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USAID Global Health Supply Chain Program

Quarterly Report
Oct-16 to Dec-16

Contract No.: AID-OAA-I-15-00032
Task Order No.: AID-674-TO-16-00002

30 January 2017

USAID GLOBAL HEALTH SUPPLY CHAIN

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Submitted to:

[REDACTED]
Contracting Officer Representative
USAID South Africa

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PROGRAM OVERVIEW

Name	USAID Global Health Supply Chain Program
Contract Number	AID-OAA-I-15-00032; AID-674-TO-16-00002
Start Date	September 27, 2016
End Date	September 30, 2021

The USAID Global Health Supply Chain Program (GHSC) in South Africa was launched in September 2016. The program will provide technical assistance to the South African government to strengthen public health systems and supply chains in order to advance an AIDS-free generation and contribute toward the achievement of universal health coverage.

The GHSC providing team is led by PricewaterhouseCoopers Public Sector LLP (PwC), and includes PwC South Africa, Imperial Health Sciences, Priority Cost Effective Lessons for Systems Strengthening South Africa (PRICELESS SA), Management Sciences for Health, Banyan Global, and GCC Technologies.

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ACRONYMS

AMD	Affordable Medicines Directorate
APP	Annual Performance Plan
ARV	Antiretroviral
BAS	Basic Accounting System
BSC	Bid Specification Committee
CCMDD	Central Chronic Medicine Dispensing and Distribution
CDCS	Country Development Cooperation Strategy
CHAI	Clinton Health Access Initiative
CMS	Content Management Screens
CNO	Chief Nursing Officer
COP	Chief of Party
CPA	Contract Price Adjustment
CSD	Central Supplier Database
DG	Director General (National Department of Health)
DO	Development Objective
DSP	District Support Partner
EDP	Essential Drugs Program
ELaPS	Electronic Licensing and Permit Service
EMeIA	Essential Medicines Electronic Access tool
EML	Essential Medicines List
ESMS	Electronic Stock Management System
FPD	Foundation for Professional Development
GHSC	Global Health Supply Chain Program
HOPS	Head of Pharmaceutical Services (Provincial)
HP	Health Product
HR	Human Resources
HRD	Human Resource Development
HSS	Health Systems Strengthening
HST	Health Systems Trust
HTA	Health Technology Assessment
ISS	Intenda Solution Suite
IT	Information Technology
KPI	Key Performance Indicator
LOE	Level of Effort

LTTA	Long Term Technical Assistance
MDR	Multi-Drug Resistant
MEL	Monitoring, Evaluation and Learning
MIS	Management Information System
MPC	Master Procurement Catalogue
MSH	Management Sciences for Health
NC	Northern Cape
NDOH	National Department of Health
NEMLC	National Essential Medicine List Committee
NHC	National Health Council
NT	National Treasury
PCDT	Primary Care Drug Therapy
PHC	Primary Health Care
PMPU	Provincial Medicine Procurement Unit
PTC	Pharmaceutical and Therapeutics Committee
PwC	PricewaterhouseCoopers
RMU	Rational Medicine Use
RSA	Republic of South Africa
SA	South Africa
SCMS	Supply Chain Management System
SCOR	Supply Chain Operations Reference
SIAPS	Systems for Improved Access to Pharmaceuticals and Services Program
SIMA	Strategy to Improve Medicine Availability
SLA	Service Level Agreement
SOP	Standard Operating Procedure
SPM	Supplier Performance Management
STTA	Short Term Technical Assistance
SVS	Stock Visibility System
SWP	Sector Wide Procurement
TA	Technical Assistance
TB	Tuberculosis
TO	Task Order
UNSPC	United Nations Standard Products and Services Code
USAID	United States Agency for International Development
VAN	Visibility and Analytics Network
WMS	Warehouse Management System

I. EXECUTIVE SUMMARY

The Global Health Supply Chain – Technical Assistance (GHSC-TA) project commenced in September 2017, continuing some of the services offered through the legacy Supply Chain Management Systems (SCMS) and Systems for Improved Access to Pharmaceuticals and Services (SIAPS) projects, and assuming additional responsibilities related to health technology assessments and enabling environments. Embarking upon a project of this size and complexity requires extensive planning and innovative thinking from the outset. As such, the priorities for the GHSC-TA team from the date of the award has been to onboard and mobilize project staff in a manner that is as least disruptive to the end client (the National Department of Health or NDoH) while encouraging new creative ideas, ways of working and collaboration with the NDoH. Over the first ninety days, the team took steps to immediately engage the NDOH, maintain existing support in critical areas, identify areas of highest risk and define and implement mitigation strategies. In addition to this, the team completed contractual start-up deliverables which were submitted to USAID within the agreed timelines. These included the Mobilization Plan, Annual Work Plan and the Monitoring Plan.

During this quarter, all long-term technical assistance (LTTA) resources were mobilized. However, as the Rational Medicine Use (RMU) lead resigned fairly early on, the team appointed a new lead in January 2017. LTTA resources on board prior to January participated in a week-long project orientation.

Early in the quarter, it was identified that a potential risk existed for the project and the NDOH, in that a number of the resources deployed under the SCMS and SIAPS projects were still performing critical roles. So as to provide a smooth transition from the legacy projects and facilitate continuity of services, it became necessary to continue this support. This has resulted in an accelerated rate of burn of level of effort (LOE) and presents a potential risk to long term LOE of the project. This was discussed and agreed to with USAID.

After submission and acceptance of the Year I work plan, the GHSC-TA team received a request from the NDoH to provide support for the hosting and maintenance of EMelA. This service was not included or costed in the annual work plan, however, the team agreed to fund this for three months, as without this the NDoH will be unable to test the application and it will prevent GHSC-TA from performing Year I activities. GHSC-TA will work together with the NDoH to assist it with the procurement of appropriate hosting services for applications within the AMD, to prevent the need for any further requests.

One key achievement during the quarter was the assistance provided to the Essential Drugs Programme unit within AMD by GHSC-TA in evaluating the uniformity of data capture and draft formulas for the indicative cost of treatment, a requirement of the Department. The purpose of this is to allow prescribers to have insight into updated cost of specific or alternative treatment regimens

Collaboration with the NDoH has been a key focus area for the GHSC-TA team during the first quarter. Involving the NDOH in the initial planning process has facilitated the creation of a work plan and allocation of LOE that most closely aligns with its overall strategy and immediate needs. It has also established a shared understanding and expectations of the nature of the technical support provided to relevant stakeholders. This collaborative approach is meant to set the tone for the remainder of the first year, to align focus areas and priority activities with the required LOE and to systematically manage change orders or deviations from project priorities.

2. INTRODUCTION

2.1 BACKGROUND

The USAID Global Health Supply Chain Program (GHSC) in South Africa was launched in September 2016. The GHSC Program will leverage industry approaches and leading practices to accelerate strengthening of the South African public health supply chain to respond to current challenges and emerging trends that have the potential to shape or stress the health system. To do so, the program will provide technical assistance (TA) to build the capacity of the South African government and other public health institutions, including the Affordable Medicines Directorate (AMD) within the National Department of Health (NDoH) and provincial pharmaceutical services across the medicine supply value chain, so as to improve medicine availability. This work directly supports the USAID/South Africa Country Development Cooperation Strategy (CDCS) results framework by supporting Development Objective (DO) 1- Health outcomes for South Africans improved. Additionally, these improvements support the Government of South Africa's priority strategic intervention identified in the NDoH's Strategy to Improve Medicine Availability (SIMA) (2016-2021) and the NDoH's Annual Performance Plan (APP).

2.2 QUARTER HIGHLIGHTS

- Submission and approval of the mobilization and GHSC-TA work plans by USAID;
- Submission of Project Monitoring and Branding and Marking Plans;
- Mobilization and orientation of the GHSC-TA team;
- Alignment between the VAN roadmap and the GHSC-TA first year work plan;
- Continued development of the Electronic Licensing and Permit Service (ELaPS) Application;
- Establishment of projects and sub-projects with clear scoping guidelines outlined in one-page summaries. These were submitted to the NDoH for review and feedback.
- Identification of project office location; Transferred critical items from legacy projects

3. PERFORMANCE MEASURES DASHBOARD

3.3 GHSC PROGRAM HEALTH SYSTEM STRENGTHENING (HSS) MEASURES DASHBOARD

For the purposes of the Quarterly Report, indicators included in the Monitoring, Evaluation and Learning Plan (MEL Plan) that are measured on a quarterly basis will be submitted with the quarterly report in a Performance Measurement Dashboard.

The first draft of the MEL Plan was submitted to USAID on the 26th December 2016 in line with contractual obligations. USAID responded with comments on 24th January 2017, which are currently under review. Once the MEL Plan has been finalized, an updated Performance Measurement Dashboard will be included in future quarterly reports.

4. PROGRAM GOVERNANCE AND MANAGEMENT

4.1 PROJECT MANAGEMENT & GOVERNANCE

Deliverables

The following deliverables were submitted during this quarter, in line with the contractual requirements of the project:

Deliverable	Contractual Submission Date	First Submission Date	Revised Document Submission Date
Mobilization Plan	12 October 2016	12 October 2016	N/A – Approved
Initial Draft Work Plan	27 October 2016	27 October 2016	N/A
First Year Work Plan	26 November 2016	26 November 2016	N/A – Approved
Branding and Marking Plan	27 October 2016	27 October 2016	5 January 2017
Monitoring Plan	26 December 2016	26 December 2016	10 February 2017

Work Planning

In developing the work plan, the GHSC-TA team worked together with the Affordable Medicines Directorate (AMD) and other partners to align expectations with systems strengthening strategies. Numerous formal meetings and informal discussions were held with the AMD, together with one-on-one meetings with the Chief Director: Sector Wide Procurement (SWP), and the Director: Affordable Medicines and Deputy Directors.

In addition, the GHSC-TA team collaborated with the Visibility and Analytics Network (VAN) Coordinator to facilitate alignment with the VAN operating model. Below is a table that depicts meetings that were held with relevant parties in the development of the work plan.

Meeting	Date	Attendees
GHSC-TA Introduction Meeting	11 October 2016	USAID, NDoH, GHSC-TA
Work Plan meeting	19 October 2016	NDoH, GHSC-TA
Current Support Mapping	20 & 21 October 2016	NDoH, GHSC-TA
AMD & GHSC-TA Planning Priorities	24 October 2016	NDoH, GHSC-TA
Work Plan Review & VAN Alignment Meeting	8 November 2016	GHSC-TA, [REDACTED]
Work Plan Review	11 November 2016	[REDACTED]
Work Plan Review & VAN Alignment Meeting	15 November 2016	GHSC-TA, [REDACTED]

Meeting	Date	Attendees
Work Plan Review and VAN Alignment	18 November 2016	GHSC-TA, ██████████
Project Cluster and Scope Discussion	23 November 2016	██████████
Work Plan and Project Scope Review	24 November 2016 cancelled by NDoH	NDoH, GHSC-TA, ██████████
Work Plan Review and VAN Alignment	24 November 2016	GHSC-TA, ██████████

An internal NDoH analysis of the work plan and associated projects was scheduled for 22nd November 2016, which was to be followed by feedback and analysis with GHSC-TA, on 24th November. However, due to the unavailability of the Chief Director: Sector Wide Procurement and the Director: Affordable Medicines, both meetings were cancelled.

Project Staffing

An Orientation Workshop was held from the 6 to 9 December 2016 for LTTA resources working on the project. The aim of the workshop was to share relevant information relating to the project with the team and enable them to familiarize themselves with the project governance.

All LTTA resources were mobilized within the first 90 days of the TO award. To facilitate continuity and to provide for a smooth transition, a number of resources from the two legacy projects, SIAPS and SCMS, have been deployed up until 31 March 2017. This includes resources assisting with the deployment of the Provincial Medicine Procurement Unit (PMPU) and those assisting with the contracting processes at the NDoH. Exit and transition plans will be developed for each of these roles and shared with the NDoH.

MSH has identified six resources that will assist with the deployment of RxSolution at the facility level. These resources will be responsible for achieving the APP targets and reaching the agreed level of saturation of the application. One resource was deployed during December to provide remote support to users; the remaining five resources will be deployed during January 2017. This support was not included in our original proposal and will also increase the rate at which GHSC-TA consumes LOE as per the approval received from USAID.

During November ██████████ the identified lead on the Rational Medicine Use (RMU) task, indicated that she would not be joining the project. During December, four potential candidates were identified by MSH to fulfil this role. An appointment was confirmed on 24 January 2017.

An organizational structure which depicts the work streams and associated resources are contained in the Appendix to this document.

Operations

The project offices will be ready for beneficial occupation by March 2017. The offices identified are located in Hatfield, allowing for easy access to both the NDoH and USAID.

Assets from the SIAPS and SCMS projects were transferred during December 2016. Discussions with Management Sciences for Health (MSH) are still outstanding related to some assets that were not located during the transfer. Also, some assets are still in use with MSH and will be transferred by March 2017.

4.2 SUMMARY OF CRITICAL RISKS

- Conflicting priorities and within the AMD have the potential to make it difficult for the GHSC-TA team to engage with all relevant counterparts within the department. Efforts will be made to secure appropriate time with the appropriate AMD staff and where this is not successful; this will be escalated to the Director of AMD for assistance.
- Requests for support from the NDoH that were unanticipated and do not form part of the approved work plan have been submitted to us for consideration. This has included the request for hosting and maintenance of EMelA. This is under consideration by USAID and will be decided upon in the next quarter. A request was also received for the GHSC-TA project to procure Tableau Licenses on behalf of the NDoH. This was approved by USAID during a combined meeting between NDoH, USAID and GHSC-TA.
- These requests have the potential of impacting on a budget of the project. Each request will be managed on a case by case basis and decisions to provide the support will be taken in collaboration with the USAID COR.
- The impact of the support to RxSolution and the transition activities from the legacy projects will have an impact on the LOE and the burn rate thereof. This will be tracked closely, and potential risks associated with this will be highlighted to the USAID COR and the NDoH.

4.3 PROGRAM MANAGEMENT DASHBOARDS

Our approach towards the management of the project, tracking and communicating of tasks and deliverables is key to the success of the project. To this end, our team has sourced several industry leading practice dashboards, and metrics that will allow for easy and quick project update reporting. This approach aligns with the wave governance approach proposed by the NDoH. The process and methodology of the progress dashboards were presented to the NDoH on the 9th December 2016. The project reporting and dashboards will be presented to a Steering Committee (SteerCom) on a quarterly basis, as well as at an Operational meeting on a fortnightly basis.

The wave governance project methodology adopted for this project is based on 6 key pillars as displayed on the diagram below:

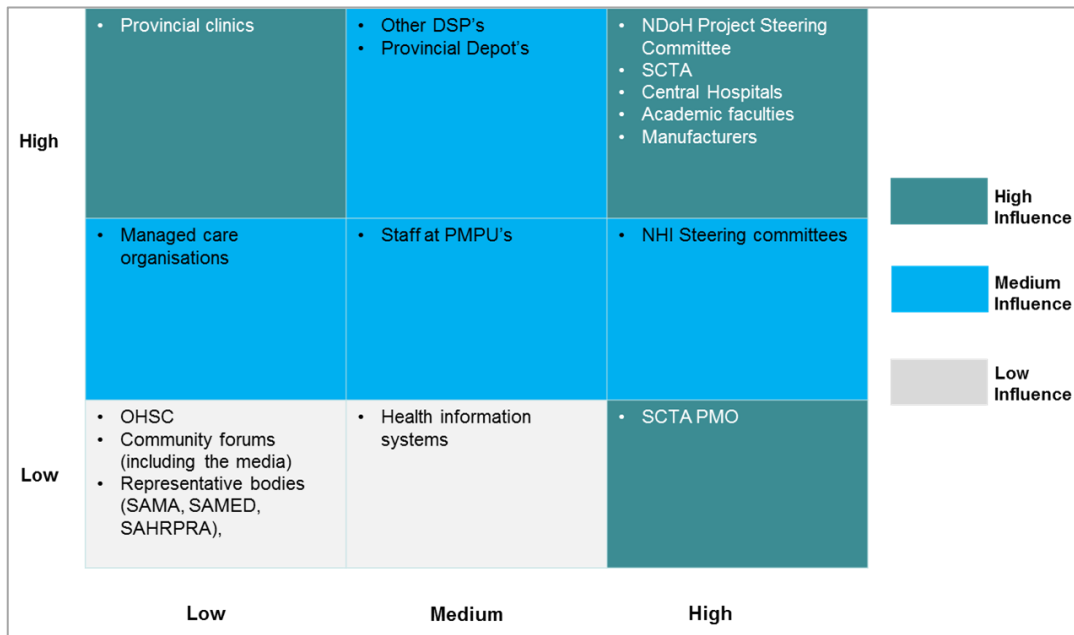


Diagram I: Program Management Wave Governance

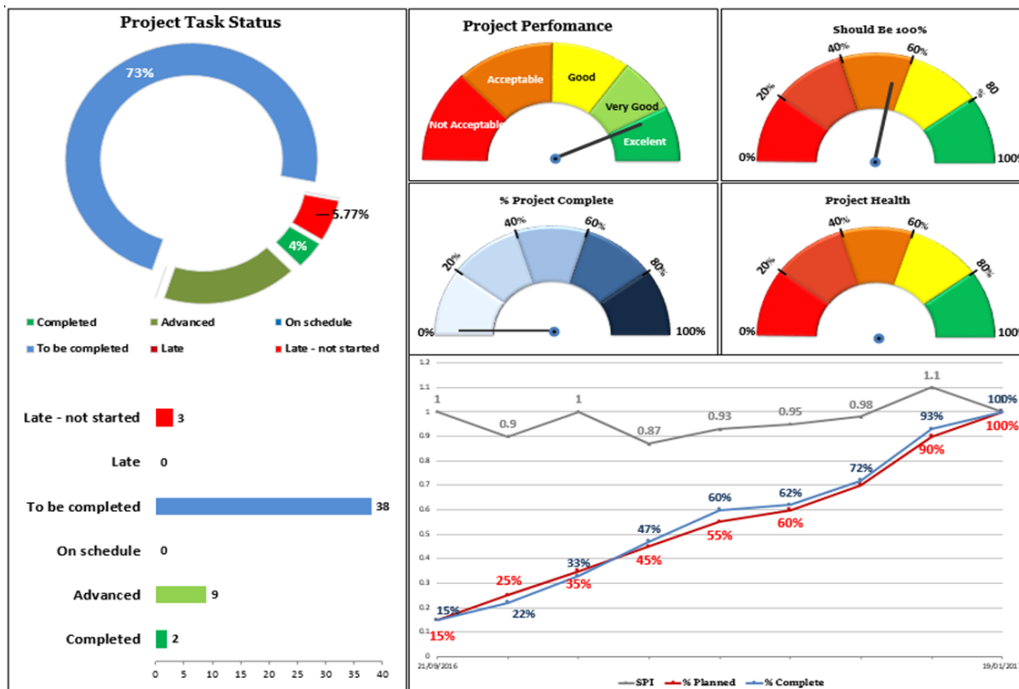
Previous projects of this nature have taught us that clear dashboards, highlighting success areas, risks, LOE burn rate and budget tracking allows for rapid and informed decision making. We have designed dashboards in alignment with the SCTA project requirements, the NDoH wave governance approach and the USAID expectations. Below are some examples of the project dashboards that will be presented at the SteerCom and Operational meetings to facilitate early identification of risks, review stakeholder engagement ratings and communicate progress of the project across work streams.

STAKEHOLDER ENGAGEMENT MATRIX:

A stakeholder engagement matrix will be used to provide a clearer understanding of stakeholders and, as a result, provide insights as to how to engage them. An example of this tool is included below.



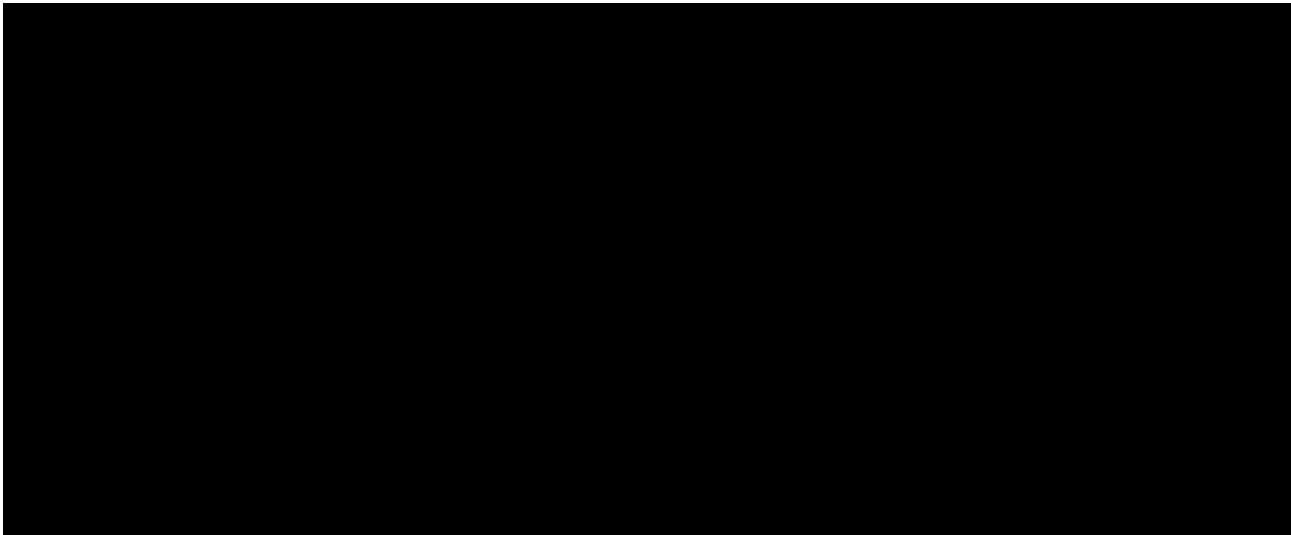
PROJECT TRACKING DASHBOARD



(October 2016 to December 2016)

SUB PROJECT TRACKER:

SPI Project Radar Chart



—Actual LOE
—Target LOE

5. ACHIEVEMENTS AND MAJOR ACTIVITIES BY OBJECTIVE

OBJECTIVE I - IMPROVE SELECTION AND USE OF MEDICINES.

Objective I encompasses both Health Technology Assessments (HTA) and Rational Medicine Use (RMU). A central component of determining what is “rational” in South Africa is the use of locally conducted HTAs. HTAs should include timely, coordinated, inclusive and efficient processes to make decisions about new and existing technologies and services under an adaptable framework. Program activities performed in support of the HTA process will substantially overlap with RMU, so as to allow a coherent flow between the generation and use of evidence, decision-making, and improved clinical practice and patient outcomes.

SUB-OBJECTIVE I.1 - ASSIST WITH THE IMPLEMENTATION OF HTA

Activities and achievements in the past quarter

The major activities performed this quarter centered around establishing effective working relationships with key individuals in the Affordable Medicines Directorate (AMD), and understanding existing practices in the AMD that are amenable to HTA. This understanding will lay the groundwork for activities related to the implementation of HTA.

A major achievement in the first quarter has been establishing a working relationship with members of the Medicines Selections Team within the AMD. Discussions allowed the GHSC-TA team to break-down some of the complexities of HTA and better understand current processes and major bottlenecks related to the Medicines Selection function. A key aim of the GHSC-TA team in this early phase is to encourage and empower the Medicines Selection team and to understand the business rules that impact the business operating model in the department.

Developing the report: “International Experiences of HTA: Lessons for South Africa” provided an opportunity to look in-depth at HTA conducted globally and explore those approaches and lessons learned. Following meetings on 24 and 25 October and 15 November 2016 with AMD staff to deepen understanding of existing working practices, the International Experiences of HTA report identified countries (Thailand, England and New Zealand) that will provide particularly useful lessons to the unique system in South Africa. GHSC-TA staff will develop dissemination materials to share the lessons with the AMD team in Q2.

Due to conflicting priorities of AMD staff from early December 2016, GHSC-TA staff was unable to conduct more substantive work on the “Outstanding Medicines Reviews”, but will complete this in the second quarter (Q2).

Planned activities for the next Quarter

The key activities that are planned for Q2 include completing the “Outstanding Medicines Reviews” activity which aims to explicitly identify which medicine selection decisions should be prioritized and propose a practical and achievable process to avoid future backlogs. Additionally, we will work with the membership of the four expert committees to begin the substantive task of reviewing existing formal

and in-formal business rules and methodology related to medicine selection to recommend and support incremental, achievable improvements.

Lessons Learnt & Collaboration with other Partners

A key positive lesson learnt was that the Medicines Selection team has the building blocks to conduct HTA and that they are already “doing” a form of HTA, albeit in a non-systematic and fairly rudimentary way. Unfortunately, current processes are fairly intricate and are not well documented. The business rules will need to be documented, and standard operating procedures developed to facilitate the process.

Completed Deliverables		
<ul style="list-style-type: none"> • Completed deliverables: Draft report - International HTA Experiences of HTA: Lessons for South Africa • Confirmed understanding of HTA as conducted by the Medicines Selection Team in AMD; HTA exploratory meetings between AMD and SCTA staff: <ul style="list-style-type: none"> ○ 24th October 2016 [REDACTED] ○ 25th October 2016 [REDACTED] ○ 15th November 2016 [REDACTED] 		
Incomplete deliverables: Rapid Review of Outstanding Medicines Reviews (to be completed in Q2, see above)		
Risks		Preventative / Corrective Actions
Access to AMD staff. Many of the HTA activities involve working directly with AMD staff. AMD staff has limited time available to schedule formal meeting times given fluid nature of environment and conflicting priorities.		GHSC-TA staff working on HTA will have a regular contact day with the AMD where they will physically sit in AMD offices (i.e. Wednesday, when GHSC-TA HTA staff will be in NDoH building). This enables staff to take opportunities for contact with AMD staff. GHSC-TA staff will make an appointment calendar with AMD staff for formal meeting times.
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not applicable		Not applicable

SUB-OBJECTIVE 1.2 – IMPROVE RATIONAL MEDICINE USE

Activities and achievements in the past quarter

In line with the request of the NDoH, the focus of this work stream will be in providing support to the Essential Drugs Program (EDP), in the development and commissioning of the Essential Medicines List management tool (EMeA). The RMU Specialist will commence work in January 2017 and will focus on this activity.

EMeA was commissioned under the SIAPS program, and the current development contract ends on the 07 February 2017. Extensive work has been undertaken to review the processes behind the system and to assist the Department in working these through with KarbonBlack, the service provider undertaking the development of the system.

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The current vision is that EMelA will serve as the master data set for standard treatment guidelines, the Essential Medicines List (EML), the generation of provincial, district and facility formularies, and prescribing systems at different levels. As this system will be used for data exchange with other systems, data needs to be in a compatible format and reviewed for correctness. GHSC-TA assisted the Essential Drugs Programme unit within AMD in evaluating the uniformity of data capture and draft formulas for the indicative cost of treatment, a requirement of the Department. The purpose of this is to allow prescribers to have insight into updated cost of specific or alternative treatment regimens. This work has started but will continue into Q2, when the SOPs and accompanying business rules and policies will be written.

Planned activities for the next Quarter

Key activities that are planned for the next quarter

- Finalize the pricing calculations and methodology for EMelA
- Work with the EDP to finalize the business rules and policies behind EMelA and obtain sign off
- Develop the Standard Operating Procedures based on the above
- Assist the Department in continued testing of the system and implementation thereof

Lessons Learnt & Collaboration with other Partners

- Without a signed document of the agreed Business Rules, it is difficult to manage the scope of work on IT development programs. This is especially important when building a system that will be key to the ongoing development of the Department’s ability to increase the automation of core processes into the future, as basic functionality needs to be built in from the beginning of the program to avoid the need to re-develop.
- There are a number of key stakeholders and partners in this piece of work and closer collaboration with HST and the Intenda System Development team, in particular, will be needed going forward to support the interoperability of the procurement, prescribing and the dispensing systems and EMelA.

Completed Deliverables		
None due this quarter		
Risks		Preventative / Corrective Actions
Potential for change in scope– this is already evident on the existing contract with KarbonBlack where it appears that there is a misalignment of what this system will do and how it will operate, this poses a risk to the program in not meeting the Department’s expectations and a financial risk for further development		<ol style="list-style-type: none"> 1) Assist with the request for ongoing support and maintenance for the EMelA system for 3 months, on the condition that the Department provides a plan for how they will manage maintenance of the thereafter 2) Clearly define the scope and operation of the EMelA application and understand where gaps exist in current functionality. This will need to be approved by the NDoH and the SteerCom. 3) Assist the NDoH in writing clear business rules for the System and have them signed off by the NDoH to inform the development and implementation of the system going forward

Risk that the EMeLA will require development in the future to align it to the Department's vision		Highlight this risk to USAID and monitor on an ongoing basis. If funding is needed, then it will have to be taken from funds allocated to different tasks and this decision will have to be made by the SteerCom if needed.
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not Applicable		Not Applicable

OBJECTIVE 2 - SUPPORT OPTIMIZATION OF THE SUPPLY CHAIN.

Optimization of the supply chain is critical, so medicines and other health commodities are in the right place, at the right time, in the right quantity and of the right quality. This includes supporting design and institutionalization of elements of the Visibility Analytic Network (VAN) operating model as well as the implementation of the Provincial Medicine Procurement Units (PMPUs). Activities included within this objective also include improving contracting.

SUB-OBJECTIVE 2.1- IMPROVE CONTRACTING

Activities and achievements in the past quarter

- **Contract Price Adjustment (CPA)** - Over this quarter, the focus was on creating visibility of the current process. The team has documented and generated flow process maps of business rules relating to Contractual Price Adjustments (CPA). This is a necessary first step in transitioning the CPA process from an Excel manual based system into an automated process. The responsible Deputy Director has reviewed these rules and processes in the AMD.
- **Contract Mapping** – Little focus has been given to this aspect of transitioning the current contracts onto Intenda Solution Suite (ISS). GHSC-TA did some work on allocating United Nations Standard Products and Services Codes (UNSPCs) to items on the Master Procurement Catalogue (MPC). The reason for the slow progress was that by the end of the quarter, there was no formal agreement between National Treasury (NT) and the NDoH on the way forward regarding ISS.

Planned activities for the next Quarter

- A meeting is scheduled with the NDoH and National Treasury on the 18 January 2017 to attempt to reach an agreement to allocate Intenda resources to work on this project. The goal of the project is to transition awarded Tender and CPA data onto the ISS framework. This is expected to be a three-month project and once completed the system will be used to manage the issuing, adjudication and CPA going forward. This platform is also a cornerstone in implementing the Warehouse Management System (WMS) and procurement modules.

Lessons Learnt & Collaboration with other Partners

- The NDoH tried to implement the ISS tender module previously, with limited success. The reasons are mainly twofold: 1) There was no clear project owner from the NDoH, and 2) There was no clearly defined/documentated outcome or project management approach for implementation
- **Partner Collaboration** - The GHSC-TA team will need to collaborate closely with the NT on this project as they are gatekeepers of the ISS tender module.

Completed Deliverables		
No deliverables to report in this quarter		
Risks		Preventative / Corrective Actions
No formal agreement exists between the NT and the NDoH with regard to support and maintenance of the Tender and CPA modules.		Assist the NDoH in developing a formal agreement and Service Level Agreement (SLA) in place between the NDoH and the NT.

GHSC-TA, Quarterly Report
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Currently, support with respect to Full-Time Equivalents (FTE) to manage the Master Procurement Catalogue, and CPA functionality is provided by GHSC-TA (there are two resources deployed to manage this process). Contracts for these two resources terminate at the end of March 2017. It is		Align project plan to the timing of GHSC-TA resources leaving the project. Complete transitioning to the new ISS platform and skills transferred to the NDoH to facilitate a smooth transition.
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not Applicable		Not Applicable

SUB-OBJECTIVE 2.2 – IMPROVE CONTRACT MANAGEMENT

Activities and achievements in the past quarter

A supplier penalty table was developed for KwaZulu-Natal. This is based on the General and Special Conditions of Contract and will assist the province in imposing penalties against poor performing suppliers. This table can be used and applied by other provinces for this purpose.

Planned activities for the next Quarter

- Develop and communicate to National and Provincial DOH contract management project plans to be implemented at a national and provincial level.
- Engage with NDoH on contract management initiatives, including sharing the Supplier Performance Management (SPM) framework, escalation of poor performance and the SPM penalty processes.

Lessons Learnt & Collaboration with other Partners

- Lack of involvement in Supplier Performance Management (SPM) forums at provincial and national level means that there is little visibility or understanding of the current performance of the different Service Providers

Completed Deliverables		
- Developed a supplier penalty table in KZN that can be used as a benchmark for the rest of the provinces.		
Risks		Preventative / Corrective Actions
None		Not Applicable
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not Applicable		Not Applicable

SUB-OBJECTIVE 2.3 - DESIGN SUPPLY CHAIN OPERATING MODEL

Activities and achievements in the past quarter

Developed a draft Medicine Supply Chain Blue Print (previously known as the Ideal PMPU Blue Print) for the agile supply of medicines. This blueprint defines the processes related to ensuring the medicines selected for inclusion on the Essential Medicines List (EML) and included in a formulary by the appropriate PTC will form the basis of the master data for that province, district or facility. The blueprint incorporates the elements of the VAN operating model and details the processes to be used within the PMPU.

Planned activities for the next Quarter

- Finalize the documentation of the blueprint design for medicine supply chain to be distributed for comment
- Identify a pilot province to entrench the ideal medicine supply chain.
- Perform a gap analysis of provincial maturity level against the ideal medicine supply chain and develop a project charter to address the gaps for the selected pilot province
- Facilitate supply chain segmentation process according to distribution models and workshop with related stakeholders.
- Support Kwa-Zulu Natal (KZN) with the implementation of Cross-Dock activity and document lessons learned for roll out to other provinces.
- Commence stakeholder engagements for the rollout of PMPUs in Northern Cape and Mpumalanga

Lessons Learnt & Collaboration with other Partners

- The PMPUs are at different stages of maturity in, and it would be very helpful to share lessons learned between provinces so that the provinces learn from each other and share leading practice.
- It is important to actively engage stakeholders at provincial and national levels to manage expectations going forward

Completed Deliverables		
No deliverables for this quarter.		
Risks		Preventative / Corrective Actions
to the need to reach consensus with NDoH on the ideal province to use as the pilot for this activity.		Develop a document to detail requirements and understand the maturity of each province w.r.t. the implementation of the PMPU to inform the decision-making process with respect to identifying the appropriate province for implementation.
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not applicable		Not Applicable

SUB-OBJECTIVE 2.4 – MAINTAIN AND IMPROVE SUPPLY CHAIN OPERATIONS

Activities and achievements in the past quarter

- Provided operational support with respect to PMPU activity to provinces to facilitate a smooth transition from the legacy project hence mitigating the risk of loss of medicine supply, payment packs and supplier collaboration
- Assisted in the development of the Multi-Drug Resistant Tuberculosis (MDR-TB) pilot using Central Chronic Medicine Dispensing and Distribution (CCMDD) and informed push models.

Planned activities for the next Quarter

- Develop blueprint document set for hospitals to improve medicine availability through more efficient configuration and use of Electronic Stock Management System (ESMS) e.g. RxSolution.
- Work with the Training and Development Team, and the Senior VAN Advisor to the NDoH to support training through technical assistance by developing concept notes to be used for the improvement of demand planning and inventory management

Lessons Learnt & Collaboration with other Partners

- Some Provincial Departments of Health have not made provision for their own staff to take over the operations currently resourced by project staff.
- District Support Partners (DSPs) are not yet up to speed with the transition from SCMS to GHSC-TA, resulting in confusion of DSP role going forward

Completed Deliverables		
No deliverables for this quarter		
Risks		Preventative / Corrective Actions
Current uncertainty of the different saturation levels of RxSolution in the provinces.		Undertake an assessment of saturation levels of RxSolution. In collaboration with provincial coordinators, develop a saturation strategy to facilitate achievement of APP targets.
Lack of clarity of the support the GHSC-TA will be providing provinces.		Engage with provinces to detail and inform them of the changed roles of the GHSC-TA project. Leverage sustainability learnings i.e. Change Management, provincial coordinators and provincial Head of Pharmaceutical Services (HOPs) in the process.
The risk of low information accuracy supplied by Primary Health Center (PHC) (via SVS) to feed to national dashboards, particularly in the Eastern Cape.		<ul style="list-style-type: none"> • Communicate with facilities around the importance of reporting to improve the visibility of medicines and tackle real shortages to alleviate the lack of reporting or inaccuracies thereof. Collaborate with appropriate District Support Partners (DSP) • Collaborate with the PHC Branch of the NDoH to incorporate the use of SVS into the Ideal Clinic Definitions, Components and Checklists
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not Applicable		Not Applicable

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OBJECTIVE 3 - STRENGTHEN GOVERNANCE

The primary function of the AMD is to provide oversight and set policy for pharmaceutical services provided in South Africa. Activities undertaken under this objective are to assist the AMD in (1) improving its governance framework by aligning the policy and legislative frameworks, (2) achieving appropriate governance structures, (3) building capacity within AMD to provide necessary oversight, (4) establishing relevant legislation and policies for strategic priorities and interventions, and (5) supporting governance, management and interoperability/availability of the relevant master data elements and data dictionaries. Governance is a crosscutting enabling function and will be applied across activities within this work plan.

SUB-OBJECTIVE 3.1- CONTRIBUTE TO DEVELOPMENT OF POLICY AND LEGISLATION

Activities and achievements in the past quarter

The program provided support to the NDoH on the development and implementation of several policies during Q1 which included the following:

- Nurse Prescriber Policy
 - o Work is underway on the implementation of this policy which was adopted by the National Health Council. During the quarter, the team provided input on the development of an application that will assess the current situation in the provinces issuing authorizations to nurses to prescribe medicines in terms of Section 56(6) of the Nursing Act 33 of 2005. The team also provided inputs on a document describing the competencies required by nurses to perform this function. This work was conducted in collaboration with the Human Resource Development (HRD) and Primary Health Care (PHC) Directorates
- Donation of Medicines Policy
 - o Communication was sent to provinces requesting information on existing medicine donation programs, and copies of drafted or existing provincial policies on managing medicine donation. Responses have been received from four provinces.
- Section 21 Policy
 - o Minor comments were received from provinces on the draft policy. The policy will be finalized by the Affordable Medicines Directorate (AMD). No further input is required from GHSC-TA.

The program also provided support to AMD in preparing comments on proposed amendments to three sets of regulations published in terms of the Pharmacy Act 53 of 1974 (Regulations relating to the practice of pharmacy, Regulations relating to Pharmacy Education and Regulations relating to the Registration and the Maintenance of Registers). Amendments are needed to introduce the new cadre of pharmacy support personnel

Planned activities for the next Quarter

- Assist AMD in facilitating the transfer of the management of the task team responsible for the implementation of the nurse prescriber policy from AMD to the office of the Chief Nursing Officer (CNO).
- Assist AMD in finalizing the draft named patient policy and the policy for handling requests for fast-tracking applications for registration of medicines. Both draft policies will be presented to the NHC Sub-committee: Pharmaceutical Services in February 2017.

- Assist with new requests for assistance with a policy on the designation of organizations in terms of Section 56(6) of the Nursing Act 33 of 2005, and a policy on issuing Section 22A(15) permits to pharmacists to provide Primary Care Drug Therapy (PCDT)
- Work with AMD and the task team to finalize revised criteria for the licensing of pharmacies for publication in the Government Gazette for public comment
- Collaborate with PHC on the development of elements relating to the provision of pharmaceutical services for inclusion in the Ideal Clinic manual
- Create guidelines and template for governance documents (frameworks, policies, templates and standard operating procedures (SOPs)
- Develop a policy prioritization framework to align the GHSC-TA deliverables and AMD priorities

Lessons Learnt & Collaboration with other Partners

- Work on implementation of the Nurse Prescribing Policy has to be done in collaboration with different Departments within the NDoH, including the Office of the Chief Nursing Officer (CNO), PHC and Human Resource Development (HRD) to identify relevant issues

Completed Deliverables		
None for this quarter		
Risks		Preventative / Corrective Actions
Conflicting priorities within the AMD resulted in limited time available from key NDoH staff for the completion of the policies		Work with the Deputy Directors to identify people within their teams that can be supported in drafting the policies and to ring-fence time for these staff to do this
Strategy for Improved Medicine Availability (SIMA) not yet approved by the National Health Council (NHC) which may impact on governance structures and policies		Commence work on framework and prioritize less contentious policies in the first instance, until SIMA is signed off
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not Applicable		Not Applicable

SUB-OBJECTIVE 3.2 – SUPPORT THE IMPLEMENTATION OF GOVERNANCE

Activities and achievements in the past quarter

The terms of reference of the *Forum to Promote Transparency and Multi-Stakeholder Engagement Regarding Medicine Availability* (the Forum) were finalized in collaboration with the Director, AMD, by incorporating final comment provided by Stakeholders. The call for nominations to the forum has been sent to key stakeholders identified. Work is continuing on the terms of reference of the Bid Specification Committee (BSC), and the National Essential Medicines List committee.

Work is underway to develop the results framework and key performance indicators (KPIs) for the Department. A review has been completed of the current KPIs used in the dashboards. Findings will inform the development of the framework and the updating and revision of the KPIs used in the dashboards. This will be undertaken in collaboration with the VAN work stream to monitor performance against the agreed KPIs at national, provincial, district and facility level.

Planned activities for the next Quarter

- Appointment of the members of the Forum is expected to be completed by the Minister in February 2017 with the first meeting planned for March 2017
- Intensive support will be given the contracting unit to prepare for the transition of the work from the current TA and for the development and implementation of ISS.
- Finalize revised TOR for the BSC and NEMLC and draft new TOR for the NHC Sub-committee on Pharmaceutical Services

Lessons Learnt & Collaboration with other Partners

- The work with the Contracting Team will involve the Clinton Health Access Initiative (CHAI) team closely, as they will be taking over demand forecasting for Health Product (HP) tenders (in addition to their current support on the Antiretroviral and Tuberculosis tenders)

Completed Deliverables		
None for this quarter		
Risks		Preventative / Corrective Actions
Misalignment of the work on the Results Framework with the VAN work stream		Collaborate with the Health System Strengthening (HSS), VAN and the rest of the GHSC-TA team to allow continued coordination and alignment of the work
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not Applicable		Not Applicable

SUB-OBJECTIVE 3.3 – COORDINATION AND OVERSIGHT OF STAKEHOLDER ENGAGEMENT AND COMMUNICATION ACTIVITIES

Activities and achievements in the past quarter

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An initial stakeholder mapping has been completed and aligned with the program management dashboard and tools for reporting. This activity was discussed with the Department and an initial draft shared with Senior VAN Advisor to the Department.

The program lead for stakeholder engagement joined the team in December 2016 and will be completing the framework in conjunction with project team leads so work stream stakeholder engagement plans are included in one coordinated plan which will be closely aligned to the Communications Plan. The Communications Plan will also be an overarching plan incorporating planned communication activities, combining the requirements of the different work streams, and will be coordinated and overseen by the Enabling Environment team.

Planned activities for the next Quarter

- Engage with the RxSolution work stream to coordinate the planned support of the District Service Providers for the implementation of RxSolution
- Complete the Stakeholder Engagement & Communications Plan
- Collaborate with the training and development team to organize the program Launch Event
- Focus on support to implement the Licensing and EMeLA systems during rollout

Completed Deliverables		
No deliverables due this quarter		
Risks		Preventative / Corrective Actions
Small communications team overwhelmed by the scope of work, with particular concern regarding possible scope creep		Work with AMD to identify the individual(s) within the Department who will take on the responsibility for Department communication with support from the GHSC team.
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not Applicable		Not Applicable

OBJECTIVE 4 – WORKFORCE MANAGEMENT

Activities included within this objective are intended to address the challenges that exist in managing the human resources within the medicine supply chain, including the lack of qualified staff, high vacancy rates, uneven distribution of human resources, uneven implementation of education, and limited or non-existing staff management and retention strategies.

SUB-OBJECTIVE 4.1- SUPPORT THE DEVELOPMENT OF STANDARDIZED STRUCTURES, ROLES, COMPETENCIES AND PERFORMANCE MANAGEMENT

Activities and achievements in the past quarter

The Department has requested that the first focus of the human resource (HR) initiatives be focused on the Administrative staff in AMD in line with the training and development workstream.

This activity will be performed in parallel with the work to support the development of the PMPU / Medicine Supply Chain Blueprint, where the HR Specialist will assist the team in defining the organizational structure, reporting requirements, job profiles and management structure.

Planned activities for the next Quarter

- Analysis of proposed AMD organizational structure with a focus on the roles of the administrative staff
- Alignment of job profiles of the administrative staff to the organizational structure
- Development of HR requirements for the PMPU / Medicine Supply Chain Blueprint
- HR support to the team responsible for “contracting” to allow for smooth handover from the current TA

Completed Deliverables		
No deliverables due this quarter		
Risks		Preventative / Corrective Actions
Team has no input into the proposed organizational design which has been developed by the Department, which may lead to misalignment further down the line		Work closely with the Department to understand the rationale and purpose behind the structure and communicate leading practice suggestions if there is any misalignment to mitigate against implementing sub-optimal solutions
The Department may not share their proposed organizational structure as this is part of the SIMA, which has not yet been signed off. This risk could significantly delay the HR workstream		Collaborate with the AMD staff to understand key aspects of the proposed organizational structure that might impact the HR activities
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not Applicable		Not Applicable

SUB-OBJECTIVE 4.2 – CHANGE MANAGEMENT INSTITUTIONALIZED

Activities and achievements in the past quarter

The first step in any Change Management Program is to develop the transformation vision and case for change to inform the planning process and to customize the project implementation approach. It was agreed with AMD that this vision is already articulated in the SIMA that was developed by AMD and therefore the focus should rather be on building consensus in the wider team for the vision and not re-developing a new vision. It was therefore agreed that this process would be started in early 2017.

Planned activities for the next Quarter

- Hold a workshop for DOH staff to agree on the vision outlined in SIMA
- Adapt the PwC Transform Change Management Methodology for the program
- Focus on the main Department priority areas including:
 - o The team responsible for “contracting” to facilitate a smooth handover from current TA to staff in the Department
 - o Working with the Licensing team in developing and implementing change management aligned with the roll-out of the new system
 - o Working with the EMeLA team to assist with change management strategies in the implementation of EMeLA

Completed Deliverables		
No deliverables due this quarter		
Risks		Preventative / Corrective Actions
Resistance to change within the Department		Communicate the change vision to employees so that stakeholders understand what to expect as part of why people resist change is the fear of the unknown
Scope creep on change management activities and audience		Once the change management plan is finalized, scope of the change be explicitly stated and communicated to those stakeholders whom the change affects, both internally and externally
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not Applicable		Not Applicable

SUB-OBJECTIVE 4.3 – UPSKILLING AND MENTORING AMD STAFF

Activities and achievements in the past quarter

Although the formal training and development, upskilling and mentoring activities are planned for Quarter 2, the program team worked with existing staff to support the handover of legacy work from the SIAPS and SCMS programs to both the GHSC-TA staff, where appropriate, and Department staff.

A meeting was held with the Director: AMD, where the priorities for the Department were confirmed, and the initial focus will be on the administrative staff in AMD.

Copies of performance agreements of the administrative staff have been obtained and a framework built of their individual goals and strengths which will assist in informing the training needs assessment.

Planned activities for the next Quarter

- Organizing and holding the program Launch event (anticipated timing at the end of February 2017)
- Undertaking a training and development baseline needs assessment for administrative staff in AMD
- Developing a training program in response to the assessment
- In collaboration with the IT workstream, develop and implement a training and handover plan for the Contracting work
- Working with the appointed RMU specialist to identify and develop types of training materials needed to support the roll out of EMeLA

Completed Deliverables		
No deliverables due this quarter		
Risks		Preventative / Corrective Actions
Uncertainty regarding the further development of EMeLA could impact the development and content of the training manuals		Maintain close contact with RMU Specialist to keep up-to-date on the development and roll out of EMeLA
Delay in the appointment of the new post-holder for the Assistant-Director at AMD may result in the postponement of certain activities		Liaise with the Director, AMD to align timescales with the appointment of the Assistant Director
Competing priorities in different work streams resulting in too many training activities running in parallel		Work with GHSC-TA to facilitate coordination across work streams and a clear training program for each work stream identifying priority areas and timings
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not Applicable		Not Applicable

OBJECTIVE 5 – STRENGTHEN INFORMATION SYSTEMS AND INFORMATION MANAGEMENT

Technology and information systems are crucial enablers of the processes and people within AMD. Thus this objective involves developing an information technology architecture roadmap together with developing and deploying supporting systems.

SUB-OBJECTIVE 5.1- DESIGN IT SYSTEM LANDSCAPE

Activities and achievements in the past quarter

IT System landscape

Potential candidates to review the current Information and Communications Technology (ICT) landscape and design an appropriate “to-be” ICT landscape were identified. It is anticipated that the ideal candidate will be appointed to this role as an STTA by February 2017.

WMS Implementation

- Northern Cape

In preparation for the implementation of the WMS in the Kimberley Depot, the following has been achieved in Q1:

- The Depot has been revamped from eight stores into one combined store with area segregation as per good warehousing practice.
- The warehouse bin configuration has been set-up, checked and is ready for loading onto the WMS set-up.
 - The Product Master has been reviewed against the current version of the MPC and items that will be distributed via Direct Delivery have been flagged.
- The Facility Master has been cleaned up, however, address information are still in progress, as is the work assigning which facility’s order needs to be approved by which district manager. (ISS workflow requirement)
- Supplier Master - products have been linked to a supplier and verified on the Central Supplier Database (CSD).
- User - a list of users has been compiled and aligned to functional areas

- Mpumalanga

- Presented the ISS WMS to the provincial financial director

- Limpopo

- Presented the ISS WMS to the provincial pharmaceutical management team

Planned activities for the next Quarter

IT System landscape

- Review and describe the current status of tools and applications in use, under development and in implementation phase (including RxSolution) highlighting any areas of risk for immediate action in collaboration with AMD
- Map linkages between the tools in above and any external systems (as relevant)
- Begin to design the ICT roadmap for AMD

WMS Implementation

- Once the official instruction to proceed has been given by the Director General, update the WMS project plan in conjunction with relevant Stakeholders.
- Northern Cape (NC)
 - Work will then begin on loading Master Data and validating the input.
 - Outstanding tasks for the NC that still need resolution are outlined below:

- NC IT to order printers/label printers and scanners as per specifications given to the provincial IT manager.
 - Upgrade to a data line of 5MB/s
 - Limpopo
 - A meeting has been proposed for 1st week in February (2/2/17) to kick start Phase one the project, to include collection and validation of Master data.
 - Mpumalanga
- A meeting will be scheduled to kick start phase one in March.

Completed Deliverables		
None for this quarter		
Risks		Preventative / Corrective Actions
IT System landscape Lack of necessary system documentation to inform the IT Landscape resource.		Source as much relevant documentation as possible and identify appropriate subject matter specialists to provide input where documentation is missing.
IT System landscape The magnitude of the activity to be completed in a limited space of time.		Provide relevant assistance and support to facilitate rapid startup of the activity, by engaging relevant stakeholders to provide relevant and timely input
WMS Implementation Outdated Master Data - further delays add to the amount of rework in updating and validating Master Data.		Continuously review and update Master Data.
WMS Implementation System integration into BAS		Until the project is "official" NT cannot be approached to develop an interface from ISS into BAS - this is a critical success factor for the new system - to improve financial control and reduce lead time for supplier payment.
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not applicable.		Not applicable.

SUB-OBJECTIVE 5.2 – PROVIDE SUPPORT TO STRENGTHEN ANALYTICS AND OVERSIGHT

Activities and achievements in the past quarter

Visibility Analytics Network (VAN)

This quarter predominately involved the maintenance and transition of Dashboards from the two legacy projects namely, SCMS and SIAPS. There have been various challenges with respect to knowledge transfer between the incoming and outgoing teams with particular reference to the backend servers and information systems.

A “cyber-attack” on the server where the VAN dashboards reside took place in December. This rendered the server inoperable and prevented the GHSC-TA team from producing the required dashboards for the NDoH. The team has subsequently managed to overcome this challenge and was able to provide a set of dashboards for the NDoH.

Importantly, the team managed to maintain required dashboards in the agreed timelines and frequency. Although many areas of improvement have been identified, this will be part of the iterative process as we move towards automation and harmonization of the dashboards and metrics.

Stock Visibility System (SVS)

The first SVS workshop was held to facilitate the development of SOPs and standardization of reports. Additionally, the web user training where Department of Health officials in the provinces were trained as trainers to provide on-going support to SVS mobile and web users was concluded.

The improvements to the Primary Health Care (PHC) Facility dashboards and the SVS web-portal were finalized, and GHSC-TA-TA facilitated the development of and circulated the first draft of the SVS User Requirement Specifications which will be used to facilitate procurement of SVS services under contract. Additionally, the team documented the processes and procedures required to prevent SVS services from being procured off contract.

Planned activities for the next Quarter

VAN

- Identify and address high-risk areas, specifically the hospital dashboard as per the Annual Performance Plan (APP) target for the National Surveillance Center.
- Migrate and stabilize the Hospital Dashboard Server
- Increase facility reporting levels on the Hospital Dashboards by addressing root causes.
- Acquire Data Visualization Licenses (Tableau)
- Continue to automate and harmonize data processes, metrics and visualizations.
- Collaborate with the HSS and Enabling Environment team to provide support for governance, HR and training alignment
- Initiate and develop the process of online/website access of Dashboards for the AMD/SWP team

SVS

- Finalize the administrative process for extending SVS contracts until September 2017 (obtain Director General's approval).
- Finalize the User Requirement Specifications for the "would be" SVS and submit to Vodacom for costing.
- Facilitate the finalization of the procurement of the "would-be" SVS under the Transversal Contract (RT15-2016).
- Finalize SVS SOPs and report updates with the service provider.

- Continue ongoing SVS maintenance and support work until NDoH appointed person is available to handover to

Lessons Learnt & Collaboration with other Partners

- The SVS workshops and training sessions were conducted with the assistance and in collaboration with some District Support Partners (mainly Right to Care, Anova Health Institute, Foundation for Professional Development and Broad Reach). Lessons learnt include:
 - o It is important to get the funders behind the DSPs to clearly outline the required support for NDoH initiatives and clearly define indicators by which they will be measured.
 - o DSPs can be very helpful in supporting NDoH activities, but it is important to schedule sessions with them and their Department of Health counterparts to outline roles and responsibilities and set expectations clearly.

Completed Deliverables		
VAN <ul style="list-style-type: none"> o NDoH Dashboards were supported, maintained and disseminated to relevant stakeholders o Transition of the Hospital Dashboard and CCMDD to SCTA/GHSC-TA 		
SVS <ul style="list-style-type: none"> o Updated PHC Dashboard o Completed SVS Project plan 		
Risks		Preventative / Corrective Actions
VAN Insufficient handover on Information Systems from Legacy Projects on systems, software, servers and backend related running of dashboards.		Recruit personnel with the relevant skill set to provide maintenance of the backend related tasks, and improve documentation of systems and processes for future transition.
VAN Hospital and CCMDD Dashboards have development faults which could jeopardize sustainability of the dashboards		Dashboard backend functions will be re-developed using the correct foundational steps to promote sustainability.
VAN Irregular data feeds of Hospitals for Reporting to the National Surveillance Centre		Identify root causes and improve maintenance of the backend related tasks specifically related to provinces and facilities.
SVS Slow progress in the Legal Services Directorate could result in a delay in the procurement process for SVS.		The matter has been raised with the Director and Deputy-Director; Affordable Medicines as a risk which needs to be managed between the two Directorates.
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not Applicable		Not Applicable

SUB-OBJECTIVE 5.3 – ASSIST WITH DEVELOPMENT AND IMPLEMENTATION OF IT SYSTEMS

Activities and achievements in the past quarter

RxSolution Re-platforming

The Rx re-platforming work will be based on the outputs of the IT Landscape work stream and will focus on bringing together the different systems and filling any gaps that are identified.

Electronic Licensing and Permit Service (ELaPS) application development.

- Business rules and wireframes have been completed and are with the Department for sign off.
- Work on developing the foundation structure is complete and ongoing refinements are being made.
- Work has been completed on the “sign-in / forgotten password/change password” components of the site, and final testing is taking place.
- Content Management Screens (CMS) aspects of FAQ functionality have been completed and are in final testing.
- Root Admin and System Admin site monitoring interfaces have been completed and are in final testing.
- Public pages complete and awaiting signoff.
- Look and feel finalized and awaiting signoff.
- There are 311 elements to cover in the development of the system. As at the end of the 1st quarter, the team is 10.9% complete and, with the foundations having now been laid, work is expected to progress at a faster pace. The Developer is publishing a build on a daily basis which is being tested and fed back on.
- Development site address <http://elaps.summx.com>

Planned activities for the next Quarter

- Begin the documentation of business rules and development of user requirement specifications.
- Identify key RxSolution “super-users” to provide input to the user requirement specifications.

Rx Maintenance

- Schedule meetings with provincial Chief Information Officers (CIO) and Head of Pharmaceutical Services (HOPS) to share support and maintenance transition plan
- Establish and deploy a Help Desk with required staffing, and the dissemination of queries to 2nd and 3rd line support (Feb).
- Communicate helpdesk process to provinces
- Create issue/action log and support current installations
- Establish provincial governance structures for the support and maintenance of RxSolution sites
- Develop RxSolution SLA framework document for the support and maintenance of RxSolution.
- Develop implementation plan for saturation

Electronic Licensing and Permit Service (ELaPS) application development

- Finalize last development of the “Public” facing aspects of the development of the site.
- Complete “setup” and start and complete with the Wizard functionality.
- Initiate the change management process within the Department.

Lessons Learnt & Collaboration with other Partners

- Obtain sign-off on user requirements before starting any development.

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Completed Deliverables		
There are no deliverables for this activity to report in this quarter		
Risks		Preventative / Corrective Actions
RxSolution Replatforming Inability to identify and secure a suitable candidate for the RxSolution Replatforming		Continue to identify and approach candidates with the requisite knowledge and experience.
RxSolution Replatforming NDoH expectation with respect to the time that it will take to achieve the replatform of RxSolution		Manage expectations while demonstrating steady progress with the activity.
ELaPS application development The site contains much text that needs to be signed off –and delays in signing off will cause delays in finalizing the deliverable.		Keep the NDoH up to date on the progress of the sign-offs and escalate any delays to the Director: AMD
ELaPS) application development Hosting, at present there is no service provider assigned to host the system.		This has been brought to the attention of the Chief Director: SWP. If no action by the end of March it will be escalated. Assist the NDoH with the procurement process to allow them to proceed with securing hosting services.
ELaPS application development Numerous outstanding points on project Tracker requiring urgent close out by the NDoH Licensing Unit.		Deadlines for close out provided. Noncompliance will be formally escalated through GHSC-TA to the Director: AMD
Previous Quarter Corrective/Preventative Action(s)		Status / Update
Not applicable		Not applicable

OBJECTIVE 6 - IMPROVE FINANCIAL MANAGEMENT

This objective aims to improve the financial management processes employed in the medicine supply value chain. This will include improving budgeting and forecasting while strengthening the accounting processes related to medicine procurement and supply. This will be supported by improved financial monitoring and reporting. Under this objective, the program team will develop a thorough and tailor-made cross-task training program aligning and balancing it with the operational work requirements of the AMD personnel. Digital training tools, eLearning sites, and other electronic platforms will be designed and tailor-made to address the specific needs of the Directorate.

SUB-OBJECTIVE 6.1- IMPROVE FORECASTING AND BUDGET INFORMATION

Activities and achievements in the past quarter

- No activities to report in this quarter

Planned activities for the next Quarter

- No planned activities for the next quarter.

SUB-OBJECTIVE 6.2 – ASSIST TO STRENGTHEN ACCOUNTING PROCESSES

Activities and achievements in the past quarter

- No activities to report in this quarter

Planned activities for the next Quarter

- No planned activities for the next quarter.

SUB-OBJECTIVE 6.3 – ASSIST TO IMPROVE FINANCIAL MONITORING AND REPORTING

Activities and achievements in the past quarter

- No activities to report in this quarter

Planned activities for the next Quarter

- No planned activities for the next quarter.

6. ANNEXURES

ORGANIZATIONAL STRUCTURE

