REAL HEALTH UGANDA: THE THIRD DOCTORS

The 2018 UKMC Medical Supplies Chain Report

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RHU Library Cataloguing-in-Publication Data.

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1.Equipment and supplies - standards. 2.Cost of illness. 3.Network Reshuffle 4.Research. 5.Network technology. I. Real Health Uganda.

RDIN 978 92 4 156404 5

Design & layout: Eliezah Titus Busonga, Johnson Kaliisa, Uganda.
Printed by The Eliezah Foundation Initiative.


UGANDA
AFRICA

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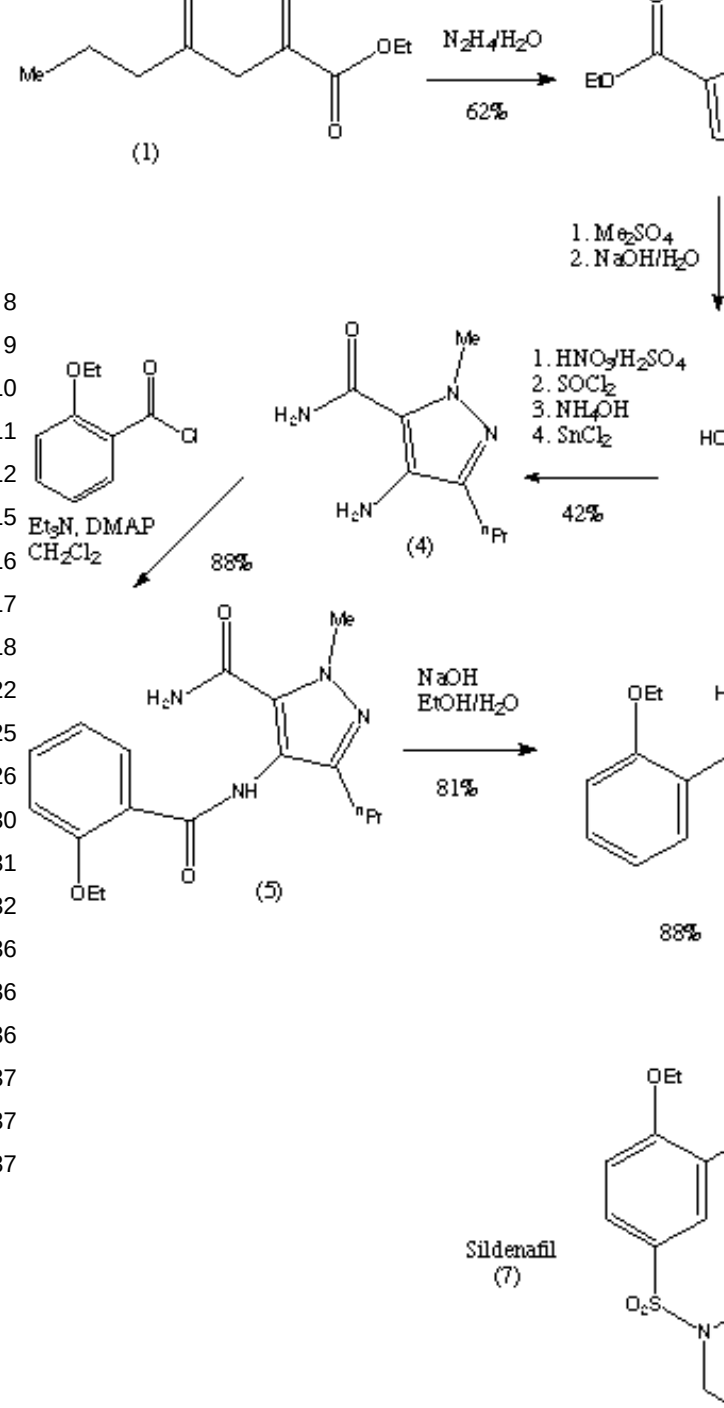


Acknowledgements

The 2018 UKMC Medical Supplies Chain Project' project is the result of a collaboration, initiated in 2012, between the Third Doctors Organisation of Korea and Real Health Uganda.

This publication was produced by the Eliezah Foundation Initiative under the direction of Dr. Busonga Eliezah Titus.

The project was supported by team coordinators Christine Katende, Tukke Michael, Christian Drani, Joan Kabanda, Zaitun Ati, Ssentongo Kevin, Ssemakula Musa, Mariam Mukiibi and Nakiyaga Faridah. The preparation of this report would not have been possible without the support of the many colleagues at Real Health Uganda headquarters and regional offices, including Dr. Elsie Murungi, Assistant Director of the Department of Community Services.

Thanks are due to Dr. Busonga Eliezah for writing and editing, Dr. Edrine Musoke for writing, Dr. Ivy Namata for writing, Catherine Lwanga for copyediting, Benard Mutegeki (Good Citizen Software) for designing the Web survey, Dr. Busonga for layout and design, and Rehemah Nyanzi for reviewing this report.

The support and guidance of the following experts, constituting the Steering Group, has been crucial to the development of the final report: Dr. Samson Baliluno, Prof. Benard Kasekende, Dr. Jane Alupo, Dr. Eric C. Kabanda, and Dr. Busonga Eliezah Titus.

We wish to thank the following people for their contribution to the project: Hon. Evelyn Mpagi, Arafat Kabuye, Christian Drani, Hajat Rehemah N Nabbanja, Hon. Kenneth Abulu, Jude Felix Tenya, Rachael Ampaire, Richard Mukasa, Simon Ndugwa, Mahad Kalungi, Ssemaganda Shafic, Okello Enock Otim, Stewart Mutebi, Otieno Moses, and Mr. Robert Kabuule.

Valuable inputs were received from the participants of Advisory Group meetings and the Informal consultation: Kalibbala Leuben, Rehemah Nyanzi, Noh Bonggeun, Eom Taeyong , James Kwelimba, Sendawula Bennedict, Salim Lwanga, Janaat Nakigudde, Bok Ju Kim, Jung Jinwuk and Brenda Kabagweri.

For advice and support we are grateful to: Dr. Lilian Mutyaba, Lady Justice Alice Bahageine, Dr. Mable Nakimera, Dr. Damalie Semwanga, Ms. Sophia Nankinga, Mr. Simon Engitu, Ms. Jane Mvako, Dr. Joyce Kalema, Dr. Irene Nakalema, Bishop Dr. David Ntulume, Dr. Sekamanya Francis, Dr. Joyce Kasoma, Dr. Medard Banyinzaki, Dr. Harriet Kamya, Dr. Kasirye Monda, Dr. Cyrus Baryomunsi, Dr. Mulyanti Henry, and Dr. Noh Bonggeun.

We would like to thank Mrs. Shamim Kigozi, the Hon. Joy Catherine Byenkya and Julia Nanyanzi for administrative support throughout the development of the report. Photographs were provided by Eom Taeyong with the kind support of the following persons and institutions in the United States, Uganda and South Korea: The Third Doctors; Ms. Kim Bokju, Mr. Jung Jinwuk, Kim Hyunseo, The Maganjo Health Center; Maganjo B; Maymun Nakigudde, Lovinsa Nabbale; Nabweru Health center; Mwanja Peter, Thomas Mukasa.

Acronyms and abbreviations

UKMC	Uganda Korea Medical Camp
RHU	Real Health Uganda
TTD	The Third Doctors
EMHSLU	Essential *Medicines* and Health Supplies List of Uganda
MSC	Medical Supplies Chain
NSSF	National Social Security Fund
OOT allowance	Out Of Town Allowance
EAP	Employee Assistance Program
DoMS	RHU's Department Of Medical Services
MoH	Ministry of Health
PPP	Public Private Partnerships
TEGC	TEGC the sponsor
BP	Blood Pressure
MDR-TB	Multi-Drug Resistant Tuberculosis
RHU MRS	Real Health Uganda Medical Reporting System
M&E	Monitoring and Evaluation
ALERT®	Algorithms for Effective Reporting and Treatment
OPD	Out-Patients Department "to mean patients not admitted"

Overview

Medical Supplies are important to provide health care and to improve the health of individuals and populations especially in countries like Uganda. Real Health Uganda (RHU) recognizes this. One of RHU's strategic objectives is to ensure improved access, quality and use of medical supplies in our network of facilities. Without medical Supplies, routine medical procedures—from diagnosing Malaria, to accessing treatment for Malaria or Hypertension Or other illnesses—would be impossible.

Key issues affecting progress include the extreme corruption, poor planning, diversity of the medical supplies arena—diverse in terms of types of supplies, degrees of complexity, applications, usage, users and categories and issues like the context dependency of medical supplies, their effects on patients and research in medical supplies often not based on public health needs. However, as a crucial component of health care, medical supplies will be most effective when considered in the wider context of the complete health-care package necessary to address public health needs: prevention, clinical care (investigation, diagnosis, treatment and management, follow up, and rehabilitation) and access to appropriate health care.

Therefore, rather than just focusing on the technical issues involved in medical care, it is necessary to frame medical supplies in another way—as an agenda to improve national access to appropriate medical services. This agenda is composed of the crucial "4 As"—Availability, Accessibility, Appropriateness, and Affordability. These four components help to widen the scope of the medical supplies agenda so that it does not just focus on "upstream" distribution efforts but also on choosing which medical supplies to procure in a rational way, responding to the needs, and in ensuring that they are used as effectively as possible to best improve health care for poor people.

A medical supplies chain needs to be appropriate for the context or setting in which it is intended. Context in this sense refers to linking the correct medical supply with its corresponding health need to maximize its effectiveness at a vetted qualified facility. However, almost all supplies present in developing countries have been redirected by people in power and have not benefited members of specified communities and where they reach the facility, human resource will infringe, embezzle or misuse these supplies.

Up to three quarters of these supplies do not function as designated, remain unused or they are of poor quality direct from manufacturer. Factors contributing to this are: lack of needs assessment, appropriate regimen design, robust infrastructure, unavailability of spare parts when devices break down, consumables, and a lack of information for proper procurement and maintenance, as well as trained health-care staff. These issues are part of a broader problem in many countries outside Uganda: the lack of a medical supplies management system.

Further hampering the situation is the fact that unfortunately, medical supplies and or device innovation and activities around the choosing and using of medical supplies for specifically African Countries are currently often not based on public health needs but on affordability.

In order to help move forward the agenda to improve community access to appropriate medical services, the UKMC project, convened by RHU, developed a health based approach to medical supplies Services. The first step in this approach was to identify the most important health problems: on a community level this means using the national burden of disease and/or disease risk factor estimates (1). The second step was to identify how health problems in Uganda are best managed by referring to relevant clinical guidelines. And the third and final step was to link the results of the first two steps to produce a list of key medical Supplies that are needed for the management of the identified high-burden diseases, at a given health-care level and in a given context. Using this step-wise approach, the UKMC project identified the key medical Supplies involved in the treatment and management of the National high-burden diseases from relevant clinical guidelines. Of particular note was the almost complete absence of any mention of assistive services necessary to help improve functionality of people with these diseases.

Medical supplies distribution in Uganda is managed largely by the Government of Uganda under its National Medical Stores institution. The DHO's at the district level will make requisitions but because these institutions are underfunded, corrupt and under resourced, these requisitions do not fully facilitate the district health centers. Where requisition could be appropriate, the National medical stores decide solely dependent on their financial year budget the amount of medicines and supplies they can send to a specific districts.

Issues of tribalism have also affected the distribution of medicines where some districts that dominate certain tribes are less likely to be considered not just in medic aid but also in other progressive development processes. The Districts with rampant corruption (which makes up 100% of all districts in Uganda) healthcare services are hit hard with less than 20% of patients being able to access health care and fewer than that to access professionalized care at the public and private health centers. The abuse of power, the lack of hungry spirit to change society and the rapid need to achieve without hard work continues to specifically affect healthcare but also other developmental spheres of the Ugandan Economy.

The poor budgeting for health care in Uganda (only 7.6% of the national budget), extensive abuse of power, Mismanagement of public resources and the lack of professionalism is affecting how well health care gets to our people. This also partly affects the quality of supplies on the Ugandan Market and also the needs assessment processes that may inform role players of the requirements of patients at all levels.

Very limited institutions are helping government in improving health care services and the recent incidents where patients are required to pay for services at major public facilities is a sign that the system has failed and needs a reboot. We are proud to be one of the institutions that support communities to have access to free treatment at both public and private facilities. We are proud of our partners, The Third Doctors, for making this dream a reality not just for us as an institution but also for the people of the Republic Of Uganda.

1. Introduction

Increasing Access to Treatment for poor people in Uganda is one of the extensive projects of the UKMC projects designed to do just that at community level. Since 2016, The Third Doctors Visit Uganda on Clinical Road tours that extensively explore how best hospitals and clinics under the Community Action Network of Real Health can be fully supported to treat poor patients.

Before 2016, and just in 2013 The Third Doctors treated 1300 patients in Uganda at the UKMC, and bought medicines of close to ** million shillings. Balances of these medicines and supplies were given to ** health centers that used them to treat 8195 patients throughout the following two quarters of physical year 2014 with additional support from RHU.

In 2015 RHU continued UKMC activities with three extra hospitals and provided treatment to 10192 in a course of two weeks. This year, the institutions agreed to treat for free members of their communities not exceeding 200 at each location. In the end, 7 hospitals provided free treatment to 621 patients on record for the quarter that followed the medical camp.

In 2016, The Third Doctors returned to Uganda to provide supplies to far south Ugandan islands of Kalangala and to visit some of the health facilities that received support. During this time they visited and also supported orphanages selected by Real Health Uganda Among others.

The spirit continued on in 2017 with support of a van to extend services to people in rural areas and also towards the network members whose resources have always been limiting their work. The Impact of the SOMI BUS increased support for UKMC activities in 2017 and most especially in 2018 where resources had declined at organisation level.

2018 saw the introduction of a grant into the UKMC activities by The Third Doctors, $15000.00 was tabled for medical supplies purchases and was only limited to supplies. A team of five Members from the Korea based organisation were scheduled to visit Uganda from the 23rd to 29th of July 2018 to deliver the grant but also to help RHU with opinion on performance and services delivery.

Although the activities of their visit have been documented under RHU Document number 002D30718, this particular report is aimed at entailing the effectiveness of the grant and way forward.

It is very important to note that after receiving this grant, and for better resource management amidst challenges in resource management and mobilization, RHU selects a team to manage this grant and to specifically ensure that there is proper accountability to government as procedure but also to the donors themselves.

During the span of 9 months, the selected team with support from our volunteers in communities and our advisory teams, we have come up with an extensive report that shows the trends, impact, and nature of medical supplies but also a detailed accountability of the $15000.00 that was donated to us and deposited into our bank account at the Equity Bank of Uganda.

1.1. Prioritizing medical supplies: setting the scene

Following the global impact of the landmark report Priority medicines for Europe and the world which proposed a specific research agenda leading to the creation of a public-private-partnership (PPP)—and the success of the ‘access to essential medicines’ agenda in focusing the attention of the international donor community on the specific needs, problems, and challenges of this crucial public health area, it is now time for the international donor community to focus on an agenda to improve access to appropriate medical supplies that adequately addresses community public health needs.

The concept of appropriate medical supplies is relevant to high-, middle-, or low-income settings although each may be viewed from different ends of the spectrum. For example, the abundance of unused medical supplies in public hospitals inaccessible by the poor people is completely useless to government, its people and or the public servants. The expedition of resources in urban hospitals is completely useless since over 79% of our total population still lives in the rural areas of Uganda and it is these

areas that don't have these supplies, don't have the human resource, can't afford health care at any level and have the largest number of patients that require medical attention.

RHU is now aware that although there are many similarities to the issues involved in prioritizing medicines and the 'access to essential medicines' agenda, accessing appropriate medical services has its own set of unique problems and challenges that urgently need solutions. It is important to note that although a crucial component of health care, access to appropriate medical services will be most effective when considered in the wider context of not just the Uganda Minimum Healthcare package but the complete health-care package necessary to address public health needs: prevention, clinical care (investigation, diagnosis, treatment and management, follow-up, and rehabilitation) and access to appropriate health care.

Priority needs for health care and research can differ widely between high- and low-resource communities. Patients in high-resource communities like Kampala may have a growing need for improved drug-releasing (eluting) cardiac stents and labour saving technologies or human resources. Patients in low-resource communities only urgently need simple, robust, affordable diagnostic tools, qualified Human resource, and Supplies to get on with their lives.

While assessing the communal requirements in the rural settings, RHU realized that Majority of public health centers were understaffed, staff was under paid, and clearly under qualified if not clinically, at the very least administratively which is not the case in Kampala where staff of public but pay services hospitals continued to bloom with experience at all levels.

The nature and quality of resources sent to public health facilities in rural areas or even semi-urban areas is worrying. There is evidence that the undersupply is based on lack of commitment to improve the accessibility route for people living out of Kampala or the major towns in Uganda. This is supplemented by the low level qualification of the people appointed by government to manage public health centers in rural Uganda.

The political interference that has swept all public servant offices both at rural and urban levels is amazingly hindering the delivery of health care services and the negligent character of health officials is grossly affecting the way work is being done. This has made prioritizing of medical supplies hard and has set the scene of poor healthcare services at all levels.

1.2. UHMC Medical Supplies Chain

In 2017 RHU Health officials expressed the concerns of lack of medical supplies at the Network facilities and decided to do investigative surveys in 3 districts that included Pader in the Northern part of Uganda, Luuka in the Eastern Part of Uganda and Mbarara in the western part of Uganda. The findings of these studies where overwhelmingly improper as one district was

receiving more that it needs while the rest were receiving less than what one sub-county would require per quarter.

The surveys also linked these findings to issues of tribalism. This was expressed through quantifying the number of people per district and questions were generated to determine if the allegations of tribalism were true. RHU cannot confirm or Deny the allegations after the survey but it is clear that one of the districts was receiving more medicines than any other districts and its population is the lowest of all of them.

The survey also determined that many patients were self-diagnosing and still taking the wrong medicines because they were cheaper, accessible, and they did not have to seek medical attention to get the medicines.

A strategic objective in Real Health Uganda strategic plan for 2016–2021 (1,2) is to provide technical, financial, and material support to community key service providers working in critical RHU Site areas, thereby recognizing medical supplies as a tool to provide health care and improve the health of people.

In 2018, with the support of TEGC Traders, RHU established the MSC Research project to determine whether medical supplies currently on the Ugandan market are meeting the needs of health-care providers and patients throughout the country and, if not, to propose remedial action based on sound research.

The MSC Research project aimed at identifying gaps in the availability of medical supplies and obstacles that might be hindering the full use of medical supplies at public health facilities. Please note that the findings of this research were not meant for public use (except if requested for) but for RHU to better implement the TTD funded 2018/19 Medical Supplies Chain Project.
A second objective was the development of a methodology for identifying the medical supplies needed to meet community public health needs. A third objective was to propose a possible research agenda for exploring how the gaps could be resolved and the obstacles removed.

As the project progressed, however, the following findings suggested that a change in the original objective of the project was necessary: 1) there are many (including fake) medical supplies available to rural communities but not the most appropriate ones; 2) the government is providing extremely limited supplies to many districts and doesn't depend on statistical information.

These unanticipated findings prompted a project shift in focus to the many shortcomings related to medical supplies. These problems, challenges, and failures amount to a gap, that prevents medical supplies from achieving their full public health potential.

1.3. The Gap

In effect, the gap referred to above relates to medical devices coming to, and being available at all health facilities and the public health sector (i.e. that are accessible, affordable, and appropriate

to address the burden in that community). Currently, there is no effective measure to absorb the low quantification of medical supplies and complaints cannot the center because they are meant to be submitted by people that are not concerned and not on ground at dispensation.

It is important to note that majority of these people working as heads of health services in their areas also run Private facilities that thrive on the same population and this is legal in Uganda. It is hard for someone who depends on a populations' revenue in a similar business, to actually choose to provide adequate and free treatment to the same population.

Civil society working in the health care sector is limited because of the government requirements (an institution has to report quarterly, share its financials, and inform authorities of all that's is going on, in many cases bribe officials) that hinder services delivery due to lack of privacy to execute work organizational work. You May fail to find 50 Health Organisations out of the tens of thousands of organisations in Uganda. This is another gap in the Ugandan health sector that may require intervention in policy because it fuels corruption and undersupplies the general health sector.

In the business sector, a whole wide range of private pharmacies have come up with stores to sell their imported products, almost 97% of all medicines in Uganda is imported, and 99% of that is imported from India. It is important to note that Indians and Asians mostly invest in this sector with almost 93% of the Stores owned by Indians. Ugandans are poor and cannot afford the taxes infringed on starting larger import business and certainly can't afford importing and paying taxes attached to these imports citing another gap.

There's limited knowledge in the sector of medicine in Uganda and certainly less knowledge in the pharmaceutical business. For one to start a pharmacy they have to have a licensed pharmacies who will charge them probably 10 to 20% of their entire capital base. Schools, trainings, and capacity building sessions are crucial in filling this gap but again, government has no plan in place to support its people to fill this gap.

As RHU and TTD fight to bridge this gap, we realized that this requires collaborative efforts to better serve communities and Uganda. A lot of capacity building is required, more interventions by civil society and advocacy throughout all sectors on policy among other sectors.

1.4. This Report

There are many steps along the path to successfully devising and achieving an agenda to improve community access to appropriate medical services, and the main components involved are the crucial 4 As— Availability, Accessibility, Appropriateness, and Affordability. The initial work of the MSC project mostly took an "upstream" perspective, focusing on the activities involving dispensation, such as clinicians and nurses and doctors. However, given the importance of the "downstream" factors in successfully

achieving community access to appropriate medical devices, this report also covers the downstream factors and includes the perspectives of potential donors and users of medical supplies (patients).

This report has two objectives which align with the objectives of the MSC project. The first is to inform national health policy-makers, local organizations, clinical suppliers and other stakeholders (including users of medical supplies) of the factors preventing the current medical supplies community from achieving its full public health potential. The second objective is to provide information to our donors of how progressing the little could have done in supporting the people of Uganda with Medical supplies to relate that to what government is providing to our people and assess how much that could do if the routing system was any different. This report explores the medical supplies gap by analysing the two key issues involved in this disparity: 1) medical supplies and 2) identifying and prioritizing public health needs. To help understand the issues involved, the report makes reference to the prioritizing medicines agenda, as the concepts involved in 'access to essential medicines' are already well known under the EMHSLU.

Although activity reports have been written, and considering the accountability to our people, this report has been released to the public for review and will be available online. All health centers receiving support from RHU can review and contest this report if they feel their needs where not addressed as submitted.

This report provides statistical information, some of it extracted from older RHU statistic and some in the recent statistical information specifically based on support from the TTD grant. This statistical information is aimed at providing you the reader with an insight of what is helpful and how to effectively dispense these resources at your community level. It also provide information of the structures that you may be able to explore at the community level.

The final section of the report describes a scoping exercise that brings together all the information and findings in the preceding sections to show how research options outlining potential access to appropriate medical services can be devised from applying the crucial 4 components—Availability, Accessibility, Appropriateness, and Affordability, to the diseases with the high-burden nationally, risk factors, and cross-cutting themes.

Please take the time to review recommendations of this report and in person, make personal decisions that will improve access to treatment for poor people in Uganda and more specifically in your own capacity do something to make sure that our people stay on top of their health needs and requirements.


NABWERU HEALTH CENTRE III
Adolescent/ Youth
ndly Clinic
FREE Services available:
1. HIV Testing and treatment services
2. Counseling (Adherence, HIV or psychosocial)
3. STI screening, testing and treatment
4. Sexual and Reproductive Health Services
5. Health Education and Guidance
6. Economic Strengthening Trainings and Groups
7. Behavioral Change Communication and
8. Peer Education and Support
9. Life Skills Training
10. Nutrition Counseling and Kitchen
11. Gender Based Violence Scr
12. Cervical Cancer S
13. Recreational ac
Obutali Bwa Kusasulira:
wuka ka mukenenya/Siliimu
a kawuka ka mukenenya/ Siliimu
kujjanjaba endwadde z'obukaba
a n'okulambikibwa mu by'obulamu
wekulakulanya
a embeera eza bulijjo ez'okwebeezaawo
n'okuweerezebwa okufuna obuyambi aw
okolo wa nnabaan
ye'ndiisa n'okuli
diirwa
atulugunyizibwa
anyiddwa

2. CAN Medical Services

This section defines medical services for 2018/19 facilitated under the grant from The Third Doctors, gives a brief history, and highlights the similarities and differences between medical services and or medicines given to RHU CAN Members in the earlier times.

Also included in this section is a description of the main areas involved in the medical services landscape that are crucial to the agenda to improve access of appropriate medical services — supply, regulation and technology innovation.

All three of these areas affect and influence the availability, accessibility, appropriateness, and affordability of medical services. We refer to each of these four crucial components as they relate to the access to appropriate medical services as follows:

Availability: in the context of this report is when a medical supply can be found on the ground at the Medical Facility.

Accessibility: refers to people's ability to obtain and appropriately use good quality health supplies when they are needed.

Appropriate(ness): refers to medical methods, procedures, techniques, and equipment that are professionally valid, adapted to local needs, acceptable to both patient and healthcare personnel, and that can be utilized and maintained with resources the community or country can afford.

Affordability: the extent to which the intended clients of a health service can pay for it or the facilitate the channels to access it.

2.1. MSC18/19 Approvals, Supplies and trends.

Part of the funds received from TTD was used to purchase supplies for the facilities that TTD was to visit during their stay in Uganda. This segment will greatly explain how those drugs and the other drugs were purchased and distributed to explain the availability of the medicines at the Network centers countrywide.

The total amount of the TTD grant in Uganda shillings was UGX 57,900,000 after foreign exchange, making over $650 on the foreign exchange rate. RHU distributed supplies on a report and receive basis and in this case encouraged network members to report about the challenges they face while using RHU medical supplies. At the end of the grant dispensation an extra UGX 16,567,000 had been spent on medicines, Generally, the administrative costs like transport and driver or official allowances went up about 4% of the total cost of the project.

100% of the total TTD grant was spent on buying medicines, although some equipment were donated, these were either bought by a different donor on the board of directors or it was donated on balances donated by TTD in 2013 i.e. a digital BP machine donated by TTD in 2013 was donated to Kakoba Health Center IV in 2018.

Additional donations were made to Ikumbya Health center III for an autoclave equipment. This donation was not part of the $15000.00 and was donations provided by the Korean Team as balances of their expenses during their stay, and additional UGX 234,000 was required to make the purchase of an autoclave possible.

RHU allocated UGX 721,550 from the same bank account to cater for accommodation of the drivers and RHU officials however some of these monies are not receipted and therefore unaccounted for. Also Dr. Busonga Received UGX 345,000 as part of the contribution to purchasing extra scholastic materials for Kalibville children for the last quarter but these monies did not log a receipt. We encourage the responsible officers to log receipts for these activities to allow accountability and transparency.

Majority of the consultative meetings were done online and about 5 at the RHU office in Najeera. These meetings were facilitated with resources from the organisation and one of them with resources from an individual donor. A total of UGX 423,500 was spent on administrative meetings and to foster extensive use of the TTD grant.

RHU Executive Director had to leave between December 1st 2018 and February 24th 2019 to attend to family matters. He was the most informed personnel on the management of the TTD grant so this slowed the monitoring and management system of the TTD

grant down. An interim Grant Director was selected by the Executive Director to act on his behalf until he returned to office at the end of February 2019. This process costed salary of UGX 1,340,000 without social security. UGX 134,000 was paid to the NSSF for Dr. Abel Mubangizi. The whole process of hire and tire costed RHU, UGX 1,474,000. The mandatory allowances were paid to the drivers respectively. $35 for 35 distributions

The total Cost of the Activities funded by the TTD grant costed RHU UGX 34,336,675, making the total cost of the project UGX 92,236,675. This translated into the dollar currency at the bank rate($1 = UGX 3445) being $26774.10. This would be the costing of minimized expenses during implementation of such a project.

2.1.1. Procedure

Every RHU CAN Procedure is documented under RHU Regulations, the RHU CAN Manual developed in 2015 has continued to guide RHU in managing Network facilities and Members of the Network at large. The manual also documents Medicine Requests and Distribution procedures at length and provides opportunity for both organizational and internal policy growth. Following Ministry of Health guidelines, reporting on these incidents cost money to the organisation but we believe that in the spirit of helping our people these are some of the issues that we must embrace so that we are able to assess ourselves and the impact we are making.

Through these procedures there has been a good trail of information, a lot of lessons learn, improvement in management, new partnerships and new avenues of supporting communities have access to free treatment at a local center near them. These facilities take their time to apply to CAN in a vigorous process so that they are able to provide treatment to their communities. Currently the procedure still stands as follows.

1. A health center sends its application to be part of the Community Action Network. The applications MUST state the Level of the health center, the number of available staff and their qualifications, a needs assessment statement and major administrative and community issues identified.
2. The application is received and reviewed by members of the Community Services Section and make recommendations to Executive. Please note that due to limited resources, the number of institutions to be facilitated is determined by the annual revenue of RHU. If the application is accepted and approved, a site visit is scheduled and the applicant is informed on the dates the Monitoring and Evaluation team will visit. We always assume that the Regional Representative is to organize and inform Executive of the site visit requirements (RHU has Regional Representatives in all the Regions of Uganda).
3. After the Site visit, the health center or institution is called to sign an agreement and submit a request depended on the M&E report recommendations on the capacity, capabilities and level of that institution.

4. These requests are reviewed and if they fit the recommendations, the requests are approved and sent to Procurement. Part of the Approvals Committee are members of our finance advisory who also bring on board the current financial state of organisation.
5. Our Suppliers (Christa Pharmacy, L&B Pharma, Vine Pharmacy, First Pharmacy) who we have contracts with, will in many cases receive approved Lists of supplies (see RHUCAN Website) and they are obliged to park medicines according to those lists to avoid double work. These are sent to the RHU Store in Maganjo B and they are distributed accordingly using the SOMI BUS
6. The Applicant signs a delivery form and receives a patients register. RHU waits for feedback on performance from the regional coordinator and also from the facility itself. The Agreements are clear and if breached these institutions cannot received RHU support until issues are resolved. All CAN Members receive online login for interaction and patient references. When the RHU MRS Online Monitoring system is completed, all centers receiving RHU will be monitored and assessed online.

CAN Members receiving RHU support have join meetings every after six (6) months to advise Management on how best services can get to their people in communities without government interference. Although there have been gaps in recommendations from the first meeting, RHU Hopes that this will continue to improve service delivery.

2.1.2. Who Applied, Who was approved and why

Between 1st June and 17th July We received 52 requests for medical supplies, 90% of these were returning requests (already members Of CAN and had ever received supplies from CAN), and only 10% new requests. It is important to note that majority of RHU requests currently are returning facilities who have received support from RHU before.

Of the 52 Requests for Supplies, Only 11 institutions were able to receive supplies from RHU CAN for the July-September quarter, which accounts for 21.15% of the total demand reached for that quarter. This was due to lack of funds to supply all the Request approved, delayed submissions of previous reports, and the degraded levels of performance for some health centers as assessed by the M&E team at the end of June. Some public facilities were understaffed and that led to the decline in honoring their requests.

Please Note: That RHU cannot approve drug requests for facilities whose standards reduce below the minimum required standards by the ministry Of health. Majority Of public Hospitals have reduced to below standards in the past year. Private Institutions providing RHU CAN services cannot receive approvals if they have not fulfilled the Employment Act and the National Health Policy Guidelines respectively. All legal procedures are critically analysed to ensure that private facilities are conforming with national employment and medical standards.

Medical center that applied were re-assessed or assessed to ensure that the precautions by Ministry of health were followed:

Detailed reports were submitted to the board and decisions were taken. The list of Institutions that sent requests include:-

1. Neyma Health Center
2. Kakiri Health center
3. Namayina medical center
4. St. Ebenezer CoU Medical Center
5. Mpeera Health Center IV
6. Mpelerwe Health center II
7. Kakoba Health Center IV
8. Kitagata Health Center IV
9. Sheema Hospital
10. Joviah Memorial Hospital
11. Maama Maria Dominiciary
12. Kiswa Health Center IV
13. Victorious Medical Center
14. Egwonnero Medical Center
15. Rwizi Health Center III
16. Busunju Health Center IV
17. Ikumbya Health Center III
18. Lugazi Health Center III
19. Minakulu Health center III
20. Cwero Health center III
21. Kakyeeka Health center III
22. Kasanje Health center IV
23. Kadoth Kanungu
24. Kadoth Rukungiri
25. Maganjo Health center II
26. Nabweru Health center IV
27. Shalom Medical Center
28. Real Health medical Center Gulu branch
29. Angelina's Women Hospital
30. Kasaana Medical Center
31. Neoba Medicare Hospital
32. New hope Medical Center
33. Kitara Health center II
34. Saad Medical Center
35. Nansana Health Center II
36. Medik Medical Center
37. Elim Katooke Health Center II
38. Kanyanya Medical Center
39. Kayunga Health Center III
40. Mukono Mutaaza Health center II
41. Namalele Health Center II
42. Wakiso Health Center III
43. Samson's Clinic
44. Lusanja Medical Center
45. Kaberamaido Health Center IV
46. Kaliisa Healthcare Clinic
47. Jorum Medical Center
48. Rukungiri Health Center IV
49. Pam Medical Clinic
50. Kawanda Health Center III
51. Miriam High School clinic
52. Beth Medical Center

Requests approved include:-

1. Maganjo Health Center II
2. Nabweru Health Center IV
3. Ikumbya Health Center III
4. Shalom Medical Center
5. Kakoba Health Center IV
6. Kasaana Health Center
7. Mpeera Health Center
8. Neoba Medicare Hospital
9. Real Health Medical center Gulu
10. New Hope Medical Center
11. Angelina's Women Hospital

Only UGX 23,757,700 was approved to purchase Medicines for the quarter ending September. This is because of the Instructions given by TTD at issuing this grant to move RHU through at the least two other quarters. Majority of the Requests that did not receive approvals were postponed to the next quarter. These requests where followed by new applications and requests as stated below:

1. Ddundu Health Center III
2. Neymah Medical Center
3. Phana Medical center
4. Kisaasi Medical Center
5. Zamzam Medical center
6. Kiteezi health center III
7. Kasenge health center IV
8. Jinja kalori health center II
9. Span medical center
10. Kabanyoro Health center
11. Adina medical center
12. Basiima health center
13. Kasanda III health center II
14. Batanda Medical center
15. Lago medical center
16. Rweji Health center II
17. N. Nkata clinic
18. Kanyange Medical clinic
19. Nansana Municipal Hospital
20. Arua Pia Community Hospital
21. Pesh Medical Center
22. Galiba Health Center III
23. St. Mathews Hospital (Matia Mulumba)
24. Bulaga Health Center
25. Sapio Community Clinic

Pesh Medical center is located in Kakiri Town Council and although it applied singularily, Kalibville children's Orphanage had recommended it to RHU for support to enable them get access to free treatment for the orphans. This hospital was approved after assessment and was approved to receive supplies for the October December Cohort.

A total of UGX 27,426,400 was approved for this cohort. Centers approved and supplied for the second cohort of the TTD funds include:

1. Pesh medical center
2. Shalom Medical Center
3. Kadoth Rukungiri
4. Real Health Medical center Gulu
5. Kanyange medical center
6. Nabweru health center
7. Zamzam Medical Center
8. Maganjo Health Center
9. Kasanje Health center
10. Cwero Health Center
11. St Matia Mulumba Hospital
12. Kabanyoro health Center
13. Busunju Health Center

During this Call for Requests period, RHU decided that for the next quarter, we should not issue call for requests and just focus on the pending approved request and consider those for support. At this point, the balances on TTD grant had minimized to UGX 6,715,900 and needed a boost due to demand. The committee decided to add an extra UGX 24,726,000 after approving 15 requests for the January-March 2019 Cohort.

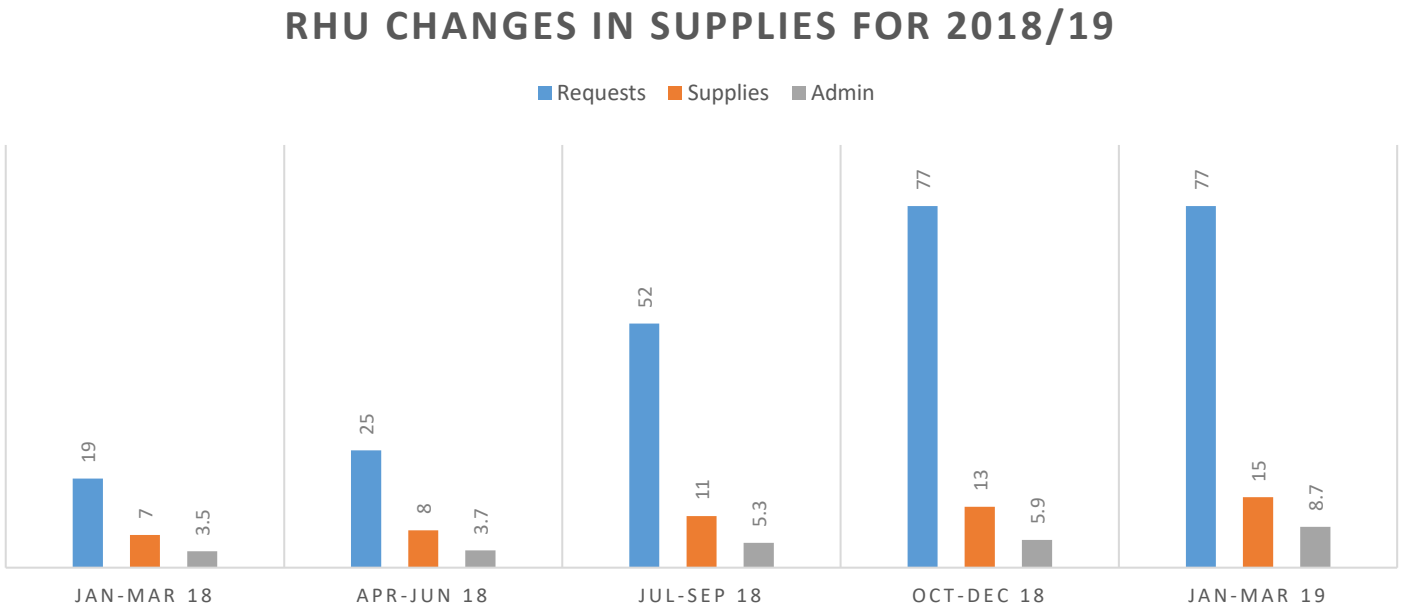
Health centers approved at the beginning of January 2019 for supplies included:-

1. Maganjo Health center II
2. Cwero Health Center
3. Ikumbya Health Center
4. Nansana Municipal Hospital
5. Rukungiri Health center
6. Elim Katooke Health center
7. Kawanda Health Center
8. Kiswa Health center
9. Maama Maria's Dominiciary
10. Pesh Medical Center
11. Kaberamaido Health Center
12. Kayunga Health Center
13. Kadoth kanungu
14. Rwizi Health center
15. Egwonnero Medical Center

A total Of 30 health centers benefited from TTD and RHU grant of UGX 82,626,000 (About $23900.). This process has changed the way we report, the way we conduct our coordination of supplies and the way we work with health facilities. It has also increased our supply chain from 7.1% to 29.9% in just two Quarters.

Although most of the RHU reserves were dedicated to collecting information to make sure that the TTD grant works properly for health centers but most effectively for patients, RHU is pleased to report that this has been a complete success that has left majority of our registered CAN Members contented in the Medical Supplies system.

2.1.3. Trends in the 2018/19 MSC Cohort



There has been a great improvement at all levels of Medical supplies chain programs. Requests have increased by almost 80% from January. Majority of these requests, surprisingly come from Public Institutions that are overwhelmed with huge numbers of patients without any support. Evidence shows that majority of Public Health centers cannot provide full dosages to patients because of lack of medicines.

Although we received 77 requests between June and December 2018, only 30 requests were approved for medical supplies. There were applications to CAN that were denied due to different reasons i.e. The institutions proposals did not align with those of Real Health Uganda or some suggested Commercial affiliation to RHU, that only operates as a non-profit.

Six (6) applications of this nature were rejected at the end of the first quarter and have not been documented here but are on record. RHU tries to maintain administrative costs on the downlow by working with volunteers. During this period, our Administrative costs on Supplying medical supplies slightly moved from 3% of the total Supply Chain in April 2018 to 8% in January 2019 .


REAL HEALTH UGANDA
Medical Supplies
BATCH 18
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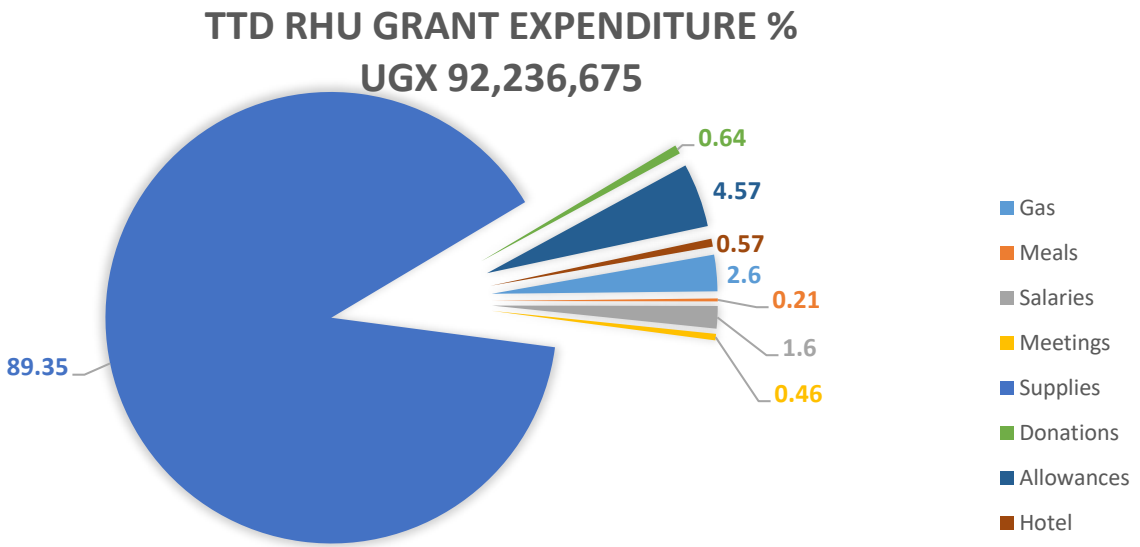
Safety Box



Details Of Expenditure TTD AND RHU GRANT

Particular	UGX	USD	%
Medicines and Supplies	82,392,000	23916.40	89.35
Gas	2,426,500	704.39	2.6
Allowances	4,220,125	1225	4.57
Donations	579,000	168.1	0.64
Salaries	1,474,000	427.89	1.6
Accommodation	521550	151.39	0.57
Meetings	423500	122.93	0.46
Meals	200,000	58	0.21
Total	**92,236,675**	**26774.10**	**100**

2.2. Patients Support And Access

RHU is responsible for arranging for the provision of a comprehensive spectrum of health services as our mandate for our people. In order to fulfill this responsibility, we administer a community provider network including licensed qualified professionals in health. This network represents an array of clinical and cultural specialties and includes facility and non-facility-based programs that offer a wide variety of services. The diversity of our network allows us to meet the clinical, cultural, linguistic and geographic needs of our communities.

Although there is documented, and encouraging evidence that RHU services have reached the most needy in the past year and more so in the recent months, We are still concerned about the challenges associated with confirming the process in which our intended patients access this treatment and what it takes for them.

RHU introduced the “Patient Wellness Assessment tool” under the ALERT® System that is downloadable on the RHU CAN Website for Only CAN Member but this tool has not been easily accessible especially for people in the rural areas using RHU Services. This tool requires a patient to fill a form informing RHU of their satisfaction with the services provided by the facility. It is this information that RHU depends on to ensure that the facility is doing due diligence to provide the best of services to the patient.

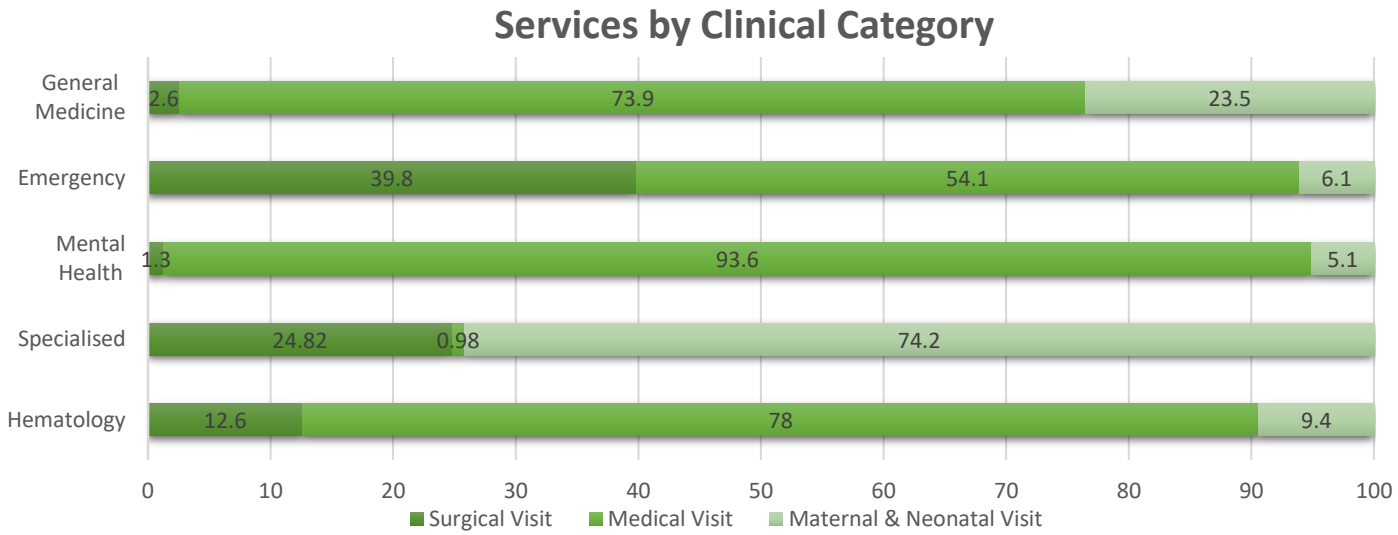
Although patients leave their information in the RHU Facility Register at triaging, there are systems that could allow patients to provide feedback to RHU however these systems are very expensive for RHU. Their capabilities are limited by the Uganda infrastructure and professionalism that is somewhat lacking.

RHU Patients, just like the majority of patients in Uganda, do not have access to a physician or even a nurse. Working on our EAP Program, physicians who registered to support Our patients individually have provided specialized services to 7 patients in the past six months. These Physicians support all our field work including the Uganda Korea Medical Camp Field Activities and are available for our Patients and CAN Member facilities for support.

Medical Emergency admissions for patients requiring immediate treatment and stabilization, Facilities have created stable ER Systems and treat the patient as soon as possible. Circumstances that warrant an emergency admission are those in which there is a clear and immediate risk to the safety of the patient or another person as a direct result of illness or disorder. After a patient is stabilized in an emergency room, RHU allows 24 hours after an admission for a Facility to request additional supplies, unless a longer period is required the provider. The biggest challenge in this progress has been the question of how to get patients from wherever they are to the facility.

RHU is working around the clock to secure funds to purchase 3 ambulances to supplement Network Member efforts in responding to emergencies. Ikumbya Health Center III Has officially requested RHU to extend Ambulance Services to their region and almost 40% of all the would be emergency patients do not make it to the Emergency Department. RHU is committed to partnering with our network to achieve optimal outcomes for the individuals we mutually serve. This approach focuses on assisting the network to make patient-directed, outcome-based, cost-effective and clinically necessary treatment decisions. The Activities of RHU that focus on ensuring Patient Directed care are being improved as release of this report.

2.2.1. Patient metrics: RHU Patient Follow Up 2018/19



Check in at the CAN Facilities have increasingly cut across all sections of medicine. The Emergencies come in cross-sector, there is a very limited number of Neonatal Emergency Cases across all levels which could be a good or bad Sign that either Mothers have continued to embrace Antenatal services or they've continuously shunned facilities and continued using traditional methods. Mental health cases are generally in OPD and have very limited cases related to mothers. Hematological services have seen huge numbers of Out patients visit hospitals to get tested for different cases.


MINISTRY OF HEALTH
LUUKA DISTRICT LOCAL GOVERNMENT
P.O.BOX 433 IGANGA
IKUMBYA
HEALTH CENTRE III.

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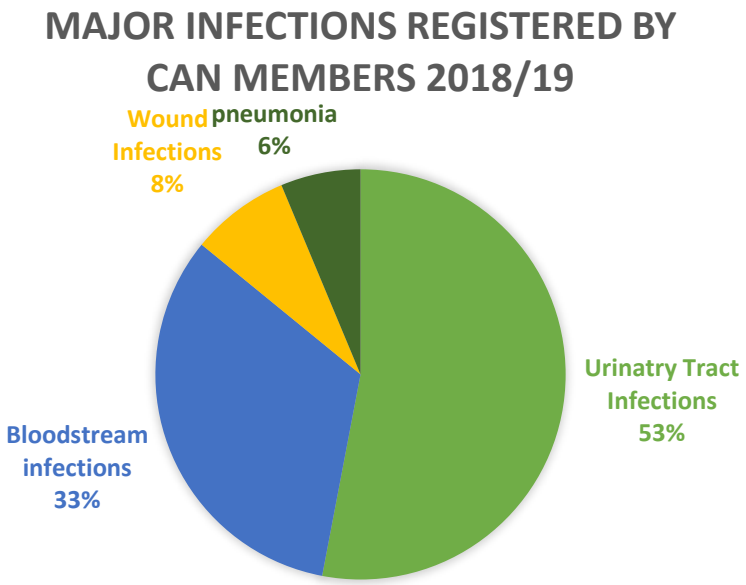
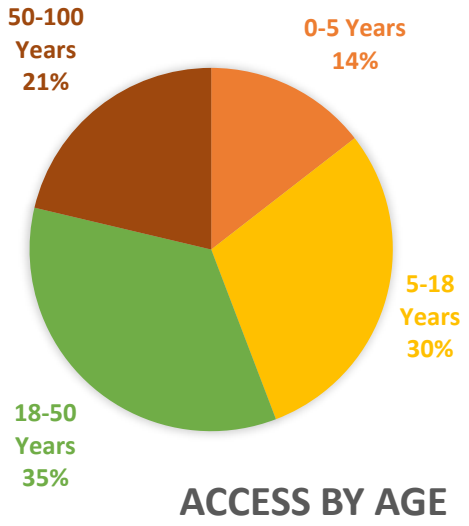




Ninety percent of RHU Patients report to facilities, or to their VHTs working with RHU with 12 hours of illness. This is not a common trend in the Ugandan community because there is no coordination. Early detections of illness have continue to indicate that RHUCAN activities are effective in communities where RHU CAN operates, for-example, the cases of Malaria reported to RHU CAN Facilities, triples cases where RHU doesn't operate.

In Luuka District Alone, between July and December 2018, Two Health Centers supported by RHU, Met, counseled and initiated treated for UTIs to 279 Couples.

In places where capacity building is reliable, we have witnessed increment in community members visit centers to get tested. We have realized that there are increments in cases of MDR-TB and we would like to intervene but resources haven't allowed.

RHU and its partners will embark of finding lasting solutions for reported major illnesses within all RHU CAN facilities. As we focus on boosting facility human resource support we also focus on finding these solutions for the benefit of Our Patients.

2.2.2. Public Health Needs

Public health priorities are defined by the diseases and risk factors that cause the highest morbidity and mortality. Identifying the high-burden medical conditions, diseases, disabilities and risk factors is an important step in developing National public health needs assessments and subsequent research agendas. However, the community context is also important.

In order to bring maximum benefit to our populations, individual facilities are addressing the health needs of their communities by using robust community public health needs assessments to build their community health plans and develop their requests plans. When We receive a Medical Supplies request, we look out for the most requested regimens to determine the class of patients that visit that facility.

We then relate that information with facilities in the region to determine if that region has a specific and high burden of that class of disease.

Research in communal medical services is needed for the diseases and disabilities that account for most of the illnesses, deaths and functional difficulties that currently affect people worldwide. Uganda Needs to find ways of addressing public health needs that have changed the known trends and are completely distinct. The gaps in public health needs has remained mainly because of the lack of commitment to improve research and embrace the challenges to find lasting solutions.

In Africa, we have a higher burden of communicable diseases than from noncommunicable diseases. However, Uganda in particular is emerging more quickly than others from this traditional disease pattern and has begun to be affected by noncommunicable diseases, such as diabetes, cancer, and cardiovascular diseases, which used to dominate only industrialized countries.

Unfortunately, public health needs are currently not the main driver of medical services research. Research is focused on finding vaccines that have ended up very expensive for the status quo and our people may not afford them. The cancer institute and other public facilities still require patients to make payment to access services hence not meeting the Public Health Needs of our population.

All specialized hospitals, require payment from people who require specialized services, and with the growing population in Uganda, amidst a struggling economy there must be solutions to these kinds of problems.

The limitations of public in participation in healthcare has not only limited investment in the health sector but has also kept away good causes that may help community to thrive. The crucial components of the agenda to improve access to appropriate medical services—availability, accessibility, appropriateness, and affordability—are strikingly absent. The necessary health-based stepwise approach to improving medical services is discussed below.

2.2.3. A health-based approach to Improve medical services

A healthy and growing population is required for every country to grow and Uganda is no exception. A major objective of the MSC project was to develop an approach to improved medical services that is based, first and foremost, on the need for a positive health outcome. The proposed approach takes as its starting point a simple question: What medical services are Urgently needed to meet public health problems? It then seeks to answer a less simple question: among services that are available, which could fulfil that need?

The stepwise approach to meeting public health problems

The first step in this approach is to identify the most important health problems. For a community, regional health policy-maker or national government official, disease burden estimates, such as MoH's National burden of disease analyses, may be useful. Communities can match this type of evidence with their health goals.

For a hospital manager, the most commonly encountered diseases reported among the hospital's catchment population or case load is your Definite source to define priority targets. This initial step aims to seek information about the diseases or disabilities that are the highest priority in terms of public health needs, select evidence-based clinical guidelines for managing the diseases, identify care pathways and protocols, and evaluate the available resources.

Global disease burden or disease risk factor estimates may again provide the needed information. For individual Areas, public health needs assessments conducted as part of the national health plan are also necessary. In addition, the case-mix configuration (the type or mix of patients treated by a hospital) communal and/or national might be of use.

The second step in this approach is to identify how health problems are best managed. Uganda Clinical guidelines are an obvious source of information for clinical decision-making. Guidelines do, however, give limited information on which services should be used for a given incident (The Uganda Minimum healthcare Package is limited). Standard care pathways and protocols can contribute in identifying which medical services are needed in the management of a disease.

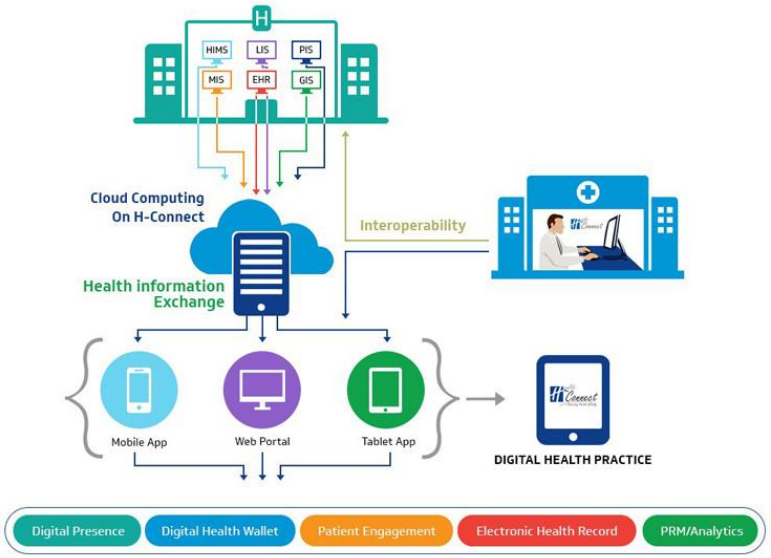
The third step is to link the results of the first two steps and produce a list of medical services needed for the management of the identified high-burden diseases in your area, at a specific health-care level and in a given context.
This step involves identifying the category of services and then the specific models of services required to perform the required interventions. To complete this step requires knowledge about the intended purpose, design, safety, effectiveness, durability, and technical specifications of the many services in the local Ugandan context.

RHU has registered recommendations from service providers under the network and because these are the people that meet the patient on a daily basis, we always consider their opinion and make changes in our systems through an assessment. The funding period June 18 to March 19 has seen drastic changes coming to the system of implementation and we need to intensify the development of the RHU MRS to make the dreams of our network members a reality.

Digital Health care could make the reporting systems a bit easier and defraudable but the cost of digital healthcare services is too high and very complex. The Requirements of post development, the measures of effectiveness and the indicators could only be realized if public facilities benefit from infrastructural development systems like electricity and technology. Government hospital staff may not even be able to use a computer if provided and they'll require massive time to training for them to use technology in treating patients.

These among other challenges are hindering the improvement of medical services at the community level. Our communities though are engaging locally to revise means of supplementing healthcare services and our network members have been prepared to welcome community ideas on how to best serve and improve services.

Medical Supplies remain the most required essential followed by human resource in all facilities, public and private in Uganda. It goes without saying, that we still have the worst supplied health centers if the region if not in the world.



2.2.4. Access to essential RHU Supplies

Between 2012 and March 2019, RHU has provided Medical Supplies support to more than 121 Health center. Some in emergency situations and other through request. The process is fairly easy and for members it would take a week but for non,-members definitely a Month

Although this process is vigorous supplies are available to communities through a regional supply or through the emergency supplies.

Requests, Assessment and Approval

We assume that the facility has already sent a letter of application to become part of the RHU Community Action Network and have access to the RHUCAN portal using their Network ID and Password or they have a RHU CAN ID and opt to use a physical application. A letter accompanied by Request form RQ-04 or RF15 is sent to P. O. Box 29510 Kampala Uganda or hand delivered to RHU in Najeera, Maganjo Or any regional Office or officer to receive the request. Confirmation is provided to the applicant on receipt of their request and they are informed on a period to expect response.

This is filed and given a file number for review by the DoMS and recommendations are made to RHU CAN. If facility assessment was done by RHU CAN within the last six months, there will be no need to re-do that assessment but if not, a verbal assessment or a random visit for assessment may be carried out by any RHU officer or coordinator.

If all is well with the request, and all RHU committees are recommending supply, RHU will inform the Network facility of the approval and make necessary arrangements to have supplies delivered or picked up by the facility. At this time, Documents confirming receipt of supplies requested for are signed on receipt and a register is issued. If the old register is still operational, another one may be issued at a later date.

Please note that this process may solely depend on when a request is received and how much the due diligence process takes.

Supplies Management and Distribution

The RHU CAN Manual and your agreements guides you on how to manage, use and distribute RHU CAN medical supplies. The clinical guidelines, the healthcare policy and other government policies compel you on dispensation, utilization and triaging systems. RHU will not be liable to issues arising from misuse of medical supplies. We give you what you ask for, use it adequately and make sure our patients are safe and do benefit from your services.

Any healthy facility should have a supplies store that beats the standards recommended by the National Drug Authority, also each institution managing medical supplies is required to have a pharmacist or at the least a medical personnel in charge of medicines and supplies. Currently, Our Network facilities are maintaining high standards of medical storage and dispensation. We are planning to roll out capacity building sessions to support staff of Network facilities especially the dispensing staff and the Management staff on how to best support patients from a result oriented perspective.

The Distribution or dispensation of RHU medicine is a tricky area for us at the moment. We provide medicines , we tell facilities what we need and we give them the tools available at the moment, but it also clear to us that these tools are not enough to enable monitored dispensation. We need to find solutions.

Using RHU Services

CAN Members have a wide range of liberties and one of them is having RHU services at their disposal, From International Exchange Program services, Employee Assistance Program services MSC services to free Consultation and recommendation/referral systems , all is available once one becomes a member of the network.

It is true though that for certain services, specific goals must be achieved before one is considered and this has seen various CAN Members really work hard to improve and earn specific classes as outline in the CAN Manual.

RHU services are patient oriented, there has been debate on how these services do not cater for people performing duties on behalf of the projects including health facilities that feel the need to participate in internal activities of RHU. Many people have come through RHU, some are still here and other leave, in any manner they deem fit but RHU maintains that ALL OUR SERVICES WILL REMAIN PATIENT ORIENTED, and we will work with any institution that fosters patient wellbeing and personal health development.

We do not offer advancement services to individuals, we do not encourage corruption, we discourage in a strongest manner gender based violence or discrimination of any person based on their gender, we encourage a supportive working environment for our people that work in field, at Network Facilities, at Executive Level, or at any level at Real Health Uganda and we believe that in doing so we are improving the lives of other Ugandans as we wish to improve the lives of us all.

Disciplinary Committees are available at all levels including the coordination office that runs the disputes committees where CAN members can report cases. Between June 18 and March 19 we did not receive any complaints from the Network Facilities logged in with the disputes committee.

Donations

All Machinery, Drugs, and other supplies donated to CAN Members under this cohort was fully supported by The Third Doctors, The Korean Team Member of 2018 and Dr. Busonga respectively. When such donations are given, the receipient is expected to write a letter confirming receipt because they also write a special letter requesting for them. We have received a letter from Kakoba Health Center IV, Shalom Medical Center and we are waiting on response from Ikumbya Health center on Donations sent to them.

Reporting

RHU depends on donations from individuals an organisation. It is very important that institutions working with us send detailed reports on performance. Failure to do this results into disqualification of membership and a ban for a specific period of time.


TRIAS

3. Recommendations

RHU Recommendations

1. RHU needs to increase funding for Medical Supplies Chain Activities by the least 40%. The application base has shifted forcing government through hospitals and clinics to write to us about supporting them. We need to meet our demand.

2. RHU Needs to secure funding for MSC Project staff who should be at the center of implementing the chain activities throughout the year.

3. RHU Needs to have standard agreements with its partners as is for all the local partners and contractors. The consistence of the project can only be guaranteed on commitment.
4. RHU has worked on improving the reporting system but should also update other reporting tools for Community Representatives and for CAN Facilities.
5.

TTD Recommendations

1. It is very important to Keep TTD well informed of how their monies are expended. Reporting timelines should be developed to guide on how and when reports should be sent. Sending short periodic reports might not have very positive impact because it only informs TTD of partial activities and do not provide clearer information of the state of activities.

2. TTD should Encourage committed annual visits to Uganda but also facilitate RHU activities regardless of the situation just as RHU facilitates UKMC activities with or without Korea visits. This will help in cutting down TTD Costs while in Uganda because it will encourage a smooth planning process for RHU.

3. TTD Should Officially Inform RHU of the State Of Activities so that RHU Can prepare and cut on the burden shifted to TTD whenever there is a joint activity.

3.1. UKMC Recommendation

The government of Uganda recognizes UKMC activities as an annual Event, we request that we engage in similar activities annually regardless of how complicated the planning process is.

We have received waivers for this activity but we have not held another medical camp together since 2013. Dr. Busonga and Dr. Noh Bonggeun Should sit on a table and find solutions that will enable the field Treatment Activities of UKMC a success.

3.2. RHU MRS

RHU, Good Citizen Limited and TEGC Traders embarked on developing software to monitor the impact of RHU medical Supplies Chain Services, the Developer (GoodNews) requested for $29700 to complete this process but in vail. To date GoodNews has only received a total of $9000 in development costs. RHU and all its partners should come together and find lasting solutions to finalize the RHU Medical Report System.

3.3. References

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3.4. Appendix

3.4.1. Conflict Of Interest

Technical experts who gave input and direction on content from inception to the final stages of the UKMC Medical Supplies Chain project were asked to confirm their interests, and to provide any additional information relevant to the subject matter.

Steering group

The Steering Group did not declare any conflict of interest.

Advisory group

The following interest was declared by a member of the Advisory Group, specifically Medical Supplies interests related to Development of RHU MRS: Dr. Damalie Ssemwanga is a share Holder at GoodNews Ltd

Other Members of the Advisory Group declared that they had no conflict of interest in regards to their participation in the project.

Informal consultation

No conflict of interest was declared by any member.