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Uganda Health Supply Chain

# Annual Report

October 1, 2018 to September 30, 2019

Submission Date: October 30, 2019

AID-617-A-14-00007

Activity Start Date and End Date: August 24, 2014 to August 24, 2020  
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## ACTIVITY INFORMATION

<b>Activity Name:</b>	<b>Uganda Health Supply Chain</b>
<b>Project<sup>1</sup>:</b>	<b>Market Systems</b>
<b>Activity Start Date and End Date:</b>	<b>24th August, 2014 – 24th August, 2020</b>
<b>Name of Prime Implementing Partner:</b>	<b>Management Sciences for Health</b>
<b>[Contract/Agreement] Number:</b>	<b>AID-617-A-14-00007</b>
<b>Name of Subcontractors/Sub-awardees and Dollar Amounts:</b>	<ul style="list-style-type: none"> <li>- Euro Health Group : \$1,295,578</li> <li>- Makerere University College of Health Sciences: \$1,289,249</li> <li>- Harvard Pilgrim Health Care, Inc.: \$ 533,627</li> <li>- HEPS Coalition for Health Promotion and Social Development: \$230,896</li> <li>- Imperial Health Sciences: \$100,841</li> </ul>
<b>Major Counterpart Organizations:</b>	<b>Ministry of Health (Pharmacy Department, health programs, Division of Health Informatics), medical bureaus, Joint Medical Store, National Medical Store, US Government health implementing partners (RHITES-EC, RHITES-E, RHITES-SW, RHITES Acholi, RHITES Lango, IDI, TASO), local governments (Chief Administrative Officers and District Health Officers), and health sector organizations (UNICEF, UNFPA, Global Fund Country Coordination Mechanism)</b>
<b>Geographic Coverage (districts):</b>	<b>Originally 89 districts. By end of Sep, 2019, 80districts have been fully transitioned to 10 regional implementing partners, 3 partially transitioned to MUWRP while 6 (became 7 after one was split end of June 2019) are all fully under UHSC.</b>
<b>Reporting Period:</b>	<b>October 2018 – September, 2019</b>

<sup>1</sup> Specify the project wherein the Activity is authorized.

# ACRONYMS AND ABBREVIATIONS

AMELP	activity monitoring evaluation and learning plan
AMU	Appropriate Medicines Unit
ARV	antiretroviral
ART	antiretroviral therapy
CDCS	Country Development Cooperation Strategy
DHI	Division of Health Informatics
DHIS2	district health information system, version 2
EMHS	essential medicines and health supplies
GDP	good distribution practices
GPP	good pharmacy practices
HC	health center
HMIS	health management information system
iCCM	integrated community case management
IFS	Industry and Financial Systems (enterprise resource solution)
JMS	Joint Medical Store
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MAPD	Malaria Action Program for Districts
MB MMS	medical bureau medicines management supervisors
M&E	monitoring and evaluation
MDR	multi-drug resistant
MMS	medicines management supervisors
MoH	Ministry of Health
MSH	Management Sciences for Health
MTC	medicines and therapeutic committee
MWE	Ministry of Water and environment
NMS	National Medical Stores
OHP	One Health Platform
PEPFAR	US President's Emergency Plan for AIDS Relief
PFM	pharmaceutical financial management
PIP	pharmaceutical information portal
PNFP	private not-for-profit
QPPU	Quantification and Procurement Planning Unit
RMNCAH	reproductive, maternal, newborn, child, and adolescent health
SPARS	supervision, performance assessment, recognition strategy
TB	tuberculosis
TLD	tenofovir disoproxil fumarate, lamivudine, and dolutegravir
TWOS	TB web-based ordering system
UHSC	Uganda Health Supply Chain [program]
USAID	US Agency for International Development
WAOS	web-based ARV ordering and reporting system

# INTRODUCTION

## I.1 Activity Description

The Uganda Health Supply Chain (UHSC) activity is the lead technical assistance mechanism for supply chain management systems development in Uganda with funding from various sources including the US President's Emergency Plan for AIDS Relief (PEPFAR) and other USAID health streams, including malaria, tuberculosis, and family planning.

The goal of UHSC is to contribute to improving the health status of the Ugandan population by increasing the availability, affordability, accessibility, and appropriate use of good quality essential medicines and health supplies (EMHS).

To achieve this goal, UHSC investments are focused on improving supply chain management practices and outcomes at all levels of the system by introducing new supply chain strategies, appropriate tools, policies, and procedures that improve efficiency and transparency, promote effective collaboration, and provide evidence to guide policy change.

To do so, UHSC applies four main strategies, which include developing informed policies and procedures, improving ability to manage systems and resources efficiently, building capacity of human resources, and generating information for decision-making. Those strategies are applied across five specific objectives:

1. National policies developed and implemented to improve EMHS affordability, availability, and accessibility in alignment to national health goals
2. Country systems to effectively and sustainably manage EMHS strengthened at all levels (public and private not-for profit [PNFP] sectors)
3. Increased availability and accountability of reproductive, maternal, newborn, child, and adolescent health (RMNCAH) commodities among priority populations
4. Supporting scale up of Uganda's HIV/AIDS response
5. Strengthening the national supply chain for outbreak and epidemic preparedness

By implementing the four different approaches that combine policy, regulatory, managerial, financial, and educational interventions with routine performance monitoring, UHSC and other EMHS stakeholders are transforming the pharmaceutical systems and practices in Uganda. To ensure sustainability of these achievements, Ministry of Health (MoH) staff from the Pharmacy Department, technical programs, district-level health managers and providers, are an integral part of designing and implementing UHSC activities.

## I.2 Performance Analysis to Date

Strategic Objective: Improve the health status of the Ugandan population by increasing the availability, affordability, accessibility and appropriate use of good quality essential medicines and health supplies (EMHS)											
CDCS link	Results	Disaggregation	Baseline Value	FY 19 annual target	FY 19 annual actual	Q1	Q2	Q3	Q4	Performance to date (%)	Comment
Results Area 1: National policies developed and implemented to improve EMHS affordability, availability and accessibility in alignment to national health goals											
Sub-IR 3.4.2	Numbers of policies completing each process/step of development as a result of USG assistance.	Analysis	-	7	8				8	114%	
		Stakeholder consultation	-	7	8				8	114%	
		Drafting	-	7	7				7	100%	
		Approval	-	5	6				6	120%	
		Implementation	-	4	5				5	125%	
Result Area 2: Country systems to effectively and sustainably manage EMHS strengthened at all levels in public and PNFP sector											
Sub IR 3.3	Percentage availability of supplies for a basket of 41 medicines and health supplies in last 3 months at NMS and JMS	EMHS	-	80%	81%	78%	85%	77%	85%	101%	
		ARVs	-	80%	83%	67%	85%	88%	92%	104%	
		TB	-	80%	79%	33%	100%	83%	100%	99%	
		LAB	-	80%	81%	80%	87%	93%	63%	101%	
		RMNCH	-	80%	70%	63%	82%	78%	59%	88%	
Sub IR 3.3	Average percentage availability of a basket of 41 commodities based on all reporting facilities in the previous quarter	EMHS	-	90%	80%	83%	82%	80%	74%	88%	
		ARVs	-	90%	88%	88%	88%	89%	87%	98%	
		TB	-	90%	84%	82%	85%	87%	83%	94%	
		LAB	-	90%	85%	85%	85%	85%	85%	94%	
		RMNCH	-	90%	81%	81%	82%	81%	80%	90%	
Sub-IR 2.1: Central level systems for EMHS management enhanced											

Strategic Objective: Improve the health status of the Ugandan population by increasing the availability, affordability, accessibility and appropriate use of good quality essential medicines and health supplies (EMHS)											
CDCS link	Results	Disaggregation	Baseline Value	FY 19 annual target	FY 19 annual actual	Q1	Q2	Q3	Q4	Performance to date (%)	Comment
Sub IR 3.3	Number of wholesalers licensed according to the new GDP guidelines developed		0	350	484		484		484	138%	Semi-annual indicators
Sub IR 3.3	Number of government and PNFP health facility pharmacies inspected for Good Pharmaceutical Practices (GPP)	Government	797	1500	1560		1560		1560	104%	
		PNFP	142	500	277		277		277	55%	
Sub IR 3.3	Percentage of government and PNFP health facility pharmacies certified according to Good Pharmaceutical Practices (GPP)	Government	0.54	60%	59%		59%		59%	98%	
		PNFP	0.59	65%	65%		65%		65%	100%	
Sub-IR: 2.2 District level systems for EMHS management enhanced											
Sub IR 3.3	Number of individuals trained to conduct supply chain, inventory management, and supportive supervision.	Supportive supervision	0	325	364				364	112%	Target achieved. Annual indicators
		Medicines Management	0	196	198				198	101%	
		PFM	0	400	425				425	106%	
Sub IR 3.3	Percentage of facilities with a SPARS score of 20 and above	Government	41%	70%	75%	72%	72%	73%	75%	107%	
		PNFP	35%	70%	75%	70%	71%	73%	75%	107%	
Sub IR 3.3	Percentage of order based facilities with a PFM score of 80% and above	Hospitals	63%	55%	48%	31%	31%	40%	48%	87%	
		HC4	51%	55%	51%	34%	37%	49%	51%	93%	
Sub IR 3.3	Average percentage of cases of priority diseases treated in compliance with standard treatment guidelines in reporting period	Malaria	70%	90%	91%	91%	92%	91%	91%	101%	
		URTI	41%	70%	61%	62%	63%	62%	58%	88%	
		Diarrhea	45%	80%	66%	72%	73%	65%	52%	82%	

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CDCS link	Results	Disaggregation	Baseline Value	FY 19 annual target	FY 19 annual actual	Q1	Q2	Q3	Q4	Performance to date (%)	Comment
Result Area 3: Increased availability and accountability of RMNCH commodities among priority populations											
Sub IR 3.3	Percentage of health facilities submitting a quarterly iCCM report		10%	30%	29.6%	21%	26%	37%	35%	99%	On track. Indicator showing substantial improvement in Y5 primarily due to improved reporting from UNICEF and Global Fund supported districts.
Result Area 4: Supporting scale up of Uganda's HIV/AIDS response											
Sub IR 3.3	Number of facilities with a computerized functional Logistics Management Information System (Total number of Hospitals/HC4)	Government	28	112	79				79	71%	Annual Indicators
		PNFP	15	16	11				11	69%	
Sub IR 3.3	Number of health workers trained in electronic stock management	Gender	-	550	550	541	550	550	550	100%	
Sub IR 3.3	The percentage of ART sites initiated on ART SPARS	Government	-	100%	88%	59%	76%	81%	88%	88%	Focus has been on roll out of the intervention in ART sites which is now standing at an average of 80%. Focus should now turn to accuracy of orders and traceability of ART commodities. This indicator is however challenged with the transition of district support to regional IPs who have multiple focus areas and still learning.
		PNFP	-	100%	72%	18%	46%	62%	72%	72%	
Sub IR 3.3	Percentage of facilities scoring at least 80% of the maximum ART SPARS score	Government	-	55%	47%	50%	39%	47%	47%	86%	
		PNFP	-	50%	51%	49%	42%	50%	51%	101%	
Sub IR 3.3	Percentage of facilities with accurate orders	Government	-	60%	36%	47%	44%	39%	36%	60%	
		PNFP	-	60%	34%	49%	44%	42%	34%	57%	
Sub IR 3.3	Percentage of facilities with traceability of first line ARVS	Government	-	60%	39%	41%	39%	36%	39%	65%	
		PNFP	-	60%	41%	50%	37%	34%	41%	68%	
Result 5: Strengthen supply chain systems to respond to public health emergencies											



Strategic Objective: Improve the health status of the Ugandan population by increasing the availability, affordability, accessibility and appropriate use of good quality essential medicines and health supplies (EMHS)											
CDCS link	Results	Disaggregation	Baseline Value	FY 19 annual target	FY 19 annual actual	Q1	Q2	Q3	Q4	Performance to date (%)	Comment
	IR 5.1 Support customization of the Global Health Security Agenda (GHSA) framework for Uganda context										
	IR 5.1.1 Establish a national stockpile strategy										
Sub IR 1.2.1	A national stockpile strategy of medical countermeasures for use during a public health emergency in place			1	1				1	100%	Target Achieved
	IR 5.1.2 Establish a national public health emergencies supply chain coordination mechanism										
Sub IR 1.2.1	Number of procedures and memorandum of understanding for transferring (sending and receiving) and coordinating the supply of medical countermeasures during public health emergencies			5	14				14	280%	Target Achieved
	IR 5.1.3 Adapt logistics management information systems for emergency response										
Sub IR 1.2.1	Presence of an emergency electronic logistics management information system (EELMIS)			1	1				1	100%	Target Achieved
	IR5.1.4 strengthen capacity of supply chain systems and actors for public health emergency preparedness										
Sub IR 1.2.1	Number of individuals trained in supply chain related to sending and receiving medical countermeasures during public health emergency	PHE SCM National TOT		20	27				27	135%	Target Achieved
		PHE SCM AND EELMIS - Regional TOT		36	66				66	183%	
		PHE SCM AND EELMIS District training		666	670				670	101%	
		EELMIS Training - National TOT		36	28				28	78%	
		Other EELMIS TOT		7	15				15	214%	

Strategic Objective: Improve the health status of the Ugandan population by increasing the availability, affordability, accessibility and appropriate use of good quality essential medicines and health supplies (EMHS)											
CDCS link	Results	Disaggregation	Baseline Value	FY 19 annual target	FY 19 annual actual	Q1	Q2	Q3	Q4	Performance to date (%)	Comment
5.2 Conduct simulations to test the GHSA frame work adapted for Uganda											
Sub IR 1.2.1	Presence of simulation plan and schedule			I	I				I	100%	Target Achieved
Sub IR 1.2.1	Number of simulations conducted to test the GHSA framework			I	I				I	100%	Target Achieved
Context, PMI and PEPFAR performance indicator table											
Sub IR 1.2.1	Number of Artemisinin-based combination therapy (ACT) treatments purchased with USG funds			2,609,068	1,042,770				1,042,770	40%	There were substantial stocks on hand at the beginning of the year, partly due to reduced malaria cases - hence fewer doses purchased. As a result majority of the FY19 orders were deferred to later dates
Sub IR 1.2.1	Number of Artemisinin-based combination therapy (ACT) treatments purchased in any fiscal year with USG funds that were distributed in this reported fiscal year			2,609,068	2,262,480				2,262,480	87%	There was a reduction in malaria cases during the earlier part of 2019 - hence fewer doses were distributed than planned
Sub IR 1.2.1	Number of Rapid diagnostic tests (RDTS) purchased with USG funds that were distributed to health facilities			2,964,503	2,452,275				2,452,275	83%	Some overstocks at health facility level meant less was distributed in FY19
Sub IR 1.2.1	Number of Malaria rapid diagnostic tests (RDTS) purchased with united states government (USG) funds			2,964,503	1,853,000				1,853,000	63%	At the time of procurement, there was adequate at the start of the year. Most FY19 orders where delayed in order to utilize available stocks
Sub IR 1.2.1	Number of Insecticide treated nets (ITNS) purchased with USG funds			1,575,000	385,000				385,000	24%	PMI only funded 385,000 nets, the balance of nets procured were funded by DFID

Strategic Objective:  
 Improve the health status of the Ugandan population by increasing the availability, affordability, accessibility and appropriate use of good quality essential medicines and health supplies  
 (EMHS)

CDCS link	Results	Disaggregation	Baseline Value	FY 19 annual target	FY 19 annual actual	Q1	Q2	Q3	Q4	Performance to date (%)	Comment
Sub IR 1.2.1	Number of Insecticide treated nets (ITNS) purchased with USG funds that were distributed			1,575,000	2,094,592				2,094,592	133%	DFID had a partnership with PMI and it provided the funds for the procurement of the extra 1.5 million LLINs
Sub IR 3.3	Average stock out rate of contraceptive commodities at family planning service delivery points	Depo-Provera		0%	14.5%				14.5%	85.5%	Though low, the Depo-Provera stock out was a function of global shortages of the product. Implanon on the other hand, (64%) was due to low reporting rate for EM SPARS after transition of activities to IPs.
		Implanon		0%	64%				64%	36%	

### I.3 Contribution to CDCS Results Framework Progress Narrative

In Year 5, UHSC continued to contribute to making the country's key systems more accountable and responsive to Uganda's development needs. We contributed to the Country Development Cooperation Strategy (CDCS) intermediate result 3.3 by strengthening health and pharmaceutical management systems in a way that increases access to lifesaving medicines and other health commodities.

Our policy work directly contributed to IR 3.4 by creating an enabling environment that enhances the pharmaceutical sector regulatory framework and financial and technical management, oversight, and monitoring of the supply chain system at all levels.

Our progress in increasing access to RMNCAH commodities, particularly at the community level, contributed to the achievement of CDCS Result 2. Our work to improve access and availability of commodities for healthy reproductive practices for women of all ages and to treat most common child diseases directly supports IR 2.1.

Our collaboration with GHSA stakeholders to strengthen the national supply chain for outbreaks and epidemics, directly contributes to CDCS intermediate results 1.2 and 1.3, which aim to increase national capacity to manage risk and enhance prevention and treatment of HIV, malaria, and other epidemics.

Construction of PSUs contributed to expansion of available storage space for HIV medicines and health supplies at 26 high client volume sites. This is part of USAID's PEPFAR support to the MoH in rolling-out the HIV Test and Start strategy for achieving HIV epidemic control in Uganda, and contribute to CDCS 1.2 and 1.3.

## 2. ACTIVITY IMPLEMENTATION PROGRESS

### 2.1 Summary of Implementation Status

Activity Result Areas	Summary of planned activities in work plan for the reporting year	Actual key activities/tasks conducted during the year	Link to CDCS <sup>2</sup>
1.1. Policies that improve affordability, availability, and accessibility of EMHS	Support operationalization of ILs between USG and GoU	Updated draft IL #3 work plan and participated in all the IL#3 interministerial meetings that were called	IR 3.4
	EMHS resource allocation, equity, and referral system Approval of proposed allocation formula  Develop plan for implementation of revised allocation formula  Develop framework to monitor implementation of the revised allocation formula	Proposed allocation formula approved by the Medicines Procurement and Management (MPM) and the Sector Budget (SB) technical working groups (TWGs)  Implementation plan drafted Held discussions with NMS on approach and timing of implementation due to sensitivity of the subject. Implementation pending further advocacy with some critical stakeholders	IR 3.4
	Push/pull study findings disseminated  Develop push/pull system scale-up plan and monitoring framework	We developed and shared a concept paper to scale-up pull system to lower level health centers (HC) with the National Medical Stores (NMS) and MoH. Due to factors beyond UHSC, progress in this activity stalled. However, NMS has now indicated willingness to move forward with the intervention.	IR 3.4
1.2 Pharmaceutical sector research and advocacy	Finalize impact studies started in Y4	Article on “Inter-rater reliability and validity of good pharmacy practices measures in inspection of public sector health facility pharmacies in Uganda” was accepted by <i>Journal of Pharmaceutical Policy and Practice</i> . Another article on cost effectiveness of SPARS submitted to peer reviewed journal  Progress made on finalizing the two articles	IR 3.4
	Finalize write ups on UHSC interventions and assessments	Study on availability of essential medicines for non-communicable diseases analysis and write up finalized	IR 3.4
	Attendance to national and international conferences	Attended national antimicrobial resistance (AMR) conference and national quality improvement conference	IR 3.4

<sup>2</sup> Which IRs and Sub-IRs in CDCS 2016-2021 does the activity results contribute to?

Activity Result Areas	Summary of planned activities in work plan for the reporting year	Actual key activities/tasks conducted during the year	Link to CDCS <sup>2</sup>
		on “Strengthening Health System Building Blocks Using Quality Improvement Approaches to Maximize Health Outcomes”.	
2.1.1 Central warehouse performance  Joint Medical Store	Support implementation of PNFP credit line  Support stakeholder coordination and collaboration in primary health care (PHC) implementation Initiate transition of all UHSC-supported credit line activities to JMS  Support integration of contraceptives in JMS inventory	Support to PNFP PHC credit line ended in Jan 2019. We wrote SOPs to manage the PHC fund moving forward. 100% (532) of facilities placed PHC orders and JMS fulfilled 99% of facility PHC orders. At least seven facilities ordered electronically using RxSolution per quarter of the year.  We set up a task force to help plan, implement, and monitor integration of contraceptives in JMS (see IR3)	IR 3.4
Pharmaceutical Management Information System  Pharmaceutical Information Portal (PIP)	Enhance PIP functionality and reports: Finalize SPARS and RxSolution data integration, develop dashboards in PIP and integrate email, maps and spatial data.	Completed SPARS and RxSolution data integration in PIP, developed stock status and order fulfillment dashboards across all commodities for RxSolution facility data in PIP and integrated maps and auto emailing of reports in PIP	IR 3.4
	Enhance MOH IT infrastructure for PIP: Implement PIP backup instance	Implemented a PIP backup instance at MSH and procured a storage server for additional PIP storage	
	Develop automated monthly data briefs from PIP, hold central and regional PIP data use trainings, disseminate PIP in MOH meetings, and avail PIP shortcuts on MOH website	Developed automated emailing of over stock, under stock, expiry and short dated item reports from PIP to users, held a central PIP data use hands on training for IPs and disseminated PIP in MOH MPM and CSG meetings	
	Transition PIP to MOH and implement sustainability approaches: Provide PIP system administration hands on mentorship to MOH IT, transfer PIP user management, backups and administration to MOH, transition PIP master data management to MOH	Provided in-depth hands on PIP system administration training to the MOH IT team and transferred PIP user creation roles to MOH IT	
2.1.4 Pharmacy Department (PD) and other technical programs	Hold monthly coordination meetings between Pharmacy Department and UHSC  Support monthly MPM TWG meetings	Held 9 out of 12 Pharmacy Department/ UHSC meetings Organized two MPM TWG meetings	IR 3.4

<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
<p>Pharmacy Department M&amp;E support</p> <p>Pharmaceutical sector monitoring and reporting Support</p>	<p>Participate in health information system, Supervision Monitoring Evaluation Assessment and Research TWG, Commodity Security Group (CSG), RMNCAH service delivery point survey dissemination</p>	<p>Held 10 out of 12 monthly MPM TWG meetings</p> <p>Participated in all planned technical meetings</p> <p>Finalized and disseminated 2018/19 annual Pharmacy Department work plan Supported Pharmacy Department to develop the 2019/20 work plan priorities</p> <p>Presented <i>National Pharmaceutical Sector Strategic Plan II</i> midterm review recommendations to the MPM TWG</p> <p>Assisted in updating strategic plan indicators</p> <p>Developed an indicator matrix for the pharmaceutical dashboard</p> <p>Finalized 2017/18 Annual Pharmaceutical Sector Performance Report and presented at MPM TWG</p> <p>Drafted all four annual health sector quarterly reports</p> <p>Submitted input on pharmaceutical sector to the 2018/19 annual health sector performance report</p> <p>Helped to finalize the updated MoH Management of Essential Medicines and Health Supplies Manual</p> <p>Prepared and disseminated the Oct-Nov 2018, Dec-Jan 2019, Feb-Mar 2019, Apr-May 2019, Jun-Jul 2019 facility stock status reports</p>	
	<p>Update and continue monitoring key indicators of the <i>National Pharmaceutical Sector Strategic Plan II</i> M&amp;E plan</p> <p>Continue to produce and disseminate the <i>Annual Pharmaceutical Sector Performance Report</i></p>	<p>Presented <i>National Pharmaceutical Sector Strategic Plan II</i> midterm review recommendations to the MPM TWG.</p> <p>Assisted in updating strategic plan indicators</p> <p>Developed an indicator matrix for the pharmaceutical dashboard</p>	

<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
	<p>Prepare bi-monthly facility level stock status reports</p> <p>Prepare quarterly and annual health sector performance reports</p>	<p>Finalized 2017/18 Annual Pharmaceutical Sector Performance Report and presented at MPM TWG</p> <p>Drafted all four annual health sector quarterly reports</p> <p>Submitted input on pharmaceutical sector to the 2018/19 annual health sector performance report</p> <p>Helped to finalize the updated MoH Management of Essential Medicines and Health Supplies Manual</p> <p>Prepared and disseminated the Oct-Nov 2018, Dec-Jan 2019, Feb-Mar 2019, Apr-May 2019, Jun-Jul 2019 facility stock status reports</p>	
	<p>Support implementation of recommendations through development of implementation plan</p> <p>Finalized the costed transformational supply chain plan</p>	<p>Coordinated the dissemination of the national supply chain assessment report with the Procurement and Supply Management (PSM) program and USAID. UHSC continued to work with PSM to finalize the transformation supply chain document</p> <p>Finalized the costed transformational supply chain plan; USAID and Global Fund committed their support in various areas and continued to assist in developing the terms of reference (TOR) for optimization of the distribution system</p>	
	<p>National training on and review of HMIS logistics management tools</p> <p>Support transition of PD M&amp;E activities and staff</p>	<p>Tested the upgraded DHIS2 version 2.3 to ensure continuity with version 2.26</p> <p>Finalised review of HMIS logistics management tools, indicator matrix, and SOPs.</p> <p>UHSC has developed a draft transition plan for the Pharmacy Department seconded staff</p>	
<p>Quantification and Procurement Planning Unit (QPPU)</p>	<p>National quantification and forecasting: Review quantifications of selected commodities</p>	<p>QPPU team updated national quantifications, supply plans, and gap analyses for ARVs, opportunistic infection medicines, laboratory</p>	



<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
	<p>Update quantification documents for key commodities</p> <p>Conduct a trends analysis and tracking of forecast accuracy for HIV, Malaria, TB, RMNCAH</p>	<p>commodities, RMNCAH, anti-TB medicines, and antimalarial commodities</p> <p>They also led a national quantification exercise for EMHS funded by UNICEF. Supported COPI9 quantification and updated Year 2 Global Fund quantification documents for HIV, TB, malaria, and lab commodities and conducted analysis for savings, leading to placement of more orders worth \$13.8M for HIV commodities</p> <p>Completed forecast accuracy analysis for ARVs, compiled consumption data for 64 locally manufactured medicines to be subjected to the “Buy Uganda Build Uganda” policy requested by the MoH as part of production capacity assessment of local manufacturers to meet local demand before restrictions on importation.</p> <p>Completed and presented the Blood Supplies Quantification report to MPM TWG and Senior Management of MOH as an advocacy tool for extra funding</p>	
	Update quantification documents for key commodities	Supported the TLD transition through development of warehouse facility allocation lists and providing routine updates to stakeholders on progress of the transition	
	National supply planning and coordination	Held warehouse and procurement agency supply planning meetings	
	Expansion of Electronic central stock status reporting	QPPU conducted 09 commodity security group meetings during the year, produced national stock status reports and updated the weekly online ARV stock status report	
	Develop UHSC exit plan with Pharmacy Department	As part of exit plan, the QPPU prepared guidelines on the process of conducting national quantification exercises, expanded automated stock status reports, and trained the senior pharmacist on quantification methods	
	Conduct on-job training for Pharmacy Department supply chain unit staff	Pharmacy Department staff participated in CSG meetings and procurement planning activities, but have not yet participated in routine QPPU	
	National TB and Leprosy Program: Implement TB	Supported facilities to use TWOS with an average reporting rate of 75%.	IR 1.2

<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
	medicines web-based ordering and reporting system (TWOS), data analysis and utilization	Analyzed TWOS data to inform IPT implementation and redistribution of stock.	IR 1.3
	Provide routine logistics support to National TB and Leprosy Program	Maintained our support to the program through a secondment and provided the necessary logistics	IR 3.4
	Implement rationalization of distribution of TB medicines	The rationalization concept presented and passed by the Pharmacy department, NTLP and the commodity security group meeting	IR 3.4
	Wrap up TB SPARS implementation (Result area 4.2.2)	Disseminated the TB SPARS pilot results to stakeholders who recommended a national rollout and transitioned support of the 20 TB SPARS districts to regional IPs. To date 89% (184/206) have achieved a score of at least 80%	IR 3.4
National Malaria Control Program	Support EUVs, Artesunate/ACT study, commodity tracking and traceability and routine logistics support to NMCP	Conducted and disseminated the 9 <sup>th</sup> EUV, conducted and presented the findings of the Artesunate/ACT study to the PMI team. Results informed the revision of the PNFP malaria ordering and reporting tool  Analyzed monthly malaria DHIS2 stock status data to inform redistribution, revised of NMS kit quantities for affected districts and respond to the malaria upsurge. Quantified and placed orders for the universal net campaign due in 2020	IR 1.2, 1.3
Uganda National Health Laboratory Services	Transition web-based electronic data management for Lab SPARS. Support Lab SPARS data analysis, utilization and visibility	Developed and rolled out the Lab SPARS offline electronic tool and transitioned support in the 20 pilot districts to regional IPs	IR 3.4

<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
2.2.1 District-level basic package for EMHS management	Support Essential Medicines Supervision Performance Assessment and Recognition Strategy (EM SPARS) implementation in districts <b>not</b> transitioned to regional implementing partners: Support quarterly district medicines management supervisor (MMS) performance reporting and discussion	We conducted 2,886 nationwide, EM SPARS supervisions in 1,819 government facilities, which is 58% performance compared with the previous year. Performance drop is attributed to transitioning of interventions support to regional IPs. EM SPARS was transitioned to regional IPs in 80 districts originally under UHSC support. Our support continues only in Seven Karamoja districts and three 3 MUWRP-supported districts.	IR 3.4
	Support monthly supply chain management meetings at district level	We supported monthly SCM meetings in the 10 districts to discuss supply chain issues which included; performance of MMS, MMS assets management, the switch of TLE to TLD, RASS Roll out, continuation of SCM support following transition of support for the other districts, non-full package support by MUWRP in its 3 districts and use of SPARS to enhance RBF	IR: 3.4
	Run quarterly performance graphs on MoH screens and PIP	UHSC continued to run medicines management performance graphs ranking districts per region on MoH screens and the PIP.	IR 3.4
	Hand over newly-replaced MMS motorbikes and computers to the implementing partners and old MMS assets to districts	During the year, UHSC handed over 156 new motorbikes to MMS in original UHSC-supported districts to replace their old motorbikes	IR 3.4
2.2.2: SCM support to implementing partners	Train and orient logistics advisors in PFM and ART SPARS	Trained 21 logistics advisors in PFM and 18 in ART SPARS. This was in preparation of the regional IPs capacity to take over medicines management interventions support from UHSC.	IR 3.4
	Prepare and transition district package of medicines management interventions to regional implementing partners	Transitioned UHSC district support package to 11 regional implementing partners. Two challenges arose: One CDC partner could not sign for the transfer of assets without guidance from CDC, while MUWRP will only support ART SPARS and Lab SPARS interventions, not the complete district package.	IR 3.4
	Organize quarterly supply chain management coordination meetings	Following the transition of medicines management activities to regional partners, a drop in performance across all interventions was noticed. This was quickly identified and discussed in the quarterly supply chain management meetings	IR 3.4

<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
	Conduct joint supply chain management supervision visits with implementing partners	Organized 3 SCM quarterly review meetings which discussed general supply chain issues at district level, and together proposed solutions on how to improve SCM support for uniform implementation. Among the resolutions was an agreement to support the regional IPs in FY20 SCM work planning.	IR 3.4
	Monitor and support partners' use of medicines management information through PIP	We conducted joint facility supervision visits with partners in ART SPARS and Pharmaceutical Financial Management (PFM) and jointly held MMS meetings with TASO, Baylor and MUWRP	IR 3.4
2.2.3 SPARS efficiency, effectiveness and sustainability	Organize joint USAID/UHSC/MoH supervision visits to regions	Two field visits were carried out with USAID/UHSC/ to RHITES E in Eastern region and another to RHITES SW in the South Western region. Major issues noted were: suboptimal RxSolution use, poorer performance of district interventions in non-UHSC supported districts, and the need to provide support to district stores to help them better manage commodities.	IR 3.4
	SCM peer strategy review	SCM peer strategy was also reviewed during the year, to take care of the structural adjustments at MoH and re-align the roles of the different stake holders in the implementation of this strategy	IR 3.4
2.2.4 SPARS roll out in PNFP facilities	Support continuity of EM SPARS implementation in PNFP health facilities	659 EM SPARS supervision visits carried out in 426 PNFP facilities nationwide.	IR 3.4
	Conduct quarterly joint UHSC/medical bureau field support visits	Conducted 8 joint UHSC/medical bureau field support visits with UCMB, UPMB and UMMB in 32 facilities focusing on ART SPARS, in Rwenzori, Mubende, Masaka and RHITES EC regions	
2.2.5 Pharmaceutical financial management (PFM)	Continue supporting roll out of PFM supervision visits in government facilities	844 PFM visits were conducted in 744 facilities; 51% of health center (HC) IVs and 49% of hospitals have achieved the desired 80% PFM performance score. This performance is still suboptimal, with the greatest cause being the transition of interventions to regional IPs who have many other focus areas.	IR 3.4
	Implement joint PFM supervision visits with implementing partners	Held joint PFM supervision visits with Mildmay, IDI, RHSP, RHITES Lango, RHITES E and RHITES SW	IR 3.4

<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
	Develop PFM electronic report tool for PNFPs	Completed development of PFM electronic tool for PNFPs and rolled it out	IR 3.4
	Strengthen capacity of PFM implementation in PNFPs	<p>Medical bureau (MB) MMS conducted 209 supervision visits in 150 PNFP facilities during the year</p> <p>Overall PFM performance is not good, and worse in PNFPs after transition of this intervention to the regional IPs</p>	IR 3.4
<b>2.2.6. Appropriate Medicine Use</b>	<p>Support to AMU unit in Pharmacy Department</p> <ul style="list-style-type: none"> <li>• 2 seconded staff</li> <li>• AMU advisory group meeting</li> </ul>	Support to AMU was wrapped up during the second quarter with seconded staff working till February 2019 and handover of activities and documentation in Feb – March 2019 to the Ag. Assistant Commissioner Pharmacy who is in charge of AMU at MoH	IR 3.4
	Revitalization of Medicine and Therapeutic Committees in 7 regional referral hospitals	<p>Provided Technical and logistical support to 7 MTCs in the 1<sup>st</sup> quarter only (supervision visits, technical assistance, provision of refreshments and airtime). A 2-day final training for 20 MTC staff from 7 hospitals and 9 IPs was conducted in January 2019. MTC Manual and strategy were finalized and presented to relevant fora (MPM and SMEAR TWGs, IP stakeholders' meeting)</p> <p>300 copies of MTC manual were printed and distributed</p>	IR 3.4
	Activities related to Antimicrobial Resistance (AMR)	<p>One meeting of the Antibiotic consumption and Use steering group was conducted in the 1<sup>st</sup> quarter</p> <p>Results from national warehouse consumption analysis and hospital-based surveys disseminated in national conferences (3<sup>rd</sup> national AMR conference and symposium in Nov and February 2019 respectively)</p> <p>AMR related activities were transitioned to the national AMR committee and technical working groups</p>	IR 1.2, IR 1.3
<b>IR 3.1</b> Increased access to RMNCAH commodities	Institutionalize use of the standardized community supply chain procedures and tools	Following conclusion of the pilot, all the community supply chain tools were adopted in the HMIS manual. During this year, a number of IPs including UNICEF, Malaria Consortium, Save the Children, TASO, Path and FHI 360 have supported	

Activity Result Areas	Summary of planned activities in work plan for the reporting year	Actual key activities/tasks conducted during the year	Link to CDCS <sup>2</sup>
	Support JMS in managing the transition period for handling of reproductive health and family planning commodities under the Alternative Distribution System	<p>trainings to scale-up use of the tools in their intervention districts.</p> <p>Established a Transition Task Team (QPPU, RH Division, JMS, CHAI, UNFPA, PSM, UHMG, and UHSC) to coordinate smooth transition of ADS to JMS</p> <p>Developed and rolled out an RH/FP order form incorporating JMS product codes and simplifies aggregation of reported data as well as order processing</p> <p>Analyzed ordering and reporting rates of facilities and non-governmental organizations benefitting from the ADS to inform inter-warehouse transfers and planning, developed a report template and produced two reports (Mar-Apr 2019 and May-Jun, 2019)</p> <p>Supported MoH to rationalize flow of RH/FP commodities from warehouse to facility under the one-facility-one-warehouse policy and rolled-out a transition plan for USG-supported IPs who established this from July 1, 2019; working on similar plan for outreach-based partners benefitting from the ADS</p> <p>Supported FY19/20 annual procurement planning for RH/FP commodities in government and PNFP facilities increasing the facility reporting rate from 82% up from 74% in Jan-Feb, 2019, due to MoH circular</p>	IR 3.4
	Increasing access through iCCM and the 13 lifesaving commodities	Participated in iCCM TWG and RHCS meetings. We incorporated analysis of iCCM reporting rates and RMNCAH facility stock position into quarterly district reports and disseminated to all districts. This contributed to improving reporting rate for the VHT quarterly report from 11% in Jul-Sep 2018 to 33% in Jul-Sep 2019. We reviewed iCCM distribution plans for UNICEF-supported districts and monitored and reported on central level stock position for iCCM commodities.	

Activity Result Areas	Summary of planned activities in work plan for the reporting year	Actual key activities/tasks conducted during the year	Link to CDCS <sup>2</sup>
		Developed a distribution plan for introduction of Levoplant (an alternative to Implanon) to mitigate risk of stock out at national level and facilitate smooth integration into contraceptive method mix	
	RMNCAH Quantification and procurement planning	Developed three-year RMNCAH national quantification forecast for FY19/20 to FY 21/22	
	Support supply chain component of the training of community health extension workers (CHEWs)	Incorporated community SCM tools into CHEWs training materials, participated in prior to GoU cabinet decision to put on hold implementation of CHEW policy	
	Development of guidelines for Oxytocin/vaccine co-storage implementation	<p>Conducted a rapid assessment of health facility practices for oxytocin storage using an online questionnaire. Data from 183 respondents informed development of district and facility procedures.</p> <p>Coordinated with multiple stakeholders across supply chain, immunization, maternal and child health to make a case for integration to ensure potency of oxytocin, particularly at lower level facilities</p> <p>Conducted analysis of the most appropriate options for integration into the vaccines cold chain, where stakeholders determined that district and facility level integration were most required and feasible</p> <p>Developed draft implementation guidelines and SOPs/job aids for District Vaccines Store and health facility personnel. These guidelines, SOPs and Job aids are Pending finalization and approval by MoH Senior Management in first quarter of Yr. 6</p>	
	RMNCAH information and data utilization	MCH Cluster adopted a standing agenda item on supply chain updates; we presented SCM updates at the monthly meetings and adapted to emergent issues such as vaccines stock status, analysis for measles outbreak response, and malaria upsurge among others. We prepared analyses of RMNCAH commodities' data reported in DHIS2 and regularly presented in MCH Cluster, iCCM TWG, reproductive health commodity security	

<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
		meetings, USAID family health partners, and other interaction fora for RMNCAH stakeholders, which among others, supported district-level redistribution.	
	Strengthen monitoring and visibility of family planning products	UHSC prepared and submitted four (4) quarterly procurement planning and monitoring reports (PPMR) for contraceptives, developed TOR for inclusion of RH/FP commodities to the online central warehouses' stock status report. This, however, is yet to actualize pending SITES Program commitment.	
<b>IR 4.1 Strengthen national capacity to manage HIV/AIDS commodities</b>	WAOS support management, data analysis and utilization	Conducted and disseminated the results of the WAOS/TWOS DQA to stakeholders, and prepared and shared the WAOS reports	IR 3.4
	Support to TLD roll out and monitoring, DSD implementation  Routine logistics support to ACP	WAOS data analysis informed warehouse TLD facility allocation lists and transition progress. Supported facility ordering for ARV third line commodities and pediatric regimen optimization as well as pipeline monitoring amidst global supplier challenges  Supported training and roll out of active pharmacovigilance in sentinel sites	
	Support to NMS  Engage with NMS on ERP implementation	Supported the kick off meeting, introducing NMS staff to the ERP, developed terms of reference for the NMS internal change management team and change management training materials, trained the constituted change management team (24) on change management, including top management (12) and the customer care representatives (18). We conducted change readiness and resistance assessment for NMS staff that informed the development of NMS change management plan.  Developed a number of documents for NMS internal use including organizational impact analysis, training plan, risk assessment and mitigation plan. We supported development of communication materials for the different process flows developed by the software vendor (The Brunswick Group), that are easily understood by NMS internal staff.	



<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
		These included benefits and process flows for the departments/ functions of procurement and client services.	
	Support implementation of ABC	Coordinated follow-up of ABC report recommendations that enabled NMS to start capturing volumetric data as recommended, PSM to implement phase 2 of ABC at JMS. JMS staff now populate the plan-do-act report to inform better management of daily resources including staff.	
	Support to JMS for HIV and malaria commodities	Monitored facility reporting rate for HIV and malaria commodities for PNFP sector; reporting rate was above 95% due to our continuous support. We shared bimonthly PNFP stock status reports with stakeholders to inform performance and action	IR3.4
	Real-time ARVs Stock Status (RASS) meetings	Together with METS, UHSC trained health workers in all USAID supported regions except RHITES SW on RAAS. 783 health workers were trained in total. By close of the year, the overall RASS reporting rate was 59% while that in the trained USAID regions was 51%.	IR 3.4
4.2.1 Improved facility capacity to manage ART commodities	<p>Complete training of MMS and Logistics advisors in ART SPARS.</p> <p>Provide monthly reports on performance of health facilities in managing ART commodities at health facility level</p> <p>Conduct ART SPARS data quality assessments</p> <p>Continue supporting ART SPARS facility visits in districts not transitioned to a regional partner</p> <p>Monitor ART SPARS supervision visits in all districts</p> <p>Provide weekly reports on ART stock status at selected sentinel surveillance sites</p>	<p>Trained 52 MMS in ART SPARS bringing the number of MMS trained in ART SPARS to 100% (Nationwide)</p> <p>Prepared and disseminated monthly ART management performance reports</p> <p>A total of 2,274 ART SPARS supervision visits were conducted nationally during the year, in 1,429 ART sites, leading to a 54% performance of the 4,200 annual target. Failure to achieve annual targets for ART SPARS supervisions during the year is mainly because of the transition of the support for the intervention to regional IPs who had to acquaint themselves with what it takes to deliver effective ART SPARS</p> <p>Weekly ART stock status reporting was suspended due to USAID directive to support RASS roll out to Regional USAID supported IPs</p>	IR 3.4
4.2.3 Scale up of facility electronic	RxSolution health facility real time reporting:	Procured internet routers and data for all public hospital RxSolution sites, enhanced RxSolution aggregated reports	

<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
<b>pharmaceutical logistics management system</b>	<p>Procure data bundles for all RxSolution sites, enhance RxSolution aggregated reports in PIP and setup automated emailing of reports to key decision makers</p> <p>Upgrade RxSolution sites with enhanced version: Perform upgrade of 63 high volume sites, coordinate IPs and district super users to upgrade remaining 167 RxSolution sites</p> <p>RxSolution IT support Perform bi-weekly support visits to RxSolution dispensing sites, perform routine RxSolution support visits to other RxSolution sites</p> <p>Transition to IPs and MBs: Perform monthly RxSolution focused webinars with IPs and MBs, RxSolution IT ToTs for IPs and MBs and data use ToTs for IPs and MBs</p> <p>RxSolution ownership: Perform a MOH eHealth TWG RxSolution orientation field trip</p> <p>RxSolution pre-service training in pharmacy schools: Avail RxSolution eLearning course to pharmacy schools and visit pharmacy schools to review implementation of RxSolution pre-service training.</p>	<p>in PIP, and setup automated emailing of reports to key decision makers</p> <p>Completed upgrading of over 250 high volume RxSolution sites with an enhanced version in collaboration with IPs and district super users</p> <p>Performed bi-weekly support visits to Makerere University Hospital RxSolution dispensing site and routine support visits to other RxSolution sites</p> <p>Performed quarterly RxSolution focused webinars with IPs and MBs, an RxSolution IT ToT for IPs and MBs and an RxSolution data use ToT for IPs and MBs</p> <p>Performed a MOH eHealth TWG RxSolution orientation field trip to Mityana general hospital, Fort Portal regional referral hospital, Bwera general hospital, Mbarara regional referral hospital, Itojo general hospital, Masaka regional referral hospital, Kawolo general hospital, and Naguru hospital</p> <p>Availed the RxSolution eLearning course to pharmacy schools and visited pharmacy schools to review implementation of RxSolution pre-service training</p>	
	Perform data use ToTs for IPs and MBs	Developed blue print material for data use training (TOT) for Rx solutions	
		Developed requirements for Rx dashboards in PIP	
<b>IR 4.3.1</b> Improvement of storage condition	Conduct environment and social impact assessments at individual construction sites	Environment project brief and accompanying mitigation and monitoring plan were generated and implemented	
	Generate designs for the medicines storage units	PSU technology was adapted for Uganda, and all recipient districts approved the	

<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
		designs before construction at facility level	
	Contract a construction firm	Fitidis Group of Companies (FGC) was contracted to carry out the construction.	
	Construct 26 prefabricated medicines and health supplies storage unit at high client volume ART sites	26 PSUs constructed as planned	
	Provide technical and management supervision support to construction teams	All planned technical and management supervision visits conducted as planned	
	Equip each of the completed 26 PSUs with 12 shelves, 4 pallets, a fire extinguisher, and a power back-up system secured in an allocable rack	Equipped All the 26 PSUs with shelves, pallets, fire extinguishers, and power back-up systems as planned	
	Connect all completed PSUs to a reliable power source	PSUs were successfully connected to a reliable power source as per electricity distribution company schedules  The remaining 16 units to be connected in quarter one of year 6	
	Landscape grounds around each PSU to improve drainage while complimenting aesthetic appearance of surrounding structures.	Landscape 10 out of the 26 sites  The remaining 16 sites to be landscaped in quarter one of year 6	
	Hand over all completed PSUs to intended beneficiaries	14/26 PSUs were handed over to intended beneficiaries at a ceremony that took place on Thursday, 22 <sup>nd</sup> August, 2019 at Luwunga HC III (Kakiri Military Barracks). The ceremony was presided over by Her Excellence the Ambassador of the United States of America to Uganda Deborah Malac.  The remaining PSUs to be handed over directly to the specific beneficiaries	
IR 5.1: Support customization of the Global Health Security Agenda (GHSA) framework for Uganda context	Establish a national public health emergencies supply chain coordination mechanism	Conducted a series of meetings with members of the One Health Platform (OHP) to build consensus on Uganda's PHE SCM strategy supported by the National MCM Supply Chain Plan  Developed guiding documents that establish a coordination framework for Public Health Emergency Supply Chain including: National MCM Supply Chain Plan, Guidelines for Management of Public Health Emergency Commodities,	IR 1.2  IR 1.3

Activity Result Areas	Summary of planned activities in work plan for the reporting year	Actual key activities/tasks conducted during the year	Link to CDCS <sup>2</sup>
		and Standard Operating Procedures for supply chain activities during response to PHEs	
	Establish a national stockpile strategy	Identified 8 regional locations (Arua, Masindi, Kasese, Mbale, Entebbe, Mbarara, Kotido, and Lira) across the country with host local gov't commitment for management of strategic stockpiles and prepositioned MCMs. The locations were capacitated with hardware and training for implementation of the stockpiling activities, a list of commodities that will make up the Medical Countermeasures (MCMs) stockpiling list for Uganda compiled assessment of capabilities of available transport mechanisms, both public and private, for transportation of MCMs from stockpile locations to points of use conducted, and developed a distribution strategy alongside the stockpiling and prepositioning strategy.	IR 1.2 IR 1.3
	Establish a national public health emergencies supply chain coordination mechanism	Developed a coordination mechanism for public health emergency (PHE) supply chain coordination at the national, regional and district level integrated by the electronic Emergency Logistics Management Information System (eELMIS), which is both a coordination and information tool	IR 1.2 IR 1.3
	Adapt existing logistics management information systems for emergency response	Developed and deployed the electronic Emergency Logistics Management Information System (eELMIS), a coordination and information management system for PHE supply chain. All districts have persons with rights to access to the system.	IR 1.2 IR 1.3
	Strengthen capacity of supply chain systems and actors for public health emergency preparedness	Conducted trainings in PHE supply chain management and eELMIS for PHE supply chain staff at national and subnational levels across the country. These included: 27 National-level staff from both MoH and its partners; 66 regional-level staff; and 670 District-level staff from all districts in the country.  Procured and provided 8 computers with printers and 8 routers with one-	IR 1.2 IR 1.3

<b>Activity Result Areas</b>	<b>Summary of planned activities in work plan for the reporting year</b>	<b>Actual key activities/tasks conducted during the year</b>	<b>Link to CDCS <sup>2</sup></b>
		year airtime to the 8 prepositioning locations	
	Strengthen the framework for medicines and health supplies regulation during public health emergencies	Supported the development of National Drug Authority (NDA) Guidelines for Regulation of Health Supplies during PHEs  Developed SOPs for guiding NDA and Uganda Revenue Authority (URA) in regulation of Medical Countermeasures	IR 1.2  IR 1.3
	Support to the DRC EVD threat	Conducted a supply needs assessment for both EVD preparedness and response in 12 high risk districts in Western and South western Uganda, quantified for the supplies and advised USAID on the need for their procurement and deployment  Provided continuous weekly technical assistance to the EVD NTF through the logistic subcommittee	IR 1.2  IR 1.3
IR 5.2 Conduct simulations to test the GHSA frame work adapted for Uganda	Conduct simulations to test the GHSA frame work adapted for Uganda	Conducted a field simulation exercise involving 2 regions and 4 districts to test the emergency supply chain system and the functionality of the eELMIS. The results of the	IR 1.2  IR 1.3

2.2 Progress Narrative

The proposed allocation formula to implement equity in allocation of funds to EMHS was approved by the Medicines Procurement and Management (MPM) and the Sector Budget (SB) technical working groups (TWGs). UHSC drafted an Implementation plan and initiated dialogue with NMS on approach and timing of implementation due to sensitivity of the subject. Implementation is pending further advocacy with some critical stakeholders.

The UHSC Article on “Inter-rater reliability and validity of good pharmacy practices measures in inspection of public sector health facility pharmacies in Uganda” was accepted by *Journal of Pharmaceutical Policy and Practice*. Another article on cost effectiveness of SPARS was submitted to the peer reviewed journal.

100% (532) of PNFP facilities that placed PHC orders to JMS through the credit line got at least 99% fulfillment rate of facility PHC orders. At least seven facilities ordered electronically using RxSolution per quarter of the year.

Following the dissemination of the NSCA report, UHSC developed and finalized the costed transformational supply chain plan; USAID and Global Fund committed their support in various areas and continued to assist in developing the terms of reference (TOR) for optimization of the distribution system.

We enhanced the Pharmaceutical Information Portal by implementing an electronic PFM tool for PNFPs within the system and automating emailing of facility stock status reports from the system to users. We also developed stock status and order fulfillment dashboards for RxSolution sites within the PIP. For system transition, we rebuilt the PIP on the MOH domain infrastructure and provided in-depth system administration training on the system to the MOH IT team.

During the year, 75% of facilities attained EM SPARS desired score of 20 out of 25 across the entire country. In the same year, we re-equipped MMS with computers and motorbikes covering all MMS' under UHSC direct support. All MMS and regional IP logistics advisors were trained in ART SPARS and PFM, and successfully transitioned district support to regional implementing partners. From this transition, three key issues come out; RHSP is pending transition of MMS assets awaiting CDC/USAID guidance, MUWRP only accepted ART SPARS, rejecting other interventions and assets on top of an overall medicines management performance decline which has been noticed following this transition. Future actions to enhance impact with these partners include A, B, and C. Similarly, UHSC transitioned its AMU and MTC support to the MoH pharmacy department and the 7 regional referral hospitals, respectively, and wound up these interventions in quarter two of the year. Both the ministry and the hospitals are expected to continue with the interventions started.

This year, several IPs and partners including UNICEF, Malaria Consortium, Save the Children, TASO, Path and FHI 360 have supported trainings to scale-up use of the tools in their intervention districts.

As part of our support to NMS ERP implementation, we conducted change readiness and resistance assessment for NMS staff that informed the development of NMS change management plan, developed documents for NMS internal use including organizational impact analysis, training plan, risk assessment and mitigation plan, and supported development of communication materials for the different process flows developed by the software vendor.

## 2.3 Partnership, Collaboration, and Stakeholder Engagement

Together with CHAI, QPPU conducted the first national quantification for blood products. Together with METS, UHSC rolled out and trained on RASS in four USAID supported regions (RHITES E, EC, Lango and Acholi) and the uniformed forces. In partnership with one health partners (MAAIF, Ministry of Water and Environment (MWE), MoH, MoLG) and the uniformed forces we established a supply chain system for public health emergencies for Uganda. UHSC collaborated with NMS in the introduction and initiation of the role out of the ERP.

## 2.4 Learning and Adaptation



Our Learning, Adaptation and Sharing Unit coordinated a cross-functional review of underperforming AMELP indicators to better align implementation with intended strategic outputs of the interventions. This quarter, we developed learning questions and activities to address slow progress on ART SPARS and PFM indicators.

**ART SPARS:** Our data showed that the roll-out of ART SPARS was going slower than we planned. To address this, we made sure that all MMS were trained on ART SPARS and that each one was provided with a list of specific facilities to prioritize for their supervision visits. MMS implementation of the visits was then monitored weekly, rather than on usual monthly basis, to improve adherence to the supervision plans. As a result, 76% of government facilities and 46% of PNFP facilities now have had at least one ART SPARS visit, up from 59% and 18% last quarter, respectively.

**Performance of PFM Indicators:** We set out to prioritize PFM supervision visits to higher level facilities (hospitals and HC4s) to address the lower than expected performance of PFM indicators. Higher level facilities also have the necessary HR capacity to manage their EMHS budgets and routinely order from NMS. As such, PFM is particularly relevant and important to those facilities in guiding adequate use of commodities resources.

We have tasked each MMS to develop specific supervision plans, whose implementation will be monitored each week, and the effect on PFM performance scores observed over subsequent quarters.

**Construction activity:** It is critical that storage for EMHS meets defined temperature regimes across all weather conditions. To ensure the constructed PSUs can maintain the recommended storage temperatures for ARV medicines and to determine whether they do, UHSC is conducting a study, during which hourly room temperatures are recorded over a period of one week at each constructed facility. Findings will be shared with district health teams and the central MoH for use to inform decisions about recommended storage temperatures for ARVs in Uganda.

With UHSC support, the MoH AMU unit conducted the first-ever survey of antibiotic consumption in Uganda. The survey, which collected national-level data from NMS and JMS warehouses, was important, as it introduced the new World Health Organization standard methodology and classifications for conducting these surveys to a wide audience at the AMR conference, and paved the way for more comprehensive consumption and use studies.

## 2.5 Inclusive Development

UHSC's overall mandate is to increase the availability, affordability, accessibility, and appropriate use of good quality EMHS for all citizens, and as such, UHSC activities are inclusive by nature. It is worth noting that UHSC's focus is on systems and not diseases; this means that we aim to strengthen systems that can handle any type of health-related commodity. This ensures that all categories of citizens—women, youth, elderly, and other vulnerable populations—can find the commodities that they need for the prevention, treatment, and care of conditions likely to affect them. Our community-based activities aim to improve EMHS access for harder-to-reach populations, as not all citizens are able to seek services at a health center.

This year, we collaborated closely with the AIDS Control Program, district local governments, the uniformed forces, and a private sector construction firm (Fitidis group) in enhancing the roll-out of the test and treat policy and implementation of DSDM by expanding storage infrastructure for storage of ARVs in 26 high burden health facilities in 22 districts across the country. This intervention will go a long way in further enabling availability and access to HIV/AIDS commodities, especially to the most vulnerable populations (women and children) in the country. We also worked with the district local governments and the OHP to establish a resilient supply chain system for receipt and deployment of MCMs throughout the country. In addition, we supported the Ebola national task force build capacity for management of MCMs for both preparedness and response to Ebola in all the high 22 priority districts neighboring the Democratic Republic of the Congo, where there has been a prolonged Ebola epidemic that has threatened Uganda for over one year now. This effort has contributed to a higher level of preparedness in Uganda, and benefits the entire cross section of the Uganda population, especially the most vulnerable, who remain women, children, and the elderly.

## 2.6 Science, Technology and Innovation Impacts

<b>Activity Result Area</b>	<b>Science, Tech, Innovation activity/task description</b>	<b>Planned outcome</b>	<b>Achievements</b>
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## 2.7 Transparency and Accountability

IR 2.1.4	UHSC continued to update the excel based facility stock analysis tool DHIS 2 facility stock data	The facility stock report guided the NMS in the revision of EMHS Kits for the 81 districts	UHSC supported NMCP revise district EMHS kits for malaria commodities in response to the upsurge in malaria cases (prolonged peak malaria season). Kits for 81 districts were revised and shared with the National Medical Store for distribution in cycle 1 and 2, providing additional stock to the districts to manage the high malaria cases.
IR 4.2.3	Scale up facility electronic pharmaceutical logistics management systems - RxSolution	<p>Availability of improved stock management reports in health facilities using RxSolution country wide</p> <p>Integration of training on RxSolution software into university pharmacy schools pre-service training</p>	<p>Roll out of enhanced reports for RxSolution software in over 250 public and PNFP health facilities using the system in collaboration with partners. Facilities using the system now have improved automated reports to manage their medicines inventory and report on stock status.</p> <p>We developed an RxSolution eLearning course which we used to successful integrate RxSolution training into the pharmacy school undergraduate curricula of Makerere, Mbarara, Kampala International Universities, and the Uganda Institute of Allied Health and Management Sciences in Mulago. The free eLearning course is available at <a href="https://leadernet.org/rxsolution">https://leadernet.org/rxsolution</a></p>
IR 4.3	It is a requirement that medicines and health supplies are stored at appropriate room temperatures as recommended by manufacturers. Health facility stores have challenges maintaining recommended storage temperatures. UHSC adopted construction technology that, through use of walls made of layers of heat resisting materials, is being used	Achieve a 4°C – 6°C reduction in temperature between external environment and room temperature	The technology can achieve and sustain recommended storage temperatures (below 20 - 30°C over 80% of the time without need for extra temperature regulating equipment

	for the first time in the Ugandan environment for storage of EMHS		
IR 5.1.3	Adapt existing logistics management information systems for emergency response - Emergency Electronic Logistics Management Information System (EeLMIS)	Availability of an electronic system to support effective and coordinated management of supplies for public health emergencies.	We successfully implemented a national web-based emergency electronic logistics management information system (EeLMIS) with modules for central, regional node and district level. The system which is embedded within the MOH PIP is used to track and manage supplies for public health emergency preparedness and response.

In year 5, UHSC worked and achieved tremendous results in real time synchronization of facility level stock status reports that include consumption and expiry status of available stocks in the facilities. This has enabled visibility of facility stock status in real-time for about 50% of the 250 facilities with RxSolution not only at the facility, but also at central level.

For transparency and accountability for the ARVs, UHSC supported the scale up of RAAS among USAID implementing partners to enhance reporting initially of ARV consumption and stock status at facility level with a view of expanding the number and the grouping of commodities reported on using this system in the future

Throughout the period under review UHSC continued to share district SPARS performance by quarter and showing which districts were excelling and which were not. The expectations are that if a district for some reason did not meet the requirements of SPARS in terms of performance, transparency into the activities of the district would be lost.

Our eELMIS for public health emergencies has an inbuilt transparency and accountability mechanism, starting from the partners contributing MCMs at the central level to the facility level, where the MCMs are used.

Our support to the bimonthly stock status reporting by the MoH for tracer EMHS that include RMCAH commodities promotes transparency and accountability of the supply chain.

### 3. LEADERSHIP DEVELOPMENT

Leadership development activity/task	Planned outcome for the reporting year	Indications/examples results

### 4. ENVIRONMENTAL COMPLIANCE

As part of government of Uganda and USAID environmental requirements for small scale construction in the health sector, the UHSC project generated site specific project briefs with accompanying environment mitigation and monitoring plans. The documents were submitted to the Uganda National Environment Management Authority (NEMA) and USAID for review and approval. All necessary approvals were secured. The approved mitigation and monitoring plans were implemented by environment health and safety officers recruited by the contractor (FGC). UHSC staff continuously monitored availability, compliance, and effectiveness of instituted EHS systems and very good outcomes were registered.

### 5. AWARD-SPECIFIC REPORTING REQUIREMENTS

Relevant indicators for UHSC have been incorporated into the Activity Work Plan Table and Activity Performance Analysis Table.

## 6. ACTIVITY MEL PLAN UPDATE

UHSC revised its activity monitoring, evaluation, and learning plan (AMELP) targets in Y5 by proposing revision of some indicator definition and targets. These changes were approved by the AOR. Also, RxSolution indicators were moved from Result 2 to Result 4, where they belong since our scope expansion is to support the scale up of Uganda's response to HIV/AIDS.

This year, UHSC had a set of learning agendas to assess the implementation of ART SPARS and PFM, assess the availability of NCDs, and PSU temperature monitoring study. We conducted an assessment on the discrepancy between reported malaria cases and consumption of artemisinin-based combination therapies (ACTs) and artesunate.

We are using the findings from the learning products to inform the improvement and scale up of medicines management interventions in the country and the application of PSU in the Ugandan setting for storage of EMHS.

# 7. SUMMARY FINANCIAL MANAGEMENT REPORT

## Activity Financial Analysis

**Award Details:**

a. Total Estimated Cost	\$41,190,862		
b. Start/End Date	August 25,2014	August 24,2020	
c. Total Obligated Amount	\$36,970,691.89		
d. Total estimated cost share (if applicable)	\$2,059,543		
e. Total estimated leverage (if applicable)			
f. Total Expenditure billed to USAID/Uganda	\$35,337,040		
g. Expenditure incurred but not yet billed			

<b>f. Total Accrued Expenditure (both billed and not yet billed); sum of lines f and g</b>	\$35,337,040
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Actual spend for four quarters				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Quarterly expenditure rate by funding source	\$1,733,698	\$1,568,914	\$1,672,716	\$2,975,451

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## 8. MANAGEMENT AND ADMINISTRATIVE ISSUES

### 8.1 Key management issues

During the year UHSC experienced a sharp downsizing exercise that dramatically reduced our staffing levels by 39% during the year as a result of reduced funding. Stephanie Xueref, the COP, resigned in August 2019, as did the director of Finance and Operations

One of the CDC IPs to whom UHSC transitioned district interventions had not yet accepted to take up responsibility of the assets (insurance, maintenance) that go with the implementation of the district activities. This leaves up to 41 motorbikes and 41 computers requiring insurance cover by December 2019.

### 8.2 Resolved management issues

A new staffing plan was developed, and the staff situation adjusted as required for the project's one year extension. Stephanie Xueref was replaced by Mr. Phillip Kamutenga as COP.

The job requirement for Director of Finance and Admin was revised from international staff to local staff, and Mr. Alex Tumwebaze, a local hire, replaced Narine Saroyan, an expatriate.

Asset Management – 10 of the 11 implementing partners took up transitioned UHSC activities and assets.



## 9. PLANNED ACTIVITIES FOR NEXT YEAR INCLUDING UPCOMING EVENTS

- Launch of full-spec RxSolution that was deployed at Makerere University hospital
- UHSC closeout activities

## 10. ANNEXES

### 10.1 USAID/Uganda Activity Work Plan Table

USAID/Uganda Health Supply Chain Activity Work Plan Table					
	Results	Disaggregation	Baseline Value	FY 19 annual actual	FY 19 annual target
	Results Area 1: National policies developed and implemented to improve EMHS affordability, availability, and accessibility in alignment to national health goals				
Sub-IR 3.4.2	Numbers of policies completing each process/step of development as a result of USG assistance	Analysis	-	8	7
		Stakeholder consultation	-	8	7
		Drafting	-	7	7
		Approval	-	6	5
		Implementation	-	5	4
	Result Area 2: Country systems to effectively and sustainably manage EMHS strengthened at all levels in public and PNFP sector				
Sub IR 3.3	Percentage availability of supplies for a basket of 41 medicines and health supplies in last 3 months at NMS and JMS	EMHS	-	81%	80%
		ARVs	-	83%	80%
		TB	-	79%	80%
		LAB	-	81%	80%
		RMNCH	-	70%	80%
Sub IR 3.3	Average percentage availability of a basket of 41 commodities based on all reporting facilities in the previous quarter	EMHS	-	80%	90%
		ARVs	-	88%	90%
		TB	-	84%	90%

USAID/Uganda Health Supply Chain Activity Work Plan Table					
	Results	Disaggregation	Baseline Value	FY 19 annual actual	FY 19 annual target
		LAB		85%	90%
		RMNCH	-	81%	90%
	Sub-IR 2.1: Central level systems for EMHS management enhanced				
Sub IR 3.3	Number of wholesalers licensed according to the new GDP guidelines developed		0	484	350
Sub IR 3.3	Number of government and PNFP health facility pharmacies inspected for Good Pharmaceutical Practices (GPP)	Government	797	1560	1500
		PNFP	142	277	500
Sub IR 3.3	Percentage of government and PNFP health facility pharmacies certified according to Good Pharmaceutical Practices (GPP)	Government	54%	59%	60%
		PNFP	59%	65%	65%
	Sub-IR: 2.2 District level systems for EMHS management enhanced				
Sub IR 3.3	Number of individuals trained to conduct supply chain, inventory management, and supportive supervision	Supportive supervision	0	364	325
		Medicines Management	0	198	196
		PFM	0	425	400
Sub IR 3.3	Percentage of facilities with a SPARS score of 20 and above	Government	41%	75%	70%
		PNFP	35%	75%	70%

USAID/Uganda Health Supply Chain Activity Work Plan Table					
	Results	Disaggregation	Baseline Value	FY 19 annual actual	FY 19 annual target
Sub IR 3.3	Percentage of order based facilities with a PFM score of 80% and above	Hospitals	63%	48%	55%
		HC4	51%	51%	55%
Sub IR 3.3	Average percentage of cases of priority diseases treated in compliance with standard treatment guidelines in reporting period	Malaria	70%	91%	90%
		URTI	41%	61%	70%
		Diarrhea	45%	66%	80%
Result Area 3: Increased availability and accountability of RMNCH commodities among priority populations					
Sub IR 3.3	Percentage of health facilities submitting a quarterly iCCM report		10%	29%	30%
Result Area 4: Supporting scale up of Uganda's HIV/AIDS response					
Sub IR 3.3	Number of facilities with a computerized functional Logistics Management Information System (Total number of Hospitals/HC4)	Government	28	79	112
		PNFP	15	11	16
Sub IR 3.3	Number of health workers trained in electronic stock management	Gender	-	550	550
Sub IR 3.3	The percentage of ART sites initiated on ART SPARS	Government	-	88%	100%
		PNFP	-	72%	100%

USAID/Uganda Health Supply Chain Activity Work Plan Table					
	Results	Disaggregation	Baseline Value	FY 19 annual actual	FY 19 annual target
Sub IR 3.3	Percentage of facilities scoring at least 80% of the maximum ART SPARS score	Government	-	47%	55%
		PNFP	-	51%	50%
Sub IR 3.3	Percentage of facilities with accurate orders	Government	-	36%	60%
		PNFP	-	34%	60%
Sub IR 3.3	Percentage of facilities with traceability of first line ARVS	Government	-	39%	60%
		PNFP	-	41%	60%
Result 5: Strengthen supply chain systems to respond to public health emergencies					
IR 5.1 Support customization of the Global Health Security Agenda (GHSA) framework for Uganda context					
IR 5.1.1 Establish a national stockpile strategy					
Sub IR 1.2.1	A national stockpile strategy of medical countermeasures for use during a public health emergency in place			I	I
IR 5.1.2 Establish a national public health emergencies supply chain coordination mechanism					

USAID/Uganda Health Supply Chain Activity Work Plan Table					
	Results	Disaggregation	Baseline Value	FY 19 annual actual	FY 19 annual target
Sub IR 1.2.1	Number of procedures and memorandum of understanding for transferring (sending and receiving) and coordinating the supply of medical countermeasures during public health emergencies			14	5
IR 5.1.3 Adapt logistics management information systems for emergency response					
Sub IR 1.2.1	Presence of an emergency electronic logistics management information system (EELMIS)			1	1
IR5.1.4 strengthen capacity of supply chain systems and actors for public health emergency preparedness					
Sub IR 1.2.1	Number of individuals trained in supply chain related to sending and receiving medical countermeasures during public health emergency	PHE SCM National TOT		27	20
		PHE SCM AND EELMIS - Regional TOT		66	36
		PHE SCM AND EELMIS District training		670	666
		EELMIS Training - National TOT		28	36
		Other EELMIS TOT		15	7
5.2 Conduct simulations to test the GHSA frame work adapted for Uganda					
Sub IR 1.2.1	Presence of simulation plan and schedule			1	1
Sub IR 1.2.1	Number of simulations conducted to test the GHSA framework			1	1

USAID/Uganda Health Supply Chain Activity Work Plan Table					
	Results	Disaggregation	Baseline Value	FY 19 annual actual	FY 19 annual target
Context, PMI and PEPFAR performance indicator table					
Sub IR 1.2.1	Number of artemisinin-based combination therapy (ACT) treatments purchased with USG funds			1,042,770	2,609,086
Sub IR 1.2.1	Number of artemisinin-based combination therapy (ACT) treatments purchased in any fiscal year with USG funds that were distributed in this reported fiscal year			2,262,480	2,609,086
Sub IR 1.2.1	Number of rapid diagnostic tests (RDTS) purchased with USG funds that were distributed to health facilities			2,452,275	2,964,503
Sub IR 1.2.1	Number of malaria rapid diagnostic tests (RDTS) purchased with united states government (USG) funds			1,853,000	2,964,503
Sub IR 1.2.1	Number of insecticide treated nets (ITNS) purchased with USG funds			385,000	1,575,000
Sub IR 1.2.1	Number of insecticide treated nets (ITNS) purchased with USG funds that were distributed			2,094,592	1,575,000
Sub IR 3.3	Average stock out rate of contraceptive commodities at family planning service delivery points	Depo-Provera		43%	0%
		Implanon		62%	0%

## 10.2 Success Story

Success Stories/Lessons Learned Template
<p>* <b>Program Element:</b> Health</p> <p>* <b>Key Issues:</b> Health commodities management for community health programs</p> <p><b>Title:</b> “Assuring services beyond the health facility”</p> <p><b>Operating Unit:</b> <u>USAID/Uganda</u></p> <p>* <b>Headline:</b> Improving availability of medicines for maternal and child health at community level</p> <p>* <b>Body:</b></p> <p>Betty Achilla is a volunteer community health worker serving 31 households in Abim district in Northeastern Uganda. Her community selected her for the position eight years ago. More than 60,000 volunteer community health workers in Uganda play a vital role in extending maternal and child health services in hard-to-reach communities.</p> <p>Betty has been trained in the basics of diagnosing and dispensing medicines to treat common childhood illnesses such as malaria, diarrhea, and pneumonia, while referring serious cases to nearby health centers. To do her work, she must have an adequate and reliable supply of malaria rapid</p>

\* **Program Element:** Health

\* **Key Issues:** Health commodities management for community health programs

**Title:** “Assuring services beyond the health facility”

**Operating Unit:** USAID/Uganda

\* **Headline:** Improving availability of medicines for maternal and child health at community level

\* **Body:**

Betty Achilla is a volunteer community health worker serving 31 households in Abim district in Northeastern Uganda. Her community selected her for the position eight years ago. More than 60,000 volunteer community health workers in Uganda play a vital role in extending maternal and child health services in hard-to-reach communities.

Betty has been trained in the basics of diagnosing and dispensing medicines to treat common childhood illnesses such as malaria, diarrhea, and pneumonia, while referring serious cases to nearby health centers. To do her work, she must have an adequate and reliable supply of malaria rapid



diagnostic tests, antimalarial medicines, and antibiotics. A national situation assessment in 2016, however, showed that community health programs faced frequent stock-outs, which was the most common cause of service disruption. At that time, there was no coordinated national planning and monitoring of community-level commodities, and with no national guidelines in place, programs and partners used their own approaches to training, supervising, delivering, managing, and reporting on community health commodities.

Based on the assessment findings, the USAID-funded Uganda Health Supply Chain program has been working with the Ministry of Health and other partners to streamline and strengthen the management of and accountability for medicines and health supplies in community health programs. Standardized supply chain training materials, procedures, and tools have been developed to use across all community health programs. The tools—a consumption log, ‘magic calculator,’ dispensed, stock balance, and request summary, and product issue log—are designed to ensure that community health workers routinely capture the information needed to plan, quantify, order, deliver, and track supplies.

Prior to national rollout, a one-year pilot test of the tools and training materials was conducted by the Ministry of Health and several partners involved in community-based family planning and integrated community case management programs in the five districts of Abim, Kayunga, Kiruhura, Mubende, and Ntoroko. The pilot involved 539 community health workers, 52 health facility staff members, 28 district health teams, and 18 national trainers. The results of the pilot study demonstrated that the community health workers, many of whom are illiterate, can correctly complete the consumption log (82%) and regularly carry out good management practices such as monthly physical counts of the medicines (75%).

Betty and her fellow workers were trained in the pilot to use the tools and improve their skills in ordering, tracking, and storing medicines. *“Using the consumption log, I am now able to track medicines for reporting. My work has been made easy and I know the quantities of medicines in my medicines box,”* says Betty. The job of health officials has also been made easier. *“Before the introduction of the tools, there were no clear ways of tracking consumption of community level medicines. We can now track medicine consumption and disease patterns,”* says Dr. Anthony Okengo, the District Health Officer. *“The tools are helping in planning how much supplies to give to the community health workers, which will improve availability of medicines and ensure a healthy and happier community,”* he adds.

The Ministry of Health is scaling-up the new training materials, procedures, and tools across the country. Community health workers in two districts supported by Save the Children have been trained and are using the standardized tools. UNICEF, Malaria Consortium, the USAID/UK AID-funded Malaria Action Program for Districts, and the Global Fund-supported TASO program have committed to use the tools to reach 52 of the 70 districts that implement integrated community case management, potentially reaching approximately 50,000 community health workers in 2019.



*Community health worker, Betty Achilla, examines a baby from one of the 31 households she supports.*

**\* Pullout Quote:**

“The tools are helping in planning how much supplies to give to the community health workers, which will improve availability of medicines and ensure a healthy and happier community”— Dr. Anthony Okengo, District Health Officer, Abim district.

**\* Background Information:**

This story illustrates how a UHSC investment to strengthen community-level human resource capacity, health systems, and resource management is paying off through better and more reliable availability of medicines and health commodities for maternal and child health programs. This work directly benefits communities in hard-to-reach areas where many people may have limited access to formal health services because of financial or other constraints. The successful program began in five districts and is being scaled-up to another 54 districts: this story highlights a community health worker in Abim district in Northeastern Uganda.

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