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Uganda Health Supply Chain

# Annual Report

October 1, 2019 to June 31, 2020

Submission Date: August 03, 2020

AID-617-A-14-00007

Activity Start Date and End Date: August 25, 2014 to August 24, 2020

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This document was produced for review by the United States Agency for International Development Uganda Mission (USAID/Uganda).

## ACTIVITY INFORMATION

<b>Activity Name:</b>	Uganda Health Supply Chain
<b>Project<sup>1</sup>:</b>	Market Systems
<b>Activity Start Date and End Date:</b>	August 25, 2014 – August 24, 2020
<b>Name of Prime Implementing Partner:</b>	Management Sciences for Health
<b>[Contract/Agreement] Number:</b>	AID-617-A-14-00007
<b>Name of Subcontractors/Sub-awardees and Dollar Amounts:</b>	<ul style="list-style-type: none"> <li>• Euro Health Group : \$1,328,873</li> <li>• Makerere University College of Health Sciences: \$1,230,208</li> <li>• Harvard Pilgrim Health Care, Inc.: \$533,627</li> <li>• HEPS Coalition for Health Promotion and Social Development: \$286,828</li> <li>• Imperial Health Sciences: \$100,841</li> </ul>
<b>Major Counterpart Organizations:</b>	Ministry of Health (Pharmacy Department, health programs, Department of Health Informatics); medical bureaus; Joint Medical Store (JMS); National Medical Stores (NMS); US government health implementing partners (RHITES-EC, RHITES-E, RHITES-SW, RHITES Acholi, RHITES Lango, IDI, TASO, etc.); local governments (chief administrative officers and district health officers); and health sector organizations (UNICEF, UNFPA, Global Fund country coordination mechanism, etc.)
<b>Geographic Coverage (districts):</b>	Originally 89 districts. As of December 31, 2019, 80 districts had been fully transitioned to 11 regional implementing partners and three partially transitioned to one partner. Six districts remained fully supported by UHSC.
<b>Reporting Period:</b>	October 1, 2019– June 30, 2020

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

# ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ADS	alternative distribution strategy
ART	antiretroviral therapy
ARV	antiretroviral
CDCS	Country Development Cooperation Strategy
COVID-19	coronavirus disease
DHI	Division of Health Information
DHIS2	district health information system, version 2
eELMIS	electronic emergency logistics management information system
EMHS	essential medicines and health supplies
ERP	enterprise resource planning
GPP	Good Pharmacy Practices
HC	health center
HMIS	health management information system
iCCM	integrated community case management
JMS	Joint Medical Store
LMIS	logistics management information system
MAUL	Medical Access Uganda, Ltd.
MCH	maternal and child health
MMD	multi-month distribution
MMS	medicines management supervisors
MoH	Ministry of Health
MSH	Management Sciences for Health
MUWRP	Makerere University Walter Read Project
NMS	National Medical Stores
PEPFAR	US President's Emergency Plan for AIDS Relief
PFM	pharmaceutical financial management
PIP	pharmaceutical information portal
PNFP	private not-for-profit
PSM	Procurement and Supply Management [project]
PSU	prefabricated storage unit
QPPU	Quantification and Procurement Planning Unit
RH WOS	web-based ordering and reporting system for reproductive health/family planning commodities
RMNCAH	reproductive, maternal, newborn, child, and adolescent health
SPARS	supervision, performance assessment, recognition strategy
TB	tuberculosis

TWOS	TB web-based ordering system
UHSC	Uganda Health Supply Chain [program]
UNFPA	United Nations Population Fund
USAID	US Agency for International Development
USG	US government
WAOS	web-based ARV ordering and reporting system

# INTRODUCTION

## 1.1 Activity Description

UHSC is the lead technical assistance mechanism for supply chain management systems development in Uganda with funding from various US government (USG) sources, including the US President's Emergency Plan for AIDS Relief (PEPFAR) and other USAID health streams (malaria; tuberculosis; family planning, reproductive, maternal, newborn, child and adolescent health [RMNCAH]; and Global Health Security Agenda).

The goal of the Uganda Health Supply Chain activity 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 that supports evidence-based 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 (public and private not-for profit [PNFP] sectors)
3. Increased availability and accountability of 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 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

CDCS Link	Indicator	Disaggregation	FY 19/20 Annual Target	FY 19/20 Annual Actual	Q1	Q2	Q3	Performance to date (%)	Comments
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 National Medical Stores (NMS) and Joint Medical Store (JMS)	LAB	80%	70%	70%	69%		87%	Q3 data not yet ready at the time of reporting
		EMHS	80%	76%	78%	74%		95%	
		Antiretrovirals (ARVs)	80%	83%	88%	79%		104%	
		TB	80%	100%	100%	100%		125%	
		RMNCAH	80%	77%	67%	88%		97%	
Sub IR 3.3	Average percentage availability of a basket of 41 commodities based on all reporting facilities in the previous quarter	LAB	90%	83%	84%	82%		92%	
		EMHS	90%	80%	75%	84%		89%	
		ARVs	90%	80%	85%	74%		89%	
		TB	90%	85%	86%	84%		94%	
		RMNCAH	90%	80%	83%	78%		89%	
Sub IR 3.3	Number of wholesalers licensed according to the new good dispensing		350	484					Activity transitioned to National Drug Authority (NDA) in Y4

	practices guidelines developed								
Sub IR 3.3	Number of government and PNFP health facility pharmacies inspected for Good Pharmacy Practices (GPP)	Government	1500	1560					Activity transitioned to NDA in Y4
		PNFP	500	277					
Sub IR 3.3	Percentage of government and PNFP health facility pharmacies certified according to GPP	Government	60%	59%					Activity transitioned to NDA in Y4
		PNFP	65%	65%					
Sub IR 3.3	Number of individuals trained to conduct supply chain, inventory management, and supportive supervision	Supportive supervision							No training planned for Y6
		Medicines Management							
		Pharmaceutical financial management (PFM)							
Sub IR 3.3	Percentage of facilities with a SPARS score of 20 and above	Government	75%	76%	75%	76%		101%	
		PNFP	75%	76%	75%	76%		101%	
Sub IR 3.3	Percentage of order-based facilities with a PFM score of 80% and above	Hospitals	60%	45%	48%	45%		75%	
		Health center (HC)4	60%	49%	50%	49%		82%	
Sub IR 3.3	Average percentage of cases of priority diseases treated in compliance with standard treatment guidelines in reporting period	Malaria	90%	93%	92%	94%		104%	
		URTI	70%	65%	58%	72%		93%	
		Diarrhea	80%	66%	52%	80%		82%	

Result Area 3: Increased availability and accountability of RMNCH commodities among priority populations

Sub IR 3.3	Percentage of health facilities submitting a quarterly integrated community case management (iCCM) report		40%	31%	37%	25%		77%	
Result Area 4: Supporting scale up of Uganda's HIV/AIDS response									
Sub IR 3.3	Number of health workers trained in electronic stock management	Gender							No training planned for Y6
Sub IR 3.3	Number of facilities with a computerized functional logistics management information system (LMIS) (total number of hospitals/HC4)	Government	135	38			38	28%	The take-up of RxSolution has always been challenging due to lack of incentives for facilities to use the system. In particular, the facilities received commodities whether they reported or not, and the districts did not put in place any "stick" if the facilities did not report. This is something that will need to be addressed to improve reporting.
		PNFP	25	7			7	28%	
Sub IR 3.3	The percentage of antiretroviral therapy (ART) sites initiated on ART SPARS	Government	100%	95%	92%	95%		95%	
		PNFP	100%	78%	76%	78%		78%	
Sub IR 3.3	Percentage of facilities scoring at least 80% of the maximum ART SPARS score	Government	65%	52%	49%	52%		80%	
		PNFP	55%	57%	55%	57%		104%	
Sub IR 3.3	Percentage of facilities with accurate orders	Government	65%	44%	43%	44%		68%	
		PNFP	65%	47%	42%	47%		72%	
		Government	70%	38%	37%	38%		54%	



Sub IR 3.3	Percentage of facilities with traceability of first-line ARVs	PNFP	70%	37%	37%	37%		52%	This metric did not get traction because the number of facilities that actually reported was small, and this number was a function of the total facilities.
Result 5: Strengthen supply chain systems to respond to public health emergencies									
Sub IR 1.2.1	A national stockpile strategy of medical countermeasures for use during a public health emergency in place								Activities implemented in Y5 and wrapped up
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								Activities implemented in Y5 and wrapped up
Sub IR 1.2.1	Presence of an emergency electronic logistics management information system (eELMIS)								Activities implemented in Y5 and wrapped up
Sub IR 1.2.1	Number of individuals trained in supply chain related to sending and receiving medical countermeasures during public health emergency								Activities implemented in Y5 and wrapped up
Sub IR 1.2.1	Presence of simulation plan and schedule								Activities implemented in Y5 and wrapped up
Sub IR 1.2.1	Number of simulations conducted to test the Global Health Security Agenda framework								Activities implemented in Y5 and wrapped up
Context, PMI and PEPFAR performance indicators									

Sub IR 1.2.1	Number of artemisinin-based combination therapy (ACT) treatments purchased with USG funds		1,368,000	1,650,390			1,650,390	121%	Data covers Oct. 1, 2019 - May 31, 2020
Sub IR 1.2.1	Number of ACT treatments purchased in any fiscal year with USG funds that were distributed in this reported fiscal year		1,368,000	989,670			989,670	72%	Data covers Oct. 1, 2019 - May 31, 2020
Sub IR 1.2.1	Number of rapid diagnostic test purchases with USG funds that were distributed to Health Facilities		2,850,000	1,355,825			1,355,825	48%	Data covers Oct. 1, 2019 - May 31, 2020. The number would have been higher if whole year was included.
Sub IR 1.2.1	Number of rapid diagnostic tests purchased in any fiscal year with USG funds that were distributed in this reported fiscal year		2,850,000	1,355,825			1,355,825	48%	Data covers 1st Oct 2019 - 31st May 2020. The number would have been higher if whole year was to be looked at.
Sub IR 1.2.1	Number of insecticide-treated nets purchased with USG funds		1,038,000	1,038,000			1,038,000	100%	Data covers 1st Oct 2019 - 31st May 2020
Sub IR 1.2.1	Number of insecticide-treated nets purchased with USG funds that were distributed		1,038,000	1,318,559			1,318,559	127%	Data covers 1st Oct 2019 - 31st May 2020
Sub IR 3.3	Average stock-out rate of contraceptive commodities at family planning service delivery points	Depo-Provera	0%	11%			11%	89%	Data covers Oct. 1, 2019 - April 31, 2020 DHIS2 reports. Performance is an improvement from 15% in FY18/19

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

In Year 6, UHSC continued to help make 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.

Leveraging from our earlier work and in collaboration with other stakeholders to respond to the COVID-19 pandemic, we contributed directly 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 prefabricated storage units expanded the storage space for HIV medicines and health supplies at 26 high client volume sites. This was part of USAID's PEPFAR support to the MoH in rolling out the HIV test-and-treat strategy for achieving 90-90-90 and HIV epidemic control in Uganda and contributed 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>	Progress
<b>Results Area 1: National policies developed and implemented to improve EMHS affordability, availability and accessibility in alignment to national health goals</b>				
<b>I.1. Policies that improve affordability, availability, and accessibility of EMHS</b>	Support operationalization of implementation letters between US government and Government of Uganda	Supported the secretariat in the preparation for the 14 <sup>th</sup> meeting which was called off last minute and did not take place due to COVID-19	<b>IR: 3.4</b>	<b>Completed</b>
	Support finalization of the equity of allocation formula implementation plan	<ul style="list-style-type: none"> <li>• NMS finally agreed to implement the equity formula without the earlier proposed high-level meeting</li> <li>• As per NMS guidance, Kampala, Wakiso, Mpigi, and Mukono district health departments were readied to start implementation of the equity formula as a start-up for NMS</li> <li>• USAID-proposed equity discussions yet to take place</li> <li>• MoH, with support from UHSC, informed all district medicines management supervisors (MMS) to prepare to support districts initiate implementation</li> <li>• Further activity was curtailed by the COVID-19 pandemic</li> </ul>	<b>IR: 3.4</b>	<b>Not completed. Covid-19 induced delay.</b>

<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>	Progress
	Support implementation of scale-up plan for moving from push to pull distribution	While MoH has accepted the merits of push-pull, and agreed to start the process, the activity got overtaken by COVID-19-induced events. This activity will be transitioned to MoH so that the USAID SSCS mechanism can continue the push for execution.		<b>Not completed. Covid-19 induced delay as government became seized with the public health emergency.</b>
<b>I.2: Pharmaceutical sector research and advocacy</b>	Finalize write-ups on UHSC interventions and assessments	<ul style="list-style-type: none"> <li>The manuscript “Article 3: One-year impact of supervision, performance assessment and recognition strategy (SPARS) on prescribing and dispensing quality in Ugandan health facilities” was submitted in Q1 to <i>Journal of Pharmaceutical Policy and Practice</i>; waiting for comments from the review process</li> <li>The article, “Impact assessment of supervision performance assessment and recognition strategy (SPARS) to improve supply chain management in health facilities” finalized for submission. Final publication to happen after project closes.</li> </ul>	<b>IR: 3.4</b>	<b>Not completed. One submission made to a publication whilst other has been finalized for submission. Final publication for both not likely to happen during subsistence of the project.</b>
<b>Result Area 2: Country capacity strengthened to effectively and sustainably manage supply chain</b>				
<b>2.1. Central supply chain management systems strengthened</b>  Quantification and Procurement Planning Unit (QPPU)	<ul style="list-style-type: none"> <li>Support national EMHS quantification and forecasting</li> <li>Support monthly coordination meetings on commodity security</li> </ul>	<ul style="list-style-type: none"> <li>Disseminated the national RMNCAH quantification 2019-2022 and prepared the public sector gap analysis for family planning and nutritional commodities for input into the MoH budget call for FY 2020/21</li> <li>Supported the UN Population Fund (UNFPA) commodity quarterly review and gap analysis for 2020</li> <li>Conducted a quantification review for TB commodities, reviewing forecast assumptions in line with new program targets</li> <li>Reviewed and updated quantification, gap analysis, and the list of health products for ARVs, cotrimoxazole, TB,</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>

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>	Progress
		<p>condoms, and laboratory commodities for the Global Fund 2021-2023 grant application</p> <ul style="list-style-type: none"> <li>● Disseminated the MoH bimonthly stock status report for February 1, 2020 and conducted one commodity security group meeting</li> <li>● Reviewed ARV, lab, and TB commodity stock status and pipeline in light of the COVID-19 pandemic; assessed JMS and Medical Access Uganda, Ltd. (MAUL) readiness for ARV multi-month dispensing, which we found ready for three months' multi-months dispensing</li> <li>● Assessed stock status and pipeline of lopinavir/ritonavir 100/25mg tablets to inform appropriate timing for optimization of pediatric patients</li> <li>● Supported Mulago National Referral Hospital to quantify COVID-19 commodity requirements</li> </ul>		
	Support procurement of HIV commodities (ARVs and HIV test kits) for JMS and NMS	<ul style="list-style-type: none"> <li>● Compiled data for a cabinet paper on financing the HIV response</li> <li>● Assessed risk of wastage for ARV legacy regimens at NMS and proposed mitigation measures</li> <li>● Reviewed PNFP supply plans for ARVs, voluntary medical male circumcision, malaria, reproductive health, and laboratory commodities for JMS; compiled supply plan for additional \$3.5M for condoms and lubricants under country operational plan 2019</li> <li>● Updated country operational plan 2019 ARV supply planning tool for all warehouses in light of the new World Health Organization (WHO) recommendations for tenofovir/ lamivudine/ dolutegravir use among women of reproductive age</li> <li>● Supported ARVs, laboratory, voluntary medical male circumcision, condoms, and opportunistic infection</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>

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>	Progress
		<p>commodities quantification for PEPFAR country operational plan 2020 planning; reviewed ARV forecast in light of transition of 31,000 ART clients from MAUL to JMS</p> <ul style="list-style-type: none"> <li>Conducted a quantification of commodities for cervical cancer and pharmacovigilance as new priorities for country operational plan 2020</li> </ul>		
	Support electronic central stock status reporting	<ul style="list-style-type: none"> <li>Maintained and updated web-based central level stock status dashboard for ARVs and HIV test kits</li> <li>Updated the online stock status dashboard for ARVs, TB medicines, and rapid test kits</li> <li>Conducted meetings with JMS and SITES on automation of data collection for the online stock status dashboard</li> <li>Finalized dashboard expansion with RMNCAH and malaria commodities in collaboration with SITES project</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>
	Support health facility procurement planning	<ul style="list-style-type: none"> <li>Supported facilities in the NMS annual procurement planning FY2020/21</li> <li>Participated in health facility capacity building in LMIS to evaluate procurement planning process and use of electronic systems (RxSolution, web-based ART ordering and reporting system/TB web-based ordering system [WAOS)/TWOS]) at facilities</li> <li>Supported a dedicated NMS annual procurement planning for hospitals in Western Uganda for FY2020/21</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>

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>	Progress
	Build MoH Pharmacy Department capacity to take on QPPU functions	<ul style="list-style-type: none"> <li>● Achieved 80% reporting rate in TWOS; shared bimonthly TWOS report with stakeholders; followed up on non-reporting facilities with implementing partners and TB/leprosy supervisors</li> <li>● Prepared a scope of work for the proposed web-based ordering and reporting system for reproductive health/family planning commodities (RH WOS); participated in the preparatory meeting to review data requirements for the RH WOS with Division of Health Information and UNFPA</li> <li>● Supported the design of lab web-based ordering system</li> </ul>	IR: 3.4	<b>Completed</b>
National TB and Leprosy Program (NTLP)	<ul style="list-style-type: none"> <li>● Implement TB medicines web-based ordering and reporting system (TWOS)</li> <li>● Support TWOS data analysis and utilization</li> <li>● Implement rationalization of distribution of TB medicines</li> <li>● Promote UHSC-NTLP coordination and collaboration</li> </ul>	<ul style="list-style-type: none"> <li>● Supported the MoH Planning Department to draft a letter requesting more funding for TB commodities</li> <li>● Used TWOS data analysis to inform implementation of isoniazid preventive therapy and facility stock status for anti-TB commodities</li> <li>● Had preliminary discussions for rationalization of distribution between NMS and the NTLP program manager</li> <li>● Held coordination and update meeting with the NTLP program manager</li> <li>● TWOS reporting rates decreased from 80% in October-November 2019 to 74% in December 2019-January 2020; facilities that did not report were contacted through their district TB and leprosy supervisors</li> <li>● Used TWOS data to monitor facility ordering patterns, inform redistribution of medicines, and implementation of isoniazid preventive therapy</li> <li>● Supported the Global Fund TB grant application for the period 2021-2023; first-line TB medicines were</li> </ul>	IR: I.2 and I.3	<b>Completed</b>



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>	Progress
		<p>allocated to JMS to enable implementation of rationalization of distribution</p> <ul style="list-style-type: none"> <li>Supported the NTLP with X-ray allocation, planning for training, and installation; supported the negotiation of GeneXpert bundling pricing from \$0.99 to \$0.95</li> </ul>		
National Malaria Control Program (NMCP)	<ul style="list-style-type: none"> <li>Conduct end-use verification survey</li> <li>Improve commodity tracking/traceability</li> <li>Provide routine logistics support to program</li> </ul>	<ul style="list-style-type: none"> <li>Analyzed and shared DHIS2 stock status data with district focal persons and implementing partners to avert stock-out</li> <li>Prepared and presented to the President’s Malaria Initiative a justification to procure additional stock of artesunate for the PNFP sector to ensure gaps are filled for FY19</li> <li>Supported NMCP to conduct the malaria program review, specifically procurement and supply management, across five years of the strategic plan and contributed to strategic areas for the next plan</li> <li>Supported the revision of the NMCP Global Fund budget and supply plan and list of health products and placed 2020 orders</li> <li>Conducted end-use verification 10 survey during February; a report is available</li> <li>Supported the Global Fund grant application for malaria</li> <li>Placed malaria commodity orders for 2020 as per the updated public sector supply plan and further coordinated inter-warehouse transfer of ACTs and artesunate from NMS to JMS to cover commodity gap</li> <li>Supported long-lasting insecticide-treated net mass campaign preparations by updating micro-planning data collection tools, training data collectors, and coordinating data collection in the field; supported</li> </ul>	<b>IR:1 and 2,1.3</b>	<b>Completed</b>

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>	Progress
		<p>analysis of wave I micro-planning data and developed district micro-plans and budgets</p> <ul style="list-style-type: none"> <li>● Collaborated with JMS to prepare and disseminate the PNFP bimonthly stock status report for January–February 2020</li> <li>● Disseminated the artesunate use mini-survey report to President’s Malaria Initiative and implementing partners</li> <li>● Instituted a morbidity-based cap for intravenous artesunate issued to all PNFP facilities managing severe malaria cases</li> </ul>		
Pharmaceutical management information system	<ul style="list-style-type: none"> <li>● Complete RxSolution dashboards in PIP</li> <li>● Transition PIP to MoH and implement sustainability approaches</li> </ul>	<ul style="list-style-type: none"> <li>● Completed development of RxSolution health facility short-dated and expired item dashboards in PIP to provide national and sub-national level visualizations on the extent and risk of expiry of items in health facilities</li> <li>● Transitioned PIP system administration and management to the MoH Information Technology Unit; procured and installed additional 26TB of storage for the PIP system at MoH to comfortably sustain long-term use of the system</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>

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>	Progress
Pharmacy Department coordination and collaboration	<ul style="list-style-type: none"> <li>● Participate in the development of the new strategic plan for the pharmaceutical sector</li> <li>● Hold monthly coordination meetings between Pharmacy Department and UHSC</li> <li>● Support monthly Medicines Procurement and Management technical working group meetings</li> <li>● Participate in health information system, Supervision, Monitoring, Evaluation, Assessment and Research Technical Working Group</li> <li>● Support Commodity Security Group meetings</li> </ul>	<ul style="list-style-type: none"> <li>● Nominated a task team to coordinate and manage the strategic plan review; selected consultants; and started work</li> <li>● Held monthly Pharmacy Department/ UHSC meetings with a standing agenda item to monitor the transition of activities to Pharmacy Department</li> <li>● Participated in all planned technical meetings</li> </ul>	<b>IR:3.4</b>	<b>Completed</b>
Pharmaceutical sector monitoring and reporting	<ul style="list-style-type: none"> <li>● Prepare bimonthly facility level stock status reports</li> <li>● Conduct SPARS review</li> <li>● Contribute to the Health Sector Development Plan II</li> </ul>	<ul style="list-style-type: none"> <li>● Delayed reporting due to the transition from the old DHIS2 to the new version; worked with the Division of Health Information to develop the health facility master list</li> <li>● Prepared quarter one MoH quarterly performance report</li> <li>● Continued with analysis of SPARS assessment data</li> <li>● Contributed to the writing of the Health Sector Development Plan II with a focus on the supply chain piece</li> <li>● Developed standard operating procedures for DHIS2 data extraction and analysis; actual transition was not</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>

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>	Progress
		successful due to staff inadequacy in Pharmacy Department		
Improve LMIS data accuracy and use	<ul style="list-style-type: none"> <li>Support the reporting and use of the new health management information system (HMIS) logistics tools</li> </ul>	<ul style="list-style-type: none"> <li>Trained 60 national trainers in the new HMIS logistics tools; scale-up of regional and facility level trainings in the new tools remains pending</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>
	<ul style="list-style-type: none"> <li>Consolidate data quality and use standard operating procedures for the various LMIS</li> </ul>	<ul style="list-style-type: none"> <li>Put standard operating procedures in place and uploaded them to the PIP</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>
Expiries and waste management	<ul style="list-style-type: none"> <li>Collaborate with Global Fund to develop waste management policy and guidelines</li> <li>Monitor facility-level expiries</li> </ul>	<ul style="list-style-type: none"> <li>Supported plans for part of task team to develop the waste management policy and guidelines</li> <li>Added new expiry indicator in the facility stock status report</li> </ul>		<b>Completed</b>

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>	Progress
<p><b>2.2 District level systems for EMHS management enhanced</b></p> <p>District basic package for EMHS management</p>	<ul style="list-style-type: none"> <li>Continue EM SPARS and PFM implementation support in 10 districts (7 with no implementing partner and 3 Makerere University Walter Read Project [MUWRP] districts)</li> <li>Enhance district health office supply chain management information use</li> <li>Carry out medicines management performance recognition scheme</li> <li>Provided operations support for medicines management in 10 districts</li> </ul>	<ul style="list-style-type: none"> <li>Supported implementation of EM SPARS and PFM in the 3 MUWRP districts. Nationwide, a total of 1,401 EM SPARS and 518 PFM supervisions were carried out during the year (end of March 2020). Very little improvement noted, mainly because of regional implementing partners' delay to get a waiver to support SPARS activities. TASO has yet to start supporting SPARS activities, pending receipt of waiver. The COVID-19 pandemic affected supervisions in March 2020. National performance stood at 76% of facilities achieving adequate EM SPARS scores and 45% achieving adequate PFM scores.</li> <li>Continued to run district performance graphs on MoH screens and the PIP, which highlight SPARS support and performance per quarter</li> <li>Continued supporting MMS assets (including repair of motorbikes and provision of internet data) in 10 districts so medicines management activities were not hampered</li> <li>Started the MMS asset disposition process to MUWRP districts, following MUWRP's turning down the request to support MMS assets</li> </ul>	<p><b>IR: 33.4</b></p>	<p><b>Completed</b></p>
<p>Supply chain management support to implementing partners</p>	<ul style="list-style-type: none"> <li>Provided monitoring and support for implementation of transitioned interventions</li> <li>Support implementing partner supply chain management coordination and collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Produced the bimonthly regional implementing partner reports detailing regional supply chain management performance, which continue to show a decline in implementation of all supply chain management interventions that were transitioned to regional partners</li> <li>Supported MoH to organize quarterly supply chain management review meetings of all regional implementing partners to discuss supply chain</li> </ul>	<p><b>IR: 3.4</b></p>	<p><b>Completed</b></p>

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>	Progress
		indicators being monitored; used the indicator reference sheet to present the current performance of the implementing partners		
SPARS efficiency, effectiveness, and sustainability	<ul style="list-style-type: none"> <li>Collaborate and coordinate with districts and finalize transition plan</li> <li>Conduct USAID/UHSC joint supervision visits to districts</li> <li>Review EM SPARS tool and organize consensus meeting to include traceability of commodities</li> </ul>	<ul style="list-style-type: none"> <li>Held UHSC/MUWRP/district joint transition meetings to discuss finalization of support to Mukono, Buikwe, and Kayunga districts; detailed results in the supply chain management transition plans with timelines and responsibilities of different stakeholders (MUWRP, district leadership, and UHSC)</li> <li>Led review of the EM SPARS tool to incorporate the traceability of commodities component; participants at the implementing partners' supply chain management meeting agreed to the addition</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>
<b>IR 3: Increased availability and access to vital medicines and health supplies among priority populations</b>				
<b>3.1: Increased access to RMNCAH commodities</b>	Collaborate and coordinate with MoH and RMNCAH partners	<ul style="list-style-type: none"> <li>Supported ongoing collaboration between Pharmacy Department and RMNCAH stakeholders</li> <li>Participated in three Maternal and Child Health (MCH) Cluster meetings and presented on RMNCAH stock status, procurement, and supply management updates</li> <li>Participated in one Uganda National Expanded Programme for Immunization-led vaccines management meeting to further support visibility and vaccines management</li> <li>Supported the UNFPA condom forecasting exercise; participated in the meeting to streamline condom distribution in light of the decline in warehouse issues for the commodity</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>

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>	Progress
	<ul style="list-style-type: none"> <li>Support scale-up of standardized community supply chain tools and procedures</li> </ul>	<ul style="list-style-type: none"> <li>Coordinated with MoH to include community supply chain procedures and tools in the draft 2020 iCCM implementation guidelines</li> </ul>	IR: 3.4	Completed
	<ul style="list-style-type: none"> <li>Support integrated national quantification for vaccines and child health days</li> </ul>	<ul style="list-style-type: none"> <li>Supported the quantification and supply planning meetings for vaccine requirements for 2020 that were led by UNICEF and Uganda National Expanded Programme for Immunization</li> <li>Supported MoH Pharmacy Department to strengthen tracking of vaccines stock situation at national level</li> </ul>	IR: 3,4	Completed
	<ul style="list-style-type: none"> <li>Document learning and best practices from implementation of oxytocin/vaccine co-storage</li> </ul>	<ul style="list-style-type: none"> <li>Finalized the technical report of the oxytocin integration activities in Uganda</li> <li>Finalized the implementation guidelines, standard operating procedures, and visual aids for the oxytocin integration procedures</li> <li>Developed materials to present at the MoH senior management meeting to elicit approval of the guidelines</li> <li>Conducted a webinar with international partners under the Reproductive Health Supplies Coalition; the theme was “Integrating Oxytocin into the Vaccines Cold Chain: Experience from Implementation in Uganda”</li> <li>Developed a scope of work to assess cold chain infrastructure requirements for oxytocin integration to include in the planned assessment of storage infrastructure as part of the distribution optimization support by Global Fund to MoH</li> <li>Guidelines now with senior leadership in MOH for signature</li> </ul>	IR: 3.4	Completed

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>	Progress
	<ul style="list-style-type: none"> <li>Support implementation of the alternative distribution strategy (ADS)</li> </ul>	<ul style="list-style-type: none"> <li>Prepared and supported the dissemination of MoH circular to guide implementing partners and districts on how to prepare for full transition to the one-warehouse-one facility policy for reproductive health commodities; participated in the review of the policy implementation with implementing partners and the Uganda Family Planning Consortium</li> <li>Participated in MoH-led meetings for transition to one-facility-one-warehouse implementation and obtained consensus for outreach to implementing partners (MSU, PACE, RHU) to put in place transition plans for the period ending June 2020</li> <li>Conducted a meeting with PSI/PACE to develop a draft transition plan for one-facility-one-warehouse implementation</li> <li>Trained two JMS staff members to run routine analyses of ADS data and generate bimonthly ADS performance reports; jointly prepared the report for cycle 5 and cycle 6 of 2019 and for cycle 1 of 2020</li> <li>Continued to support MoH in monitoring implementation of the transition</li> <li>Assessed implementation of the one-facility-one-warehouse policy for the period July 2019 to December 2019; visited 10 facilities in 3 districts with implementing partners (RHU, PSI, MoH, RHITES-N Lango, RHITES-N Acholi)</li> </ul>	IR: 3.4	<b>Completed</b>
	<ul style="list-style-type: none"> <li>Increase access through iCCM and the 13 lifesaving commodities</li> </ul>	<ul style="list-style-type: none"> <li>Participated in one quarterly iCCM partners' meeting and galvanized support to improve iCCM reporting rates</li> <li>Supported review of the three-year RMNCAH quantification and the NMS-led annual procurement</li> </ul>	IR: 3.4	<b>Completed</b>



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>	Progress
		<p>planning for reproductive health/family planning commodities for FY20/21</p> <ul style="list-style-type: none"> <li>● Participated in a UNFPA/Clinton Health Access Initiative-sponsored development of a draft reproductive health/family planning supply chain maturity model for Uganda. The model is aimed at helping MoH and partners identify supply chain improvements needed to further strengthen reproductive health/ family planning commodity security</li> <li>● Responded to the existing central-level stock position by preparing a quantification and shipment plan for UNFPA to bring in 645,000 vials of oxytocin and 102,200 units of magnesium sulfate, representing approximately six months of stock of each product by June 2020</li> </ul>		
	<ul style="list-style-type: none"> <li>● Enhance RMNCAH information and data utilization</li> </ul>	<ul style="list-style-type: none"> <li>● Made progress on the inclusion of reproductive health and malaria commodities in the online stock status report that previously had only HIV-related commodities; used our collaboration with SITES to finalize the system requirements; contracted Data Care (service provider) to develop the user interface to include these commodities</li> <li>● Prepared and presented RMNCAH central and facility stock level analysis at monthly MCH Cluster meetings</li> <li>● Submitted the quarterly USAID Procurement Planning and Monitoring Report for contraceptives</li> <li>● Responded to requests from implementing partners on RMNCAH commodity security, plans for redistribution, and inter-warehouse transfers</li> <li>● Participated in meetings to explore integration of reproductive health commodities into a UNFPA-supported web-based reporting system built on DHIS2</li> </ul>	IR: 3.4	<b>Completed</b>

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>	Progress
<b>IR 4: Supporting Scale up of Uganda's HIV/AIDS Response</b>				
<p><b>4.1: Strengthen national capacity to manage HIV/AIDS commodities</b></p> <p>Support AIDS Control Program coordination and oversight</p>	<ul style="list-style-type: none"> <li>Support WAOS/TWOS management</li> <li>Strengthen data analysis and utilization</li> <li>Support transition of WAOS</li> <li>Support MMD</li> </ul>	<ul style="list-style-type: none"> <li>Analyzed WAOS data as of March 2020 to show the stock status for the commodities and the latest patient numbers by regimen</li> <li>Disseminated WAOS bimonthly report; data is useful to monitor movement of legacy regimens at facility level</li> <li>Supported migration of WAOS/TWOS eLMIS app from the old MoH DHIS2 (hmis2.health.go.ug) to the new DHIS2 (hmis.health.go.ug); created the app's metadata and uploaded it to the test server; uploaded the app for testing</li> <li>Conducted a meeting between AIDS Control Program and implementing partners to provide updates on new MMD formulations, pediatric regimen optimization, and logistics flow for third-line ARVs</li> <li>Drafted and presented MMD guidelines to implementing partners</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>
	<ul style="list-style-type: none"> <li>Provide routine logistics support to AIDS Control Program</li> </ul>	<ul style="list-style-type: none"> <li>Supported the review of the consolidated guidelines on HIV prevention and treatment</li> <li>Compiled stock status for ARVs across all warehouses in light of the COVID-19 pandemic. Patients on ART to receive 2-month refills</li> <li>Reviewed all NMS combined orders for cycle 5 and 6 to ensure that the stock ordered is enough to last facilities 8 months until the next financial year</li> <li>Prepared allocation list for PEPFAR-procured tenofovir/lamivudine/dolutegravir 600mg (1,175,498 packs) that were warehoused at JMS</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>

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>	Progress
	<ul style="list-style-type: none"> <li>● Roll out real-time ARV stock status</li> </ul>	<ul style="list-style-type: none"> <li>● Extracted and analyzed biweekly real-time ARV stock status data to inform facility months of stock for adult and pediatric formulations and laboratory test kits</li> </ul>	IR: 3.4	Completed
Support to NMS	<ul style="list-style-type: none"> <li>● Support stakeholder engagement and communication</li> <li>● Develop NMS change management maturity</li> <li>● Provide communications support to NMS</li> <li>● Monitor change progress and impact</li> </ul>	<ul style="list-style-type: none"> <li>● Wrapped up the ERP change management support this quarter; developed and shared the 5-year change management strategy with NMS</li> <li>● Disseminated the facility technology and ERP change management assessment report</li> <li>● Developed communication materials for the ERP transition and production phases</li> <li>● Developed a change management costed plan for ERP phase II implementation</li> </ul>	IR: 3.4	Completed
	<ul style="list-style-type: none"> <li>● Support NMS customer care representatives in medicines management</li> </ul>	<ul style="list-style-type: none"> <li>● Not done due to COVID 19 interference</li> </ul>		Not Completed. Covid-19 induced delay
	<ul style="list-style-type: none"> <li>● Support steps to procure and monitor USG-funded ARVs and HIV test kits</li> </ul>	<ul style="list-style-type: none"> <li>● Assessment done and report produced</li> </ul>		Completed
Support to JMS	<ul style="list-style-type: none"> <li>● Support implementation of activity-based costing</li> </ul>	<ul style="list-style-type: none"> <li>● Disseminated phase 3 activity-based costing report. JMS now uses daily reports to monitor their performance</li> </ul>	IR: 3.4	Completed
	<ul style="list-style-type: none"> <li>● UHSC-JMS management meetings</li> </ul>	<ul style="list-style-type: none"> <li>● Organized JMS-PSM project-UHSC monthly meetings to inform progress on activities</li> </ul>		Completed
Support the national supply chain assessment	Support development of waste management policy	<ul style="list-style-type: none"> <li>● Participated in task force to review waste management policy; Global Fund identified consultants to implement policy review</li> </ul>	IR: 3.4	Completed

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>	Progress
Improved facility capacity to manage ART commodities	<ul style="list-style-type: none"> <li>● Continue ART SPARS implementation support in 7 districts with no IP</li> <li>● Monitor and support implementation of ART SPARS in the country.</li> <li>● Improve HIV commodity stock status visibility at district and national level</li> </ul>	<ul style="list-style-type: none"> <li>● Transitioned ART SPARS implementation in 7 Karamoja districts to RHITES E and TASO. Implementation has been slow due to TASO's delay in acquiring waiver to support ART SPARS</li> <li>● Continued to monitor and support national ART SPARS implementation in the country. National rollout now stands at 91% up from 88% as at end of Q1 and 53% of ART sites have attained desirable ART SPARS performance</li> <li>● Continued to lead preparation and dissemination of monthly ART SPARS performance report</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>
Improved facility capacity to manage TB and lab commodities in support of HIV prevention, treatment, and care & plan transition	Monitor and support implementation of TB and Lab SPARS in the country	<ul style="list-style-type: none"> <li>● Continued to monitor implementation of TB and Lab SPARS in the pilot districts; carried out 18 TB SPARS and 90 Lab SPARS supervision visits; facility average score is 21.5/25 for TB SPARS and 18.6/25 for Lab SPARS in the pilot districts</li> <li>● Developed and deployed TB SPARS offline tool on the PIP</li> <li>● Worked with Uganda National Health Laboratory Services to review the Lab SPARS tool and training materials</li> <li>● Oriented the 2 NTLP and 11 implementing partner staff members to support district TB and leprosy supervisors on use of the TB SPARS offline tool</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>
Scale up of electronic pharmaceutical logistics management systems	Transition RxSolution support	<ul style="list-style-type: none"> <li>● Completed transition of RxSolution health facility support to all 11 regional implementing partners and mentored the MoH Division of Health Information team on management of the RxSolution centralized medicines product catalogue</li> </ul>	<b>IR: 3.4</b>	<b>Completed</b>

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>	Progress
Improvement of storage conditions	<ul style="list-style-type: none"> <li>● Complete construction of superstructures for 12 PSUs in batches 4 and 5</li> <li>● Install 12 shelves, 4 pallets, a power back-up system, and a fire extinguisher at each of the 12 completed facilities</li> <li>● Connect each completed unit either directly to the power grid or through an existing power source (within the facility)</li> <li>● Landscape grounds around the 12 completed units to improve drainage while also improving the aesthetic appearance</li> <li>● Provide technical supportive supervision</li> <li>● Conduct joint management/technical supervision visits to assess progress while resolving emerging issues</li> <li>● Train users on how to operate installed equipment</li> <li>● Conduct studies to establish ability of constructed PSUs to achieve recommended</li> </ul>	<ul style="list-style-type: none"> <li>● Oversaw construction of 12 superstructures</li> <li>● Oversaw installation of required shelves, pallets, power back-up systems, and fire extinguishers in 12 PSUs</li> <li>● Ensured all units were connected to either existing power sources or Umeme grid</li> <li>● Ensured grounds around the completed 12 PSUs were landscaped</li> <li>● Conducted technical supervision visits and 3 joint supervision visits to batch 4 and 5 sites</li> <li>● Collected data related to temperature monitoring and wrote report</li> <li>● Inspected earlier completed PSUs for defects and brought them to contractor’s attention for rectification</li> <li>● Oversaw rectification of construction defects</li> <li>● Handed over 12 PSUs</li> </ul>	IR: 3.4	<b>Completed</b>

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>	Progress
	storage temperatures for medicines and health supplies			
<b>IR 5: Strengthening the national supply chain for outbreak and epidemic preparedness</b>				
<b>5.1 Support customization of the Global Health Security Agenda framework for Uganda context</b>  Support the COVID-19 pandemic response	Build capacity at national and sub-national levels to respond to COVID-19 response	<ul style="list-style-type: none"> <li>Recruited 6 additional staff (4 information technology and 2 logistics specialists) to support the national task force to respond to the COVID-19 pandemic; dedicated up to 9 UHSC staff members to support the pandemic supply chain response</li> <li>Trained 6 National Task Force Logistics Subcommittee members, 3 NMS staff members, 5 MoH Pharmacy Department members, and 6 JMS staff members in the e-ELMIS and public health emergency supply chain management</li> <li>Reactivated all 135 district rapid response teams logistics activities and mentored 28 stores focal persons in 28 high-priority districts in the e-ELMIS</li> </ul>	IR: 1.2 and 1.3	Completed

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>	Progress
		<ul style="list-style-type: none"> <li>• Participated in each of the 3 weekly meetings of the logistics subcommittee and partners' coordination meetings and provided technical advice as needed; overall, attended 32 logistics subcommittee meetings (both virtually and physically)</li> <li>• Assisted MoH in the coordination of partners in the response; prepared distribution lists for medical supplies and pushed distributions to districts, regional referral hospitals, and 53 points of entry (borders)</li> </ul>		
	Carry out quantification, forecasting, and pipeline monitoring for COVID-19 supplies, including personal protective equipment	<ul style="list-style-type: none"> <li>• Reviewed the catalogue of health commodities to include new commodities required specifically for COVID-19 response (e.g., personal protective equipment and laboratory supplies)</li> <li>• Conducted quantification exercises and forecasted for the COVID-19 pandemic commodity needs</li> <li>• Conducted weekly reviews of the COVID-19 response commodities stock status and updated procurement plans</li> <li>• Prepared accompanying pipeline information based on commodity flow as the pandemic evolved</li> <li>• Supported preparation of the Commissioner's weekly reports to be shared with MoH top/senior management</li> <li>• Supported preparation of the Minister of Health's weekly reports to cabinet</li> </ul>	IR: 1.2 and 1.3	Completed
	Ensure eELMIS system functionality and accessibility	<ul style="list-style-type: none"> <li>• Made necessary adjustments to the eELMIS to make it responsive to the needs of COVID-19 pandemic</li> <li>• Conducted eELMIS trainings for all 15 regional referral hospital staff</li> <li>• Helped the national task force update the eELMIS across all partners, referral hospitals, and districts</li> </ul>	IR: 1.2 and 1.3	Completed

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>	Progress
		<ul style="list-style-type: none"> <li>● Ensured real time commodity stock status was available and up-to-date</li> <li>● Enhanced the eELMIS reports to include online information on orders, stock status, stock gap, pipeline, partners donating and funding supply response</li> <li>● Initiated procurements of 20 laptops and data bundles for the regional referral hospitals and 6 new districts to facilitate their timely ordering, reporting, and accountability of COVID-19 commodities</li> <li>● Provided mentorship for all districts as needed</li> </ul>		
	Improve reporting and data visibility	<ul style="list-style-type: none"> <li>● Enhanced reports and developed eELMIS dashboards for central, node, and district user levels to enhance utilization of data in the system</li> <li>● Updated the medicines and health supplies product catalogue in the PIP to incorporate approximately 90 items required for the COVID-19 response including weekly updates of quantities required by the country to optimally respond to the pandemic</li> <li>● Used system reports to generate COVID-19 national logistics subcommittee reports and situation updates to share with the Minister of Health and other key stakeholders involved in the pandemic response</li> </ul>	IR: 1.2 and 1.3	Completed



## 2.2 Progress Narrative

Highlights UHSC's Year 6 activities include the following—

- Secured NMS agreement to implement the equity formula for allocation of funds for EMHS, although implementation is pending.
- Updated the country operational plan 2019 ARV supply planning tool for all warehouses in light of the new World Health Organization recommendations for tenofovir/ lamivudine/ dolutegravir use among women of reproductive age.
- Procured and installed an additional 26TB of storage at MoH for the PIP system to comfortably sustain long-term system use.
- Finalized the technical report of the oxytocin integration activities, implementation guidelines, standard operating procedures, and visual aids to guide health care workers in the correct procedures.
- Prepared a quantification and shipment plan for UNFPA to bring in 645,000 vials of oxytocin and 102,200 units of magnesium sulfate by June 2020, representing approximately six months' of stock of each product.
- Wrapped up the ERP change management support to NMS and developed and shared with them the five-year change management strategy.
- Continued to monitor and support national ART SPARS implementation, with the national rollout now standing at 91% up from 88% at the end of Q1; in addition, 80% public and 104% PNFP ART sites attained desirable ART SPARS performance of 80% (20/25 score).
- Collaborated with local governments to complete construction of PSUs at all 26 targeted sites. Local governments provided governance oversight, participated in supervision visits, and ensured that the paperwork to connect the PSUs to electricity was submitted. Each unit has been landscaped, connected to power, and equipped with 12 shelves, 2 pallets, a fire extinguisher, and a secured power back-up system.
- Activated all 135 district rapid response teams and logistics activities and mentored their staff in how to manage the COVID-19 response. UHSC reviewed the catalogue of health commodities to incorporate new commodities required specifically for the pandemic response, including personal protective equipment and laboratory supplies, and enhanced the eELMIS reports to include online information on orders, stock status, stock gap, pipeline, partner donations, and funding for pandemic supplies. The system now covers all 135 districts, 15 regional referral hospitals, and 2 national hospitals. All donor and partner commodity inputs into the COVID-19 pandemic supply chain response are coordinated through the system.
- Collaborated with NMS to initiate the ERP rollout through an extensive change management process and continued our work with JMS to streamline ADS and ensure HIV commodity security in the PNFP sector.

## 2.3 Partnership, Collaboration, and Stakeholder Engagement

**Transitioning Activities.** UHSC continued to support the Pharmacy Department in the transition period to plan and mobilize resources for key activities that have been transitioned from UHSC. Through mobilization efforts, the department obtained support from the World Bank Uganda Reproductive Maternal and Child Health Services Improvement Project, Global Fund, United Nations Population Fund, WHO, and Government of Uganda. We have instituted key coordination platforms and progress review meetings to monitor implementation of the transitioned activities. Technical and financial support has been provided to develop the National Pharmaceutical Sector Strategic Plan, Human Resource Plan, Uganda Clinical Guidelines, and Essential Medicines and Health Supplies List of Uganda. We also engaged and built capacity of the MoH information technology unit to manage the PIP system and the MoH DHI to manage the centralized medicines product catalogue.

We mentored 10 regional implementing partners on how to use RxSolution data at facility and district levels; we also transferred custody of UHSC-procured RxSolution computer equipment to them. The implementing partners included: RHITES-SW, RHITES-EC, RHITES-E, TASO, Baylor Uganda, Infectious Diseases Institute, RHITES-N Acholi, RHITES-N Lango, Rakai Health Sciences Program, and Makerere University Walter Reed Project. We also transitioned support for RxSolution for facilities and districts to nine of these regional implementing partners. We also started building the capacity of the MoH Information Technology Unit to coordinate implementing partners in providing RxSolution support. In collaboration with 11 regional implementing partners, we also completed the transition of support for district-level medicines management interventions with the final step of transferring MMS assets.

**Procurement Plans.** We supported the Pharmacy Department, NMS, and the implementing partners to analyze the previous performance of health facility adherence to the procurement plan. We engaged stakeholders to prepare for the procurement planning process. This provided a basis to focus efforts on building capacity of facilities who were weak in procurement planning. UHSC worked with the Clinton Health Access Initiative to provide input to the NMS procurement planning tools and supported selected facilities in their procurement planning process.

**National Pharmaceutical Strategic Plan.** UHSC supported the Pharmacy Department's development of the National Pharmaceutical Strategic Plan—also collaboratively working with the World Health Organization and the World Bank URMCHIP Project who provided technical and financial support. As part of the development process, UHSC helped organize the task force meetings with key stakeholders representing MoH, central warehouses, regulatory and professional bodies, academia, civil society, private sector, and development partners.

## 2.4 Learning and Adaptation

**PSU Construction.** As part of UHSC learning and adaptation, the PSU activity team calculated all costs involved in constructing the PSUs including the following: conducting assessments, seeking approvals, constructing the foundation, constructing the superstructure, finishing, installing equipment, landscaping around the facilities, connecting power, training users, and making both technical joint management and technical supervision visits. Total costs were compiled and will be available for future reference. In addition, we summarized reasons for delays in completing construction along with possible mitigation measures, and as part of this effort, the construction contractor was required to update the method used for external wall jointing to avoid cracks. A list of skilled and non-skilled staff that have participated in PSU construction was generated with contact information provided as

available. The newly constructed PSUs must be capable of maintaining the recommended storage temperatures for ARVs. To determine whether they meet the requirement, UHSC conducted a study during which health care workers at each of the new PSU recorded hourly room temperatures over a period of one week. We shared findings with district health teams and the central MoH for use when making decisions about how to ensure that ART clinics maintain recommended storage temperatures for ARVs in Uganda.

**Oxytocin Integration.** Following completion of the oxytocin integration guidelines and standard operating procedures, and lessons learned in the two learning districts (Bugiri and Mayuge), UHSC developed a draft indicator on cold chain storage for oxytocin (and other temperature-sensitive commodities) to include in the EM SPARS tool. Furthermore, experience with field testing of the guidelines showed that the standard procedures were also useful to higher level facilities (HC4, hospitals) that were not targeted for the integration procedures yet demonstrated challenges in maintaining cold chain on the labor ward.

In collaboration with nine regional implementing partners, we collected and analyzed data for 193 facilities that were in the pilot. Data collected were stock on hand and consumption of magnesium sulphate, as well as the number of cases of eclampsia/pre-eclampsia. The data showed that stock-out rate was highest at hospital level (40% cf. 10% facility average), yet this level had the highest case load (40.6 cases/month). We identified >2000 vials of magnesium sulfate to be redistributed with assistance of the regional partners. The data was used to improve the product quantification for FY20/21 by NMS and to review the recommended stock holding for each level of care.

Level of Care	# Health Facilities	Average of Reported Cases in 6 months (Pre-eclampsia/ Eclampsia)	No Cases Reported (Pre-eclampsia/ Eclampsia)
Regional Referral Hospital	10	40.9 (3 - 156) Approx. 10 cases/month	0%
General Hospital	52	14.3 (0 - 61) Approx. 24 cases/year	29%
HC IV	101	4.9 (0 - 64) Approx. 10 cases/year	38%
HC III	30	0.2 (0 - 2) Approx. 1 case/year	83%

**RMNCAH Data Use.** UHSC, with support of SITES, conducted an e-learning session with USG-supported family health implementing partners. We facilitated a discussion on the use of RMNCAH data in DHIS2 to orient implementing partners to the value of the data and analyses that the system is currently reporting. We emphasized the need to empower district and regional implementing partners as well as district health management teams to conduct these analyses on their own and take remedial action as needed. We also highlighted the data quality gaps and issues related to the need to improve compliance of reporting into DHIS2 to reach a level similar to that of reporting for ARVs. For illustration, reporting on family planning commodity consumption in HMIS 105 was less than 50%, while for WAOS, it is consistently over 90%.

## 2.5 Inclusive Development

UHSC aims to strengthen national systems that serve all categories of the population without any distinction.

## 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>
None			

## 2.7 Transparency and Accountability

No issues

### 3. LEADERSHIP DEVELOPMENT

Leadership development activity/task	Planned outcome for the reporting year	Indications/examples results
None. End of project year.		

### 4. ENVIRONMENTAL COMPLIANCE

As part of government of Uganda and USAID environmental requirements for small-scale construction in the health sector, the UHSC Activity generated site-specific project briefs with accompanying environment mitigation and monitoring plans. We submitted the documents to the Uganda National Environment Management Authority 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 environmental health and safety systems and registered very good outcomes.

### 5. AWARD-SPECIFIC REPORTING REQUIREMENTS

- I. Annual report

## 6. ACTIVITY MEL PLAN UPDATE

UHSC did not update its activity monitoring, evaluation and learning plan in Y6 and no changes made to align it to CDC2. This is last year of the project.

# 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	\$ 38,832,128		
d. Total estimated cost share (if applicable)	\$ 2,059,543		
e. Total estimated leverage (if applicable)			
f. Total Expenditure billed to USAID/Uganda	\$ 37,086,245		
g. Expenditure incurred but not yet billed	\$ 420,136		

**f. Total Accrued Expenditure (both billed and not yet billed); sum of lines f and g**

\$ 37,506,381
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Actual spend for four quarters			
Quarter 1	Quarter 2	Quarter 3	Quarter 4
Quarterly expenditure rate by funding source	943,720	795,247	

Discuss issues such as: unexpected expenditures, material changes in costs due to considerations outside of the control of the project, cost savings and cost savings plans.

## 8. MANAGEMENT AND ADMINISTRATIVE ISSUES

### 8.1 Key management issues

None. It is the final year of the project.

### 8.2 Resolved management issues

If issues were raised in the last report(s), please describe how the activity addressed them specifically.

No issues.



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

Indicate opportunity/need for media and/or USAID/Uganda or other US Government involvement, particularly for USAID Activity monitoring site visits.

Not applicable. It is the final year of the project.

## 10. ANNEXES

### 10.1 USAID/Uganda Activity Work Plan Table

CDCS Link	Indicator	Disaggregation	Baseline Value	FY 19/20 Annual Target	FY 19/20 Annual Actual
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
		Stakeholder consultation		7	8
		Drafting		7	7
		Approval		5	6
		Implementation		4	5
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	LAB		80%	70%
		EMHS		80%	76%
		ARVs		80%	83%
		TB		80%	100%
		RMNCH		80%	77%
Sub IR 3.3	Average percentage availability of a basket of 41 commodities based on all reporting facilities in the previous quarter	LAB		90%	83%
		EMHS		90%	80%
		ARVs		90%	80%
		TB		90%	85%
		RMNCH		90%	80%
Sub IR 3.3	Number of wholesalers licensed according to the new GDP guidelines developed		0	350	484

<b>CDCS Link</b>	<b>Indicator</b>	<b>Disaggregation</b>	<b>Baseline Value</b>	<b>FY 19/20 Annual Target</b>	<b>FY 19/20 Annual Actual</b>
Sub IR 3.3	Number of government and PNFP health facility pharmacies inspected for Good Pharmaceutical Practices (GPP)	Government	797	1500	1560
		PNFP	142	500	277
Sub IR 3.3	Percentage of government and PNFP health facility pharmacies certified according to Good Pharmaceutical Practices (GPP)	Government	54%	60%	59%
		PNFP	59%	65%	65%
Sub IR 3.3	Number of individuals trained to conduct supply chain, inventory management, and supportive supervision.	Supportive supervision			
		Medicines Management			
		PFM			
Sub IR 3.3	Percentage of facilities with a SPARS score of 20 and above	Government	41%	75%	76%
		PNFP	35%	75%	76%
Sub IR 3.3	Percentage of order based facilities with a PFM score of 80% and above	Hospitals	63%	60%	45%
		HC4	51%	60%	49%
Sub IR 3.3	Average percentage of cases of priority diseases treated in compliance with standard treatment guidelines in reporting period	Malaria	70%	90%	93%
		URTI	41%	70%	65%
		Diarrhea	45%	80%	66%
<b>Result Area 3: Increased availability and accountability of RMNCH commodities among priority populations</b>					
Sub IR 3.3	Percentage of health facilities submitting a quarterly iCCM report		10%	40%	31%
<b>Result Area 4: Supporting scale up of Uganda's HIV/AIDS response</b>					

<b>CDCS Link</b>	<b>Indicator</b>	<b>Disaggregation</b>	<b>Baseline Value</b>	<b>FY 19/20 Annual Target</b>	<b>FY 19/20 Annual Actual</b>
Sub IR 3.3	Number of health workers trained in electronic stock management	Gender			
Sub IR 3.3	Number of facilities with a computerized functional Logistics Management Information System (Total number of Hospitals/HC4)	Government		135	38
		PNFP		25	7
Sub IR 3.3	The percentage of ART sites initiated on ART SPARS	Government	-	100%	95%
		PNFP	-	100%	78%
Sub IR 3.3	Percentage of facilities scoring at least 80% of the maximum ART SPARS score	Government	-	65%	52%
		PNFP	-	55%	57%
Sub IR 3.3	Percentage of facilities with accurate orders	Government	-	65%	44%
		PNFP	-	65%	47%
Sub IR 3.3	Percentage of facilities with traceability of first line ARVS	Government	-	70%	38%
		PNFP	-	70%	37%
<b>Result 5: Strengthen supply chain systems to respond to public health emergencies</b>					
Sub IR 1.2.1	A national stockpile strategy of medical countermeasures for use during a public health emergency in place				
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				

<b>CDCS Link</b>	<b>Indicator</b>	<b>Disaggregation</b>	<b>Baseline Value</b>	<b>FY 19/20 Annual Target</b>	<b>FY 19/20 Annual Actual</b>
Sub IR 1.2.1	Presence of an emergency electronic logistics management information system (eELMIS)				
Sub IR 1.2.1	Number of individuals trained in supply chain related to sending and receiving medical countermeasures during public health emergency				
Sub IR 1.2.1	Presence of simulation plan and schedule				
Sub IR 1.2.1	Number of simulations conducted to test the GHSA framework				
Context, PMI and PEPFAR performance indicators					
Sub IR 1.2.1	Number of artemisinin-based combination therapy (ACT) treatments purchased with USG funds			1,368,000	1,650,390
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			1,368,000	989,670
Sub IR 1.2.1	Number of Rapid Diagnostic Test(RDTs) purchases with USG funds that were distributed to Health Facilities			2,850,000	1,355,825
Sub IR 1.2.1	Number of Rapid Diagnostic Test(RDTs) purchased in any fiscal year with USG funds that were distributed in this reported fiscal year			2,850,000	1,355,825
Sub IR 1.2.1	Number of insecticide treated nets (ITNS) purchased with USG funds			1,038,000	1,038,000

<b>CDCS Link</b>	<b>Indicator</b>	<b>Disaggregation</b>	<b>Baseline Value</b>	<b>FY 19/20 Annual Target</b>	<b>FY 19/20 Annual Actual</b>
Sub IR 1.2.1	Number of insecticide treated nets (ITNS) purchased with USG funds that were distributed			1,038,000	1,318,559
Sub IR 3.3	Average stock out rate of contraceptive commodities at family planning service delivery points	Depo-Provera		0%	11%

## 10.2 Special reporting requirements

### HEALTH

#### A. PEPFAR

##### HIV/AIDS and TB

The objectives of the Monitoring, Evaluation and Report (MER) guidance document are to streamline and prioritize indicators for PEPFAR programs. As the PEPFAR MER indicators were being updated the following was taken into consideration:

- Reduction of indicators to focus program monitoring on what matters most for epidemic control;
- Standardization of age, sex and key population disaggregation across the prevention and clinical cascades to monitor which populations are being reached with high quality evidence-based services, and to identify which populations are not being reached;
- Alignment of indicators with multilaterals and partner governments to avoid duplication of data collection where possible, and to focus on improved data and programmatic quality;
- Input from community stakeholders, technical experts, implementing partners, and PEPFAR field staff;
- Alignment with other PEPFAR data streams such as site improvement through monitoring systems (SIMS), financial monitoring, and the sustainability index (SID).

##### Indicators:

1. Refer to Monitoring, Evaluation, and Reporting (MER 2.0) Indicator Reference Guide, October 2017 version 2.2
2. Required for all IPs receiving PEPFAR funding
3. Mission custom indicators determined at the time of AMEL Plan approval.

##### Databases Required:

HIV/AIDS/TB indicators in DATIM: Quarterly

MDR-TB indicators in PRS: Quarterly

##### Learning:

Quarterly evidence based learnings and success stories

#### B. MALARIA

The PMI Reporting Plan describes selected indicators, data needs, sources and tools to monitor and evaluate progress against the PMI objectives as outlined in the PMI Strategy 2015 – 2020 and is a companion document to the PMI Strategy. The indicators included in this reporting plan are the primary indicators that will be monitored to assess progress against PMI's goal and objectives. For each indicator, the definition, data source, and frequency of reporting are included in Appendix I.

##### Indicators:

1. Refer to Reporting Plan for the President's Malaria Initiative Strategy 2015 – 2020;
2. Required for all IPs receiving PMI funding;
3. Mission custom indicators determined at the time of AMEL Plan approval.

**Databases Required:**

Malaria indicators in PRS: Quarterly

Malaria PPR indicators PRS: Annually

**Learning:**

Quarterly evidence based learnings and success stories

**C. MATERNAL AND CHILD HEALTH (MCH)**

To reach this goal, USAID works to improve the accessibility and quality of basic interventions that can save, and have saved, millions of lives, focusing on five key areas:

1. Maternal health, including antenatal care, care during and around delivery, and post-natal care;
2. Newborn health;
3. Immunization;
4. Child health, including the treatment of illnesses such as diarrhea, pneumonia, and malaria;
5. Water, sanitation, and hygiene.

**Indicators:**

1. Required for all IPs receiving MCH funding;
2. Mission custom indicators determined at the time of AMEL Plan approval.

**Databases Required:**

Maternal and child health indicators in PRS: Quarterly

MCH PPR indicators PRS: Annually

**Learning:**

Quarterly evidence based learnings and success stories



### 10.3 Success story template

<b>Success Stories/Lessons Learned Template</b>
<i>One Story Per Template</i>

\* **Program Element:** Scale Up of Uganda HIV/AIDS Response

\* **Key Issues:** Scale Up of Uganda HIV/AIDS Response

**Title: Safe and Secure: Twenty Six Ugandan Facilities Increase Storage Space and Improve Management of Health Commodities**

**Operating Unit:** USAID/Uganda

\* **Pullout Quote (1,000 characters):** Please provide a quote that represents and summarizes the story.

*“The threat of theft is now reduced,” says Angole, “thanks to the security lights and double door locking system.”*

In the foothills of Uganda's fabled Moon Rwenzori Mountains, in the far west of the country, sits Bundibugyo Hospital. From its front steps you can see the Democratic Republic of the Congo (DRC) in the distance. Many refugees who fled their homes during DRC's internal conflict are treated at here. The hospital regularly serves a population of nearly 49,000, many of whom rely on its HIV clinic for prevention, treatment, and care.

Built in 1969, Bundibugyo Hospital had always faced the challenge of limited storage space for medicines and health supplies. Boxes of medicines were stored throughout the hospital, from the kitchen to the veranda and even on the floor of the hospital corridor, posing high risk of theft, damage, and expiry. According to Reuben Angole, the store manager at the hospital, there were numerous challenges for store staff who manage the medicine and supply stock. "Because the store was a small space only intended for one person, the two other store staff worked from the veranda," he explains. "There were frequent power cuts and the roof always leaked during rainy weather."

Because of the continued HIV and AIDS epidemic in Uganda, there is a consistent need for testing and treatment, and adequate storage space for antiretrovirals (ARVs) is a necessity. Through the test-and-treat strategy, patients who test positive for HIV are initiated on ARV therapy immediately, regardless of their CD4 cell (the white blood cells that fight infection) count. The differentiated service delivery model dispenses three months' worth of ARVs at one time to stable patients, reducing clinic visits and improving treatment adherence. In Uganda, about 60% of HIV patients are stable, making storage space and efficient ARV management in hospitals critical. Without careful planning and implementation, scale-up of these strategies could cause widespread ARV stock-outs, putting many patients at risk.

Bundibugyo's storage challenges are not uncommon in Uganda. In 2013, an assessment conducted by the Ministry of Health found that one in five health facilities lacked adequate storage space for medicines. In collaboration with the Pharmacy Department and AIDS Control Program, with funding from the US President's Emergency Plan for AIDS Relief (PEPFAR) and the US Agency for International Development (USAID), in 2019 the Uganda Health Supply Chain (UHSC) project, hosted by MSH, provided 26 medicine storage units to 22 districts in Uganda. Each prefabricated storage unit expanded storage space by 70 square meters and cut down on costs and building time associated with traditional construction. Each unit was furnished with 12 shelves, 4 pallets, and a 24-hour backup power system.

The program trained 400 district supervisors to properly manage and account for the large volume of ARVs. Angole was one of the district supervisors to be trained, and the new skills he and other supervisors gained ensure that facilities can track and fully account for all the medicines they receive. With the expanded space and shelving, Angole and his colleagues can properly organize, track, and dispense medicines, reducing damaged and expired medicines. Security has improved as well. "The threat of theft is now reduced," says Angole, "thanks to the security lights and double door locking system."

All medicines and health supplies are now in one place. The 24-hour backup power system has provided an uninterrupted power supply during outages, enabling staff to track stock levels and consumption of supplies through RxSolution an electronic inventory management software. Now, with the use of RxSolution and the storage units, the hospital can respond more quickly to stock-outs by receiving more medicines from neighboring facilities that are overstocked. According to Angole, expiry of medicines has reduced because "items are on shelves and their expiry dates can be clearly viewed. We can now comfortably issue out medicines using the first expiry first out approach."

Increased storage space and improved management of health commodities has contributed to reducing the number of new HIV infections and AIDS-related deaths in Uganda. Health providers are able to more quickly treat those diagnosed with HIV. Angole and other district supervisors can now track and dispense medicines, ARV medicines are always available, and people living with HIV can consistently receive their lifesaving medicines.

**\* Background Information (3,000 characters):** Please provide whether this story is about a presidential initiative, key issue(s), where it occurred (city or region of country) and under what item(s) (Objectives, Program Areas, Program Elements) in the foreign assistance Standardized Program Structure. Include as many as appropriate. See Annex VIII of the Performance Plan and Report Guidance for a listing of Key Issues. See the list and definitions for the Standardized Program Structure. [http://f.state.sbu/PPMDOcs/SPSD\\_4.8.2010\\_full.pdf](http://f.state.sbu/PPMDOcs/SPSD_4.8.2010_full.pdf).

UHSC is the lead technical assistance mechanism for supply chain management systems development in Uganda with funding from various US government sources, including the US President’s Emergency Plan for AIDS Relief (PEPFAR) and other USAID health streams (malaria, tuberculosis, family planning, reproductive, maternal, newborn, child and adolescent health [RMNCAH] and Global Health Security Agenda).

The goal of the Uganda Health Supply Chain activity 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 that supports evidence-based 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 (public and private not-for profit [PNFP] sectors)
3. Increased availability and accountability of 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

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#### 10.4 Special reporting requirements of Activities undertaking construction

<b>ACTIVITY NAME:</b> Construction of Prefabricated Storage Units (PSU)	<b>Start Date:</b> August 31, 2018	<b>End Date:</b> February 18, 2019
<b>Site Name: Batch 1:</b> Kangulumira HCIV, Kasangati HCIV, Namayumba	<b>Total USD Cost:</b> \$386,786	<b>% Completion Planned:</b> 100 <b>% Completion Actual:</b>

HCIV, Luwunga Barracks HCIII and Wakiso HCIV		100%
<b>Narrative Description of Progress Completed in Current Quarter, referencing the Schedule of Works:</b>		
Construction of the five medicines and health supplies stores in batch 1 was completed by February 18, 2019. The units were handed over on August 22, 2019.		
<b>Narrative Description of Work Scheduled for Next Quarter, referencing the Schedule of Works:</b>		
MSH engineers conducted inspection visits to look for defects.		

<b>ACTIVITY NAME:</b> Construction of Prefabricated Storage Units (PSU)	<b>Start Date:</b> January, 2019	<b>End Date:</b> August 6, 2019
<b>Site Name: Batch 2:</b> Kassanda HCIV, Kiganda HCIV, Kakumiro HCIV, Kasambya HCIII and Lwengo HCIV	<b>Total USD Cost:</b> \$429,809	<b>% Completion Planned:</b> 100% <b>% Completion Actual:</b> 100%
<b>Narrative Description of Progress Completed in Current Quarter, referencing the Schedule of Works:</b>		
Construction of the five PSUs in batch 2 was completed on August 6, 2019. The units were handed over on August, 22 <sup>nd</sup> , 2019.		
<b>Narrative Description of Work Scheduled for Next Quarter, referencing the Schedule of Works:</b>		
MSH engineers conducted inspection visits to look for defects.		

<b>ACTIVITY NAME:</b> Construction of Prefabricated Storage Units (PSU)	<b>Start Date:</b> March 2019	<b>End Date:</b> August 16, 2019
<b>Site Name: Batch 3:</b> Kazo HCIV, Ruhoko HCIV, Bwizibwera HCIV and Kabwohe HCIV	<b>Total USD Cost:</b> \$386,419	<b>% Completion Planned:</b> 100% <b>% Completion Actual:</b> 100%
<b>Narrative Description of Progress Completed in Current Quarter, referencing the Schedule of Works:</b>		
Construction of storage units at the four Batch 3 sites was completed on August 16, 2019.		
<b>Narrative Description of Work Scheduled for Next Quarter, referencing the Schedule of Works:</b>		
Grounds around the stores were landscaped in October 2019 to improve drainage and walkways will be provided as appropriate. In addition, the facilities were inspected for defects.		

<b>ACTIVITY NAME:</b> Construction of Prefabricated Storage Units (PSU)	<b>Start Date:</b> June, 2019	<b>End Date:</b> September 16, 2019
<b>Site Name: Batch 4:</b> Nagongera HCIV, Serere HCIV, Otur HCIV,	<b>Total USD Cost:</b> \$595,835	<b>% Completion Planned:</b> 100%

Otwal HC IV, Kitgum Hospital, and Amach HCIV		<b>% Completion Actual:</b> 100%
<b>Narrative Description of Progress Completed in Current Quarter, referencing the Schedule of Works:</b>		
Construction work at the six batch 4 sites started in June, 2019 and was completed September 16, 2019.		
<b>Narrative Description of Work Scheduled for Next Quarter, referencing the Schedule of Works:</b>		
Grounds around the stores were landscaped in November 2019 to improve drainage and walkways will be provided as appropriate. In addition, the facilities were inspected for defects.		

<b>ACTIVITY NAME:</b> Construction of Prefabricated Storage Units (PSU)	<b>Start Date:</b> July, 2019	<b>End Date:</b> October, 2019
<b>Site Name: Batch 5:</b> Gulu Military HCIV, Koboko HCIV, Buliisa HCIV, Kyegegwa HCIV, Kyarusozi HCIV and Bundibugyo Hospital	<b>Total USD Cost:</b> \$598,823	<b>% Completion Planned:</b> 100% <b>% Completion Actual:</b> 95%
<b>Narrative Description of Progress Completed in Current Quarter, referencing the Schedule of Works:</b>		
Construction work at the six Batch 5 sites started in July 2019 and was completed by February 2020.		
<b>Narrative Description of Work Scheduled for Next Quarter, referencing the Schedule of Works:</b>		
With all work completed, all units were under the liability period.		