilities in two regions to indicate the stock situation at health facility level. Full country data is being collected from November to January to get a complete country picture
- Designing a reporting template and channels for zonal and district TB and leprosy supervisors to report routine logistics data. The stock status reporting template for facility level was sent to all implementing partners for their final input; the revised version was then sent to all zonal supervisors to collect nationwide data
- Working with QPPU to put QuanTB into use.

Challenges

- Lack of clarity on how NMS is re-supplying health facilities with TB medicines.
- Delayed access to facility reports submitted to the central warehousing unit making it difficult to guide the program's planning process.
- Zonal officers are slow to submit facility stock status, which is used to determine quantities to resupply the facilities.
- Bureaucratic procedures getting facility-based data to the NTLP have kept the data specialist recently recruited by SURE from helping the NTLP analyze medicines data.
- Two SURE staff, the TB logistics coordinator and TB SPARS development coordinator, resigned in this period, challenging the implementation of future activities.

Next steps

- Continue to support TRACK TB as and when needed
- Phase out provision of TB logistic support a role that is taken over by TRACK TB

National Malaria Control Program

The malaria logistics officer (seconded by SURE) is fully recognized as a member of the NMCP team and represented NMCP at various meetings with the Global Fund, Roll Back Malaria, NMS, and others regarding malaria commodity logistics.

Improving ordering and uptake of antimalarial commodities

SURE has continued to support interventions to improve the PNFP sector's uptake of antimalarial commodities, which has led to a greater than 600% increase between October 2012 and October 2013, as

shown in Figure 3 below.¹ The average monthly increase for ACT treatments and RDT tests has been 840 and 545 respectively.

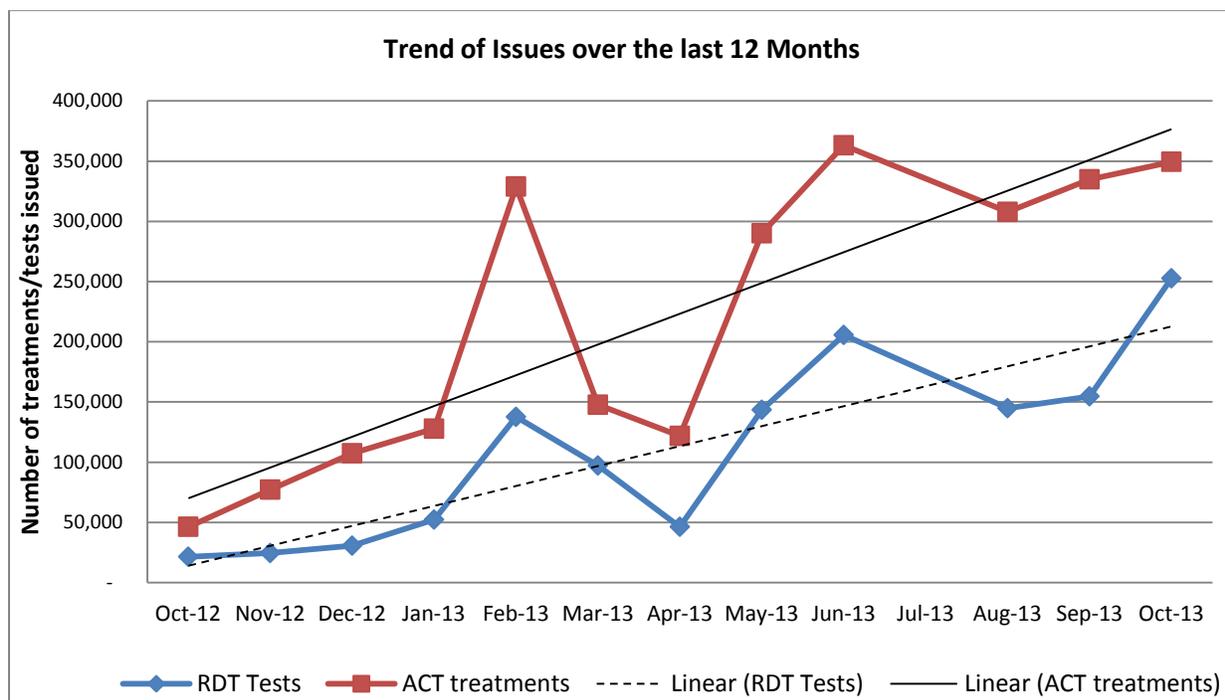


Figure 3: Issues of antimalarials from JMS to PNFP health facilities: Oct 2012–Oct 1013

SURE produced and circulated the PNFP bimonthly malaria stock status report in November 2013. Based on the pipeline analysis, the President’s Malaria Initiative re-scheduled its deliveries from May to January 2014 to avert a stock-out situation at JMS. SURE also improved the PNFP consumption Excel tool last quarter to include auto calculation of key indicators such as quality and reporting rate whenever an order/report entry is input. Continued facility feedback sessions and training of DHCs in using the order form resulted in an increase in orders that met all the quality criteria from 3% in the previous quarter to 15% in this quarter. However, the reporting rate declined to 61% from 73% because of a JMS backlog which occurred when they installed a new ERP system.

SURE and JMS conducted a periodic joint supervision at the end of last quarter. The team agreed to schedule the next field visit in January 2014. Discussions about transitioning the SURE-supported malaria commodity M&E functions and PMI activities to JMS occurred in this quarter, but no conclusion was reached and will be continued in the next quarter.

Additional activities

- SURE, supported NMCP to collect, analyze, and disseminate information on the stock status of malaria commodities in both the public and private sectors. This information was used by QPPU to update the stock-on-hand and pipeline data in the November stock status report and to support Global Fund Principal Recipients 1 and 2 and PMI to plan for malaria commodities. SURE also reviewed the malaria commodity quantification and gap analysis for the NMCP mid-term review and Global Fund Round 10 malaria grant extension application, which was successfully approved for USD 9.9 million.

¹ In October 2012, 1,544 packs of ACT 30 were issued compared with 11,648 by October 2013.

In addition, SURE helped in the quantification of commodities for integrated community case management.

- SURE supported the long-lasting insecticidal nets campaign logistics team during data validation and cleaning and estimation of needs for all wave four districts. Distribution in over 34 districts was completed as scheduled, and distribution to the final four waves (5 to 8) is expected next quarter.
- SURE participated in quarterly Roll Back Malaria Partnership meeting and in the review of Roll Back Malaria's gap analysis tool.
- Quality country data was submitted in October for the quarterly USAID procurement planning and management report (PPMr) for malaria.

Next steps

- Conduct a field visit and investigate the use and comprehension of the PNFP malaria order form
- Roll out the PNFP malaria electronic order form
- Support the NMCP mid-term review, Global Fund interim funding application and long-lasting insecticidal nets campaign
- Prepare quantification report for malaria commodities
- Compile quarterly procurement planning and management report for malaria in March 2014
- Transition the SURE-supported malaria commodity M&E functions and PMI activities to JMS
- Transition reporting of quarterly PMMr data to QPPU, next report due early April 2014
- Conclude on sustaining support to PNFP on malaria commodity management

Central Public Health Laboratory

SURE continued to support CPHL with three seconded technical staff and one intern, they included a Senior Logistics Officer in-charge of capacity building initiatives for supply chain, a Senior Programmer in charge of developing customized information systems for laboratory logistics and supply chain systems, and an M&E Advisor and M&E Intern with a core role of developing and implementing the Laboratory M&E systems and coordinating the administrative activities for whole team.

Capacity building at facility level strengthening laboratory management toward accreditation/SPARS

Due to delays in implementation, a decision was made to limit Lab SPARS implementation to a pilot of the training materials in one or two classroom trainings and conducting limited practical training with some of the district focal lab persons and senior lab technicians. Routine lab data collection and supervision will not be possible to be implemented under the SURE program but can be included as part of the follow on program

SURE and CPHL reviewed the concept paper, which provides the background and justification for the proposed Lab SPARS strategy in line with the decision to limit implementation, this will be finalized in Q18. SURE/CPHL also prepared an implementation plan documenting the detailed procedures, resources, schedules, and timeline. Due to the limited time to implement in Q18 this plan will be further developed for a follow-on project. CPHL, with SURE support, continued to improve the Lab SPARS training materials to ensure consistency in the technical content, formatting, and presentation. Modules covering stock management, storage, equipment management, information systems, and lab financial information management and reporting were finalized as part of a zero draft curriculum. During the first classroom training of district focal lab persons in Q18, the materials will be systematically reviewed and finalized.

In November 2013, the Director General issued a policy directive requiring that all health facilities use a store(s) that is/are designated for storing and managing all medicines and lab commodities. Stock

management must take place in these designated stores and not in a dispensary or laboratory. CPHL will also ensure training materials align with the policy directive.

SURE and CPHL piloted and modified the manual Lab SPARS performance and assessment tool and developed an electronic version. Both will need to be reviewed based on the directive mentioned above and finalized next quarter. CPHL has also developed a database in which information from the field can be collected and reports generated. In the next quarter this system will be tested and assessed.

Support monitoring of performance of the laboratory logistics system

To ease data collection and uniformity across EMHS indicators, a decision was made to align the laboratory logistics and supplies monitoring indicators to those used for medicines. The M&E framework was revised accordingly, with 94% of the indicators monitoring performance at facility level and 6% at the national level. As the M&E framework relies on data mainly from Lab SPARS, whose implementation has been delayed, the baseline data to be collected in the next quarter will come from the practical field testing at a few sites.

As a follow up to the previous DHIS2 customization workshops, CPHL has continued to implement specific laboratory information system processes that will eventually complete the customization process. Lab-specific reports have been customized, and CPHL has drafted an extensive tool kit to guide the collection of information from these reports to incorporate into other laboratory logistics and supplies data. Implementation awaits approval by the Resource Center and this will be followed up in the next quarter.

Supply chain rationalization

SURE's secondments at CPHL continued to play a key role in progressing lab supply chain rationalization activities:

- It was hoped that a standard lab order form, used by all warehouses, could be implemented as a web-based laboratory order form to simplify ordering for facilities by bundling reagents for a given test. The electronic form would automatically calculate the reagents in the proportions required for a stated number of tests for all major equipment platforms. A database structure has been fully developed and a user interface is still under development, planned to be ready by end of January 2014. However, the standard, web enabled laboratory order form is still under discussion with the various warehouses and stakeholders and cannot be progressed unless consensus is reached. This will be progressed in the next quarter as well as the user interface.
- CPHL has developed an online web application, electronic system for monitoring equipment availability and functionality at high level facilities. It is being currently being reviewed by different stakeholders. The overall aim of this customization is to contribute to one M&E system for the Ministry of Health. CPHL has obtained the rights but is still to make a decision on whether to customize the equipment management module that could be used together with the data collected from the above.

Information management systems improvement

CDC trained CPHL and SURE staff in Basic Laboratory Information Systems, which will help laboratory staff manage data in real time and improve efficiency. SURE secondments at CPHL then rolled out the training to CPHL staff and implementing partners such as CHAI and prepared an implementation plan for the first phase of training health facility staff.

Other activities

- 500 copies of the Laboratory Logistics System Assessment report were printed, which CPHL will disseminate. The report presents the strengths and weaknesses of the laboratory supply chain system and identifies areas for improvement and short- and long-term recommendations to address the gaps.
- SURE installed a number of CISCO routers in the CPHL premises to improve Internet access.
- SURE's IT secondment to CPHL developed an on-line version of the M&E tool for tracking laboratory implementing partners' activities contributing to the CPHL strategic plan and supported the development of an antimicrobial surveillance database to capture reports of resistant organisms encountered during the management of sepsis.

Challenges

- The major challenge has been the slow progress on the implementation of Lab SPARS. SURE staff seconded to CPHL are often expected to work on activities outside of SURE's mandate, compromising targets set for SURE-related work.
- A draft master list of lab commodities is available, but progress on it has stalled since the departure of the consultant who developed it. It is not clear if CPHL has the capacity to move it forward, and questions still need to be answered on how CPHL can keep the list updated and ensure that all stakeholders use the same version.

Next steps

- Hand over finalized Lab assessment report for distribution by CPHL
- Wrap up implementation of Lab SPARS with finalization of training materials and tools and the lab SPARS database
- Develop an implementation plan for Lab SPARS roll out in a follow on project.
- Conduct baseline data collection during Lab SPARS orientation
- Follow-up with Resource Centre on approval of lab specific reports
- Support supply chain rationalization activities including finalization of the web electronic order form and the equipment monitoring module
- Hold monthly SURE and CPHL coordination meetings
- Continue with input into the stock status report, PipeLine monitoring, and quantification activities

Support Pharmacy Division

SURE continued to work closely with Pharmacy Division through regular consultative meetings such as the monthly MPM-TWG meeting and the weekly update meetings. The SURE/Pharmacy Division/USAID meeting was held in October to discuss implementation issues. In addition, two special meetings between Pharmacy Division and SURE took place to cover proposed changes to medicines management tools in the national HMIS and to brainstorm on the future of the pharmaceutical sector. The regional access to medicines conference was postponed from March 2014 to late 2015. A conference website has been set up to publicize and provide updates on the workshop.

Promote streamlining and integration of EMHS tools

SURE participated in the Pharmacy Division meeting to review HMIS tools for EMHS management. Key amendments included stock book changes to simplify calculation of monthly consumption, changes in the monthly facility report to capture stock status of tracer items, and removal of prescribed quantities from the dispensing log. The removal of prescribing quantities makes it impossible to determine scores for prescribing quality under SPARS. SURE will work with PD to ensure that that the measure is restored.

All central level warehouses committed to adopting a national product code and integrating it into their inventory management systems. The warehouses proposed that further development of the national code be tasked to a committee including representatives from all the warehouses. A syntax based on the International Committee of the Red Cross product coding system developed by SURE will be discussed at a committee meeting in January.

Harmonization of EMHS management at facility level

The Director General of Health Services, following consultations with Pharmacy Division, released a circular addressing the long standing problem of parallel systems of EMHS management at health facility level. The circular specifically addresses streamlining and integration of laboratory commodity management with other EMHS but also lays down clear principles for integrated management of all health commodities. In response to the circular, Pharmacy Division and SURE drafted standard operating procedures that provide for an integrated and holistic approach to EMHS management in terms of receiving, storage, issuing and reporting. The SOP titled *Harmonisation in EMHS Management* will be finalized and discussed before circulation next quarter.

Redistribution study

The study describing how redistribution of excess health commodities is organized, the role of different stakeholders at facility and district level and the understanding and implementation of the redistribution guidelines progressed well. SURE collected data from 30 facilities covering all levels of care in 6 districts from all regions of the country. This data will be analyzed to enable us understand the extent, cost, and impact of redistribution, as well as perceptions of staff and managers.

Order Delivery Review

SURE, on request of USAID, reviewed order fulfillment by NMS for 4 tracer commodities, one each from ARV, ACT, Test Kit and TB medicines product categories. District stores and facilities where MMS are resident were surveyed and data obtained from 60 health facilities and 21 district stores. Preliminary analysis revealed that 62% of the deliveries for the tracer items did not match the facility orders and 20% nil lines. Stock levels for tracer items at the district level varied from nil to substantial quantities of ARVS in 3 out of 21 district stores. The preliminary results were shared with USAID and PD. A full report will be completed and shared next quarter.

Next steps

- Finalize and disseminate the harmonization EMHS management SOP
- Hold the Q18 Pharmacy Division/SURE/USAID meetings
- Finalize and circulate the redistribution study report
- Finalize and circulate the Order/Delivery assessment report
- Assist in organizing national product code committee meeting in January
- Update regional access conference website

Support the National Drug Authority

SURE's contribution to the development of a pharmaceutical wholesaler strategy was finalized and submitted to NDA. The deliverables, produced with the help of international technical assistance, included a wholesaler inspection tool based on the *Good Distribution Practice (GDP) Guidelines 2013*, materials for training inspectors, materials for orientation of wholesalers, and a situation analysis report - *Analysis of wholesaler situation and implementation plan for wholesaler compliance with GDP guidelines in Uganda*. NDA plans to enforce compliance with the new guidelines starting January 2016.

No further testing of the verification of imports system occurred due to competing priorities and staff constraints at NDA. A new board of directors was commissioned, and we are hoping replacement of information technology staff which stalled because of the absence of a board will happen soon.

Next steps

- Help test the verification of imports system, solve pending issues, and move the system into production
- Share the reports from the dispensing doctors and prescribing pharmacists studies with NDA

Pre-service training program for health workers

Makerere University trained an additional 100 tutors from 50 health training institutions between June and September 2013. These are in addition to the first batch of 60 tutors. The training was expected to run till November but with an average class size of 27 tutors, only four sessions were required as opposed to the five planned. In total, 160 tutors from 95 health training institutions have been trained in pharmaceutical management as part of the pre-service training strategy to equip various cadres of health professionals with medicines management skills and knowledge. All tutors received the MoH *Essential medicines and health supplies manual* to reinforce their learning and to use as a reference in their classes. In January, all 95 institutions that have been part of this training program will receive 200 electronic copies (CDs) of the MMS and TOT, training materials and other references such as the *Uganda Clinical Guidelines* and the EMHSLU 2012 and 50 EMHS and PFM manuals for use by their teachers.

A study to assess whether medicines management has been successfully included in the curriculum of health training institutions following tutor training combined with advocacy with the curriculum review committee, the national council of higher education and the professional councils for doctors, pharmacists, nurses and allied health professionals, is underway. 18 institutions, representing all key competence areas of health training in Uganda were randomly selected. So far, 6 of the 18 have revised their medicines management training materials. Challenges reported include the delay in receiving the final EMHS manual and the absence of a Ministry of Education directive to support curriculum revision. Overall, midwifery institutions have been slowest to implement changes. The final evaluation report is expected early in Q18.

Next step

- Finalize the study on adoption of the medicine management training by health training institutions.

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

The Uganda Medicine and Therapeutics Advisory Committee (UMTAC) did not meet in Q17, and rational medicine use activities were carried out by the UMTAC secretariat, which comprises mainly Pharmacy Division and SURE staff.

After the rational use of medicines training courses carried out in Q16, trained health workers submitted 14 study proposals describing methods to investigate a specific medicine use problem in their hospital and suggesting an intervention that would address it. SURE developed an evaluation review sheet, and five academicians reviewed and scored the proposals. Small study grants will be provided for the implementation of selected proposals to be selected in January.

SURE started developing *Practical Guidelines for Dispensing 2013* for HC IIs and HC IIIs in Year 4. The guidelines will help dispensing staff check that prescribers have prescribed the right medicine and ensure good dispensing. The guidelines provide medicine-specific information to patients, for example, if medicine should be taken with or without food or if a pregnant woman can take the medicine. In Q17, two clinical experts reviewed all the medicine monographs and a review meeting with health facility staff was held. The meeting participants checked the appropriateness of the language for dispensing staff in HC IIs and HC IIIs. Work on the introductory sections and annexes also began in Q17.

In Q16, SURE and INRUD Uganda established Uganda Network for Appropriate Medicine Use (UNAMU), which is open to health workers trained in medicines use, INRUD members, UMTAC members, and others interested in promoting rational use of medicine. The network will adopt a new approach of promoting rational use at national level building on international experience. SURE worked on the strategic documents for the network, such as a concept note, terms of reference, and members list in Q17. SURE promoted the addition of rational use of medicine information and documents on the Ministry of Health website, but the need to get Resource Center approval has delayed implementation.

Challenge

- The failure of UMTAC is largely due to members' expectations of receiving sitting allowances. MoH has not been able to pay any allowances, and because SURE, as per USAID rules, does not pay sitting allowances, meetings could not take place. SURE could only work around UMTAC and implement activities through its secretariat.

Next steps

- Finalize, print, and launch the *Practical Guidelines for Dispensing 2013*
- Award study grants to the best rational use of medicine proposals
- Finalize strategic documents for Uganda Network for Appropriate Medicine Use
- Assess and report on overall improvement on rational medicines use following SPARS and other initiatives during SURE

Quantification and Procurement Planning Unit

During this quarter, the QPPU unit issued a revised quantification calendar and has been involved in a number of quantification and procurement planning activities—

- Quantification of ARVs, cotrimoxazole, and lab commodities for the HIV investment case for Uganda for 2015–2020
- Quantification of third-line (salvage) ARVs, reproductive health commodities, and hepatitis B medicines
- Revision of the laboratory early infant diagnosis and viral load requirements; revised funding allocation and partner contributions based on the updated information
- Quantification for integrated community case management commodities; funding is being sought

The QPPU continues to use the PipeLine tool to regularly update and monitor supply plans of program commodities. The reproductive health PipeLine database will be updated with the latest information from the recent reproductive health quantification exercise.

Comprehensive bi-monthly stock status report and coordination meetings

The November bimonthly stock status report was published and discussed by technical program logistics officers and at the December CSG meeting, which resulted in the initiation of a number of inter-warehouse stock transfers. Several other recommendations included expediting procurement of commodities that were at risk of stock out, costing all commodity gaps for the year 2014, and requesting

NMS to follow up on procurement of ARVs and ACTs to fill the existing gaps. Unresolved issues were referred to the MPM-TWG and Health Policy Advisory Committee.

Building capacity in quantification

QPPU participated in a training on the quantification of first- and second-line TB drugs using the newly launched MSH QuanTB tool in November. Three MSH staff conducted the training, which was also attended by eight participants from NTLT, Pharmacy Division, TRACK TB, Global Fund Focal Coordination Office, SURE, as well as Kenya and Zambia NTLTs. The training was used to quantify the needs and risk of TB medicines stock outs prior to Global Fund deliveries expected in March 2014. QPPU was able to advise the MoH against procuring additional TB commodities as a result.

Strengthen technical program commodity security groups and tracking commodity consumption at health facilities

QPPU coordinated meetings of the CSG group covering malaria, HIV, TB, and lab commodities in October and December. The MoH has put in place systems for tracking commodity consumption at health facilities including WAOS for ARVs, mTrac for ACTs and malaria RDTs, and TB SPARS. In addition, sentinel sites to collect facility stock status and consumption data using RxSolution will be set up. Discussions with technical programs on the standard report format and content are ongoing.

Indirect support and collaboration with the central warehouses/ partners and government agencies

QPPU provides a linkage between the HIV commodity procurement agencies (SCMS, NMS, MAUL), central warehouses (NMS, JMS, MAUL); Ministry of Health; and stakeholders on national commodity status and risks. The central warehouses share information with QPPU regularly which is critical in commodity planning and risk mitigation. The central warehouses transfer commodities among themselves when QPPU advises on risks of stock outs/expiries. Partners such as PEPFAR (USAID/CDC), Global Fund, CHAI, and DFID rely on QPPU's information for their HIV, TB, malaria, and laboratory commodity investments in Uganda.

Other activities

- QPPU prepared a set of tools to health facilities: 1) an SOP for hospital and HC IVs on how to make a health facility annual 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 monitor what it has ordered and what it has received from NMS. These tools will be finalized next quarter.
- QPPU is supporting MSH's upgrade of Quantimed to run on Access 2010 and 2013 and support the new 64-bit Windows operating systems. Further testing to complete this work will be undertaken in the next quarter.
- QPPU assisted in the development of an SOP for reporting ARV stock-outs as part of emergency operation center activities.
- QPPU supports the development of national priorities and policy documents such as the ongoing HIV investment case formulation by the Uganda AIDS commission, and ensures that commodity components are included in all these policy documents.
- QPPU undertook a data quality analysis in October 2013 related to the Stock Status Report covering the period Jan-Sep 2013 for Determine HIV Test Kits in NMS and JMS. Various large discrepancies were found with NMS, which are of concern. Only one small discrepancy was found with JMS. QPPU relies on obtaining accurate information from the warehouses, NMS, JMS and MAUL in order to take decisions to delay/expedite deliveries and to move stock between the warehouses. If the data from the warehouses is not accurate this compromises the work of the QPPU and impacts on national availability of commodities.

Challenges

- Continued lack of timely access to accurate morbidity data greatly hampered the quantification process. Having morbidity data allows for triangulation with consumption data thereby increasing the reliability of quantifications.
- The inaccuracies in the ART master list cause ongoing queries on the outcomes of the quantifications.
- Delays in effecting commodity transfers across the warehouses make it difficult to avert stock-outs.

Next steps

- Support quantification and supply planning activities as per the quantification calendar
- Disseminate SOP/tool on procurement planning and monitoring of orders and receipts
- Continue to support the newly established emergency operation center for e-MTCT
- Organize stakeholders meeting to adopt the reproductive health commodity quantification
- To mitigate effect of gap between SURE and then follow on program, critical QPPU staff should be transitioned to SCMS

Support to Private not-for-Profit entities

Joint Medical Store

Development of an indicator-based M&E system is progressing. JMS management approved the results framework and indicator list last quarter. The IFS system continued to meet performance expectations with both users and management expressing their satisfaction; the outstanding issue for JMS is deploying the system's full reporting functionality. SURE provided JMS with two storage servers which are to be used for storage of the large data sets generated from IFS transactions. A system post implementation review is planned for March.

Religious Medical Bureaus

SURE is working closely with the four religious medical bureaus to roll out SPARS in PNFP health facilities through a network of trained DHCs that supplements the MMS-provided supportive supervision. Nine bureau staff and 45 DHCs have been trained in supply chain management, and during the quarter, we supported practical field orientation for 20 Uganda Protestant Medical Bureau DHCs. In addition, seven bureau staff were trained in M&E. Thirty-five health facilities received a baseline SPARS visit by DHCs. SURE also distributed 1,339 stock books to all PNFP health facilities through the four medical bureaus. The bureaus still need support to ensure implementation of PNFP SPARS. We have had initial discussion with JMS on the post SURE transition plan and the future support to bureaus in rolling out PNFP SPARS. SURE will consult with JMS and the Bureaus in the coming quarter about appropriate coordination for implementation of PNFP SPARS after the close of SURE.

Challenge

- Funding for PNFP SPARS by the medical bureaus is still limited and the Uganda Catholic Medical Bureau did not comply with agreed timelines, which slowed the implementation process.

Next steps

- Finalize the JMS M&E system and conduct the impact assessments for JMS door-to-door distribution, Business Process Review and IFS implementation
- Support JMS IFS service level agreement Provide practical field orientation for Uganda Catholic Medical Bureau DHCs
- Print and distribute dispensing logs to PNFP health facilities through the medical bureaus
- Work with JMS on coordination of PNFP SPARS post SURE

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

The MMS continued to supervise facilities according to schedule and were able to make 737 visits exceeding the 500 planned for the quarter. The MMS in the 14 new districts contributed significantly to supervision numbers with a total of 333 while the MMS in the 45 districts made 404 visits. Currently SPARS is implemented in 237 (60%) of facilities in the new districts and in 1,616 (93%) of facilities in the old 45 districts.

In general, there is improved performance on all the 5 indicators as illustrated in Figure 4 below, although prescribing quality still lags behind as the special strategy to address it is yet to have full effect.

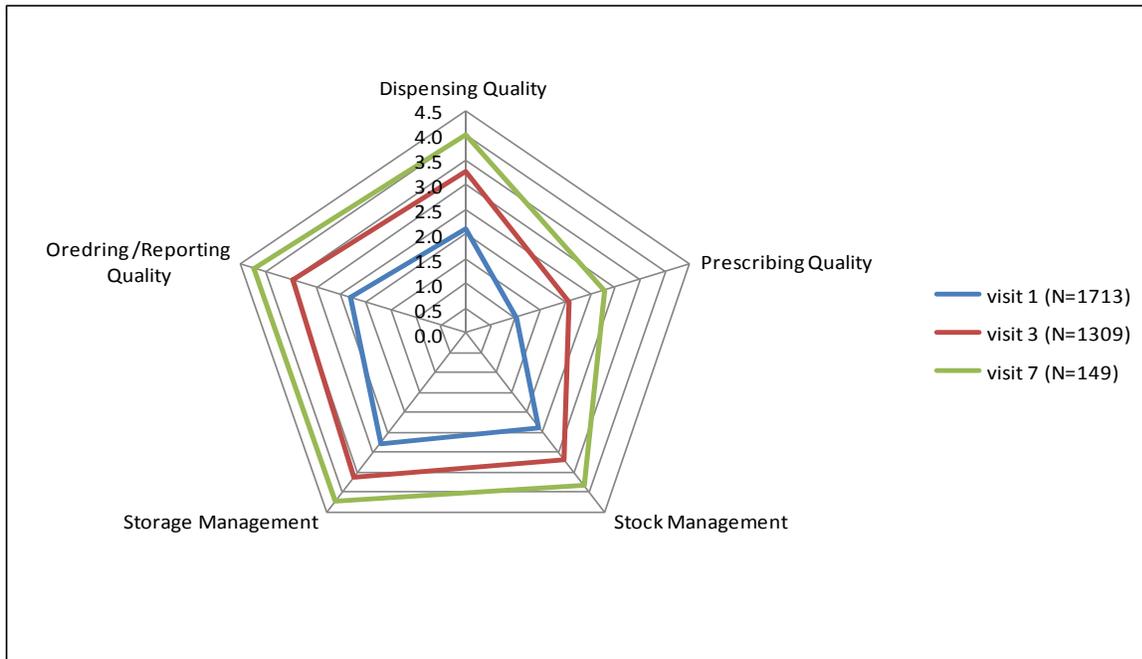


Figure 4: Health Facility performance on medicines management indicators (Based on submitted data as of December 31, 2013)

Many facilities do not keep stock books and those that did were not up to date. Reasons include high workload for stores staff and the view that stock books are not required at level II and III facilities that receive kits. We traced the root cause to MMS’s poor understanding of the advantages of keeping the stock book and inability to convincingly explain its importance to facility staff. SURE designed a two-day refresher course on how to fill out the stock book and how the book simplifies quantification, procurement planning, ordering and monthly HMIS reporting for the 197 MMS from SURE’s 59 districts. The regional offices will follow up in the next quarter to check on facilities’ use of the stock book. The refresher course was combined with District Supervision Data System (DSDS) training described later.

The SURE regional offices expedited distribution of reward items to health facilities in new districts; 237 of 400 facilities now have items to support EMHS management. The last batch of eight MMS were trained in defensive motorcycle riding, replacing MMS who had left for further studies or retired.

Support district collaboration and coordination

SURE helped DHOs in the 14 new districts to carry out field visits at well and poorly performing facilities to get firsthand experience in SPARS. The field visit teams included the DHO, MMS, regional pharmacists, and regional field coordinators. The visits preceded district logistics coordination meetings where the MMS presented the district SPARS quarterly report; regional pharmacists presented the national SPARS report, and the district health program focal persons discussed issues affecting their programs. DHOs noted the dramatic improvements in EMHS management due to efforts of the MMS and infrastructure improvements resulting from the installation of shelves by SURE. The districts pledged to work towards improving indicators that were lagging, especially those on prescribing.

The regional meetings for DHOs, MMS, Pharmacy Division and SURE were postponed to Q18 to give MMS time to take part in the DSDS and stock book refresher courses.

SURE participated in eight district quarterly planning and review meetings under the district operational plan initiative. The meetings are coordinated by districts with support from USAID's Strengthening Decentralization for Sustainability program to ensure integrated, harmonized planning and monitoring of activities aligned to district priorities. SURE also participated in the national conference to review the District Operational Plan and develop implementation strategies.

Next steps

- Support MMS to conduct 500 SPARS visits
- Hold five regional DHO/MMS/meetings
- Hold MMS performance review and support meetings in all 59 districts
- Regional offices to follow up on correct use of stock books

Assure sustainability of SPARS

SURE and the Pharmacy Division developed a peer strategy as the main approach to ensure sustainability of SPARS. The approach emphasizes the central role of regional pharmacists in providing support to the MMS for effective implementation of SPARS. It is envisaged that as the SURE program begins to phase out next quarter, The support provided by SURE regional offices to MMS will be taken over by regional pharmacists. The recruitment of pharmacists by GFATM to be placed at each of the 13 regional hospitals has added to the human resources available to sustain support to MMS. In order to have systematic support to MMS districts will be need to re-mapped according to MOH regions and training of regional pharmacists continued to better support the MMS.

This quarter, regional pharmacists played a more active role in district coordination meetings and MMS performance review meetings on their way to leading the process next quarter.

SURE also discussed the expanded role of regional pharmacists under the peer strategy with SUSTAIN, which is the USAID partner responsible for SPARS in regional referral hospitals. SUSTAIN shared its plan to improve performance of regional hospitals in indicators like stock book use and prescribing quality, ensuring computerization of stock management using RxSolution, and participating in implementation of PFM in the regional hospitals.

Next steps

- Complete remapping of districts in line with MOH regions

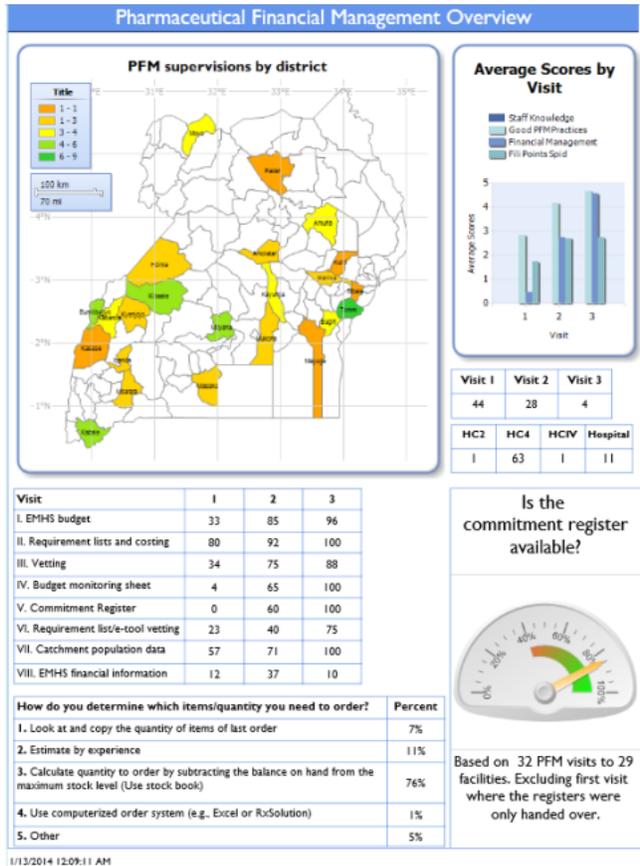
- Finalize and disseminate the peer strategy

District communication and information technology

Up to the start of Year 5, SURE received electronic reports based on Adobe Acrobat from the MMS through the regional offices. This system is being 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 PFM supervision and NDA’s GPP program.

SURE helped NDA enter 602 inspection reports into the system and set up three standard reports to allow inspection tracking by health facility, making it easy for inspectors to show the facility’s performance history.

SURE assisted MoH’s Pharmacy Division in entering 72 PFM forms for initial analysis. Also, SURE created three standard reports to show a country overview as a GIS map, district details, and the spidograph for visits 1 and 3 to show performance.



Hospitals, as major consumers of EHMS, are keen to implement new technology that can facilitate commodity management. In Q17, SURE set up desktop computers with RxSolution installed in 21 public hospitals. This brings the total number of hospitals with RxSolution country wide to 38 leaving only 4 still to have RxSolution implemented. In total 14 PNFP and 24 public facilities are now capable of using RxSolution for Hospital Store Stock Management SURE conducted 19 support visits to hospitals to do on-site training, problem solving, and general support. This quarter the SharePoint system mentioned earlier was updated to include the RxSolution installation status of 21 newly installed hospitals. Further testing has been going on to import commodity data from RxSolution at hospitals, to produce a national report of stock status of six MoH tracer medicines.

SURE had engaged the Pharmacy Division and the Resource Center to develop a strategy for hardware and software support and select a vendor to provide this support at facility level. Due to the halt of eHealth activities, there has been no further progress of establishing a national support solution for MoH. After the current eHealth consultant finalizes the eHealth strategy for MoH there is a need to include the RxSolution sites in this national support solution.

SURE has set up two online forums for pharmaceutical sector information sharing: one for regional pharmacists and the other for MMS. Both have proved to be very lively for discussing common issues and challenges.

Next steps

- Train staff from 25 hospitals in RxSolution
- Train pharmacy and store staff at SUSTAIN-supported health facilities in RxSolution
- Conduct last round of support visits to the 42 hospitals where desktop computers have been set up
- Develop and implement a reporting cycle SOP for hospitals
- Develop SOPs for current RxSolution support structure
- Develop an electronic online library for SOPs on RxSolution, SharePoint configuration, net book configuration and other important SURE documents

Pharmaceutical financial management

Twenty-six MMS who had classroom training received practical PFM training and have been assigned different government facilities to supervise and perform in-service training of health workers over four visits in: credit line system, good PFM practices, use of PFM tracking tools and good pharmaceutical financial data management.

To develop pharmaceutical financial capacity for higher level facilities, we have developed a similar approach to this in-service training as SPARS with MMS supervising, conducting in-service training, performance assessment using eight indicators, providing manuals with SOPs and guidelines on how facilities set up a budget tracking and expenditure tracking system and provision of supervision files for support supervision (see Figure 5). As part of a pilot impact study, MMS have conducted 86 PFM visits in 40 HC IVs and 8 hospitals; all facilities have had a baseline visit, 30 have had 2 visits, and 8 have had 3 visits; in addition, SURE distributed manuals and supervision files to the facilities to facilitate continuous education after MMS supervision and mentoring. The impact study is intended to assess the effectiveness of the intervention in strengthening medicines management. The district health officers were also given copies of the manuals to coach their health workers and promote sustainability. PFM manuals and supervision files will be provided to pharmacy division.

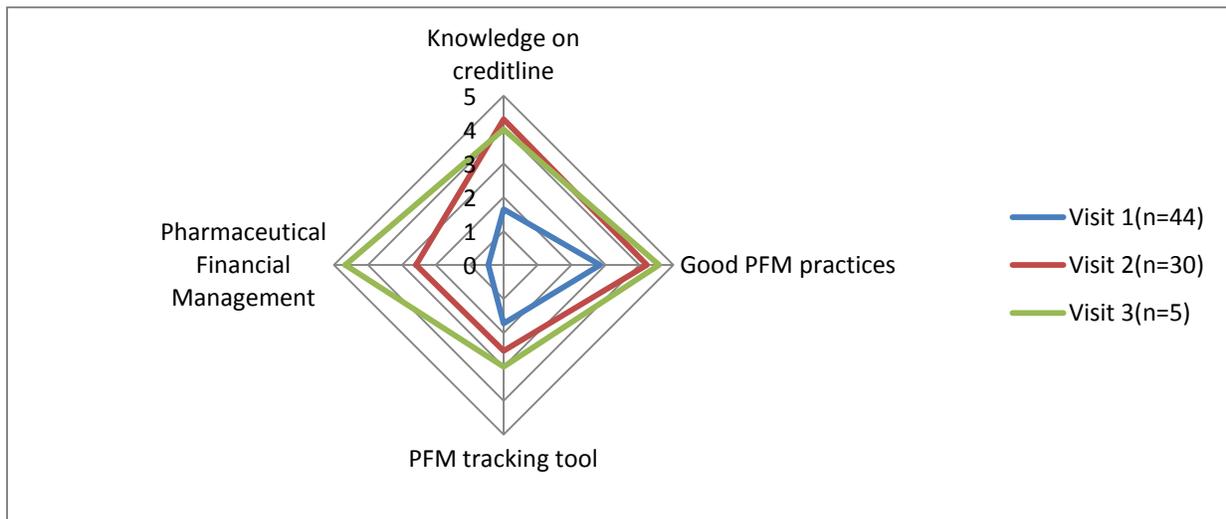


Figure 5: Spidograph showing results of assessment at each PFM visit

Next steps

- Continue with the monthly PFM supervision visits to the 48 facilities up to visit 4
- Distribute PFM manuals and supervision files to Pharmacy Division

- Analyze and report PFM pilot study

District supervision data system (DSDS)

The DSDS Portal and the offline DSDS SPARS form development was finalized and the software passed user acceptance tests in October. In November 180 district MMS and 18 MoH/SURE staff were trained over nine weeks in the usage of the DSDS SPARS form (online and offline data entry) and in reporting and analysis through the DSDS portal. Faults in the software and misinterpretations of the form uncovered during the training were subsequently rectified.

During the training, the SURE's information technology team, strengthened by a local STTA, configured the computers and installed the DSDS SPARS Form software on all the MMS's net books and laptops while executing a cleaning and problem-solving exercise for each workstation. The local STTA will also be involved in the further roll out of the DSDS in the next year.

The DSDS Portal was well received because it gives MMS direct access to the data they need whenever they need it. The DSDS SPARS form was also appreciated because of inbuilt checks which guide the MMS to fill in the form completely and without any error. This system will greatly reduce on staff time for data cleaning and periodic data reporting but IT technical support will increase.

Communication issues with the Technobrain development team in India made it difficult to assure an understanding of revisions that needed to be made to the software. Technobrain is sending a representative to Uganda in early 2014 to handle the issues. Because of these changes the system will need to be re-installed on each workstation using a batch file sent via email.

The MMS gave very positive reviews of the new software for entry and the DSDS portal:

DSDS SPARS will make work more easy and interesting.

I believe the tool is going to do good as far as data quality and management is concern. Thanks a lot for that initiative.

I am positive it will improve the quality of data submitted given the checks in the system.

The DSDS training was very interesting and extremely important. We will definitely contribute to its further improvement.

DSDS is interesting in the way it automatically checks errors and saves time hands on. We shall excel.

Thank you very much for the great innovation.

The final roll out of the data entry and analysis software is planned for January. Training for DHOs, regional and district pharmacists, MoH staff and other stakeholders who will use the DSDS portal is scheduled for February.

Challenges

- Issues (albeit minor) still exist in the form software. Technobrain's head developer has to be on-site to speed up the progress.
- DSDS master lists are still not completed. Entry of a form not possible without an entry existing in the master list for MMS and health facilities.
- Data cleaning is still ongoing; reporting from the DSDS portal is not accurate until all issues in the data set are solved.

Next steps

- Deploy the DSDS system
- Train other stakeholders in use of DSDS
- Install memory and storage
- Finish the DSDS master lists
- Finish cleaning the historic data
- Transfer cleaned old SPARS (historic) data to the new DSDS

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

SPARS roll out to implementing partners

The SURE program has continued to support the Ministry of Health in coordinating the national SPARS roll out with the different implementing and development partners including 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. To date, SPARS has been rolled out in 397 health facilities in 47 non-SURE districts and 135 MMS from non-SURE districts have been trained (Table 1). NU-HITES has adopted SPARS in its entirety as implemented by SURE and will provide MMS in 11 districts in Northern Uganda with motorcycles, netbooks and allowances for effective supervision.

Table 1. Status of national SPARS roll out by 31 December 2013

Activity	Implementing Partners (non 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)	397	2250
National SPARS coverage by facility (%)	26%	61%
Number of trained MMS	135	320

To build capacity of implementing partners to roll out SPARS in non-SURE districts, we conducted a number of trainings during the quarter. Six implementing partner staff members were trained in M&E, and SPARS data quality assurance and utilization. Infectious Disease Institute and Makerere University Walter Reed Project were provided refresher trainings to support their MMS in stock book use. SURE also worked closely with each implementing partner to prepare for the transition to DSDS and we provided them with 2,347 stock books to distribute to non-SURE districts.

During Year 5, we plan to transition the national SPARS coordination role to Pharmacy Division M&E unit. We have had initial discussions on the transition plan and joint support visits to the implementing partners are scheduled during the next quarter. SURE is also working closely with each implementing partner to prepare for the transition to DSDS.

Build capacity in store keepers in supply management

SURE trained an additional 43 store keepers from the 14 new SURE districts in Q17 bringing the total number of storekeepers trained to 203. Similar to the previous storekeepers training, it prepared store keepers at HC IVs and general hospitals to manage stores and stock. The training coupled with monthly supervision and on the job support from the MMS will speed up improvements in stock and store

management and ordering and recording quality. Lower level facilities were excluded because, currently, they receive standard EMHS kits. A study was implemented to assess the additional effect of the storekeepers training and the findings will be completed in the next quarter.

Challenge

- Some partners have still not yet showed substantial progress in rolling out SPARS in their districts. The Pharmacy Division will engage these partners next quarter to forge a way forward.

Next steps

- Conduct practical field orientation for MMS trained.
- Undertake joint visits with Pharmacy Division to implementing partners rolling out SPARS
- Prepare and implement a plan for partners SPARS roles and responsibilities beyond SURE
- Report on the additional effect of storekeepers training combined with SPARS

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

Good pharmacy practices certification

In October, a national launch for NDA’s GPP certification scheme was held at the Protea Hotel in Kampala. The launch provided a forum for NDA to inform stakeholders about the GPP inspections and recognize staff from 10 GPP-certified public sector health facilities. About 100 people attended the launch, which was covered in the national newspapers. In Q17, NDA inspected 201 health facilities, bringing the total number of SURE facilities inspected to 601 out of 2048 (29%). The number of facilities inspected has increased from less than 100 in Q15 (see Figure 6). SURE shared a new list of facilities ready for inspections in Q18 with NDA. The GPP inspections are co-financed between NDA and SURE with SURE funding inspectors’ per diem and fuel.

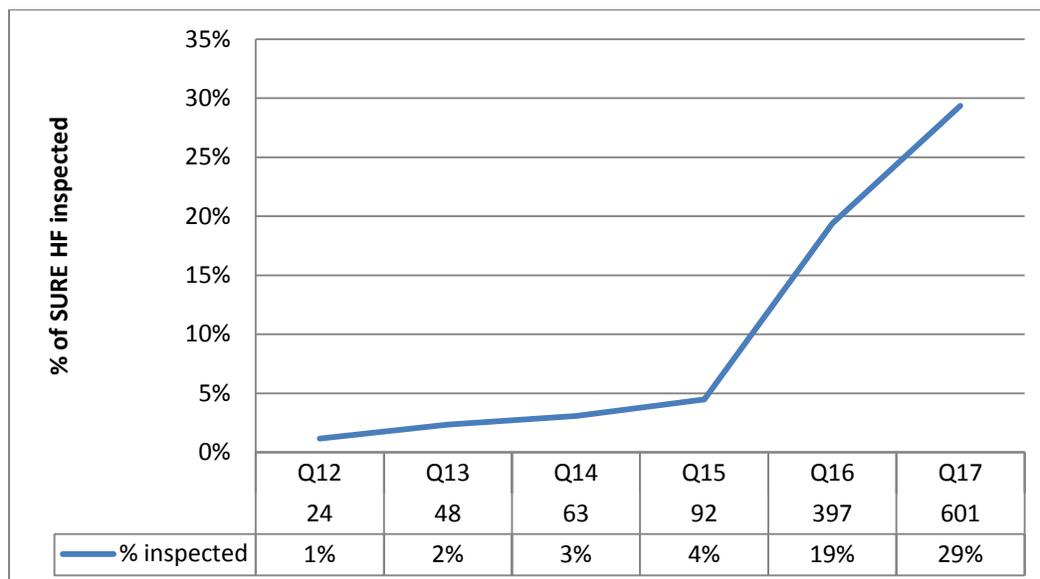
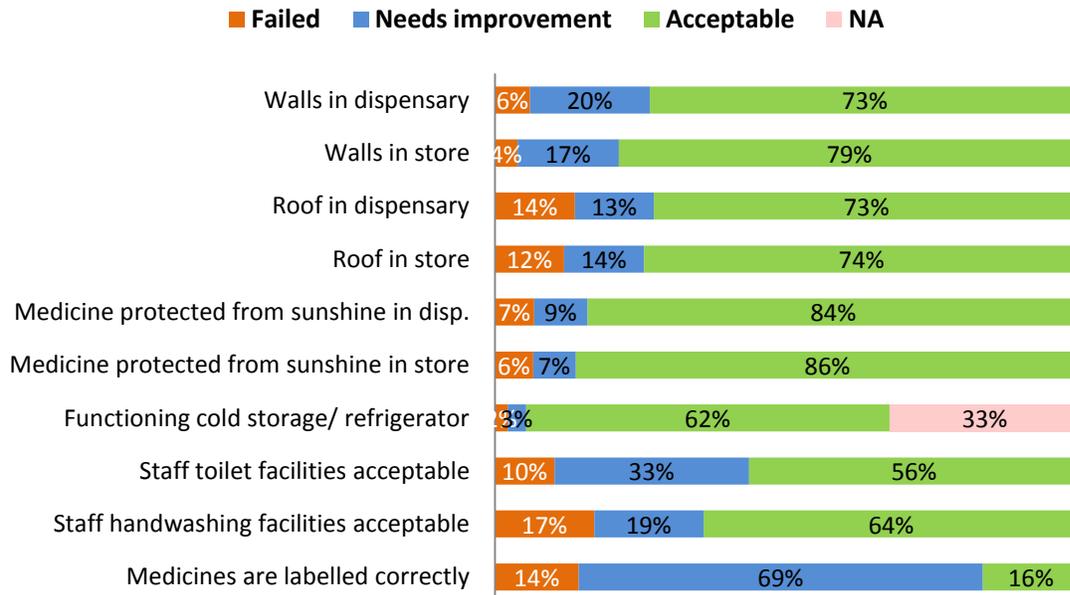


Figure 6. Trend of GPP inspections of original SURE-supported health facilities by NDA

In Q17, all 601 GPP inspection reports were entered by SURE data entry persons into the electronic system developed by SURE, which allows for easy analysis of the data and development of inspection reports available for NDA to share with the health facilities, DHOs, and MoH. The inspection reports highlight the areas that the facility need to improve and other comments from the inspectors. Figure 7 shows the performance of the inspected health facilities on performance areas critical for passing the inspection. Clearly, medicine labeling is in need of improvement.



NA=not applicable as HCIs are not expected to have cold storage.

Figure 7: Status of critical indicators in all GPP-inspected health facilities (n=602)

In Q17 all materials for the *Sawa Sawa* public information and education campaign about GPP inspections were printed and handed over to NDA. The materials include a *Sawa Sawa* sign (at right), educational posters, and T-shirts. This material will be delivered to the GPP-certified facilities together with a framed NDA certificate allowing the public to identify certified medicine outlets.

The educational posters focus on what the public should expect—and demand—from certified facilities, including privacy, labeling of the medicines and information on how to take medicine, and services that should be available to patients (Figure 8).





Figure 8. Educational Sawa Sawa posters

Recognition of good district and facility performance

As part of the reward scheme, SURE will recognize the best-performing districts and MMS from the five regions, based on efficiency and effectiveness of MMS, in Q18. In addition to certificates of merit, the MMS and DHOs will receive print copies of the latest edition of *MDS-3: Managing Access to Medicines and Health Technologies*. The best-performing facilities have also been regularly mentioned in national reports.

Challenge

- NDA’s competing priorities significantly delayed all activities related to GPP inspections.

Next steps

- Hand over GPP inspection database to NDA and hold inspections feedback meeting
- Support NDA in handing over action reports, NDA certificates, and *Sawa Sawa* material to inspected and certified health facilities, where appropriate
- Work with relevant stakeholders to use the inspection reports to improve GPP standards in inspected health facilities
- Ensure smooth operation of GPP and PFM electronic data collections and reporting
- Share GPP inspection brief with implementing partners and MOH
- Reward best-performing MMS and DHOs

MONITORING AND EVALUATION

Performance monitoring plan

SURE’s performance monitoring plan approved for Year 5 has 16 indicators, with 5 key indicators and 1 supplementary one that are tracked quarterly, and the other 10 tracked annually. Due to the delayed transition to DSDS, SPARS data forms were only available in time for reporting from 183 facilities. 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

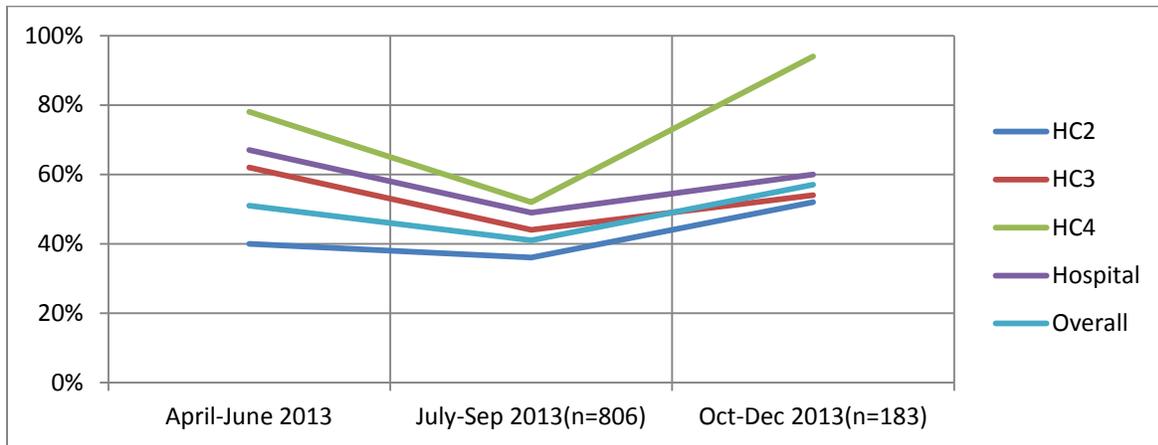


Figure 9. Facility availability of all tracer medicines on the day of the visit

There was an improvement in the percentage of facilities with all six tracer medicines available on day of visit for all levels of care. Almost all HC IVs visited had all six tracer medicines.

2.0 Average percentage availability of a basket of 6 vital tracer medicines at health facilities on the day of visit at the surveyed service delivery points

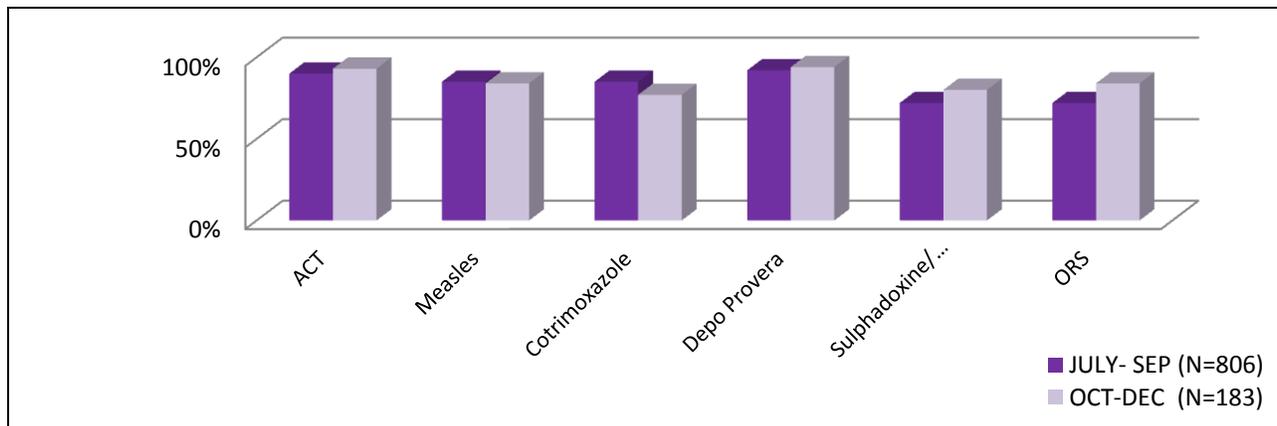


Figure 10. Availability of individual tracer medicines on the day of the visit

Overall availability of the individual medicines improved during the quarter except for cotrimoxazole and measles vaccine. Since cotrimoxazole was available at the national warehouses, it is difficult to explain the reduced availability but it is likely to be due to problems with ordering at the facilities or NMS filling the orders.

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

On average, it took approximately 40 days (range 26–60) this quarter, for an order made by a facility, to be processed at NMS and delivered to the health facility. This is within the recommended number of 60 days.

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

SURE provides support to health facilities through the implementation of SPARS, RxSolution and regional pharmacists or SURE supports staff in support of the MMS. However this indicator only tracks SPARS visits. During the quarter, 588 facilities were supported as part of SPARS support visits marking a general increase in SPARS supportive visits over the year, with Central and Eastern regions doubling their visits compared to earlier in the year (see Table 3).

Table 3. Number of facilities supported 2013

Region	Oct- Dec	Apr-Jun	Jan-Mar
Central	147	101	67
Eastern	100	55	47
Northern	105	87	120
South western	119	133	140
Western	117	138	114
Total	588	514	488

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

During the quarter 287 individuals were trained in various areas of supply chain management as presented in table 4. As we draw closer to the end of SURE, the level of training activity has begun to decline. Save for the training on DSIDS which involved all MMS, fewer people were trained in other supply chain and pharmaceutical management areas than in previous quarters.

Table 4. Breakdown of training by topic and participant

Type of training	Total	M	F	SURE MMS	RP	IP	MoH	SURE	HF / DHO
Store management	43	24	19	-	-	-	-	-	23
M&E	20	11	9	-	7	11	-	2	-
QuanTB	8	8	-	-	-	2	3	3	-
DSIDS and stock book	198	173	25	180	-	-	1	17	-
Total trained	269	216	53	197	7	13	4	23	43

Impact studies

We planned a number of impact studies for the quarter, however, most did not progress as fast as planned due to delays in statistical analysis and SPARS data cleaning challenges resulting from the departure of key M&E staff. We completed an assessment of the additional effect of storekeeper training combined with SPARS. The indicator-based intervention with control study involved 307 public and PNFP facilities

(176 as control and 131 as intervention sites). We measured the impact on ordering and reporting quality and stock and storage management using 12 routine SPARS indicators. The study concluded that the five-day training of storekeepers combined with SPARS resulted in a significant additional effect (~10%).

We also completed data collection for the following studies:

- an assessment of integration of supportive supervision as part of the SPARS strategy which is a qualitative study
- the redistribution study
- impact assessment of the effect of training of tutors from health training institution combined with curriculum revision as a strategy to introduce medicines management into all health professional basic training,

There was limited progress on SPARS data cleaning and statistical analysis which is critical for the impact assessment. Implementation of the supervisory visits as part of PFM is progressing well but not as fast as planned. The data analysis therefore will only be done in Q 18.

Next steps

- Finalize impact studies on Equity, basic curriculum training, storekeepers training, kit supply system, redistribution and supportive supervision
- Finalize data analysis and initiate reporting on DQA study, SPARS, GPP and PFM

Pharmaceutical Sector M&E support

SURE has been very instrumental in the establishment of a M&E plan for the pharmaceutical sector in Uganda. A SURE secondment assisted the Pharmacy Division to draft a national pharmaceutical sector M&E plan. In November, a review meeting on the draft plan was organized by the Division and attended by key stakeholders from NDA, NMS, MAUL, WHO, and MoH who reached consensus on the indicators to be tracked by the sector. The revised draft plan including 30 indicators will be presented to the MPM-TWG for review and endorsement in Q18. The plan has been used as a basis to draft the first ever pharmaceutical sector M&E report which will be finalized and disseminated early in Q18. Due to competing activities at the MoH, the M&E logistics coordination meetings including malaria, CPHL and TB programs led by pharmacy division have not begun.

Comprehensive national SPARS report and transition report generation to DSDDS

SURE has continued to disseminate the national SPARS report on a quarterly basis with the latest report covering July–September 2013 which for the second time included data from IP supported facilities other than SURE supported. Highlights included progress in SPARS rollout with 1,775 out of 5,229 health facilities in the country having implemented SPARS by September. In addition, health facility performance significantly improved on the 25 indicators from an average of 11.8 score or 47% (visit 1) to 19.5 score or 78% of max score (visit 6) across the five SPARS component areas: stock management, storage management, ordering and reporting, and prescribing and dispensing practices.

Next steps

- Finalize and disseminate the Pharmacy Division M&E Plan and National Pharmaceutical Policy Report
- Continue to produce and disseminate the quarterly national performance reports and transition to DSDDS.

PROGRAM MANAGEMENT

In this quarter, we drafted closeout and disposition plans to fit within approved budget of US \$5.1 million for Year 5 to ensure timely submission to USAID in January 2014. Most major procurements (e.g. Makerere University and Saatchi and Saatchi) have been completed. The Technobrain contract for work on the DSDS software will be completed in the next quarter.

Operations

- Rewards distribution to health facilities is almost complete.
- Contract with Saatchi and Saatchi for the creation and printing of 20,000 posters in 8 languages, and 1,200 Good Pharmacy Practice signage stickers and banners was successfully concluded.
- Makerere University, one of SURE's partners, completed two fixed-price contracts on schedule with a value of UGX 774,227,000 (about USD 309,000) for training of 100 tutors from health professional training institutions across the country in medicines management and 110 MMS in SPARS supervisory training.
- SURE has put in place a revised budget and expenditure tracking system that can help reduce lead-time in billing and settling outstanding accounts which becomes increasingly important with SURE nearing close out.

Routine program management continued with support of—

- Five fully staffed and equipped regional offices
- Quarterly SURE staff and regional operations meetings. Teams have held regular meetings to work through program implementation issues. This is an important forum for staff to share experiences and receive additional training
- Weekly SURE management team meetings and regular meetings to update the AOR and the Pharmacy Division on progress, constraints and strategies were held
- Year 5's procurement plan implementation; the team is working with the senior managers to monitor and complete the remaining planned procurements for the year, mainly printing and distributing HMIS tools to PNFPs and reports from technical programs.

Visibility and communication

Visibility and communications activities are back on track with the assistance of a local STTA. The following was achieved in the quarter:

- Four success stories on shelving, QPPU, GPP and NDA's wholesaler strategy were submitted and approved by USAID
- Production of *Value Chain Newsletter Issue 4*; electronic copies distributed and print copies to be distributed in January 2014
- SURE video updated and put on the SURE website
- SURE website updated
- GPP launch covered in two leading national news papers, and on radio and television

Closeout activities

This quarter a full physical inventory was completed leading to a draft disposition plan that we will submit to USAID in January 2014 along with a costed closeout matrix and summary closeout plan. We continue to work with the regional field teams to finalize field operations as part of the close out plan.

SURE staffing

The staff numbers fell from 85 to 83 by end December 2013.

	31-Dec-09	30-Sep-10	30-Sep-11	30-Sep-12	31 Dec-12	30-Sep-13	31 Dec-13
Staff #	10	33	54	72	81	85	83

Three staff members left SURE and one new staff member joined during the reporting period as per the table below.

Name	Title	Reason	End or start date of work
Justus Kamwesigye	Senior M&E Advisor	Resigned	December 31, 2013
Stella Pacuto	Logistics Coordinator	Contract ended	December 31, 2013
Christine Ayugi	Administrative Coordinator Lira	Resigned	November 4, 2013
Harriet Mugena	Administrative Coordinator Lira	New hire to replace C Ayugi	November 1, 2013

Short term technical assistance (STTA)

No international STTA providers were mobilized between October and December 2013. The program used local STTA as the table below shows. The program will continue to closely monitor planned international trips against actual trips taken.

Name	Title	LOE	Scope of Work
Rachael Henry	Communications Consultant	3 weeks	Communications
Andrew Katawera	Clinical Expert	1 week	Review <i>Practical Guidelines for Dispensing</i>
Chiratidzo Ndhlovu	Clinical Expert	1 week	Review <i>Practical Guidelines for Dispensing</i>
Hussein Oria	TOT Study Consultant	2 weeks	TOT study
Hussein Oria	DSDS Trainer	3 weeks	DSDS training
Hundum Lanyero	DSDS Trainer	3 week	DSDS training
Bruhan Kaggwa	DSDS Trainer	3 weeks	DSDS training
Rajab Kalidi	M&E Trainer	2 weeks	M&E training
Robert Kabanza Tumwesigye	M&E Trainer	2 weeks	M&E training

Finance

SURE has now been in operation for 60 months (since July 2009) and has spent about \$24.6 million (98%) of its current obligation of \$25.8 million as of December 31, 2013. An obligation balance of \$438,391 remains. Until the new incremental funding of \$1.9 million arrives, SURE has suspended all program activities and delayed payments to the extent possible until these funds become available.

It is unsure whether the \$1.9 million will be the last release to SURE or if additional funds will be provided. Without additional funds the overall budget ceiling would become \$26,972,000 and the PY 5 budget would reduce by \$861,228 (see the tables below). SURE will determine what activities and costs need to be cut in order to ensure it stays within the new ceiling.

SURE Year 5 Budget (Sept 1, 2013 to 16 July 2014)	
Budget Sep 2013 to Jul 2017	5,064,755
Expended thru 31 Dec 2103	1,851,673
Balance at 1 January 2014	3,213,082
Expected obligation for use beginning 1 Jan 2014	2,351,854
Obligation deficit against budget	861,228
New budget ceiling if no additional obligation	4,203,527

SURE Obligation	
Total obligation (funds received) to date:	25,072,449
Total expenses 31 Dec 2013	24,634,058
Obligation balance at 1 Jan 2014	438,391
Expected obligation	1,913,463
Total obligation balance anticipated for use at 1 Jan 2014	2,351,854

Below is the current budget/expenditure status for the life of project and for Year 5.

Life of Project Budget Report

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 December 2013	July 2009 to December 2013
I.	Salaries and Wages	\$5,837,241	\$615,633	\$6,452,874
II.	Consultants	\$382,938	\$48,020	\$430,958
III.	Overhead	\$2,640,072	\$241,394	\$2,881,466
IV.	Travel and Transportation	\$1,415,736	\$126,222	\$1,541,958
V.	Allowances	\$816,867	\$54,622	\$871,489
VI.	Subcontracts	\$3,733,943	\$372,355	\$4,106,298
VII.	Training	\$1,050,520	\$72,909	\$1,123,429
VIII.	Equipment	\$2,500,882	(\$1,633)	\$2,499,249
IX.	Other Direct Costs	\$4,404,185	\$322,150	\$4,726,335
Subtotal		\$22,782,384	\$1,851,673	\$24,634,058
Cost Share		\$1,069,934	-	\$1,069,934
Grand Total		\$23,852,318	\$1,851,673	\$25,703,992

Obligation to date	\$ 25,072,449	100%
Expended to date	\$ 24,634,058	98%
Obligation remaining	\$ 438,391	2%

Life of Project Budget	\$ 37,832,647	100%
Expended to date	\$ 24,634,058	65%
Balance remaining	\$ 13,198,589	35%

Program Year 5

Program Year 5 Budget Report – October 2013 to July 2014

Item No.	Line Item	Year 5 Work Plan Budget	Year 5 Expenditures	Year 5 Balance 1 Jan 2014
		Oct-13 - Jul-14	Oct - Dec 2013	
I.	Salaries and Wages	\$1,351,331	\$615,633	\$735,698
II.	Consultants	\$114,600	\$48,020	\$66,580
III.	Overhead	\$559,170	\$241,394	\$317,776
IV.	Travel and Transportation	\$311,460	\$126,222	\$185,238
V.	Allowances	\$256,376	\$54,622	\$201,754
VI.	Subcontracts	\$1,096,817	\$372,355	\$724,462
VII.	Training	\$356,521	\$72,909	\$283,612
VIII.	Equipment	\$0	\$(1,633)	\$1,633
IX.	Other Direct Costs	\$988,322	\$322,150	\$666,172
Subtotal		\$5,064,755	\$ 1,851,673	\$3,182,925
Cost Share		\$65,045	\$0	\$65,045
Grand Total		\$5,129,800	\$1,851,673	\$3,247,970

ANNEX A. SUMMARY OF SURE STAFFING STATUS AS OF DECEMBER 31, 2013

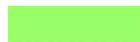
#	Job Title	Last Name	First Name	Hire dates	Comments
1	Office Assistant I	Naluggwa	Patricia	1-Aug-09	
2	Project Director III	Trap	Birna	1-Sep-09	
3	Senior Capacity Building Program Specialist	Okello	Bosco	21-Nov-11	
4	Senior Operations Specialist	Nakandi	Sarah	1-Mar-10	
5	Driver IV	Kaweesa	Moses	18-Sep-09	
6	Technical Advisor	Nakiganda	Victoria	14-Oct-09	
7	Principle Technical Advisor/ DCOP	Mohammed	Khalid	2-Nov-09	
8	M&E Specialist	Blick	Belinda	30-Nov-09	
9	Senior Finance and Admin. Mgr	Schulz	Alfred	26-Nov-12	
10	Senior Technical Advisor	Schaefer	Petra	1-Feb-10	EHG Staff
11	Driver III- Central Regional Office	Sekamatte	Timothy	8-Feb-10	
12	Senior Data Specialist - Secondment to NTLF	Sekalala	Shaquille	15-Feb-10	
	Country Human Resource Manager	Achilla	Carolyn	1-Mar-10	Charges an average of 30% time to SURE
13	Senior Technical Officer	Were	Lawrence	15-Apr-10	
14	Driver III- Kampala HQ	Tumwesigye	Felix	10-May-10	
15	Senior Technical Advisor	Konradsen	Dorthe	1-May-10	EHG staff
16	Senior Operations Officer	Mugagga	Peter	1-Jun-10	
17	Senior IT Specialist	Opio	Tom	26-Sep-11	
18	Senior IT Specialist	Muwanga	Peter	7-Jul-10	
19	Technical Advisor– Mbale	Umirambe	Emmanuel	7-Jul-10	
20	IT Specialist- seconded to Resource Centre	Tumwesigye	Alex	23-Aug-10	
21	Technical Advisor– Central	Anthony	Kirunda	8-Nov-10	

#	Job Title	Last Name	First Name	Hire dates	Comments
22	Technical Officer – Mbale	Omalla	Samuel	15-Nov-10	
23	Technical Advisor -Fort Portal	Nuwagaba	Timothy	15-Nov-10	
24	Technical Advisor – Lira	Okidi	Denis	15-Nov-10	
25	Driver III - Fort Portal	George	Sekimpi	22-Nov-10	
26	Accountant II - Mbale	Madras	James	26-Nov-10	
27	Technical Officer - Central	Nantongo	Lynda	3-Sep-12	Original hire date 3-Jan-11. EHG staff
28	Accountant I – Fort Portal	Tugume	Godfrey	17-Jan-11	
29	Senior Operations Specialist	Musinguzi	Michael	4-Jul-11	
30	Manager IT	Hoppenworth	Kim	15-Apr-11	EHG Staff
31	Technical Officer – Lira	Ondoma	Jimmy	6-Jun-11	
32	Senior Technical Officer– Mbarara	Gabula	Sadat	11-Jul-11	IHS Staff
33	Accountant I - Lira	Okello	Ben	14-Jul-11	
34	HR Specialist	Hamba M	Agatha	11-Aug-11	
35	Senior Technical Officer	Amuha	Monica	5-Sep-11	
36	Operations Coordinator	Khasoma	Susan	12-Sep-11	
37	Driver III– Mbarara	Bidong	Richard	5-Sep-11	
38	Accountant I –Mbarara	Walusimbi	Alex	15-Aug-11	
39	Administrative Coordinator - Mbarara	Nalubowa	Fatuma	1-Aug-11	
40	M&E Associate	Nabanoba	Allen	21-Nov-11	
41	Senior Project Associate	Nakabugo	Stella	21-Nov-11	
42	Driver III - Central Office	Okello	Charles	2-Apr-12	
43	Driver III- Fort Portal	Asaba	John	2-Apr-12	
44	Driver III- Lira Office	Okot	Michael	2-Apr-12	
45	Driver III - Mbale Office	Buyi	Lawrence	10-Apr-12	
46	Driver III- Mbarara	Olungat	Peter	2-Apr-12	

#	Job Title	Last Name	First Name	Hire dates	Comments
47	M&E Specialist - secondment to CPHL	Batamwita	Richard	14-May-12	
48	Technical Officer - Fort Portal	Paalo	Julius	18-Jun-12	EHG Staff
49	Operations Coordinator	Nahabwe	Catherine	18-Jun-12	
50	Operations Coordinator	Mirembe	Esther	18-Jun-12	
51	Finance Coordinator	Katabaika	Juliet Joy	27-Jun-12	
52	M&E Coordinator	Kakembo	Samuel	18-Jun-12	
53	Senior Technical Officer	Balyejjusa	Samuel	3-Sep-12	EHG Staff
54	Technical Officer	Achii	Pamela	13-Aug-12	
55	Technical Officer	Muwonge	Barbara	10-Jul-12	
56	Senior Technical Officer	Walusimbi	Denis	1-Aug-12	
57	IT Coordinator	Walugembe	Hakim	2-Jul-12	
58	M&E Coordinator	Namutebi	Mariam	3-Jul-12	
59	Logistics Coordinator	Kikazi	Lillian Charity	17-Jul-12	
60	Driver III- Kampala	Kaggwa	Fredrick	19-Nov-12	
61	Driver III- PD	Mukulu	Musa	1-Dec-12	
62	Capacity Building Advisor	Talima	David	3-Dec-12	
63	Senior Technical Advisor	Remedios	Valerie	5-Jan-13	
64	M&E Intern	Kisembo	Julius	1-Feb-13	
65	M&E Intern	Walusimbi	Stewart N.	1-Feb-13	
66	Principle Technical Advisor Supply Chain Operations	Kusemererwa	Donna	16-Mar-13	EHG staff
67	Technical Officer - Eastern	Musitwa	Rajab	2-Apr-13	
68	Technical Officer RDU	Namugambe Kitutu	Juliet	9-Apr-13	
69	Project Specialist	Lajul	Grace Otto	22-Apr-13	
70	Accountant- Central	Naluzze	Sophie	2-May-13	
71	Accountant- Eastern	Opira	Robert	6-May-13	
72	Technical Officer- Central	Twinomujuni	Fred	4-Jun-13	IHS staff
73	M&E Intern, JMS	Nabukalu	Sarah	8-Jul-13	
74	TB SPARS M&E Manager	Muhwezi	Darlington	24-Jun-13	

#	Job Title	Last Name	First Name	Hire dates	Comments
75	Senior Technical Officer, Lab	Namakula	Aidah	8-Jul-13	
76	M&E Intern, CPHL	Kasibante	Phillip	8-Jul-13	
77	Senior Programmer, CPHL	Kuboi	Godfrey	15-Jul-13	
78	Data Specialist, NTLP	Muwonge	Denis	23-Jul-13	
79	Driver III- Kampala	Asiimwe	Stephen	30-Jul-13	
80	Driver III- Lira Office	Ssimbwa	Rashid	30-Jul-13	
81	Accountant	Ajwang	Jackline	1-Aug-13	
82	Logistics Specialist	Namuli	Janice	1-Oct-13	
83	Administrative Coordinator	Mugena	Harriet	1-Oct-13	

ANNEX B. SUMMARY OF PROGRESS AGAINST PLANNED ACTIVITIES FOR Q17

	Stalled/ delayed
	Finalized
	Some results achieved but activities ongoing
	In progress

Activities Planned		Status		
		Q17	Q18	Q19
Result 1: Improved policy, legal and regulatory framework to provide for longer term sustainability and public sector health commodities sustainability				
Sub result 1.1: Government of Uganda demonstrated commitment to improving health commodities financing				
1.1.1 Assess resource allocations for EMHS and propose strategies for greater equity				
a	Assess equity			
	Propose revised vote 116 allocation			
	Build consensus for equitable resource allocation			
	Prepare a policy paper for Pharmacy Division on equitable resource allocation			
b	Establish a monitoring system for VEN utilization			
	Prepare a concept note for VEN strategy assessment			
	Implement and report on 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 nation's EMHS				
2.1.1 Strengthen NMS efficiency and effectiveness				
a	Support NMS management to build capacity in warehouse management, distribution, and governance			
	Identify and support appropriate courses			
Sub result 2.2: improved capacity of MoH program managers and technical staff to plan and monitor national EMHS				
2.2.1: Support MoH programs in commodity management				
a	Support AIDS Control Program			
	Support and implement the web-based ARV ordering and reporting system			
	<i>Stakeholders' meetings to decide future support for WAOS</i>			
	<i>Outcome of the meeting to guide Y5 SURE support to WAOS</i>			
	Support monitoring of the HIV logistics			

Activities Planned		Status		
		Q17	Q18	Q19
	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	Support National TB & Leprosy Program			
	Monitor TB supplies			
	Support program M&E			
	Adapt SPARS model for TB focal persons			
	Develop a sustainability plan			
c	Support Central Public Health Laboratory			
	Develop and implement Lab-SPARS			
	Support monitoring of the lab logistics system performance			
	Carry out supply chain rationalization			
	Support program management			
	Conduct quantification review			
d	Support National Malaria Control Program			
	Support PNFP sector malaria commodity management			
e	Support other streamlining efforts			
	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)			
2.2.2: Support and strengthen the Pharmacy Division				
a	Strengthen coordination and supervision			
	Support regular Pharmacy Division supervisory visits to strengthen SPARS implementation			
	Organize and attend various stakeholder coordination meetings			
	Biannual regional district staff and IP meeting (See 3.1.2 d)			
	Support national conference on access to medicines			
	Sponsor secondments to the Pharmacy Division	✓		
b	Promote streamlining and integration of EMHS tools			

Activities Planned		Status		
		Q17	Q18	Q19
	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 lab items with other essential medicines (one place for stock cards principle)	✓		
2.2.3 Support and strengthen NDA				
a	Improve dispensing and prescribing practices			
	Disseminate results from the assessments in a stakeholder meeting (NDA, professional councils, MUK, MoH)			
b	Support the verification of imports system			
2.2.4 Support implementation of a pre-service training program for health workers				
a	Finalize and assess training of tutors			
	Train last batch of 100 tutors	✓		
	Disseminate EMHS manual to training institutions			
	Conduct outcome assessment and provide recommendations			
Sub-result 2.3: Supply chain system cost effectiveness and efficiency improved through innovative approaches				
2.3.1. Support UMTAC and appropriate use of EMHS				
a	Make practical guidelines for dispensers available in HC II and HC III			
	Finalize <i>Practical Guidelines for Dispensers in Primary Health Care</i>			
	Print, launch, and disseminate <i>Practical Guidelines for Dispensers in PHC</i>			
b	Support UMTAC			
	Meet to discuss future UMTAC responsibilities			
	Share RDU information on MoH website			
c	Establish a rational use of medicine network with INRUD			
	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			

Activities Planned		Status		
		Q17	Q18	Q19
2.3.2: Support quantification and procurement planning in MoH				
a	Support MoH and partners the forecast and quantification of technical program EMHS needs			
	Update quantification calendar	✓		
	Review and update quantification for various disease programs			
	Share supply plan with various programs and warehouses			
	Prepare quantification reports and updated procurement and supply management plans			
	Strengthen documentation and sharing of forecasts reports			
b	Support monitoring of performance of EHMS logistics system			
	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/PipeLine reports			
	Meet with Commodity Security Group and technical working groups to discuss the stock status reports			
	Monitor stock transfers across warehouses			
c	Build capacity in quantification and procurement planning (SURE, MoH-Pharmacy Division and technical programs, JMS, NMS, others)			
	Undertake capacity building in TB quantification	✓		
d	Support upgrade of Quantimed to assure Microsoft compatibility			
	Assist in keeping Quantimed compatible with the latest updates from Microsoft in both MS Access and Office			
e	Strengthen technical program commodity security groups			
	Coordinate Commodity Security Group review of quantification, pipeline, stock status reports			
	Collaborate with technical programs to track commodity consumption at health facilities			
f	Identify US government partner to support QPPU secondments			
	Identify US government partner to take over QPPU secondments			
2.3.3: Support private not-for-profit (PNFP) sector including JMS				

Activities Planned		Status		
		Q17	Q18	Q19
a	Support JMS			
	Monthly meetings			
	Develop and implement an indicator-based M&E system			
	Assess and document the outcomes of key interventions at JMS			
	Support ERP system			
b	Support the PNFP facility level			
	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			
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 EMHS				
3.1.1. Implement supervision, performance assessment, and recognition strategy (SPARS)				
a	Expand SPARS to additional locations			
	District quarterly meetings with HQ and PFCs			
	HQ supervision visits to the regional office			
b	Support district collaboration and coordination			
	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			
3.1.2 Assure sustainability of SPARS				
a	Peer education strategy for SPARS			
	Develop concept and implement peer education strategy			
	Develop training/orientation materials			
	Train regional pharmacists			

Activities Planned		Status		
		Q17	Q18	Q19
	Conduct quarterly peer group meetings on MMS performance/issues on EMHS/electronic reporting			
b	Self assessment and reporting			
	Develop concept to implement and assess effectiveness of self assessment strategy			
	Develop training/orientation materials			
	Train and support MMS to orient facilities on self assessment			
	Work with ASSIST project to integrate SPARS into their tool			
3.1.3. Implement new district communication and information technology/computerization				
a	Develop MMS technology support solution			
	Develop and implement concept incl cost for future use and sharing with MSH/MoH			
b	Strengthen pharmaceutical management through RxSolution			
	RxSolution reporting			
	Develop support and training strategy			
	Roll out of Rx in new facilities in SURE districts (20)			
	Develop transition/sustainability plan for hardware and software			
3.1.4. Implement pharmaceutical financial management training				
a	Support district MMS to implement PFM training			
	Pilot PFM in the 55 study facilities			
	Test and implement electronic data collection tool for PFM			
3.1.5. Build capacity in using the District Supervision Data System (DSDS)				
a	Finalize system function			
b	Produce printed and online documentation			
c	Conduct training at different levels			
	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			
d	Deploy system			

Activities Planned		Status		
		Q17	Q18	Q19
	Launch			
	Conduct visibility campaign to promote usage			
Sub-result 3.2: Improved capacity of selected implementing partners in quantifying, managing, and monitoring EMHS				
3.2.1: Roll out SPARS to implementing partners and PNFP				
a	Build implementing partner capacity to implement SPARS			
	Support visits to implementing partners that are implementing SPARS			
	Support meetings between Pharmacy Division and partners that have shown slow progress in SPARS implementation			
	Apply SPARS to strengthen PNFP facilities			
b	Establish SPARS steering committee			
	Develop National SPARS data management plan with M&E unit in Pharmacy Division			
	Train implementing partners in data quality assurance and utilization			
c	Transfer national SPARS coordination role to Pharmacy Division			
3.2.2 Build capacity in supply management in storekeepers				
a	Roll out training of storekeepers in the new districts	✓		
b	Assess impact of training on EMHS management			
Result 3: Improved capacity and performance of targeted districts and USAID implementing partners in their supply chain management roles and responsibilities				
Sub-result 3.3: Overall access to EMHS improved through innovative district-level interventions				
3.3.1: Implement good pharmacy practice (GPP) certification				
a	Support GPP inspections of public health facility pharmacies in collaboration with NDA			
	Support NDA inspection of health facilities			
	Support electronic data collection			
	Track implementation of inspections			
b	Implement GPP IEC material for community awareness			
	Organize first recognition ceremony of health workers from GPP-certified health facilities in district meeting	✓		

Activities Planned		Status		
		Q17	Q18	Q19
	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	✓		
c	GPP certification of public health facilities in SURE districts			
	Print NDA certificates			
	Hand over GPP certification, signage and posters to health facilities			
3.3.2 Carry out SPARS recognition component				
a	Implement recognition scheme			
	Select and recognize the best district in SPARS implementation in the country			
	Select and recognize the best health facility in the country			
	Implement rewards for MMS who meet set targets			
Monitoring and Evaluation				
M&E performance monitoring, documentation and data utilization				
a	Update the performance monitoring plan			
b	Update partner reporting systems			
Intervention studies and lessons learned				
a	Conduct and document intervention studies			
	SPARS impact			
	Cost effectiveness -SPARS			
	Data quality audit reproducibility of SPARS indicators			
	KIT assessment			
	GPP			
	PFM			
	Supportive supervision			
	Redistribution			
	SPARS influencing factors			
b	Document lessons learned			
	One facility: one supplier			
	Web-based ARV ordering system			

Activities Planned		Status		
		Q17	Q18	Q19
	QPPU			
	RxSolution post implementation			
M&E support for the pharmaceutical sector				
a	Develop an indicator tracking system			
	Set up a data collection system	✓		
	Analyze M&E data			
	Write pharmaceutical sector M&E report			
b	Strengthen logistics M&E in the pharmaceutical sector			
	Hold monthly logistics M&E meetings			
c	Strengthen SPARS data reporting			
	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			
d	Optimize pharmaceutical sector information sharing			
	Strengthen Pharmacy Division filing system			
	Increase sharing of pharmaceutical sector documentation with stakeholders			