



USAID | **UGANDA**
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SECURING UGANDANS' RIGHT TO ESSENTIAL MEDICINES (SURE) PROGRAM

**MANAGEMENT SCIENCES FOR HEALTH
DRAFT WORK PLAN NARRATIVE
PROGRAM YEAR 1: July 2009–September 2010**

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ACRONYMS AND ABBREVIATIONS

ACP	AIDS Control Program (
ACT	artemisinin-based combination therapy
ARVs	antiretroviral drugs
CL	credit line
COMU	Country Operations Management Unit
CPDS	Coordinated Procurement and Distribution System
CPHL	Central Public Health Laboratory
DHO	District Health Officer
DMS	Drug Management Supervisors
ECSA	East, Central and Southern Africa Health Community
EHG	Euro Health Group
EMHS	Essential medicines and health supplies
EOI	Expression of Interest
GoU	Government of Uganda
GPP	Good Pharmacy Practices
GPRS	General Packet Radio Services
HPAC	Health Policy Advisory Committee
HR	Human Resources
HSD	Health sub-districts
HSSP	Health Sector Strategic Plan (Government of Uganda)
IP	Implementing Partners
IRCU	Inter Religious Council of Uganda
JCRC	Joint Clinical Research Council
JMS	Joint Medical Stores
LMIS	logistics management information systems
M&E	Monitoring and Evaluation
MIS	Management Information System
MOF	Ministry of Finance, Planning, and Economic Development
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MTP	monitoring, training, planning (methodology)
NDA	National Drug Authority
NGO	Nongovernmental organization
NMCP	National Malaria Control Program
NMS	National Medical Stores
NPSSP	National Pharmaceutical Sector Strategic Plan

NTLP	National Tuberculosis and Leprosy Programme
NUMAT	Northern Uganda Malaria Aids Tuberculosis Program
PEPFAR	U. S. President's Emergency Plan for AIDS Relief
PFM	Pharmaceutical Finance management
PHD	Fuel Group/Pharmaceutical Healthcare Distributors [PHD]
PMI	President's Malaria Initiative
PMIS	Pharmaceutical Management Information System
PMP	performance monitoring plan
POA	Policy Option Analysis
PPDA	Public Procurement and Disposal of Public Assets Authority
PSM	Procurement and Supply Management Plan
QA	quality assurance
RPM Plus	Rational Pharmaceutical Management (RPM) Plus [program]
SCMS	Supply Chain Management Systems [project]
SM	Supplies Management
SMS	Supplies Management Supervision
SOP	standard operating procedure
SPS	Strengthening Pharmaceutical Systems
STAR- EC	Strengthening TB and HIV/AIDS Responses in East and Central Uganda
STAR-E	Strengthening TB and HIV/AIDS Responses in East Uganda
SURE	Securing Uganda's Right to Essential Medicines [program]
SURE	Securing Ugandans' Right to Essential Medicines
TA	Technical Assistance
TB	Tuberculosis
TCA	total cost analysis
TGF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
USAID	U.S. Agency for International Development
USG	U.S. Government
WB	World Bank
WHO	World Health Organization
WMS	Warehouse Management System

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Introduction

The U. S. Agency for International Development (USAID) established the Securing Ugandans' Right to Essential Medicines (SURE) Program to support the Government of Uganda's (GoU) and the Ministry of Health's (MOH) commitment to improve access to essential medicines and health supplies (EMHS), an important part of the Uganda Health Sector Strategy Plan II.

The term EMHS as used in this document includes all medicines listed in the Uganda Essential Drug List and all essential medical supplies needed for the provision of health care services in the public sector at all levels of health care (primary health care level to central and referral level including specialist level). Thus EMHS includes those commodities (medicines, medical and laboratory supplies) that are essential for implementation of health care programs including programs such as to HIV/AIDS, TB, malaria, leprosy and reproductive health programs as well as basic medicines and health supplies required for the minimum health package.

This narrative accompanies and explains the detailed activity plan for the first year's program implementation. Following a summary of the program goals, objectives, and strategies, the work plan activities are discussed in the same order as they appear in the work plan table.

The SURE Program is a five-year, \$38 million USAID-funded program implemented by Management Sciences for Health (MSH) and its core partners—Euro Health Group (EHG), Fuel Group/Pharmaceutical Healthcare Distributors (PHD), and Makerere University. The program's specific goal is to ensure that Uganda's population has access to adequate quantities of good quality EMHS. The SURE program will improve policies, legislation, and regulation to strengthen supply chain systems and improve capacity and performance at central GoU entities, especially the National Medical Stores (NMS), where SURE will be involved in reviewing roles and responsibilities, and improving supply chain management capacity and performance at 45 targeted districts and USAID implementing partners (IPs). The program will track progress toward this goal by the three results shown in figure 1.

Working with numerous partners at central to facility levels: public, private and autonomous bodies; nongovernmental organizations (NGOs); and local organizations in Uganda; and building on past program experiences from Uganda (Rational Pharmaceutical Management [RPM] Plus, Strengthening Pharmaceutical Systems [SPS] Program, DELIVER 1 and II, and Supply Chain Management Systems [SCMS]), SURE will in collaboration with key stakeholders implement four key strategies to achieve its objectives:

- **Policy Option Analysis (POA)** which combines total cost analysis with indicator-based performance measurement identifies the best options and roadblocks for a supply system based on the NMS, and, also identifies an alternative multichannel approach. MSH has successfully applied the POA in 13 countries worldwide, producing reforms in supply chain policies and performance.
- Development and implementation of **Supply Management Supervisory Set-up** to build supply chain capacity at facility level, developed on the basis of a monitoring, training,

and planning (MTP) skills-building approach, previously applied successfully in Uganda by MSH.

- **Performance-based reward system**, which has proven effective in the context of Global Alliance for Vaccine and Immunization. Also, MSH has used reward based systems successfully to engage NGOs in Afghanistan, Haiti, Ethiopia, and Rwanda. SURE will lead the implementation of a system that EHG applied to the public sector in Zimbabwe.
- Strengthening data collection and utilization to better manage and monitor limited resources by developing and implementing an integrated **Logistics Management Information System (LMIS)** gathering data from public suppliers, IPs, and various levels of government facilities.

The MSH-led team will work with targeted districts, health sub-districts (HSD) and lower level facilities and their communities to strengthen supply chain management, increase availability and rational use of EMHS and improve management of limited resources including finances. By the year 2014, SURE, in collaboration with MOH and stakeholders, will have improved reporting and information utilization by computerizing hospital stores nationwide and establishing a centralized information system integrating already existing systems. Through innovative approaches SURE will have improved effectiveness and efficiency of the public sector supply chain system and strengthened supply chain management at district and facility level. Supply chain management capacity and systems improvements will be achieved at all levels of the public sector health care system in Uganda. SURE will place strong emphasis on the long-term impact and sustainability of the supply chain strengthening activities well beyond the program end date.



Fig 1.1. Work

The first program year covers the period from the award date, July 17, 2009, to September 30, 2010. In this draft work plan, we have included two months (August and September) to align the proposed SURE work plan with USAID's fiscal year. Year 1 is concentrated on program start-up and activities such as policy options analysis, district selection, assessments, and tools development that lay the ground work for activities to achieve the three immediate results.

Result 1. Improved Policy, Legal and Regulatory Framework to Provide for Longer-Term Stability and Public Sector Health Commodities Sustainability

Sub-Result 1.1. GoU Demonstrated Commitment to Improving Health Commodities Financing

At the end of Year 1 SURE together with Pharmacy Division will have established a system for tracking funding from various sources for EMHS, including monitoring GoU's financing.

Monitor and Evaluate Pharmaceutical Financing

Regular, reliable, and up-to-date pharmaceutical financing/funding information is as important as consumption information, as it will guide policy and management decisions and future national financing strategies. The system for tracking funding is essential for forecasting, early warning, and prioritizing procurement, and is fundamental for the pharmaceutical supply chain performance assessment and funds utilization. The SURE program interventions will contribute to improved transparency, flows, tracking, monitoring and management of pharmaceutical financing, not only at central level but also at district, sub-district, and facility levels.

Even though consumption and financial information of credit line commodities and commodities related to HIV/AIDS, tuberculosis (TB), malaria, reproductive health, leprosy, and immunization, etc., are monitored annually, an overall picture of pharmaceutical funding is not available. GoU's underfunding of EMHS, evident by declining credit lines, is a major problem in ensuring sustainable access. At the same time, there are reports indicating that the primary health care funds for EMHS are not being fully used and financial bottlenecks and gaps are not well documented. There is lack of transparency and problems with the funding flow.

The policy options analysis (Sub-Result 1.2) will identify available and accessible sources of financial information on EMHS including Ministry of Finance, the Public Procurement and Disposal of Public Assets Authority [PPDA], the Global Fund to Fight AIDS, Tuberculosis and Malaria [Global Fund], NMS, Joint Medical Stores [JMS], the MOH public/vertical programs, donor partners, and implementing partners (IPs). The SURE team will support and enhance the Pharmacy Division's efforts to collect and monitor pharmaceutical financial information as part of the rolling procurement planning and to strengthen management and optimize utilization of limited funds. In close collaboration with MOH, SURE will develop appropriate pharmaceutical financing assessments and reporting formats. Financial data will become an integral part of planned information systems and performance assessments.

The SURE performance monitoring plan includes annual reporting on pharmaceutical financing and funding information to track GoU, NMS and National Drug Authorities (NDA) performance.

Sub-Result 1.2. Legal, Regulatory, and Policy Framework Revised to Promote Cost-Effective, Efficient, Equitable, Appropriate Use of Available Funds and Health commodities

Develop an Options Analysis for Policy, Legal, and Regulatory Reforms, Financing/Funding Gaps, and Supply Chain Solution

The SURE overall program strategy is to improve the supply chain performance from top to bottom of the health system, increase management effectiveness, and unify and streamline systems to increase medicines and supplies availability. A much stronger and sustainable NMS must be developed and, in doing so, critical policies or regulation affecting NMS governance, procurement, finance and cash flow, distribution, and other areas may need to be reformed. Recognizing that policy, legal or regulatory reforms might not be possible, SURE will analyze the viability of alternative cost-effective supply chain options to the current NMS-based system.

To identify different policy options for the public sector supply chain in Uganda, in the first part of Year 1, SURE will undertake three concurrent activities

- Mapping policy and decision makers' support for, or resistance to policy, legal, or regulatory reforms
- Indicator-based measurement of system performance and access to EMHS
- Total cost analysis aimed at analyzing operating costs and measuring efficiency in the supply chain costing, e.g., capitalization, selection, procurement, infrastructure, inventory holding, inventory management, distribution, shortage costs, and overhead and management costs.

The policy options analysis (POA) will measure the cost of the present set-up and compare it to the cost of alternative supply chain options that may be or are being considered. Figure 2 shows the option analysis process and its link to the SURE technical approach.

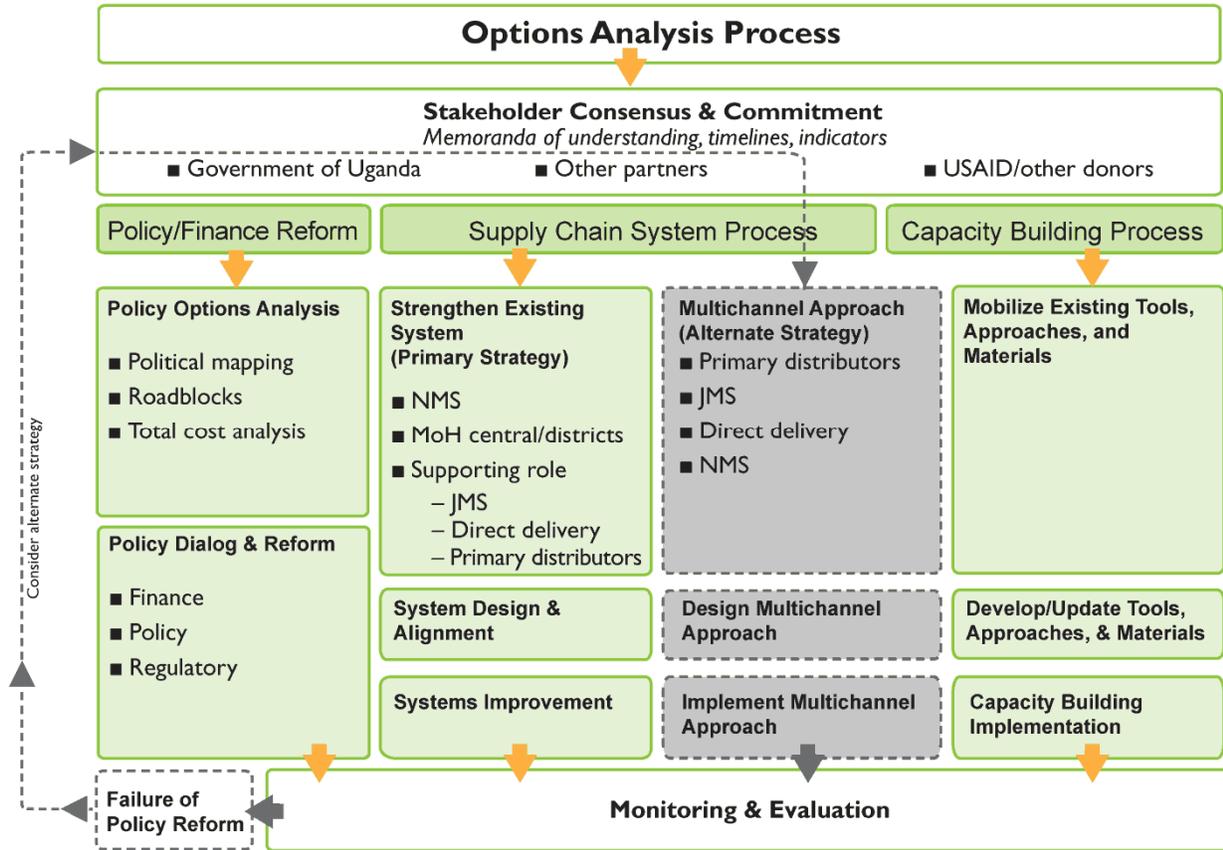


Figure 2. Uganda SURE Technical Approach

The POA process, including the total cost analysis component combined with discrete piloting of new concepts, will provide the roadmap for evaluating several channels to supplement NMS’s role as the primary procurement and distribution entity. SURE will begin with a review of all available documents on essential medicines and health supplies (EMHS) and procurement related policies, legislation and regulations; recent studies of Uganda’s public supply system and recommendations to improve supply system performance, particularly NMS’s performance. Interviews, site visits, and financial and supply chain operations data collection will assess past and current EMHS financing, NMS and JMS performance as public sector suppliers, district facilities’ use of the Credit Line and Primary Health Care grants to access EMHS from these and for-profit EMHS suppliers.

The POA will identify policy, legal and regulatory determinants of poor NMS performance and what may need to change to enable NMS to improve performance. Consultation with key policy makers and decision makers will attain a better understanding of the viability of policy, legal, and regulatory reforms and improved EMHS financing and engage them towards this goal. The POA will assess the alignment of the existing policy and regulatory framework with alternative approaches to (1) procurement and contracting; (2) storage improvements, including outsourcing space and services; and (3) outsourcing of distribution or transportation models. Basic models for supply chain approaches include current central direct delivery by suppliers, use of a primary distributor for storage and destination services, or implementing a fully private system based on

private retail outlet dispensing. This will determine what can be done to improve supply chain management with and without reforms.

The POA will analyze the availability, performance and capacity of local wholesalers and logistics operators; assess the operational and financial management performance and the corresponding operational costs of both NMS and JMS, using selected performance indicators; and model the costs of options, such as outsourcing some of the supply chain operations. The SURE team will engage short-term technical assistance (TA) to support data collection and analysis.

Work to Obtain Consensus, Commitments, and MOUs

SURE will together with key stakeholders hold a conference with stakeholders to review POA findings and to gain broad consensus on and commitments for making the needed policy, legal, and regulatory reforms. SURE will work to achieve multi-sector agreement on a strategy to implement appropriate policy, legal, and regulatory reforms. SURE and USAID will cooperate to formalize stakeholder endorsements and commitments through Memoranda of Understanding (MOUs) signed by the appropriate entities including the MOH, Ministry of Finance, and the PPDA. MOUs will also address stakeholders' commitment to providing clear roles, responsibilities, and performance indicators for addressing identified funding gaps, and strengthening NMS and central GoU entities in their respective EMHS supply chain management roles (Result 2).

In addition, SURE will work to obtain endorsement of the MOH Health Policy Advisory Committee, the Ministry of Finance, and the PPDA. Based on the resulting agreements, SURE will work with the respective institutions to prepare an implementation plan, monitor, and periodically discuss with USAID and other relevant stakeholders the performance of all parties in meeting commitments/benchmarks to determine if there is a need for implementing alternative measures.

Result 2. Improved Capacity and Performance of Central GoU Entities in their Supply Chain Management Roles and Responsibilities

The current supply chain system for the central MOH programs and agencies is fragmented and duplicative. The system suffers from uncoordinated stocking policies and procurement plans often dogged by frequent stock-outs and expiry of medicines, delays in fund disbursement particularly in the case of Global Fund supplies, and inadequate information on stock utilization.

Building upon previous work by SCMS and DELIVER projects, SURE will support the central level government agencies and organizations to achieve their supply chain mandates to efficiently plan, procure, monitor, and report on their program commodities. The primary agencies include NMS, NDA, and central MOH programs or divisions (National TB and Leprosy Control Program (NTLP), reproductive and child health, AIDS Control Program (ACP), Central Public Health Laboratories (CPHL), National Malaria Control Program (NMCP), and the Pharmacy Division). To achieve this, SURE will assess the current supply chain needs, identify technical assistance gaps, and draw up tailor-made improvement plans. SURE will also help institute uniform processes and standard operating procedures (SOPs) and indicator-based

performance monitoring, and support the strengthening of their management information systems (MIS) so that agencies and programs are more responsive to needs.

At the end of the first year; it is expected that it should be possible to measure the MOH's, NMS's and NDA's contributions towards their mandate—having uniform supply chain processes for the MOH programs, a system for monitoring and evaluation (M&E) of the National Pharmaceutical Sector Strategic Plan (NPPSP) II performance, and uniform MIS at all programs that are responsive to their needs. These interventions should result in improved EMHS management leading to improved availability for people accessing public and non-governmental health services supported by the GoU, President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), and the Global Fund for Aids, TB and Malaria.

Sub-Result 2.1. Improved Capacity of NMS to Procure, Store, and Distribute National EMHS

Despite the recent GoU transfer of funds for medicines procurement to NMS, it is unclear how soon this will positively impact stock levels given current inefficiencies in procurement processes and warehousing. The NMS is trying to shorten its very lengthy procurement process by prequalifying suppliers and working towards accreditation by PPDA. However, its procurement lead times are still longer than one year. USAID, through SCMS, has recently supported warehousing improvements, including redesigning the pallet racking system, introducing gravity flow picking, and zoning based on processes that reduce travel time and minimize duplication of warehouse process. These gains in efficiency will be strengthened when combined with appropriate SOPs, equipment, and systems to assess performance enabling NMS to identify constraints and measure effect of interventions and system and procedure improvements. The POA described under Sub-Result 1.2 will result in the development of a strategy for strengthening the NMS.

Specific interventions arising out of the POA are unlikely to be implemented before Year 2, and after an initial discussion with NMS management and other stakeholders, SURE has identified six areas of support for Year one. Full-time technical support to NMS will be provided by SURE by seconding one or two professionals to assist NMS in its technical capacity to plan and monitor supply chain operations. Detailed terms of reference (TORs) and clear job descriptions will be developed with NMS to guide the day-to-day provision of technical support. SURE's strategy is for these professionals to work with the NMS staff to ensure that the initial stages of the MACS (logistic management information system) and Sage (Financial Management Information system) implementation is smooth and transfer supply chain operational skills. Additional short-term TA will also be mobilized for specific tasks.

Develop Indicator-Based Performance Assessment Plan

Even with the many changes that have taken place in NMS towards efficiency gains, there are no quantifiable data to assess NMS's performance. SURE will work with NMS management to define a set of performance indicators and prepare a performance measurement plan. The POA will provide part of the initial baseline data but a specific assessment will be carried out to assess the baseline for financial management and operational performance indicators, including procurement, prices, storage, inventory management, and distribution. NMS will use these data

for financial management and operations improvement and SURE will use selected indicators for its PMP, and the information will be useful for public confidence boosting. The key financial and operational performance indicators will be included in the NMS annual reports.

Support Procurement Processes

Transparency and efficiency of NMS procurement practices are essential to building public confidence and ensuring that quality products are procured in a timely fashion. SURE will assess current procurement capacity based on WB, PPDA, and WHO guidance documents to identify areas where SURE can provide technical support. If needed, SURE will support conducting independent procurement audits to serve as performance monitoring. To streamline procurement procedures, SURE could, for example, work with NMS to improve the supplier prequalification system and obtain intelligence on product prices by creating a database with information from multiple sources such as the Regional Pharmaceutical Forum for East, Central and Southern Africa ECSA, the International Drug Price Indicator Guide, among others.

Support Order Processing

The current system for receiving and processing orders is slow and not very responsive to customer needs. SCMS supported improvements by redesigning the warehouse and introducing gravity flow, but for a sizeable order like Mulago Hospital, processing an order still takes several days. SURE will evaluate the use of a combination of technological resources, standard operating procedures (SOPs) and delivery mechanisms to achieve more significant improvement. SURE will use PHD expertise to assess and pilot various options and help NMS choose suitable approaches for different scenarios to make the system more responsive. Additional data will be collected to determine current performance in managing/processing key products including ARVs, antimalarials, and operational costs of entities that have supply chains serving public facilities and U. S. Government (USG) IPs to assist in designing appropriate models.

Support Warehouse Operations

SURE will support follow-on implementation of the MACS and Sage warehouse & financial management system at the NMS. The SURE team will together with the NMS team coordinate, monitor, and manage the post go-live support and additional Technical Advisor (TA) for report generation, systems synchronization, and will explore ways to increase local capacity in supporting these systems.

SURE will also focus on some of the most pressing operational concerns in the first year of the program such as assisting NMS in assessing and acquiring appropriate stock handling equipment, carry out a process review and re-engineering to sustain good warehouse practices initiated by SCMS, and assist in introducing perpetual inventory monitoring with selected performance indicators.

Improve Distribution

NMS distributes EMHS to District Health Offices (DHOs) and district hospitals. Despite NMS efforts in the past year, there are still inadequacies in distribution routes and vehicle fleet utilization. NMS plans to carry out a pilot study in four districts (Kabarole, Masaka, Soroti, and

Gulu) to assess the impact on medicines availability resulting from delivery “to the door.” SURE will support NMS in designing, implementing and evaluating studies or assessment aimed at assessing feasibility of to the door delivery.

To this end, and to promote efficiency in the distribution system, SURE will provide support to conduct a weighted logistics/transport analysis to identify the most cost-effective distribution strategies, including optimal transport routes from the NMS to the Districts/HSDs and health facilities, and the cost effectiveness of outsourcing some NMS distribution services. Through key informant interviews and review of available data, documents and reports, the various supply chains that provide EMHS to health facilities will be mapped out to clearly identify how products flow from suppliers throughout the distribution chain to health facilities. The analysis will also consider other options.

Build Leadership Capacity of Key NMS Managers

NMS’s ability to successfully implement and use the new MACS and Sage systems as decision-making tools for business planning and financial management depend on the managers’ ability to use the information in their daily management. SURE will undertake an assessment to identify training and skills development needs for top and middle management staff. The training will aim to ensure more effective management, guided by financial information, performance information, and planning. Appropriate training courses will be identified and a training implementation plan developed in line with those in Result 2.2 but tailored specifically for NMS as a supply agency. Leadership training will be implemented in Year 2.

Sub-Result 2.2. Improved Capacity of MOH Program Managers and Technical Staff to Plan and Monitor National EMHS

To ensure that limited resources will be used optimally, management, planning, coordination, and communication on supplies procurement and consumption within MOH programs, SURE will provide TA to the vertical MOH programs to strengthen their ability to better plan and manage their program commodities in several key areas.

Strengthen MOH Programs Capacity in Commodity Management

The SURE team will support the MOH programs in implementing and strengthening supply management and reporting. The strategies will be developed in line with the Supply Management Supervision (SMS) and reward-based strategies described below. These strategies, along with the revision/introduction of logistics management information system(s), will improve the quality of reporting and strengthen data utilization. So that program staff members have a good understanding of the supply system, they will receive orientation on SURE in Year 1, undertaken in conjunction with the MOH program assessment. In Year 2 and beyond, SURE will invite participants responsible for procurement and reporting for the MOH programs to participate in the SMS courses and receive access to tools, manuals, and material.

A key priority is to improve forecasting and quantification of national EMHS requirements. This will involve reviewing and updating EMHS forecasting methodology and data (consumption, morbidity, scale-up trends, standard treatment guidelines, etc.) as needed. SURE will first assess

the MOH programs' capability related to EMHS management and develop a specific strategy/plan for each program to enhance its supply forecasting, quantification, and procurement planning skills based upon a review of the tools and procedures used by the vertical programs and existing constraints and practices.

Initially SURE will map all commodity flows and information /reporting flows and requirements for all the MOH programs. The mapping will form the basis for problem analysis and for developing an approach whereby procedures, practices and information are revised and streamlined to best address existing inefficiencies, duplication of efforts and ensure accurate information and timely reporting. The revised systems and practices will be focused on pulling commodity and consumption information together in one data collection and management point facilitating quantification and data utilization, in order to bring about a comprehensive picture of requirements/quantities needed and consumption. The combined information will become an integrated part of the rolling procurement planning and will eventually become part of the integrated LMIS.

To improve implementation and utilization of management and financial management information systems, SURE will together with MOH programs undertake an assessment to identify management and leadership training and skills development needs for program and pharmaceutical managers both at district level and MOH central level, including MOH programs such as NTLP and CPHL and institutions such as NDA. The training will aim at ensuring more efficient management, guided by financial information, performance information, and planning. Some of the training to be considered can be e-based training in leadership and finance developed by MSH or leadership training programs successfully implemented in Uganda by Makerere University. Leadership training will be implemented in Year 2.

Develop LMIS for Improved EMHS Procurement and Distribution

In close collaboration with Pharmacy Division, MOH programs and other key stakeholders the SURE team plans to improve and integrate existing logistics management information systems (LMIS) into a new integrated LMIS that can support supply chain functions at central, district and facility level. The development of the integrated LMIS will be initiated in Year 1 by undertaking an analysis of existing vertical logistics management systems currently in use by Ministry of Health programs (e.g. NTLP, CPHL and ACP) to identify how they can best be streamlined and integrated. The system analysis will focus on gaps between process requirements and system features, will test the robustness of current applications in dealing with multiple commodities (HIV, malaria, family planning, etc) and will identify sustainable and proven technologies (notebooks, smart phones, GPRS) to help strengthen the integrated LMIS system and supply chain. The technical strategy based on these analyses will drive the design of an implementation plan to progressively link all subcomponents together in a phased manner with the overall goal of providing intelligent data to assist the Pharmacy division, NMS, JMS, key MOH programs, district health offices (DHOs), and USG IPs in managing critical components of their supply chain.

Support and Strengthen the Pharmacy Division

SURE's overall support aims to strengthen the Pharmacy Division's capacity to plan, implement, and monitor the second five-year National Pharmaceutical Sector Strategic Plan (NPSSP II). SURE will assess the division's human resource (HR) capacity to define what skills, tools, and other resources are required for them to effectively support MOH programs in pharmaceutical management. In Year 1, SURE will place a full-time professional in the Pharmacy Division and provide short-term TA as needed to strengthen their capacity and build strong systems and procedures within the division and with other programs. .

One of the priority tasks in Year 1 will be to work with the Pharmacy Division to review and improve the design and implementation of the "rolling three-year procurement plan." The SURE team will review the existing procurement plan and coordination mechanism to determine how its function can be improved with procedures and tools that will make it easier for the Pharmacy Division to keep track of and communicate information on the different procurement activities. The model for the Pharmacy Division is the Coordinated Procurement Distribution System in Rwanda (developed by MSH) which brings together national and international stakeholders to agree on roles and responsibilities and support in quantification and procurement.

SURE will also support the Pharmacy Division in implementing and monitoring the NPSSP II, especially at district level, which includes developing a detailed plan of action to implement the NPSSP II and a monitoring plan covering NMS, NDA, and policy implementation. As part of this, SURE will support development of a Pharmacy Sector Management Information System (PMIS). The PMIS, shown in Figure 3, will be a simple tool to monitor performance related to policy implementation by measuring aspects of drug quality, availability, affordability, and rational use. It will be based on few specific indicators to monitor and track performance of NDA, NMS/JMS performance, implementation of good pharmacy practices, financial management and pharmaceutical financing, forecasting and quantification, medicine availability, and human resources. The PMIS will use existing data sources or data that are planned to become available as part of the NPSSP II or SURE activities. A simple version of the PMIS will be initiated in Year 1 and, in Year 2, will become more sophisticated as new data becomes available.

MOH National Drug Policy	NPSSP-II M&E Plan	Pharmaceutical Management Information System	Regular feedback/reporting to all data providers /facilities
	National Drug Authority performance assessment		
MACS /SAGE	JMS/NMS- performance assessment		
	GPP /accreditation at Facility Level- performance assessment by DMS		
DMS reports	Financial management at facility level performance assessment by DMS		
	Forecast, Procurement & quantification MIS		
New rolling procurement system	ARV, ACT, TB, M&A, LEP, LAB, Vaccines, contraceptives, credit - /non credit line others		
	Human Resources information		
	Pharmaceutical finance information		

Figure 3. PMIS Components and Functions

Support MOH stakeholder /donor coordination activities

Strengthen the Pharmacy Supply Management Technical Working Group

Various activities and solutions require involvement and commitment by all stakeholders. As many of the decisions have political, financial, and technical impact, it will be most important for the SURE team to establish appropriate collaboration, coordination, and communication mechanisms. Recognizing the importance of essential supplies, a pharmaceutical supply management technical working group (TWG) has already been established and SURE will participate and work to strengthen the group’s work in collaboration with the Pharmacy Division.

Support and Strengthen NDA

To ensure availability of good quality essential medicines, it is important to have a well-functioning National Drug Authority (NDA) that is operational at all supply system levels to ensure the quality of the supplies. The SURE program, in close collaboration with the NDA, NMS and WHO (which recently carried out an assessment of NDA), will begin by documenting constraints regarding the proposed areas of support and develop detailed work plans for areas relevant to SURE’s mandate. The areas of support that have been identified for Year 1 include medicine registration, GPP (see 3.1), medicines control and testing, post-market surveillance especially related to the USAID-supported PEPFAR and PMI programs, and the development of a M&E plan to monitor performance and generate timely reports to inform the PMIS.

In line with USAID previous commitments, in Year 1 SURE will also have the advisory, management and oversight role over implementation of the PMI-funded activity to assure good quality of malaria medicines through post-market surveillance. The \$150,000 activity aims to strengthen NDA's drug quality control program in the seven NDA regions by expanding and monitoring field testing of anti-malarial medicine samples and strengthening enforcement and public information activities. Activities include procurement of additional minilab test kits, reagents and other laboratory supplies as well as samples of antimalarial medicines.

Support Implementation of a Pre-Service Training Program for Health Workers

An important part of the capacity building strategy is to introduce into the curriculum of all health professionals basic training in supply management so that all new staff posted at facility level has knowledge of the national supply management SOPs. SURE will, as described under Activity 3.1, assist in streamlining supply management practices including the development of nationally applicable supply management SOPs. These SOPs will form the basis of training material for basic/pre-service training at universities, nursing schools, colleges, etc. Makerere University will be the leader, in collaboration with other training institutions, in developing and implementing a revised curriculum for all health professionals related to training in supply management. The curriculum will include topics on pharmaceutical management, rational medicines use, good dispensing practices, GPP, national medicines policy, the essential medicine concept, and also financial management for pharmacy staff. To ensure students' commitment and interest in learning, the topic should be examinable. Curriculum development will begin in Year 1 and in Year 2, SURE and Makerere University will support the training of trainers for this program.

Sub-Result 2.3. Improving Supply Chain System Cost-Effectiveness and Efficiency through Innovative Approaches

The POA and stakeholder commitments or strategy developed from the POA will provide the basis for improving effectiveness and efficiency of the national supply chain system. Interventions may include changes in procurement and contracting approaches, use of public-private partnerships, outsourcing of components of storage and distribution. Based on the resulting strategy, a work plan for implementation will be prepared and innovative approaches will be tested beginning in Year 2.

Result 3. Improved Capacity Performance of Target Districts and USAID Implementing Partners in Supply Chain Management Roles and Responsibilities

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

District Selection

By the end of the first year, SURE will have selected target districts and set up the first regional office. SURE will develop district selection criteria in coordination with USAID, MOH and other key stakeholders. The selection criteria will take into consideration USAID priorities, the experience gained by the STRIDES project in their innovative selection process, and

interest/self-motivation shown by the districts. It is anticipated that selected target districts will include some that are participating and supported by other current or previous USAID programs while others may not have this support. The level of supply chain management capacity and capability will differ and will be considered in the intervention assessment design, such as the availability of district and HSD designated pharmacy staff.

The SURE team will visit all 45 selected districts to explain the program and its objectives. These visits will be an opportunity to identify critical factors and ensure clarity prior to signing a MOU delineating specific roles and responsibilities and timelines for activities and targets. SURE will keep in contact with all 45 districts even before the program reaches them. The district will designate one focal person and one for each HSD to be the liaison to SURE central and regional field offices.

Establish Regional Field Offices

After district selection, the program will determine where its five regional field offices will be located and initiate office operations in these areas. To manage developing and piloting of interventions, in Year 1 SURE will establish a field office in the Central Region to support eight to ten districts in the catchment area. The Central Region field office will endeavor to co-locate with a proposed regional office for the STRIDES project to leverage office logistics and maintenance expenses. Each regional office will be staffed by four full-time SURE personnel including a Pharmaceutical Field Coordinator, two M&E/LMIS field coordinators (the second is only employed in Year 2), and a Field Office Administrator. Overall management and coordination with the five regional field offices will be undertaken by the District Pharmaceutical Strengthening Specialist who will be based in Kampala.

Development of District Level Support Package/Program at Facility Level

. The district level interventions will be carried out in a phased manner. Interventions will be piloted prior to cascading to more districts. Because of the clear linkage and performance dependency between central level/NMS and facility levels, SURE will develop a comprehensive strategy to strengthen supply management from the central level down to the district, HSD, and facility levels. The strategy will be founded on the monitoring, training, and planning (MTP) methodology and implemented through supplies management supervision and supported by strengthened information systems. Selected district and HSD pharmaceutical staff will be trained as supplies management supervisors. They will be trained in supply chain management, pharmacy practices and financial management and supervise along with their ordinary duties. As communication and information is a centerpiece in good supply management, SURE will introduce new technologies to strengthen communications and logistic management information at hospital level.

The District Support Package includes five components:

- Baseline Assessment
- Supply management and pharmacy practices training and SOP development.
Pharmaceutical Financial Practices training and SOP development.
- Combining Supplies Management Supervision (SMS) with performance-based reward strategy

- Communication and management information system

The SMS approach to capacity and performance strengthening at facility level as outlined below has proven effective in other parts of Africa. The supervisory approach will be closely linked to performance monitoring and a reward-based strategy to further strengthen motivation and dedication. SURE will collaborate and coordinate with the World Bank and other donors to ensure wider coverage of the country and explore possibilities for collaborations and synergies

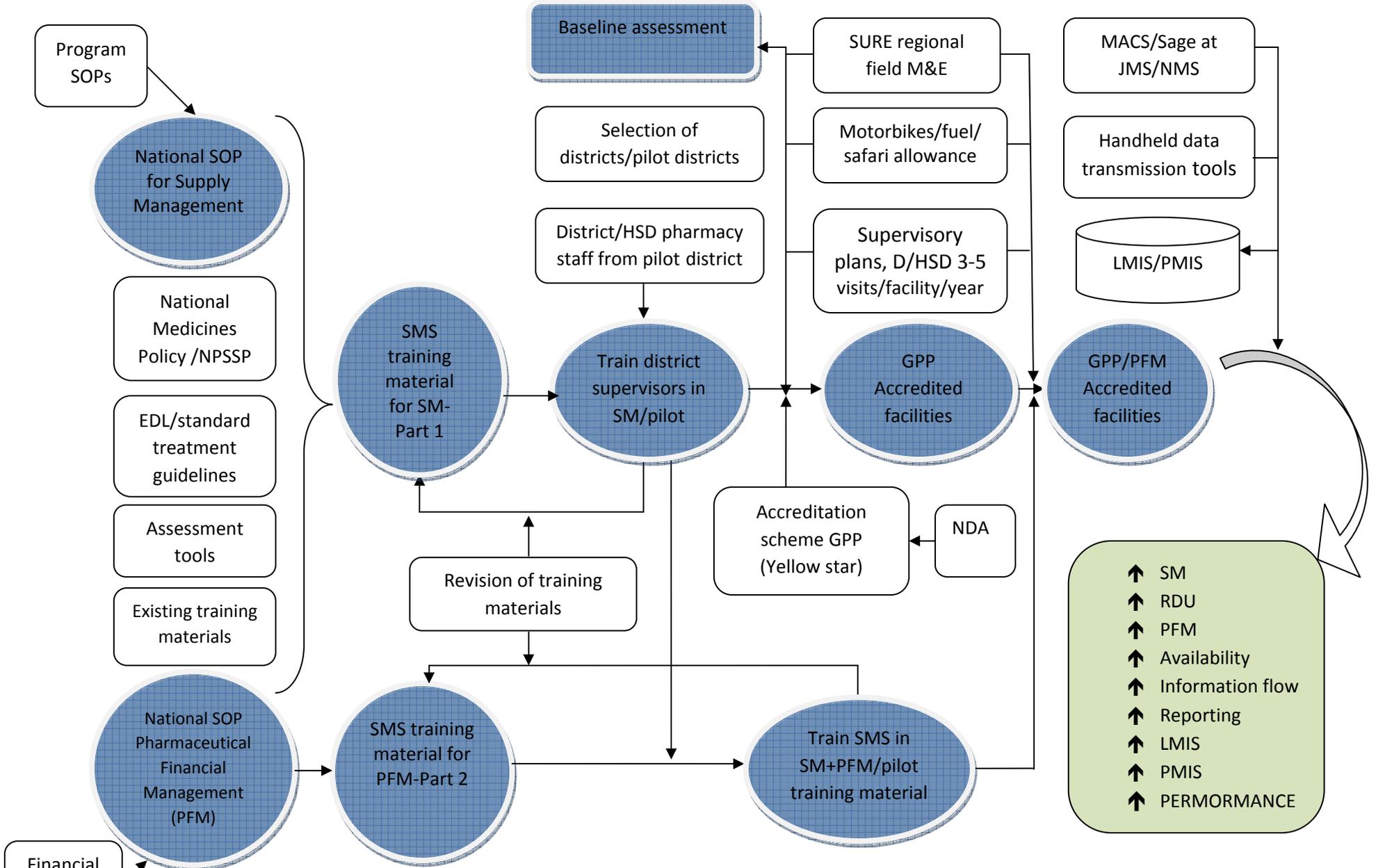


Figure 4. Facility Level Capacity and Performance Strengthening Strategy

Develop Data Collection Tool and conduct Baseline Assessment

In collaboration with the MOH and on the basis of existing supply management performance information, the focus areas prioritized for capacity building will be identified and an indicator-based baseline assessment tool will be developed. The initial supervisory visits to targeted facilities in Year 1 will pilot data collection tools (DCT) and establish a baseline for performance monitoring. Indicators will be chosen to measure progress in areas of supply management, adherence to Good Pharmacy Practices (GPP), financial management, rational medicines use, and reporting accuracy and timeliness including aspects of management and logistic information systems.

The supply management SOPs shall be put into a user-friendly supply management module that shall be made available at all health facilities in Year 2. The supply management module will cover topics such as how to organize a store, stock control, how supplies (medicines including ARVs, TB, antimalarials, supplies, laboratory equipment, vaccines etc.) are ordered and received, what to do if NMS is out of stock; short-dated and expired stocks, and issuing medicines. Standard tools such as stock cards, books, and requisition books will be revised as needed.

A two-week training course will be developed and implemented with assistance of tutors from Makerere University and technical staff from MOH programs and SURE. Training material will be based on the supply management module and materials such as the national drug policy, essential medicines list, standard treatment guidelines and performance assessment tools. The supply management training will also include topics such as the essential medicines concept, how to supervise, planning and reporting, communication, PMIS, data collection, reporting, and assessment. The first course will be the pilot for the training material. The participants will be pharmaceutical staff from MOH programs, the selected districts and HSD, and SURE field office staff. The course will serve the purpose of training of trainers (TOT) and training of district and HSD supervisors. There will be 25 participants per course which will conclude with an exam. The finalized and piloted training material and supplies management module will be ready for roll-out in Year 2. To ensure sustainability, experienced and well-performing district supervisors will be enrolled as trainers later on. SMS training can also include participants from training colleges NGOs and implementing partner programs.

SOPs and Training Material for Pharmaceutical Financial Practices

National pharmaceutical financial SOPs will be developed in collaboration with the MOH/Pharmacy Division, MOF, PPDA, NMS, JMS, the district staff and other key stakeholders. The SOPs will be based on existing policies and practices and an assessment of future best practices. The timing of this activity will depend on an agreement on EMHS funding so that a standardized and uniformed system can be agreed to, a process which involves the MOH, MOF, and the districts. The SOPs shall be developed and tested and a national user-friendly module developed. Different level modules (district, HSD, and PHC levels) may also be developed as financial management capability and training needs will differ according to the level of care. The Pharmaceutical Finance Management (PFM) modules will be drafted in Year 1.

The PFM module will form the basis for developing training material for the second part of the district and HSD SMS training. The training will include topics such as budgeting, preparing, costing and vetting requisitions, commitment registers, budget tracking, expenditure records, budget estimates, expenditure monitoring, and transparency, governance, and anticorruption measures.

The one to two-week training course will be implemented in the beginning of Year 2. The tutors will initially be SURE staff (Pharmaceutical Finance Specialist, SURE District Pharmaceutical Strengthening Specialist, and COP) but in future years MOH staff and experienced Supplies Management Supervisors are expected to become tutors.

Establish Supplies Management Supervision System

For the SMS strategy to be successful and build on lessons learned from previous supervisory efforts in the pharmaceutical field, it is important to establish a strong organizational and managerial structure. There must be clear lines of responsibilities and links to the district management team and the identified focal person in the Pharmacy Division. Different organizational modalities might be proposed by the selected districts and tested during the pilot phase in Years 1 and 2. SURE will advocate for a hierarchic model where the district supplies management supervisor will supervise and manage HSD supervisors and be the link to the MOH. SURE will capacitate district supplies management supervisors with leadership and management skills to enable them to perform well. The leadership and management training will be part of the performance and reward based system. In each of the target 45 districts, one district-level and one to three HSD supervisors will be trained, depending on the number of districts enrolled in the first training course. In Year 1, the supervisors will only be trained in supply chain management but during Year 2 they will also become certified in PFM.

To start up and implement supervision at district level, the SURE pharmaceutical field coordinator will collaborate and work closely with the district and HSD supervisors. SURE staff members will function as regional supervisors responsible for implementing supervision at the district level. This supervisory system and capacity building will be undertaken in a phased manner as illustrated in figure 5.

To strengthen team building and share experiences, the SURE district team will work with the Pharmacy Division and organize an annual three-day district SMS meeting starting in Year 2. The meetings will be a forum for discussing new focus areas, preparing new plans based on past performance and lessons learned, and undertaking refresher training or developing new skills.

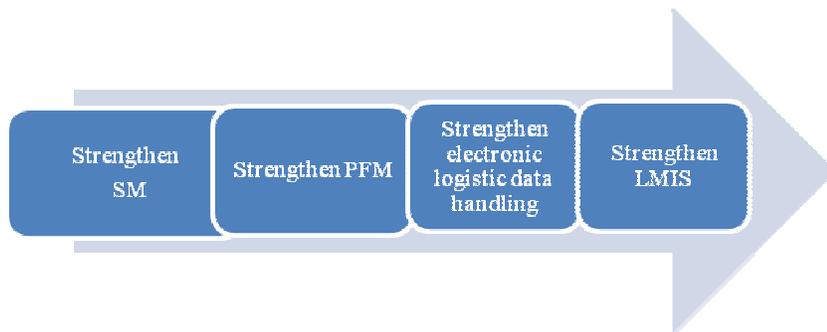


Figure 5. Phased Supervisory and Capacity Building Strategy

In Year 1 SURE will procure 20 motorbikes to enable supervisors to carry out their supervisory responsibilities. SURE will determine the best use of the motorbikes, and if possible, link the motorbikes to a performance-based scheme as well explore the possibility of providing other incentives to the supervisors.

New Communication and information Technology

Districts and HSDs need to have better access to information such as budget line status, medicines prices, and product availability at suppliers (including NMS and JMS) in order for them to better plan, manage, and monitor the EMHS. Using new technology and making it available to district and HSD pharmacy staff and supervisors will also facilitate data quality and reporting. In Year 1, SURE will evaluate the district, HSD, and facilities' technology and communication capabilities, including internet, available hardware and software, and staff skills to develop, in collaboration with the districts and the MOH, an overall strategy to introduce new technologies and to increase communication between facilities, HSD, Districts, NMS, JMS, and MOH.

Starting in Year 2, computers will be purchased where needed for the district health offices, hospitals and possibly HSD/health center IVs to increase timely reporting and to run RxSolution or similar software program which can track budget/price information, commodity availability, consumption and other logistic information such as reorder level. Depending on the strategy and the system design, SURE will also explore the feasibility of procuring and introducing smart phones/personal digital assistants (PDAs) at HSD level to collect consumption data and orders from health centre level II and III. Data and orders from these levels can be uploaded during deliveries and aggregated at the HSD to be submitted to the district or higher level i.e. NMS or MOH.

Sub-Result 3.2. Improved Capacity of Selected Implementing Partners in Quantifying, Managing, and Monitoring EMHS

SURE will provide TA to IPs to enable them to better plan and manage any commodities procured for their own programs, such as ARVs, artemisinin-based combination therapy (ACT), and TB medicines, and to strengthen their support to districts and health facilities in ensuring the availability of EMHS. SURE will assist and support IP to ensure that the IPs have a thorough understanding of the national supply chain and its management.

The first step will be to assess the TA needs of USG partners related to EMHS management and to tailor strategy/plan for each IP for harmonizing, streamlining, and capacitating their own programs and GoU/NGO counterparts.

IPs collaborating with facilities situated in SURE target districts will be an integrated part of SURE's district-level program activities. For IPs working in districts outside SURE's target districts, SURE will assist them to implement their own SMS. To ensure a good understanding of the supply system and how their programs can contribute to strengthening the commodity

management in districts and health facilities, in Year 1 the SURE team will orient IPs to the SURE strategies, activities, and areas of collaboration including M&E. The orientation will be done in conjunction with the initial IP assessment. In Year 2 and beyond, SURE will invite IPs to participate in the SMS courses and avail access to tools, manuals, and other materials.

Sub-Result 3.3. Overall Access to EMHS Improved Through Innovative District-Level Interventions

SURE will collaborate with stakeholders to identify innovative approaches that can be implemented on a pilot basis in selected districts. The interventions will be designed to impact not only supply chain management and commodity availability but also address optimal use of limited resources including financial resources service level, rational medicine use, and data timeliness and quality. Health system research will be an important part of the innovative approaches. Regardless of the interventions decided upon, it will be important to ensure that impact can be assessed in such a manner that it provides evidence for the way forward for Uganda and beyond.

GPP Accreditation System

One innovation will be the establishment of a Good Pharmacy Practices (GPP) Accreditation System. In collaboration with NDA, SURE will develop accreditation criteria and a method for performance improvement monitoring applicable to both public and private medicines distribution outlets/pharmacies. The GPP builds on draft tools already tested in Uganda by the Pharmacy Division in collaboration with WHO and Copenhagen University. The tools will not replace NDA inspection but will contribute to a broader assessment looking at supply management aspects such as good storage and stock management practices, service level, rational medicine use, and good dispensing practices. In Year 2 SURE will begin auditing selected district facilities, starting at public sector facilities at district and HSD level and moving on to lower level district facilities. The supplies management supervisors will be able to assess, train, and plan improvements (through MTP) with facility staff with the aim of acquiring facility accreditation. SURE will train Accreditation Quality Auditors both from within NDA and from SURE Regional field offices. The auditors will be tasked to audit government facilities, IP facilities, and later private sector facilities. Audited facilities can become accredited and recognized by a certificate. The accreditation is to be time limited. Accreditation in pharmaceutical finance which is limited to public sector is also to be established and implemented in Year 2. The accreditation tool will form the basis for baseline assessment and the SMS.

Another dimension (feature) of the innovative district approach is the institution of a performance-based reward system that will be applied to both supervisors and facilities. The reward or “carrot scheme” using certificates, community involvement and motorbikes, has been demonstrated to be effective by the Global Alliance of Vaccine and Immunization in 51 countries.

The envisaged interventions evolving around SMS are outlined in Figure 6.

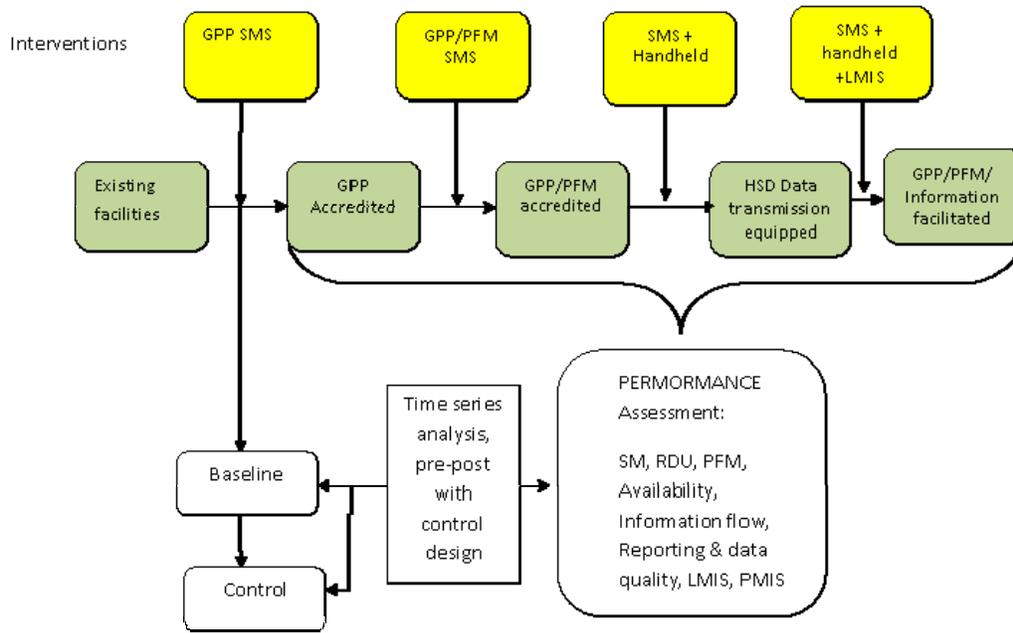


Figure 6. Innovative District Intervention Strategy

SURE reward based (Carrot) strategy is based on rewards for the supervisors such as course certificate (Silver and Gold SMS- certificate), motorbike and driver license, telephone/computer and becoming a SMS tutor. The scheme also proposes rewards for the facilities whereby they become certified (GPP and pharmaceutical financial management certified) including a ceremony that involves the community and local government.

Monitoring and Evaluation

SURE Performance Monitoring Plan

The Performance Monitoring Plan (PMP) will guide the SURE team in monitoring the program’s performance and progress in the next five years.

The selection of indicators have been guided by existing SO8 indicators, the health information systems pharmaceutical indicators and performance indicators prioritizing outcome indicators related to Uganda national medicines policy, aimed at ensuring: *essential medicines and supplies to be safe, effective and of good quality to be available, affordable and accessible and used rationally.*

In line with the pharmaceutical policy objectives, SURE aims to increase availability and access to quality EMHS at facility level by strengthening and building capacity in supply chain management at all levels including the strengthening of the NMS efficiency and effectiveness. Therefore indicators have been selected that measures these key outcomes related to:

- the three result areas but at the same time captures outcome related to
- availability at facility and central level

- accessibility,
- affordability measured related to medicines prices and
- quality

Most of the indicators will be measured annually apart from two indicators that are to be measured quarterly (availability and timely reporting). A majority of the indicators will be measured from Year one but 7 out of the proposed 16 indicators can only be measured after Year 1 in line with the SURE program being implemented and systems put in place.

Most of the indicators should be measurable from existing data e.g. warehouse management information systems, and a few will require that new systems need to be established (GoU expenditure on EMHS, adherence to ordering and distribution schedules). Two indicators will need to be collected through facility visits/surveys (stock out at facility level and district distribution time).

The SURE team will also develop a set of complementary indicators in collaboration with key stakeholders whereby it will be possible to monitor more areas of GPP and Pharmaceutical Finance and the effect of innovative interventions and strategies selected following the policy option analysis.

Program Management

Program Startup Activities

Set up SURE Kampala Office

To gain financial, operational, and technical efficiencies, MSH has co-located the SURE Program with on-going MSH projects in Uganda, including STRIDES and LQAS. The program is housed in the existing MSH office on Princess Anne Drive, Bugolobi. Office space has been secured and equipped for the SURE team. Recruitment of all Year 1 staff has been initiated.

Program start up operations will include procurement of equipment, vehicles, and supplies. The Home Office Support team, based in Arlington, VA, and the MSH Country Operations Management Unit Kampala will provide significant support to the SURE team in setting up the program management policies and procedures; they will support SURE until all program core staff is in place. Apart from finance and administrative support, the home office team will also provide technical backstopping and support the policy options analysis. The home office (Arlington) and the MSH country operations/Kampala staff will orient staff on USAID/MSH procedures and practices and SURE will conduct introduction training for all SURE staff.

Staffing

The SURE Program is implemented by a team of experienced professionals assembled by Management Sciences for Health (MSH), Euro Health Group (EHG), Fuel Group/ Pharmaceutical Healthcare Distributors (PHD), and Makerere University. The SURE Program team is led by the COP Dr. Birna Trap who takes overall responsibility for ensuring that the program's technical objectives are met and liaises directly with the heads of partner

organizations (USAID, MOH, NMS, JMS, MOH programs such as CPHL, NTLP ACP and WHO and WB among others) to ensure collaboration and cooperation in implementing and rolling out the SURE Program.

The COP is supported by a team of senior technical advisors and specialists to ensure that all contract requirements are duly met in a timely fashion for reporting to USAID and ensuring that the work is smoothly coordinated between SURE and key stakeholders. The SURE technical team that will be in place before January 2010 provides a variety of areas of expertise including supply chain management, information management systems, pharmaceutical financing, policy and regulation, training, and M&E. Until all staff is in place, necessary administrative and financial support will be provided by MSH home office team and MSH's Uganda country operations staff.

The SURE team of 20 centrally located staff will expand in Year 1 in line with establishing the first of five regional field offices that will serve a crucial role in developing, piloting, and implementing the district support package. Each regional field office will be staffed with two M&E/LMIS field coordinators (the second is only employed in Year 2), and a Field Office Administrator..

Five specialized logistics, procurement, quantification and information system experts will be employed to support the NMS, MOH programs, NDA, USG partners, and districts in forecasting/quantification, procurement planning, and other logistics management functions. Support will specifically be provided to those MOH programs that received technical support from SPS, SCMS and DELIVER (CPHL, NTLP, RH/FP Division, NMCP, ACP, UNEPI). Administrative, finance, and IT staff are being employed to provide general program support. .

The SURE team is briefly described in below table. The SURE Program will also hire short-term technical assistants to complete discrete pieces of work and provide highly specialized assistance. A table summarizing the technical assistants to be employed in Year 1 is provided below.

Table 1. SURE Program Staff and Individual Responsibilities

Position	Name	Responsibility
Chief of Party	Birna Trap	Overall program responsibility. Program management, work plan, and timely achievement of tasks.
Finance Manager	Vine Nguyen	Overall Finance and Administration responsibility including human resource support.
TA-Supply Chain Management	Saul Kidde	Overall supply chain operations, NMS support distribution and LMIS.
TA-Pharmaceutical Financing	TBD	Pharmaceutical financing tracking and monitoring and building financial management capacity.
District Pharmaceutical Strengthening Specialist	Khalid Mohammed	Management of regional offices. Supply chain management at district level, LMIS, and implementation of intervention strategies including capacity building
M&E Specialist	TBD	Development and implementation of PMP, performance assessment, and program related M&E.

Program management

Position	Name	Responsibility
LMIS Specialist	TBD	Overall LMIS responsibility, development, and implementation of LMIS including capacity building.
Logistics Coordinator– vertical programs	Joyce Nalugwa Bakka	Supply management support including quantification, procurement and information support to vertical program transition and LMIS integration.
District Logistics Specialist	TBD	Overall warehouse and distribution program support and responsibility, assessment, implementation and capacity building to improve warehousing and distribution.
Health System Strengthening /Supply chain management TA	Loi Gwoyita	Intervention strategy design and assessment. Supply chain management support all levels, M&E and LMIS support at all levels.
IT Specialist	TBD	IT support, software and network support, training, and troubleshooting for SURE program and regional offices
Human Resource Assistant	TBD	Human Resources support to SURE and COMU in recruiting, training and personnel management.
Pharmaceutical Field Coordinator	Victoria Nakiganda	Strengthening supply chain, financial management, and reporting at facility level implemented through SMS and reward based interventions.
M&E-LMIS Field Coordinator	TBD	Implementation of LMIS at district and facility level and assist in M&E activities
Administrative Assist.	Sarah Nakandi	SURE administrative Assistant to the Kampala team and COMU
Accountant	TBD	SURE finance responsibility as part of COMU team
Office Assistant	Patricia Nalugwa	Provide assistance to the office
Drivers (two)	Moses Kawesa/TBD	One driver will serve as driver for the SURE team Kampala; the second driver for the Regional office Central.
Secondment MOH/PD	TBD	Support LMIS implementation and Pharmaceutical Finance tracking
Secondment (two) NMS	TBD	Support MACS and Sage implementation and integration to LMIS. Strengthening NMS efficiency and effectiveness.

Sure Short-term TA Plan Year 1

Name	Title/ counterpart	TA	LOE	Scope of Work
David Lee, MSH	Principal Tech Advisor/MOH, NMS	International	4 weeks, Sept. 2009 4 weeks, Jan or Feb 2010	Assist in start-up and Policy Option Analysis (POA) design and data analysis
Pito Jjemba, EHG	Pharmaceutical Financial Advisor/ MOH, NMS	Local	40 days, Oct-Dec. 2009	Data collection /analysis POA
Simon Cole, PHD	Warehouse and Distribution Advisor/NMS, JMS	International	4-8 weeks, Nov. 2009 and Jan- Feb 2010	Data collection /analysis POA

Name	Title/ counterpart	TA	LOE	Scope of Work
Dan Kaushar, MSH	Financial Advisor	International	2 weeks working out of USA 6 weeks Jan or Feb. 2010	Data analysis and presentation of options
TBD	Finance Adviser	National	4 weeks Jan-March 2010	Financial assessment, system design , financial tracking.
Kyle Duarte /MSH	LMIS	International	3 weeks, Feb-March 2010 3 weeks, July-Aug. 2010	Assess and design LMIS and support district facility computerization of supply chain operations
TBD	NMS business /strategic planning expert	International	4 weeks/TBD	NMS Strategic plan
MACS and Sage Consultant	IT Experts/NMS	International	2 – 3 weeks/TBD	Support the implementation of Sage and MACS at NMS
Morsa Mansour	Leadership consultant/ NMS and MOH	International	2 weeks/TBD	Assessment of leadership and management training needs for middle and top managers in NMS and MOH
TBD	LMIS expert	Regional	3 weeks/TBD	Further develop existing reporting and tracking system within MOH/ PD.
Tina Brock / MSH	Capacity building and training	International	2 weeks, TBD	Support to pre-service curriculum development
Luce Caries/MSH	CPM Projects Operations Manager	International	2 weeks, Nov or Dec 2009	Project operations and systems support (may shift to training trip depending on SURE needs and arrival date of Finance Manager)
TBD	SURE Finance Manager	International	1 to 2 weeks, December 2009	Travel to MSH home offices in USA for orientation and training (trip dependent on date candidate is hired)
Jennifer Jones/MSH	CPM Director of Operations	International	2 weeks, December 2009 or Jan 2010	Training of Finance Manager and SURE team and set up of financial management systems

Program Implementation

Program Visibility

To ensure good knowledge and understanding of the SURE program both among health professionals and partners but also to the public, the SURE program will undertake activities to present the program and specific program activities. The SURE team will introduce the SURE Program and underlying strategies to key pharmaceutical sector stakeholders, ministries, IPs, and others. Brief narrative program descriptions and PowerPoint presentations will be prepared for use by SURE and partners, and a visibility strategy will be developed involving MSH and

USAID. The strategy will include means of addressing and optimizing external communication. Moreover, a strategy for ensuring visibility at district level will be developed in Year 2.

The SURE Program will conduct a formal program launch event at an appropriate time to be determined in consultation with USAID. This launch is critical to building SURE's visibility and establishing effective stakeholder engagement and coordination throughout the five program years.

Planning and Reporting

The SURE program will undertake regular and timely reporting as per the cooperative agreement. Appropriate procedures and reporting formats will be developed to standardize and facilitate the process. The reports will among others serve as a tool of performance monitoring for the team and key stake holder will be briefed on progress regularly.

Communication and Coordination

It will be critical for the success of SURE to develop strong partnerships with key stakeholders in order to best support and collaborate with existing programs, the NSPPS II, to optimize resource utilization and minimize duplication of efforts. To ensure good collaboration and synergy with the MOH/Pharmacy Division, the SURE team will establish work space within the Pharmacy Division and work there one day a week.

The SURE team will also establish TWGs and Advisory Groups in areas where feasible, and foster regular meetings and external communication activities to review program progress.