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UGANDA'S HOIMA DISTRICT: CONTRACEPTIVE LOGISTICS SYSTEM ASSESSMENT AND ACTION PLAN

COVERING THE LAST MILE TO ENSURE
CONTRACEPTIVE AVAILABILITY



NOVEMBER 2008

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USAID | DELIVER PROJECT, Task Order 1

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Abstract

In September 2008, the USAID | DELIVER project carried out an assessment on availability of contraceptives, identifying strengths and weaknesses at selected health centers in six districts in Uganda. This was followed by an LSAT assessment workshop attended by the district people who were interviewed during the data collection exercise and led to development of action plans for improving reproductive health supply logistics in the district.

Cover photo: Taken during group work with Hoima District staff in the LSAT assessment workshop at Metropole Hotel in Kampala on the 3rd October, 2008.

USAID | DELIVER PROJECT

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ACRONYMS

CAO	Chief Administrative officer
CME	continuing medical education
DK	don't know
FP	family planning
HSD	Health Sub-District
LIAT	Logistics Indicators Assessment Tool
LMIS	logistics management information system
MOH	Ministry of Health
NMS	National Medical Stores
RH	reproductive health
RHDFP	Reproductive Health District Focal Person
SDP	service delivery point
UNFPA	United Nations Fund for Population Agency
USAID	U.S. Agency for International Development

ACKNOWLEDGMENTS

We would like to acknowledge the input of the entire Hoima district team, who actively contributed towards the whole exercise beginning from the data collection phase through to the action plan for the district. If the action plan is implemented as developed, we hope to see service delivery at all facilities improve significantly.

We would like to extend our appreciation to the District Director of Health Services, who made the whole exercise in Hoima district a success by availing necessary and vital information as well as the technical staff during this exercise.

EXECUTIVE SUMMARY

BACKGROUND:

The Logistics Indicators Assessment Tool (LIAT), a quantitative data collection instrument developed by USAID | DELIVER PROJECT, was used to conduct a facility-based survey to assess health commodity logistics system performance and commodity availability at health facilities. The LIAT can be used to monitor the performance of certain processes involved in the logistics management of health commodities over time, to evaluate certain outcomes of logistics interventions, to provide ongoing supervision and performance monitoring, and to monitor commodity availability.

Hoima district is situated in the southern part of Uganda, 201 km from Kampala city, with a 2008/2009 projected total population of 451,800 people. This population is served by one regional referral hospital, one health center IV, ten health center III and eleven health center II. There are four medical officers; two are located in the regional referral hospital, one is in health center IV, and one is in health center III. There are also 24 clinical officers, 15 nursing officers, 34 enrolled midwives, 28 enrolled nurses, 62 nursing assistants, 12 lab assistants, 2 health educators and 10 records assistants.

With the recent discovery of oil in the district, business is slowly but steadily picking up. Infrastructure is improving steadily in terms of roads, schools, electricity, etc.

The district is doing its best to ensure that available resources are utilized optimally to ensure reproductive health commodities and other essential medicines are available and accessible at service delivery points in the district. This can be evidenced by the innovative ideas and methodologies employed at different levels in the system.

METHODOLOGY:

The LIAT is used to conduct a facility-based survey to collect quantitative data that will be used to calculate indicators for monitoring and evaluating logistics system performance. It is important to have stakeholder's buy-in for this type of study from the beginning to the end. The following steps outline the recommended methodology for completing this assessment.

1. Preparatory Work
 - a. Identify the objectives of the assessment and develop a scope of work based on the program and/or categories of health commodities to be studied.
 - b. Secure financing for all the study teams' costs, including travel and accommodations.
 - c. Review and adapt the LIAT to meet the objectives identified for the assessment, as well as to meet ongoing monitoring needs.
 - d. Determine the appropriate sample size and develop the sampling frame of the facilities to be visited. The main purpose of the sampling design is to avoid a convenience sample. Randomly select the facilities as much as possible.

To calculate the sample size and select sites:

- Compile a list of the total number of facilities in the country.
 - Document the total number of each type of facility (warehouse, hospital, service delivery point [SDP]), and the location and distribution of facilities.
 - Ensure that all parties involved agree to the criteria for the selection of sites.
 - For a statistically significant sample, use a standard sampling formula, which often yields a large sample size. In case of resource constraints, visit minimum of 100 facilities or 15% of facilities, whichever is smaller.
 - Determine the sampling frame by stratifying for each type of facility in the country; evaluators should randomly select sites proportionally within each stratum, without breaking the supply chain between levels. In other words, select higher-level warehouses first, then randomly select districts within selected regions, randomly select SDPs within selected districts, etc.
- e. Recruit study team members. The following qualifications for study members should be considered—
- experience in field surveys
 - willingness to commit to a 3–4 week full-time assignment
 - physical ability to travel in both urban and potentially difficult rural settings
 - familiarity with the areas to be visited and local health care system
 - detail oriented
 - good communication skills
 - fluency in local languages a plus
 - ability to work as a member of a team
 - advanced degree, preferably in public health
 - quantitative research skills
 - knowledge of logistics systems (desirable)
- f. Obtain written authorization for study team members to visit facilities (where needed).
- g. Prepare itineraries and logistical arrangements for study team travel and accommodations.
- h. Prepare study team training curriculum. Ideally, the curriculum should include at least two days of classroom activities (review and discussion of the assessment tool), one day to field test the tool, and one day of classroom discussion to finalize the tool. Examples of curricula from past training can be obtained from USAID | DELIVER PROJECT. This training should stress the importance of proper completion of surveys. Experience has shown that incomplete surveys cannot be used and are, therefore, a waste of time, energy, and money.

- i. Schedule a meeting to be held at the end of the assessment to present preliminary findings to stakeholders in the country.
2. Prior to the Assessment
 - a. Confirm arrangements (transportation, accommodations, translation, etc.).
 - b. Obtain any legal travel documents needed for study team members.
 - c. Obtain and review any logistics forms being used in the country.
 - d. Agree upon the indicators and products to be studied with all the parties involved.
 - e. Conduct training of team members on how the assessment will be carried out and how to use the tool, closely following the guiding text provided within the LIAT.
 - f. Field test the tool at one or more accessible health facilities with all team members.
 - g. Review the results of the field test and discuss final revisions with the study team members.
 - h. Adapt questions
 - j. Finalize the assessment tool. At this point, it is recommended that you list the products to be assessed in the tables of the tool.
3. During the Assessment
 - a. Observe as many study teams as possible conducting data collection at each level of the system being assessed.
 - b. Review completed questionnaires to clarify any data inconsistencies. This is a very important step to ensure the study team is collecting complete and accurate data. A schedule for teams to send completed questionnaires back to the assessment coordinator should be developed.
 - c. Schedule a call with survey teams to discuss completed surveys. Provide feedback to data collectors and clarify any issues.
 - k. Enter the data collected into the chosen database or spreadsheet.
4. Following the Assessment
 - a. Conduct data analysis.
 - b. Present the preliminary results, conclusions, and recommendations from the assessment to all stakeholders.
 - c. Write the report of results, conclusions, and recommendations.
 - l. Disseminate the final report to key stakeholders.

Following the tool in this booklet is a List of Indicators. It includes core logistics indicators that can be calculated with the information collected when the LIAT is used for a facility survey. For a more complete description of the logistics indicators please refer to the Monitoring and Evaluation Indicators for Assessing Logistics Systems Performance publication available through the USAID | DELIVER PROJECT. Additionally, Guidelines for conducting analysis for the core logistics

indicators is available for SPSS software users. This document walks the user through the various steps in doing data analysis in SPSS for the most common logistics indicators

Contraceptive logistics system assessment findings and selected executive actions/activities from the action plan:

Table 1. Scoring Summary of Contraceptive Logistic Components in Hoima District

LSAT components	Scoring (%)
Organization and staffing	28.3%
Logistics management information system	61.1%
Obtaining supply and Procurement	61.5%
Inventory control procedures	43%
Warehousing and storage	67.9%
Transportation and distribution	26.7%
Organizational support for logistics	38.8%
Product use	75%
Finance and donor coordination	78%

The district has a logistics management unit but does not function fully, especially in the provision of necessary LMIS tools to health facilities. This has been partly due to financial constraints at the district as there is no budget allocation to meet the scaling up of health care needs. Additionally, although a reproductive health focal person is posted at the district, she has not been fully involved in most reproductive health activities partly because she is not on the board that budgets for these activities. Key decisions are taken by the health sub-district in charges who primarily determine supply quantities with greater emphasis on essential commodities.

Most of health facilities visited use stock cards to control logistics management of reproductive health supplies, although the availability of stock cards is very limited. Most facilities have resorted to improvised ruled counter books to capture most of the information, although these do not

capture all the essential data elements. At the district level, data is captured with software, which primarily tracks new acceptors, methods offered, revisits and stockouts. This information is reported on a monthly basis from health facilities.

Lower facilities (HC III and II) order for supplies through HSD using HMIS 018 order forms, reports are then sent to the district health officer and the CAO for endorsement and then sent to NMS for supplies. This order is integrated together with other essential medicines. On average, the lead time from the time of ordering to the time obtaining supplies is 2 to 3 months. This has made it very difficult for sites to maintain optimum stock levels at the sites. Best storage practices have been noticed in some facilities where FEFO is used as an inventory procedure.

All reproductive health supplies are ordered using a pull system but it is still a big challenge for facilities to determine the min and max stock levels. This has led to many sites ending up being over stocked or under stocked.

All health facilities visited had stores although these were insufficient for all the supplies. Most stores lacked shelves and pallets. Reproductive health supplies were stored in small cupboards in antenatal wards. RH stores were primarily managed by nursing assistants and midwives who do not have good storage management skills. We strongly recommend for training for personnel managing these store in good storage management practices.

Generally, transport and distribution of RH supplies is integrated with other essential medicines and delivery. Health sub-district vehicles are used to deliver products. The district is only involved in distribution when delivery of emergency orders to facilities is needed. Delivery frequency is dependent on the availability of supplies and transport backed by demand. There is no available schedule to guide the distribution. When the health sub-district vehicle is not available due to mechanical problem or use for other purposes, individual health facilities are responsible mobilizing resources to pick their supplies. Poor performance in this area is well evidenced by the scores found using the scoring tool (26.7%).

There are staffers at the district who are responsible for the management of RH activities; however, their job description does not clearly identify management of logistics of RH supplies to be among their responsibilities. Furthermore, they lack necessary tools and resources needed to do their jobs at all levels. Noticeably, transport was found to be one of the main hindrances in reaching out to more communities in their respective villages. The district has been mainly depending on donor support such as Engender Health/Acquire Project, UNFPA and Marie Stopes for assistance with capacity building, availing long-term reproductive health methods, and funding outreach activities.

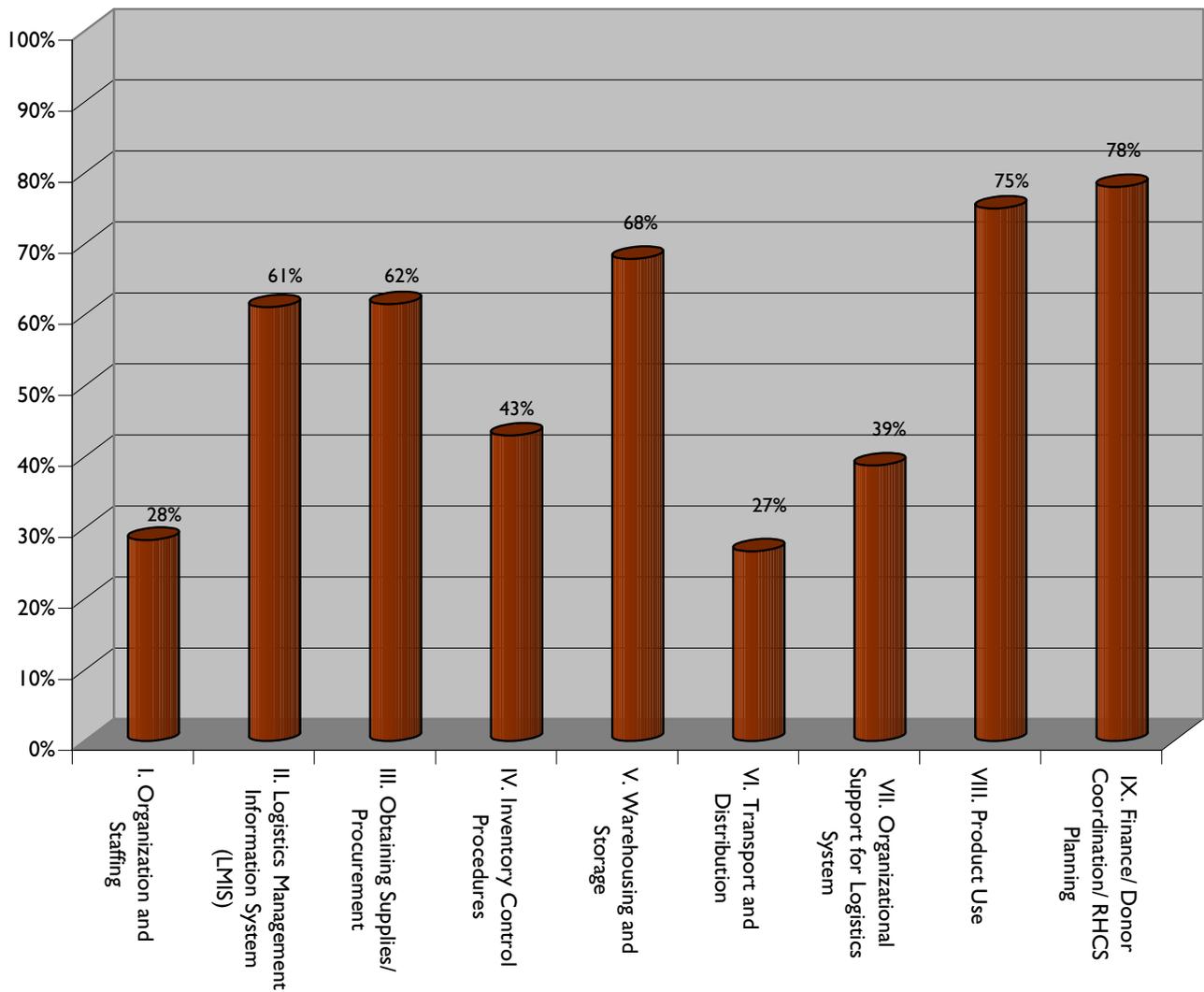
There are written treatment guidelines for all the RH methods available at all the health facilities visited. There were also waste collection materials such as safety boxes, liners and the buckets; however, protective gear especially those necessary for administering long term methods was insufficient. Most of the long-term methods are not administered at health center III and below. There is also a need to provide enough IEC materials especially in local languages to increase public awareness about the pros and cons of using FP methods.

Hoima district relies primarily on government funding for all essential medicines. This is supplemented by donor support, particularly in provision of the long-term method which is

administered for a fee. The facilities lobbied to be empowered to manage all methods free to clients at all levels.

The Ministry of Health, with support from partners, has made impressive progress in expanding access and product available to clients' right from regional referral hospital to health center. Addition support and attention given to logistics activities can make a difference in improving contraceptive availability in Hoima district.

Figure I. Contraceptive Logistics Elements in Hoima District



BACKGROUND

METHODOLOGY

LOGISTICS SYSTEM EVALUATION

The Logistics System Assessment Tool (LSAT) allows for a comprehensive system-level assessment of the performance of a logistics system for any health program managing any health commodity. The tool follows the logistics cycle (see figure 1) and includes questions on all components of the cycle. It can be used with the Logistics Indicators Assessment Tool (LIAT)* to provide an overall assessment of a program's ability to ensure the continuous availability of health commodities at service delivery points (SDPs).

FIELD VISIT

In October 21, 2008, the field team left for Hoima district for three days to conduct a facility-based survey to collect RH quantitative data that will be used to calculate indicators for monitoring and evaluating logistics system performance. Five facilities were visited which include; Hoima regional referral hospital, Kikuube health center IV, Bihumba health center III, Bugambe tea health center II (NGO) and the district store. The information was later used to come up with the action plan for the district.

LSAT AND ACTION PLAN DEVELOPMENT WORKSHOP

The action plan development workshop took place on October 2nd – 4th, 2008 as a follow on of the survey conducted to mainly meet, discuss, and forge a way forward with the district people as well as reviewing the findings and coming up with action plan for the district.

CONTRACEPTIVES LOGISTICS SYSTEM ASSESSMENT

I. ORGANIZATION AND STAFFING

At the district level, a reproductive health focal person is in charge of coordinating the reproductive health activities in the district. Also in place at the district-level is a logistics management unit, which collects, summarizes and analyzes data before it is presented to the central level. It has not been performing to its expectations with coordination challenges which partly have been affected by financial constraints. Every health facility includes staffers in charge of reproductive health, typically the midwife or nursing assistant. The district faces high staff attrition rates, as staffers search for green pastures elsewhere, leading to understaffing. Thus, the Ministry of Health must devise means to keep staff in their respective jobs by through motivational tools such as provision of scholarships, promotions and salary increments.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• District LMU collects, summarizes, and analyzes data, then reports to central level• Existence of the storage guidelines	<ul style="list-style-type: none">• LMU performance does not meet its expectations with coordination challenges• Educative planning figures to determine adequate supply of contraceptives• Understaffing, retention challenges
RECOMMENDATIONS	
<ul style="list-style-type: none">• There is need to involve the RH representative to the organogram.• Develop means for motivating employees, such as provision of scholarships, promotions and salary increments.• MoH should re-visit their ceilings on medical personnel and the general duties assigned.• Encourage focused support supervision to the health facilities.	

II. LOGISTICS MANAGEMENT INFORMATION SYSTEM

The LMIS in Hoima district is one area in need of improvement. One particularly important improvement would be to avail the necessary logistics tools that capture consumption data. This gap has led to most facilities' failure to maintain optimum stocks.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Introduction of the family planning dispensing log to capture the dispensed to user data • Use of the requisition and issues voucher to control the in flow and out flow of supplies from the store 	<ul style="list-style-type: none"> • Poor filling of the issues vouchers.
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Increase Manpower at health facilities to improve efficiency • Automated filling system • Losses and Adjustments column should be included on stock cards for proper inventory control. 	

III. OBTAINING SUPPLY AND PROCUREMENT

All facilities visited had short-term methods of reproductive health. The lengthy two to three month lead time for ordering and obtaining supplies appears to present the greatest challenges relating to the supply and procurement.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • When the facility's funds run out, the facility is in position to order but provide its own transport to NMS to collect the suppliers. 	<ul style="list-style-type: none"> • Pilling of orders and delivering them at once leading to over stocks
RECOMMENDATIONS	
<ul style="list-style-type: none"> • Lower level facilities should be consulted on preference of the RH supplies. • NMS should provide stock status reports to the facilities of the available RH supplies. 	

IV. INVENTORY CONTROL PROCEDURES

Health facilities have done a commendable job to keep their stocks within min and max levels though still a challenge to most health workers to maintain optimum stocks. There is still a challenge of late submission of reports to the District leading to late deliveries to the SDPs.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Ability to identify and separate expired contraceptives from the usable ones• Ability to report stock imbalances to HSD, district and NMS	<ul style="list-style-type: none">• Late delivery of supplies• Late submission of orders
RECOMMENDATIONS	
<ul style="list-style-type: none">• Early submission of orders from the district• Computerized data management• Sending reminders to the health facilities in charges when the ordering dates are due	

V. WAREHOUSING AND STORAGE

Warehousing and storage is another area of logistics that needs improvement at the district level. Most stores visited were found to be in poor condition. Stores were found to lack pallets, shelves and stock cards for capturing data.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Central location of the store for easy access by all health facilities• Ability to handle all supplies despite the fact that the storage space is insufficient	<ul style="list-style-type: none">• Insufficient space to handle all District supplies.• No computerized system to manage stores
RECOMMENDATIONS	
<ul style="list-style-type: none">• Need to construct a proper medical store at the District• Computerize the store to ease logistics activities	

VI. TRANSPORTATION AND DISTRIBUTION

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Availability of vehicles and motorcycles at all HSD• No provision in place to handle emergency orders	<ul style="list-style-type: none">• Most vehicles and motorcycles are in poor mechanical condition; current budget cannot cover all repairs needed
RECOMMENDATIONS	
<ul style="list-style-type: none">• Purchase/repair of vehicles and motorcycles	

VII. ORGANIZATIONAL SUPPORT FOR LOGISTICS

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Ability to do supportive supervision, capacity building• Health workers are knowledgeable with RH Logistics activities.	<ul style="list-style-type: none">• Personalizing resources/assets intended for the RH program such as motorcycles
RECOMMENDATIONS	
<ul style="list-style-type: none">• RH activity funding at district needs to be preconditioned to ensure it is applied to intended use• Need for RH data computerization at the district-level so all reports will be properly generated• Capacity Building for more than one staffs at service Delivery Points	

VIII. PRODUCT USE

As it has been noted above, short term methods are commonly used in lower facilities (HC IV and II). The long term methods are only access accessed in regional referral and other partners.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Outreach by Marie Stopes• Public awareness• Capacity building among health service providers	<ul style="list-style-type: none">• Stockouts on some methods
RECOMMENDATIONS	
<ul style="list-style-type: none">• Public awareness• More funding to carry out public awareness through out reaches.• Need to print IEC materials in local languages.• Capacity Building i.e. on job training and mentoring in terms of (CMEs) and Continuous Medical Education	

IX. FINANCE AND DONOR COORDINATION

Reproductive health supplies are largely funded by the Donor agencies. The government has been responsible for transport and distribution activities.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Ministry of Health is able to avail all methods to facilities	<ul style="list-style-type: none">• Budget is insufficient for proper implementation of all programs
RECOMMENDATIONS	
<ul style="list-style-type: none">• Lobby for additional funding from the Government and Donor agencies	

ACTION PLAN

Following the data collection exercise, Hoima district personnel collaborated with USAID | DELIVER PROJECT providers to develop an appropriate action plan aimed at strengthening the logistics system. This plan is presented below.

Table 3. Hoima District Action Plan

Logistics components Objectives	Activities	Indicators Objectively verifiable	Timeline	Responsible	Assumptions/ remarks
<i>Organizational context and staffing</i>	Involve (planning, obtaining products, contraceptives, logistics system supervision meetings etc.) the RH representative in the activities of logistics system	Work plan stipulating the involvement of the RH district focal person Production of quarterly reports by the RH focal person	Oct – Dec, 08	DHO and RH focal person	To be considered in the revised budget
	Decrease brain drain and also improve personnel efficiency by Identifying and implementing creative ways to motivate staff (like provision of scholarships, promotions and salary increments.)	Number of staffers identified and promoted Number of scholarships given	Jan – Mar, 09	CAO, DHO and SPO	To be considered in the revised budget
<i>LMIS</i>	Provide facilities with logistics forms for logistics management and stock levels monitoring.	Logistics forms received	Oct – Dec, 08	RHFP, DHO, Supplies officer	Availability of funds
	Assist service providers to organize better their work and address LMIS workload requirement	Properly filled LMIS forms	Jan - Jun, 09	RHFP, Service providers	

Logistics components Objectives	Activities	Indicators Objectively verifiable	Timeline	Responsible	Assumptions/ remarks
	Develop and implement an automated LMIS filling system	Availability of the software	Jan – March 09	MoH/ Donors	Availability of funds
	Increase the essential logistics data (stock on hand, losses and adjustment, dispensed to users) reporting rate at SDP level	Data tools completeness(stock cards)	Jan – Jun 09	SDP	Number of health facilities reporting accurately
	Increase facilities timely ordering by sending regular reminders or using other appropriate communication channels (meetings, telephone calls etc.)	Number of health units making there orders timely.	Jan – Jun 09	SDP	
<i>Obtaining supply/ Procurement</i>	Use consumption data reported by SDP to order contraceptives	Properly filled logistics tools Accurate dispensed to user data, stock on hand and losses/adjustments	Jan – Jun, 09	DHO	Optimal quantities of RH commodities supplied
	Consult with NMS and ensure accurate delivery (quantity) of ordered contraceptives	Adequate and accurate supplies delivered at the District	Oct – Dec, 08	DHO	Optimal quantities of RH commodities supplied
<i>Inventory control procedures</i>	Orient and encourage health workers to start using stock cards which captures the three essential data elements used for decision making in determining the re supply quantity.	Number of health workers oriented to start using stock cards.	Oct – Dec, 08	DHO Supplies officer	Availability of logistics tools
<i>Warehousing and storage</i>	Improve the storage area (dejunking, installation of shelves, destruction of expired products etc) to ensure best storage practices.	Number of stores improved.	Oct 08 – Dec 09	CAO, District engineer, DHO, DADI	Availability of funds
	Computerize the store for logistics purposes.	Number of computers	Jul 09– Jun 10	DHO	Availability of

Logistics components Objectives	Activities	Indicators Objectively verifiable	Timeline	Responsible	Assumptions/ remarks
		installed at the stores.		MoH	funds
<i>Transportation and distribution</i>	Purchase/repair of vehicles and motorcycles	Number of vehicles and motorcycles purchased and repaired.	Oct 08 – Aug 09	MoH, DHO, CAO	Availability of funds
<i>Organizational support for logistics system</i>	Conduct a logistics training needs assessment	Number of training needs assessed	Oct 08 – Dec 08	DHO MoH	Availability of funds
	Train 2 staff members from each of the district 45 SDP in RH Supplies logistics management (receiving and ordering, data recording, data use, storage management, inventory control.	Number of health workers trained	Jan – Jun, 09	DHO MoH	Availability of funds
	Need for clinical training and availing necessary tools used in administering of the methods so that all family planning methods are provided at the facilities to all clients at no cost.	Number of health workers trained in clinical skills Tools availed to health facilities	Jan – Jun, 09	DHO MoH	Availability of funds manpower
	Conduct supportive supervision focusing on contraceptives management to the health facilities every quarter.	Supervisory report produced	Oct 08 – Dec 09	RHFP DHO	Available funds, manpower, transport
<i>Product use</i>	Make available other brands of condoms such as Life guard to users to replace Engabu which is less preferred because of the smell and issues like poor standards.	Different types of condoms availed in all 45 health facilities	Oct 08 – Dec 09	RHFP and Condom Focal person	Availability of various types of condoms at NMS
	Increase public awareness by implementing behavior change communication activities (radio talk shows, posters distribution, sensitization meetings, outreach, etc.)	Increased number of people using RH methods	Oct 08 – Dec 09	DHE, RHFP	No stockouts of all RH supplies
	Develop BCC materials in local languages.	BCC materials available in	Jul 08 – Dec 09	DHE, RHFP	If approved in the next financial

Logistics components Objectives	Activities	Indicators Objectively verifiable	Timeline	Responsible	Assumptions/ remarks
		all 45 health facilities			year budget
	Increase long term methods availability by Training 20 health workers in 10 SDP on the use of the new family planning methods like Jadelle, Implanon and the moon beads so that the same services can be accessed by the clients at the site.	Number of health workers trained at all level to offer these services Free long-term methods at all levels	Oct 08 – Dec 09	DHO, MOH, RHFP	Availability of funds and various long term FP methods
	Sensitize health workers and peer educators about the methods, pros and cons	Number of sensitization meetings held	Oct 08 – Dec 09	DHE and RHFP	Availability of funds, means of transport
<i>Financing/ donor coordination/ RHCS planning</i>	Lobby for funds from the Government and Donors.	Funds availed by government and donors willing to fund	Oct 08 – Dec 09	DHO MoH CAO	Availability of funds from government, commitment from donors

APPENDIX A - LIST OF PEOPLE INTERVIEWED

Table 3. Interviewee List

No.	Name	Qualification/Title	Facility/Institution	Contacts
1	Christine Kabalangira	Acting In charge/d Nursing officer/In charge Stores	Bugambe Tea health centre II (James Finlays)	0782-838187
2	Atim Jackie	Enrolled Nurse	Bugambe Tea Health Centre II (James Finlays) NGO	
3	Baluku Lawrence	Clinical Officer	Buhimba HC III	0772-377221
4	Kabagumya Cecilia	Enrolled Nurse	Buhimba HC III	0782-502982
5	Basemera Roselyn	Enrolled Midwife	Buhimba HC III	0782-545147
6	Stuart Wobusobizi	Care taker of District Medical stores	District stores	0772-618608
7	Rwenguto Bernard	Stores Assistant	Hoima regional referral hospital	0772-675409
8	Fred Kaahwa Mulongo	Pharmacy Assistant	Hoima regional referral hospital	0772-354345
9	Kahunde Florence	Nursing Officer	Kikuube health center IV	0772 346012

APPENDIX B - LIST OF FACILITIES VISITED

Table 4. Facilities Visited

No.	Facility	Level
1	Bugambe Tea (James Finlays)	Health center II
2	Buhimba	Health center III
3	Hoima regional referral hospital	Regional referral hospital
4	Kikuube	Health center IV
5	District store	District Store

APPENDIX C - PARTICIPANT LIST FOR THE LSAT AND ACTION PLAN DEVELOPMENT WORKSHOP

Table 5. Participants in the LSAT and Action Plan Workshop

No.	Name	Qualification/Title	Facility/Institution	Contacts
1	Baluku Lawrence	Clinical Officer	Buhimba HC III	0772-377221
2	Stuart Wobusobizi	Care taker of District Medical stores	District stores	0772-618608
3	Kahunde Florence	Nursing Officer	Kikuube health center IV	0772 346012
4	Kwebiiha Solomon	Health Educator -	DHO's office	
5	Banage Jane Abwooli	District Reproductive Health Focal person	District	

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