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# THE HIPS PROJECT FOURTH QUARTER AND ANNUAL REPORT FY 2008

JULY – SEPTEMBER 2008

OCTOBER 2007 – SEPTEMBER 2008



**October 2008**

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**Submitted by:**

Emerging Markets Group, Ltd.

**Submitted to:**

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## ACRONYMS

ACT	Artemisinin Based Combination Therapy
ART	Anti Retroviral Therapy
ARVS	Anti Retrovirals
CSR	Corporate and Social Responsibility
FPAU	Family Planning Association of Uganda
FP/RH	Family planning and reproductive health
FUE	Federation of Uganda Employers
GDA	Global Development Alliance
GOU	Government of Uganda
HC	Health Centre
HIV	Human Immune Deficiency Virus
IAA	International Air Ambulance
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ITNs	Insecticide Treated Nets
JCRC	Joint Clinical Research Center
LLINs	Long Lasting Insecticide Treated Nets
MOGLSD	Ministry of Gender, Labor and Social Development
MOH	Ministry of Health
NUDIPU	National Union of Disabled Persons of Uganda
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PE	Peer Education Programs
PLWAs	Persons Living With AIDS
PMTCT	Prevention of Mother to Child Transmission
PSFU	Private Sector Foundation-Uganda
RH/FP	Reproductive Health / Family Planning
RVZ	Royal VanZanten
SCMS	Supply Chain and Management Systems
SP	Sulfadoxine Pyrimethamine
STD	Sexually Transmitted Diseases
STF	Straight Talk Foundation
TB	Tuberculosis
UAC	Uganda AIDS Commission
UHMG	Uganda Health Marketing Group
UMA	Uganda Manufacturers Association
VCT	Voluntary Counseling and Testing



## EXECUTIVE SUMMARY

The USAID-funded HIPS (Health Initiatives for the Private Sector) Project (2007 – 2010) works with the Ugandan business community to find cost-effective ways to ensure access to vital health services for company employees, their dependents and the surrounding community members. Specifically, the Project facilitates partnerships and provides technical assistance to design and implement comprehensive workplace health programs that maximize the accessibility of HIV/AIDS, TB & Malaria prevention and treatment services and improve use and knowledge of Reproductive Health and Family Planning services and products. To foster sustainability, the Project is building the capacity of private sector employer organizations such as the Federation of Uganda Employers (FUE) and the Uganda Manufacturers Association (UMA) to assume the support and partnership role that HIPS is currently serving with Ugandan companies. EMG leads this three-year project (with two year option period), with partners Johns Hopkins University Bloomberg School of Public Health Center for Communication Programs (JHUCCP), the Mildmay Centre and O'Brien and Associates International.

The Project has four main tasks:

- Task 1: Expand access to and utilization of health services in the private sector
- Task 2: Establish Global Development Alliance (GDA) partnerships to leverage company-sponsored health services
- Task 3: Strengthen private sector employer organizations to support health initiatives
- Task 4: Implement innovative approaches to support orphans and vulnerable children through the private sector

This report serves as the 4<sup>th</sup> Quarterly Report and the first Annual Report.

Overall, the first year has been a very successful one for HIPS. Project mobilization began in the first quarter of FY 08 and HIPS was able to rapidly initiate activities. The Project team is fully staffed and ensuring coordination among the four tasks. This integration has been key to expanding our existing relationships with companies by offering them a “**menu of services**” that fit company objectives, community needs and USAID strategic priorities. During Year 1, HIPS used this menu of services approach to significantly expand the health services available to private sector employees, their dependents and surrounding community members. For example, over 1500 peer educators were trained, almost 3000 people were receiving ART from clinics supported by USAID/HIPS, and over 170,000 people were reached with prevention messages on HIV/AIDS, TB, Malaria and RH/FP. When forming large partnerships with companies, HIPS ensured adherence to GDA principles. In fact, during Year 1 HIPS was able to create nine GDA partnerships, leveraging just over \$910,000 of private money, a 3:1 ratio. HIPS has created long-term working relationships with these companies, and the partnerships will continue into the following years of the Project. At the same time, HIPS has been working with two Ugandan organizations to support health initiatives. HIPS provided funding and technical support to FUE and UMA

### HIPS Sample Menu of Services

- Workplace Policy Development
- Peer Education
- Health Fairs
- AIDS Cost Calculation
- Voluntary Counseling & Testing
- Health Communication Materials
- Low Cost Health Commodities
- Private Clinic MOH Accreditation
- Access to free ARV's/TB Drugs/IPT2
- Lab Equipment/Training
- Clinicians & Community Based Training
- Corporate Social Responsibility Advisory services
- Referral Linkages for Testing and Treatment

to increase their ability to provide health workplace services to their member companies. During Year 1, HIPS worked with FUE and UMA to develop a sustainability plan aimed at becoming nationally



recognized leaders in health workplace programs. Capacity building efforts focused on workplace policy development, peer education training, partnership coordination, monitoring and evaluation, and strategies for increased and diversified revenue generation. Finally, the HIPS Project has been working to address the needs of OVC in its partnerships with the private sector. During Year 1, HIPS conducted the necessary background research on OVC best practices and developed innovative corporate engagement models for partnering with the private sector on OVC programs. HIPS has established an OVC small grants funding mechanism and has used these models to sign matching grant agreements with three companies..

Below, we highlight some select achievements and success stories of the first year of the project. Then, we provide a detailed update and analysis on the technical progress of the Project, including both Quarter 4 results and cumulative annual results. Attached are annexes with further information on performance monitoring and technical deliverables.

### **Principal Achievements and Success Stories**

1. In partnership with the MOH the Project has accredited 30 partner clinics, significantly expanding access and utilization of ART. These clinics have qualified to access free ARVs from the MOH. This has brought the total number of accredited sites by the HIPS/BusinessPART programs to 58. See appendix 1.
2. HIPS met 28 of 32 indicators in Year 1. Of the 28 met, 93% exceeded the target — most notable was 11,441 people received VCT (target of 2,500). Of the unmet, HIPS still made significant progress and laid the groundwork for a successful Year 2. Specifically, HIPS had 91% achievement toward number of clients newly initiating ART, 75% achievement toward number of current clients receiving ART, and 84% achievement toward number of clients who have ever received ART. See appendix 2.
3. HIPS and UHMG have successfully launched the Good Life at Work Communications platform. Under this education-entertainment platform, over 1500 peer educators have been trained, 23 health fairs conducted and over 170,000 people reached with prevention messages on HIV/AIDS, TB, Malaria, and RH/FP.
4. The project produced a referral guide for peer educators. This guide will provide relevant information on national referral centres, thereby ensuring continuity of health services to workers irrespective of whether they are at their work places or away, particularly for migrant populations.
5. HIPS successfully advocated for an increased role of the private sector in TB and facilitated the NTLP to carry out assessments and subsequently accredit 7 private facilities for TB diagnosis and treatment. HIPS together with Mildmay have designed a new TB curriculum and trained 62 private clinicians in TB diagnostic and treatment.
6. In partnership with UHMG the Project has built the RH/FP capacity of 23 partner facilities through the provision of reproductive health skills to health providers, subsidization FP commodities and conducted 97 RH/FP community outreaches.
7. In July 2008, HIPS launched its PMI program; prevention of malaria in pregnancy, and has established partnerships with 5 private companies leveraging funding on a 1:1 basis.
8. The HIPS Team has significantly built the capacity of FUE and UMA to increasingly take responsibility for project-initiated activities. FUE and UMA have begun offering peer education trainings and outreach events in HIV/AIDS, TB, Malaria and RH to their member companies. Sustainability plans have been developed with each organization to facilitate their leadership role in health workplace programs. See appendix 3



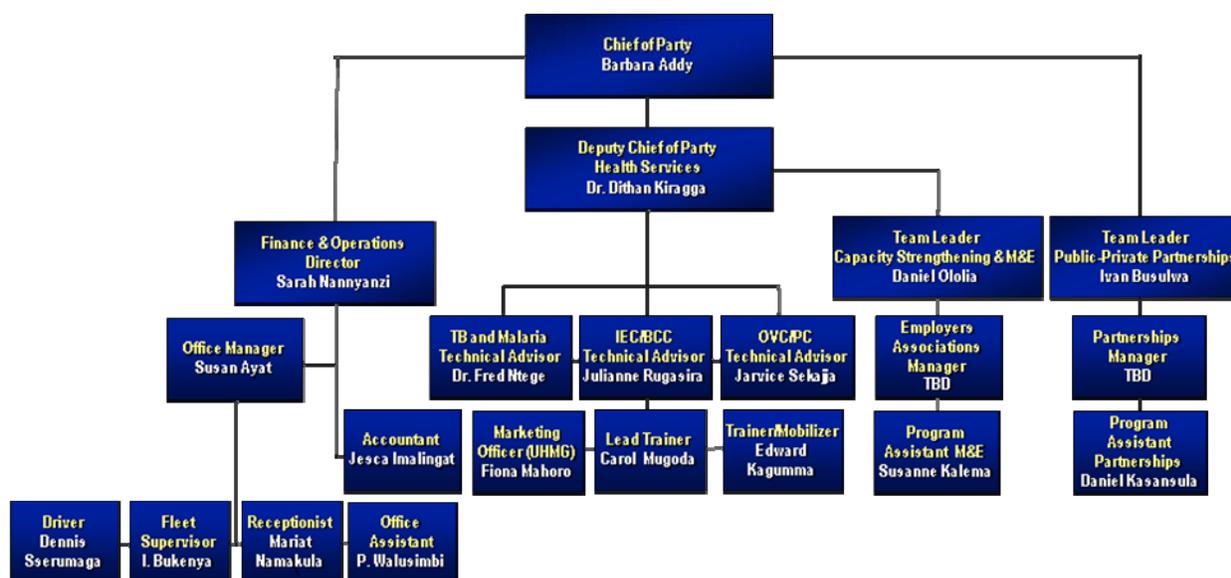
9. HIPS has signed three grant agreements with Nile Breweries Ltd, Kakira Sugar Works (KORD) and Cornerstone Development limited to implement OVC programs among company catchment areas and supply chains. HIPS investment of \$59,000 leveraged over \$67,000 of company resources.
10. HIPS has worked with over 35 Companies and created 9 Global Development Alliances, leveraging over \$910,000, a 3 to 1 leverage ratio. See appendix 4

**Partnership Profile, NILE Breweries 'Grain to Glass':** In partnership with HIPS, Nile Breweries Limited (NBL) through the HIV/AIDS workplace program, has introduced HIV/AIDS interventions throughout their value chain; from farmers (raw material supply), employees (brewing process), community neighbouring brewery (labor supply), truck drivers (delivery) and hospitality workers (service to final consumer). During this year, 803 (584 male and 219 female) hospitality workers (from bars, lodges and restaurants) and truck drivers have been sensitised on HIV/AIDS. 3,845 farmers have attended health fairs of which 1,349 were tested for HIV/AIDS. HIPS and Nile Breweries have also launched a comprehensive orphans and vulnerable children program among Nile's sorghum farmers in Northern Uganda. Nile has also opened its company clinic in Jinja to offer VCT and ART to the community. This \$140,000 Global Development Alliance is 60% funded by NBL and 40% by USAID. (picture: sensitization of NBL hospitality workers in Jinja)



## PROJECT ADMINISTRATION

The HIPS Project mobilized quickly, and ran smoothly throughout Year 1. The HIPS Project is fully operational with 20 full time staff, and one Corporate Marketing and Training Officer seconded to UHMG. The latter will also support the HIPS training team. During Q4 the Project made a few changes to the organization chart, as detailed below.



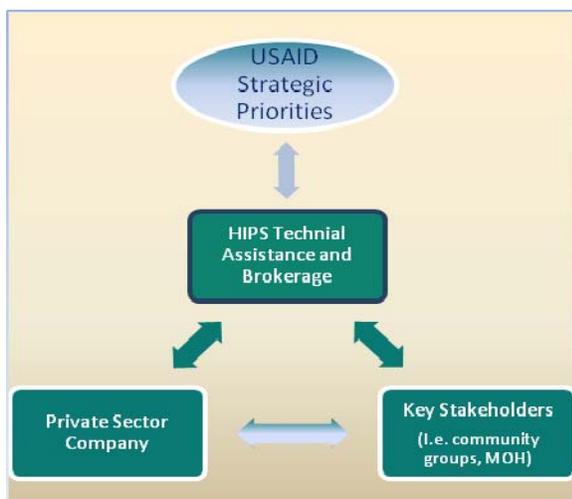


## TECHNICAL PROGRESS

This section summarizes the technical progress of the Project over the last year. It has been organized under the four primary tasks of the Project. Under each task is a brief description of activities that were accomplished for the last quarter of the Project, as outlined in the work plan, including progress toward programmatic targets. Each task also includes a description of challenges, recommendations and planned activities for the next quarter

### Coordination

One of the HIPS Project's core approaches is to facilitate coordination among government, private sector and local organizations. This ensures that partnerships are leveraging the relative competencies and resources of each entity for maximum impact. Highlights of **Year 1** coordination initiatives include:



- Worked with the MOH and the National ART program manager to have 100% of the 30 new HIPS-supported sites accredited. These sites will now access free ARVs from the MOH and be able to provide these ARVs to surrounding community members.
- JCRC is now regularly supplying the necessary commodities to the ART programs to HIPS partner clinics.
- AIC has conducted VCT training for counselors from HIPS partner sites and has been instrumental in health fairs.
- HIPS has supported the Ministry of Gender Labor and Social Development in drafting the national HIV/AIDS policy at the work place and is working with relevant authorities on policy dissemination.
- HIPS also collaborated with the Health Education division of MoH to conduct community videos in selected companies. The Health Education division provided a film van and HIPS contributed funds for logistics. Through this partnership, over 6,000 people were reached through 10 community outreaches.
- HIPS and UHMG signed an MOU to promote the Good Life At Work among Ugandan companies. A salesperson was recruited to coordinate sales between UHMG and HIPS partner sites. Over the **last quarter** HIPS procured over 5,000 LLINs from UHMG for its partner sites. A table of company commodity purchases over the year is in appendix 4
- DED has placed expatriate technical advisors in two HIPS partner companies, Finlays and Tullow Oil. Through this collaboration, the Project has conducted peer education training, health fairs, support supervision and enrolled people on ART programs. DED is exploring placing national experts in additional HIPS partner companies in Year 2.
- During the first year of the project, HIPS signed an MOU with Straight Talk foundation (STF) to design, print and distribute (where necessary) all IEC materials. To date, posters, brochures, job aides, charts, and Health Matters newsletters have been produced, targeting employees, dependants, community members and health workers on all the programme areas.



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## **Task 1: Expand and Strengthen Access to and Utilization of Health and HIV/AIDS Services in the Private Sector**

The HIPS Project partners with companies and private clinics to increase access to and utilization of health services for Ugandan company employees, their dependents and community members. Each company is different and one size does not fit all, so the HIPS Team offers companies a menu of services and then collaborates with them on a one-on-one basis to design an appropriate services package and cost sharing arrangement. See appendix 5

### **1.1. HIV/AIDS PREVENTION**

#### *1.1.1 Develop Good Life Module and associated IEC plans and materials*

In **Year 1** HIPS used an entertainment education format for employee and community sensitization and training using UHMG's established communication platform, 'The Good Life' and adapted it as 'The Good Life at Work'. This module includes activities such as: employee education seminars; lunch break video shows; interactive community drama with forum theatre approaches and live, 'Good Life' game show events. Further leveraging the Good Life brand, HIPS is continuing to develop criteria and format to recognize 'healthy work sites' with the 'Good Life at Work' seal of approval. These IEC materials support both clinicians and peer educators to communicate correct and consistent messages to community members. Most of the above have been printed in local languages. Communication materials printed with company logos are paid for by the company.

#### *Production of IEC materials*

In **Year 1**, HIPS has consolidated and printed the IEC materials produced under Business Part, CCP and UHMG on HIV/AIDSs, Malaria, family planning and reproductive health. These materials provide information on various topics such as; reducing stigma and discrimination, positive prevention, promoting adherence to ART and TB treatment, early diagnosis and treatment of TB and HIV within the workplace, malaria prevention and treatment, malaria in pregnancy (MIP) and family planning (FP).

#### *1.1.2 Develop training plans for individual companies*

In **Year 1**, HIPS established training plans with 18 companies. HIPS paid special attention to following up on former Business Part partners and also sought out new partnerships. The training curriculum for peer educators was also designed to give flexibility to companies to choose relevant topics to address their training needs.

#### *1.1.3 Select peer educators among employees of participating companies*

In **Year 1**, The IEC/BCC Manager worked with the appropriate company managers (often the HR Manager who is familiar with all employees) to determine the list of peer educators to be trained for each company. Qualities to look for when selecting peer educators included leadership, enthusiasm, positive work attitude and having personal experience with the impact of these diseases (affected family members). In some cases additional peer educators were also selected from the surrounding community, especially where the company is dominated by one or the other sex and a more equal gender balance is needed.

#### *1.1.4 For partnerships with outgrower companies, conduct qualitative research to establish who to select for peer educators*

In the **fourth quarter** HIPS conducted a study on out-growers with the main objectives of identifying means with which health services are currently provided and/or could be provided to out-growers/indirect employees, gaining an archetype profile of an out grower, their likes, dislikes, mechanisms of exposure and other behavioural characteristics. The study results will feed into the communication strategy and identify other strategies that can be used to reach the out-growers with health related messages.



### 1.1.5 Mobilize selected peer educators

**In Year 1**, HIPS worked with company staff to organize and sensitize the selected peer educators on their roles and responsibilities. Efforts were made to ensure gender balance during the selection however it is still a challenge to select female peer educators especially from the community.

### 1.1.6 Begin training and refresher training for peer educators

**In Year 1**, HIPS adapted the UHMG Popular Opinion Leaders' training curriculum for the peer educators. The peer educators' curriculum puts a lot of emphasis on the use of participatory approaches with games to encourage fun while learning. It is a three-day curriculum with each topic taking half a day, and covers communicating as a peer educator, HIV prevention, Living Healthy with HIV (includes TB and OVC), malaria and Family Planning and Reproductive Health.

**During the fourth quarter**, 692 Peer educators from 13 companies were trained by HIPS, FUE and UMA. **During the fourth quarter**, HIPS also conducted one-day sensitization seminars for 803 (584 male and 219 female) hospitality workers from bars, lodges and restaurants in partnership with Nile Breweries Limited (NBL).

**Year 1 total number** of peer educators trained is 1,502, meeting our annual target. See appendix 6

**Table 1: Number of Individuals Trained (Peer Educators)**

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Peer educators trained this quarter	393	299	692	1,502	
Annual total of peer educators trained	876	626		1,502	1,500

### 1.1.7 Conduct Health Fairs at three selected estates

**In Year 1**, HIPS organized 23 health fairs at 11 companies. Health Fairs are an integrated entertainment education format for employees and neighboring communities using the UHMG's established communication platform, 'The Good Life at Work' (which positions health in a holistic way and not just the absence of disease). Health fairs have been organized together with our partners who offer varying services, as detailed below:

- **UHMG**: provides information and products for malaria and family planning/reproductive health
- **AIC/JCRC/AVSI**: provide counselors and laboratory technicians for voluntary counseling and testing
- **PULSE**: provides education and entertainment on all the programme areas supported by HIPS

**During the fourth quarter**, 13 health fairs were held and 8,812 people were reached. Of the people who attended the health fairs 2,780 attended VCT. Of those who tested 67 were couples, which is an improvement from previous health fairs, HIPS specifically designed strategies to increase couple counselling. 23 were pregnant women and 192 were positive.

**The Year-one total number** of health fairs conducted is 23, reaching up to 18,131 persons with over 6,000 people receiving VCT services. Below are the annual VCT results from the health fairs.

**Table 2: Annual health fair voluntary counseling and testing results**

Males tested	Males positive	Females tested	Females positive	Couples tested	Discordant Couples
3,302	179	2,757	297 (36 pregnant)	100	6
Total Tested	6,059	Total Positive	468		



## Community Videos

In an attempt to reach more company workers with health messages, **during the fourth quarter**, HIPS piloted the use of community videos in partnership with the MOH. The MOH, Health Education division provided a film van and HIPS saw to logistics. Videos covering the project programmes were reproduced from JHU (Health Centre Four) and UHMG (Good Life Game Shows) and shown at community video halls, health centres etc. These videos stimulated discussion on various health matters among company employees, often moderated by trained peer educators. Five companies participated in this pilot programme, including: Kinyara Sugar Works, Kakira Sugar Works, Finlays Tea Estate, Kasesse Cobalt Company Limited, and Hima Cement. Overall, the number of people reached by these community videos **during the fourth quarter** was 6,093. Of these, 3,071 were males and 3,022 were females.

**In the fourth quarter** through the health fairs, peer educators and company clinics with community outreaches and community videos, HIPS reached over 57,000 persons with HIV prevention messages.

**In Year-one**, HIPS reached 174,400 people with HIV prevention messages.

**Table 3: Number of individuals reached through community outreach prevention activities**

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Community members mobilized	36,725	21,060	57,785	174,405	260,000

### HIV/AIDS Prevention Year 1 Challenges:

1. The demand for the Peer Education trainings remains high among companies. HIPS will need to develop more affordable, sustainable model for peer education.
2. The level of female involvement in peer education is still very low especially among community peer educators.
3. Health Fairs though highly effective and on demand from companies are still very expensive. The cost is not sustainable especially when FUE and UMA take over activities.

### Year 1 Recommendations:

1. HIPS will focus on growing the capacity of FUE and UMA to take on the role of peer education training among their member companies to ensure sustainability. HIPS will create a pool of trainers from UMA, FUE and other partner companies who will also be able to conduct peer education training. If possible a local NGO Communication for Development Foundation (CDFU) will also be brought on board to offer peer education training. HIPS will also endeavor to leverage more resources from companies to support this activity.
2. HIPS will establish structured briefing sessions with company managers before program implementation. Specifically, this will help introduce them to the whole range of activities under the 'Good Life at Work' package. Special emphasis will also be paid to recruiting female peer educators.
3. HIPS will work with FUE and UMA to develop a model for a low-cost health fair. The clients will therefore have at least three options from which to choose. Special care will be taken to ensure that quality does not go down with reduced prices. HIPS will also work with FUE, UMA and company based drama groups to try and reduce health fair costs.

### Key Activities Planned for Next Quarter:

- Continue to implement specific interventions targeting couples to attend VCT
- Conduct support supervision with companies, UMA and FUE for peer educators that have been trained.



- Conduct health fairs and training of peer educators at selected companies
- Conduct community videos at selected companies.
- Finalise the communication strategy with input from the out-growers study findings.
- Select trainers from companies, FUE and UMA and build their capacity to conduct training of peer educators.

## 1.2. HIV/AIDS RELATED PALLIATIVE CARE

### 1.2.1 Support clinics in provision of palliative care and support to clients

**During the fourth quarter**, the Project has continued to offer support to 28 private and company clinics to offer quality palliative care and support services to their clients. Fifty three (53) health workers were trained in palliative care for HIV at Mildmay. Following this support, company clinics and private clinics have been able to offer a range of palliative care and support services including management of opportunistic infections, pain management, cotrimoxazole, psychosocial support, while only a few provide food and nutrition supplementation.

**Table 4: Number of service outlets offering HIV palliative care**

Indicator	Quarterly Total	Cumulative total	Annual Target
Number of service outlets providing HIV palliative care	28	28	20

**In the fourth quarter**, through partner company clinics a total of 864 unique clients have been provided with at least one service in palliative care and support.

**In Year 1**, HIPS partner company clinics provided a total of 2,946 unique clients with at least one service in palliative care and support. Most partner clinics offer a range of palliative care components, the majority offering services which include cotrimoxazole prophylaxis, insecticide treated nets and clinical monitoring and management of opportunistic infections. Results are presented in the table below.

**Table 5: Clients receiving at least one HIV palliative care and support service**

Male	Female	Quarterly Total	Cumulative total	Annual target
224	640	864	2,946	2500

### 1.2.2-3 Identify and train community caregivers in selected companies catchment areas and conduct training in home-based care and psycho-social support

**During the fourth quarter**, with the support from the trained peer educators of Kinyara Sugar Works, Kakira Sugar Works, RoyalVanZanten, Kasese Cobalt Company and Nile Breweries Ltd, HIPS identified and trained 57 primary caregivers at the household level in community home-based care. Caregivers comprised of adults currently taking care of an HIV positive family member, relative, friend or child, or an OVC. Emphasis was given to recruit both male and female caregivers and their willingness to offer care and support to OVC in their community. Those selected were given skills on how to provide psychological support, spiritual support, child protection and other forms of services to OVC. In addition to 53 clinical caregivers trained by Mildmay this quarter, a total of 203 people were trained to promote palliative care services in HIPS supported sites and communities. Over the year HIPS has promoted palliative care programs through three key strategies:

- Promotion of a basic care package to all our partners. HIPS is now working with 28 partner sites to provide palliative care services to their staff, dependents and surrounding communities.
- Provide health workers and community care givers with tools to care for their sick ones at home.



- Provide selected health facilities with logistical support. The support provided in these facilities has ranged from IEC material, psychosocial training, water treatment materials, insecticide treated nets, job-aids, guidelines on pain management and cotrimoxazole, and referral information.

**Table 6: Number of individuals trained to provide HIV related palliative care through trainings organized by USAID or collaborating companies**

Male	Female	Quarterly Total	Cumulative total	Annual target
43	67	110	203	200

#### HIV/AIDS Palliative Care Challenges:

1. The demand for palliative care services is huge and may not be adequately addressed by the few trained clinicians and community care givers. This could lead to provider burn out.
2. Companies have been reluctant (or in some cases have set ceilings) to extend support to community members for drugs other than ART, such as drugs for management of pain and the treatment of opportunistic infections. This is a significant cost to companies that is viewed as unsustainable.

#### Recommendations:

1. The project will in the next year train additional service providers in palliative care. In addition, we will collaborate with NGOs and other CBOs working in close proximity to our companies to improve coordination of programs and provide on-the-job support to the trained providers.
2. HIPS will continue to lobby partner companies to extend material support and procure vital medicines and drugs for community patients on palliative care. HIPS is also exploring with MOH and SCMS avenues to link company clinics to MOH credit lines to receive free drugs for management of opportunistic infections. Some of our companies, such as TAMTECO and Finlays have been successful in securing a credit line.

#### Key Activities Planned for Next Quarter:

- Establish collaboration mechanisms with local CBOs and NGOs providing palliative care services to facilitate linkages and referral.
- Support selected facilities and community care givers with kits and basic supplies for palliative care.
- Support and mobilize post-test clubs through community radio programmes and link where possible to the OVC program.

### **1.3. HIV/AIDS TREATMENT/ARV SERVICES**

#### *1.3.1 Develop job aids for HIV treatment providers*

**During Year 1**, job aids from JHU on ART, TB and other areas were reproduced and printed. In partnership with Mildmay a training manual on the use of the job aids for the health workers was developed and is going to be included in all Mildmay trainings.

#### *1.3.2 Provide training and refresher training in AIDS treatment, pediatric AIDS treatment, PMTCT, nutritional care and clinical care products to practitioners*

The Project has identified tailor made courses to support clinicians in the care and treatment of AIDS patients. **In the fourth quarter**, HIPS supported the training of 35 clinicians at the Mildmay centre to train on the use of ARVs in resource limited settings.

**In Year 1**, HIPS in partnership with the Mildmay centre and the SCMS Project, has trained 151 clinicians in three key courses namely; the use of ART in resource limited settings; the management of logistics for



ART and; Pediatric AIDS treatment. These clinicians are now equipped with the knowledge and skills to run ART clinics in their settings.

**Table 7: HIV/AIDS training**

Training area	Total attendees	Cumulative	Annual Target
ART logistics	61	151	150
ART in Resource Limited Settings	65		
Pediatric AIDS treatment	25		
Total	151		

*1.3.3 Provide assistance with accreditation of clinics*

**In the fourth quarter**, the MOH team led by the National ART coordinator visited 30 HIPS supported sites and assessed them for accreditation. All the sites visited have been recommended for accreditation and will receive free ARVs from the MOH. This has brought to 58 the total number of accredited sites by the HIPS/BusinessPART programs. HIPS provided material and logistical support to selected clinics to enable them to meet the requirements for this accreditation. This support ranged from the training of clinicians in HIV/AIDS related courses, equipping of laboratories, job aids and technical supervision. The list of newly accredited sites can be seen in appendix 1.

In Year 1, through these accredited sites, up to 1,371 new clients were started on ART.

**Table 8: Clients receiving ART from clinics supported by USAID/HIPS**

Program Areas	Number of Clients Served							Annual Target
	Children (0-14)			Adults (15+)			Total	
	Female	Pregnant Female	Male	Female	Pregnant Female	Male		
Current clients	15	0	35	1346	117	967	2363	3150
New clients receiving ART	10	0	28	849	104	484	1371	1500
Cumulative clients	29	0	51	1642	144	1209	2931	3500

Up to 28 clinics have been supported and these offer services in VCT and ART. Results on this are presented in the table below.

**Table 9: Number of service outlets offering ART**

Indicator	Cumulative Total outlets	Annual target
Number of outlets offering ART	28	23
Number of outlets offering palliative care	28	20

*1.3.4 Facilitate linkages between companies with small or no on-site treatment clinics, and organizations that could manage or provide these services*

**During Year 1**, HIPS built on relationships established during Business PART and brokered new partnerships with companies with no (or small) on-site clinics. HIPS assisted these companies in implementing cost effective ways to manage health services, linking them with organizations that manage their services through an outsourcing model. Insurance organizations like IAA and Microcare have taken over management of health services of these companies such as KCCL, RVZ and Hima Cement, and soon UGACOF. Similarly, HIPS has helped companies identify clinics for companies to refer their employees to, sometimes involving insurance schemes or direct fee-for-service referral arrangements.



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### 1.3.5 *Support referral system for CD4 tests and other tests necessary for patient follow up*

**During the fourth quarter**, the Project supported selected facilities with basic equipment and reagents to conduct basic tests for patient follow up. These sites included TAMTECO, Sims Medical Centre, Kikyusa clinic, Tullow Oil maternity centre and International Hospital. The referral guide that contains basic information about centers that can conduct specialized AIDS tests and services was also finalized. Some sites have during the year received funds to support the referral of clients for CD4 and other basic tests.

#### **HIV/AIDS Treatment Challenges:**

1. Some companies have expressed concerns about the significant costs involved in running their community ART programs. HIMA Cement Company, for example, has over 400 patients on ART. Though ARVs are free, other associated costs like drugs for opportunistic infections, provider time and the tests necessary for patient follow up have to be met by the company. This may affect a company's ability to enroll more clients on ART in the future.
2. Supervision of the sites needs to be strengthened. HIPS has trained several lower cadre staff to take on additional roles in the ART programs. They will need a lot of on-the-job support to adequately take on these new responsibilities.

#### **Recommendations:**

1. HIPS will explore other partners to support the company programs. The anticipated free supplies of Septrin from the National Medical Stores (procured with USG funds) should provide some relief. The Project will pilot a program of procuring CD4 machines, on a cost sharing basis, for two selected sites with a high patient load (pending approval in the Year 2 workplan).
2. The project will engage local district and sub-district authorities to provide regular supervision of partner sites. Other local NGOs operating close to the sites will be identified and encouraged to provide regular supervision to the company sites.

#### **Key Activities Planned for Next Quarter:**

- Print job aids for HIV treatment providers and guidelines on their use
- In partnership with Mildmay, pretest and print training manual on use of job aides for health providers
- Support on job training, mentoring and follow up of trained practitioners
- Equip selected companies' clinics with basic diagnostic equipment and reagents
- Provide training to 30 private practitioners on AIDS treatment.

## **1.4. VOLUNTARY COUNSELLING AND TESTING**

### 1.4.1 *Referral guide and referral system for peer educators for out-growers and migratory workers*

HIPS developed and distributed a referral guide, which will be used to provide relevant information about the existing referral centers, facilitating continuity of health services to migrant workers and out-growers, irrespective of whether they are at their workplaces or away.

**In the fourth quarter**, the Project disseminated this referral guide to a team of MOH officials and other stakeholders from AIC, Mildmay, Straight Talk Foundation, and the partner sites, to get their input and explore options for adopting it at a national level.

### 1.4.2 *Organize VCT days at selected companies*

**During the fourth quarter**, 16 companies have offered VCT services either through health fairs or in company facilities.



During **Year One**, HIPS far exceeded its VCT goal of 2,500. Demand was high and 11,441 people received VCT via HIPS partner facilities and health fairs. See appendix 6

**Table 10: HIV counseling and testing results from health fairs and company clinics**

Males tested	Males positive	Females tested	Females positive	Couples tested	Discordant Couples
5,726	376	5,715	599 (95 pregnant)	100	6
Total Tested	11,441	Total Positive	975	Annual Target	2500

**VCT from health fairs and private facilities indicate an 8.5% prevalence rate among HIPS partner companies and surrounding communities.**

#### 1.4.3 Training of private health care workers in voluntary counseling and testing

**During Year 1**, 51 health care workers from selected companies and private health facilities have been trained in VCT training at the AIDS Information Center.

**Table 11: Number of service outlets offering VCT**

Indicator	Cumulative Total outlets	Annual target
Number of outlets offering VCT	29	20

#### VCT Challenges:

1. The three week VCT course at AIC though very comprehensive has been quite expensive and requires staff to stay long periods away from their companies, not realistic for many of our partner clinics.
2. Number of couples attending VCT continues to be below expectations.
3. Ensuring that every individual that tests positive at a health fair is referred and follow-up provided.

#### Recommendations:

1. Explore options with AIC to reduce the training course duration while maintaining the quality and/or seek other providers for VCT training.
2. Continue to implement specific interventions targeting couples to attend VCT; fourth quarter efforts have already shown promise in increasing couples counseling at healthfairs.
3. Develop a mechanism for follow up with those that test positive, particularly from health fairs. For example we are currently developing a plan with Tullow Oil to facilitate the referral to district facilities for test and follow up, while Tullow's clinic is undergoing the accreditation process.
4. HIPS will explore linking our sites to other sources of free test kits.

#### Key Activities for the Next Quarter:

- Procure Testing Kits and materials for selected company clinics.
- Start the process of updating the referral guide for peer educators at partner sites.

### 1.5. MALARIA

In Uganda, Malaria is still the leading cause of morbidity hence the greatest single disease responsible for reduction in productivity among the population and workforce. During Year 1, HIPS largely implemented activities on malaria prevention at the workplace through training, Peer education, IEC/BCC and promotion of the use of Long Lasting Insecticide treated Nets (LLINs). In July 2008, HIPS was awarded a \$130,000 USAID Presidential Malaria Initiative (PMI) grant to implement a program on prevention of



malaria in pregnancy in partnership with 10 private sector companies that are expected to contribute counterpart funding support on a 1to1 basis. Program implementation started in the 4<sup>th</sup> quarter of Year 1 and will continue into Year 2 of the HIPS Project.

**During Year 1**, HIPS implemented activities on malaria control in the following areas:

*1.5.1 Adapt Good Life 2 Module and existing IEC malaria materials to the needs of the HIPS Project*

**In Year 1**, the peer educators' manual was revised to include malaria. As part of the IEC materials a reference guide was developed to give simple everyday things the peer educators can do to prevent malaria in the community. Other IEC materials developed include posters and flyers for both the workplace and the community. Building on UHMG, the Good Life Television game shows and other videos on malaria were made accessible to companies for use during the lunch break video shows.

**During the fourth quarter**, 692 Peer educators from 13 companies were trained by HIPS, FUE and UMA.

**Table 12: Number of individuals trained (Peer Educators)**

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Peer educators trained this quarter	393	299	692	1502	
Annual total of peer educators trained	876	626		1502	1500

A three day workshop for the private sector was held in Jinja on 25<sup>th</sup> – 27<sup>th</sup> March 2008. The workshop mainly focused on ensuring proper diagnosis, treatment and control of malaria in the private sector companies. The 30 participants were drawn from private sector companies in Eastern Uganda and attendees included supervisory staff, peer educators and clinicians.

*1.5.2 Implement Good Life 2 Module in selected companies*

**In Year 1**, The Good Life module was adapted to cover all programs including malaria and is being implemented in companies where peer education is being done.

*1.5.3 Print and distribute generic (non-branded) malaria IEC materials*

**In Year 1**, in partnership with STF various IEC materials have been printed including those on malaria for both the health workers and community members. Video tapes on malaria have also been produced and given to companies and where possible companies are being encouraged to purchase copies.

*1.5.4 Establish linkages between HIPS and PMI's Malaria at the Workplace Program*

**During Year 1**, through various meetings and joint planning sessions the HIPS Health Services Team has worked with the USAID PMI's Uganda office to ensure support to the current workplace Malaria programs activities. This resulted in implementation of activities such as the prevention of malaria in pregnancy program and use of insecticide treated nets (ITNs) in private sector companies. HIPS has also participated in several meetings and workshops with the PMI team focusing on joint planning for the different Malaria Control initiatives with other USAID supported partners in Uganda.

*1.5.5 Conduct feasibility workshop of insecticide treated net subsidization for selected companies*

**During Year 1**, the HIPS TB/Malaria Technical Advisor and Corporate Marketing Officer have worked with over 25 companies on the procurement and distribution of subsidized LLINs from UHMG. Under this arrangement, 908 LLINs were directly sold to companies and staffs during health fairs. HIPS also procured from UHMG 5000 LLINs for the PMI prevention of malaria in pregnancy IPT program for distribution to partner companies at a subsidized rate (cost shared 50/50 between HIPS and Company). During the 4<sup>th</sup> quarter, HIPS distributed 500 LLINs and 200 LLINs to Tororo Cement factory and Kinyara



Sugar Works to be given free of charge to pregnant women attending ANC at the partner company health facilities.

#### 1.5.6 Organize supply and distribution of bednets at Finlays Tea, Kinyara Sugar and Tilda Rice

**During Year 1** HIPS supported the above companies with funds to procure and distribute subsidized bed nets (LLINs) for their employees. Companies including Kakira Sugar Works, KCCL, Tilda Rice and Hima Cement procured bed nets for distribution to staffs which they pay for in installments at a subsidized rate.

**During the fourth quarter**, HIPS supported Tororo Cement Company to procure long lasting insecticide treated bed nets from UHMG through a 50%:50% cost sharing partnership. The nets are being distributed free of charge to pregnant women attending ANC at Osukuru Health Centre III from Osukuru sub county of Tororo district.

**Table 13: Performance indicators for Malaria (2009 targets)**

Indicator	Quarterly Achievement	Cumulative Total	Annual Target (2009)
Number of SP tablets purchased	15,000	15,000	150,000
Number of women receiving IPT2 doses at existing / new workplace sites	138	648	10,000
Number of health facilities with water vessels and cups for IPTp DOTS	3	3	12
Number of ANC health workers trained in IPTp, Ipp3	60	60	120
Number of people reached with prevention messages on malaria	12,140	45,450	50,000
Number of subsidized LLIN procured and distributed to pregnant women	685	685	10,000

#### Challenges:

1. Many of the clinics in the private sector had no access to free anti malarials (Coartem) from the Ministry of Health recommended for treatment of un-complicated Malaria. Clinicians in the private sector were still using chloroquine, monotherapy or combinations not recommended for malaria treatment by MOH.
2. Most private providers were not doing any malarial test prior to diagnosis despite the presence of lab equipment in some of their facilities.
3. Many companies were hesitant to invest in procuring LLINs as they were considered too expensive.

#### Recommendations:

1. HIPS will encourage companies and Districts to provide Artemisinin Combination Therapy (ACT) for the treatment of malaria and will facilitate linkages between companies and the MOH to access free ACTs.
2. HIPS will work with our partner clinics and provide training to facilitate improved laboratory diagnosis for malaria prior to administering treatment.
3. HIPS will work with UHMG and other suppliers of LLINs to increase affordability of nets and will continue to broker costsharing arrangements with companies, especially for vulnerable groups.

#### Key Activities Planned for Next Quarter:

- Train peer educators using the 'Good Life at Work' module.
- Implementation of the PMI's IPT Program for prevention of Malaria in pregnancy at selected private sector companies and clinics.



## 1.6. TUBERCULOSIS

Tuberculosis (TB) is a major public health problem and responsible for approximately 50% of deaths among AIDS patients. In 2007, the NTLP report showed that the national TB case detection and treatment success rates were 50.4% and 66.4% against targets of 70% and 85% respectively. **During Year 1**, HIPS has continued to implement activities to support improving access to TB diagnosis and treatment among private sector companies through the following:

### 1.6.1 *Conduct situational analysis: assessment of interest in and needs for TB treatment in partner estates and 'Gold Star' company clinics*

**In Year 1**, HIPS carried out the needs assessment among Gold Star companies and clinics to determine the capacity and needs to offer services for TB control. Additionally, assessments were carried out at companies with the likelihood of having TB-infected individuals. All these companies have demonstrated interest in providing TB treatment within their health facilities.

### 1.6.2 *Prepare, pilot test and finalize TB training curriculum*

**In Year 1**, HIPS assisted Mildmay in developing the curriculum for the 5 day training of clinical personnel on diagnostics and treatment of tuberculosis, with approval by the Ministry of Health. This training curriculum was piloted among 24 participants within select companies. Subsequently, slight adjustments were made and the curriculum finalized.

### 1.6.3 *Conduct training of clinical personnel on TB diagnostics and treatment*

**During the fourth quarter**, HIPS organized a training of forty (40) health care staff in company and private clinics conducted in August 2008 at the Mildmay Centre. Thirty eight (38) participants successfully completed the course training.

### 1.6.4 *Assist with accreditation of companies' clinics for TB care and treatment*

**During the fourth quarter**, the National TB and Leprosy Program (NTLP) with support from the HIPS Project has conducted on site assessment of 13 partner private company health facilities to assess their suitability for accreditation as TB treatment Centers as per the NTLP policy and guidelines. A report released by the NTLP showed that 7 health facilities at partner private sector companies passed the accreditation process including Roofing's, Nile Breweries, James Finlay's Tea (Mwenge and Bugambe), Tilda Rice, Tullow Oil and at Tooro-Kahuna TAMTECO Tea. Recommendations were made to upgrade the rest of the facilities so as to make them ready for subsequent accreditation assessment.

### 1.6.5 *Investigate options for equipping labs at selected company clinics with basic equipment and reagents*

**In Year 1**, HIPS procured and distributed laboratory equipment including microscopes and reagents to be used for TB diagnosis and treatment to 10 private company facilities and clinics both existing and new. These included Dunavant Cotton mobile clinic, Nile Breweries, Hima Cement, Kitante Medical Centre, Kinyara Sugar, Goodwill Medical Centre, Ayira Clinic, Boots Clinic, Peoples clinic, and Kadic Clinic.

**In the fourth quarter**, the project received orders from three new partner company facilities and clinics. These include Lambu Health Centre, Rakai Medical Centre, and Wagagai Flower Company.

### 1.6.6 *Conduct peer educator training under Good Life I Module at selected companies for TB*

**During Year 1**, TB components were added to the Good Life peer education training.

**During the fourth quarter**, 692 Peer educators from 13 companies were trained by HIPS, FUE and UMA. Of these two hundred and ninety nine (299) were females and three hundred and ninety three (393) were males. This brings the total number of peer educators trained this year to 1,502.



1.6.7 *Open discussions with NTLP for a public-private mix referral system for diagnosis, treatment and monitoring*

**In Year 1**, during the months of April and May 2008, two meetings were held between the HIPS Project and the National TB and Leprosy Program that discussed how the private sector could partner with the Government to improve performance in TB Control in the country. The NTLP sees the role of HIPS as critical to improving case detection, referral and treatment, as they understand that many TB cases end up in the private sector.

**Table 14: Performance indicators for TB**

Table of indicators for TB Control	Quarterly Achievement	Cumulative Total	Annual Target
Number of workplace sites participating in PPM - DOTS	6	10	5
Number of workplace healthcare providers trained in PPM DOTS with USAID funding	38	62	40
Number of TB cases reported to NTP by USAID–assisted private sector workplace providers	15	62	50
Number of new smear -positive cases diagnosed by non–National Tuberculosis and Leprosy Program (NTLP) providers	10	57	30
Number of new smear positive cases who receive DOTS from non–NTLP providers	8	53	20

**Challenges:**

1. Low numbers of TB cases detection and treatment by the private sector facilities.
2. Lack of well trained clinical and laboratory staff among private health facilities in rural areas.
3. Poor TB data collection and reporting system from companies.

**Recommendations:**

1. HIPS will facilitate and support training of private clinicians and laboratory staff to improve detection and treatment of TB in the private sector.
2. HIPS will provide sensitization and training on TB among communities to improve awareness and detection.
3. HIPS will work with NTLP to print and distribute TB registers and forms to private sector facilities.

**Key Activities Planned for Next Quarter:**

- Conduct situational analysis: assess interest in and need for TB treatment in select company clinics
- Investigate options for equipping labs at select company clinics with basic diagnostic equipment and reagents
- Continue to conduct peer educator training under Good Life module at selected companies
- Procure and distribute TB registers and forms for the HMIS at selected company clinics
- Continue to work with the NTLP for a public-private mix referral system for diagnosis, treatment, monitoring and supervision of private health facilities.



## 1.7. REPRODUCTIVE HEALTH AND FAMILY PLANNING

Whereas family planning and reproductive health (FP/RH) have historically been viewed as the responsibility of the public sector, HIPS has taken major strides in improving provision of reproductive health services in the private sector among its partner companies. **During year 1**, HIPS' efforts in RH/FP have focused on community outreach and awareness, building capacity of partner companies' clinics to offer FP/RH services, and strengthening family planning referrals to other facilities. Demand for family planning services has increased over the year with moon beads, pillplan and condoms being the family planning methods most preferred in companies clinics. HIPS has also facilitated the acquisition of essential family planning products among companies, mitigating stock outs of family planning products.

### 1.7.1 Conduct training of company health providers on FP/RH products:

**During Year 1**, HIPS has partnered with UHMG to provide family planning training to selected health workers to upgrade knowledge and skills, improve quality and increase demand for FP; using the nationally approved FP training manual of the Ministry of Health. This year, 50 people from 23 companies benefited from this training.

### 1.7.2 Review existing training module for peer educators in RH/FP:

During **Year 1**, The UHMG's Good Life at Work module was adapted to cover all program areas including Family Planning and is being implemented in all peer education trainings.

### 1.7.3 Conduct training for community/peer educators in selected estates, "Gold Star" companies and small and average sized companies:

**During the fourth quarter**, 692 individuals attended peer education training that covered HIV/AIDS prevention, malaria, family planning and TB. The total of peer educators trained **this year** is 1,502.

**Table 15: Family planning indicators**

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Peer educators trained	393	299	692	1,502	
Number of counseling visits	104	290	394	850	300
Number of new acceptors	135	245	380	600	500
Regularity of contraceptive supply	80%		80%	80%	90%

**This quarter**, HIPS together with company clinics such as KCCL clinic, RoyalVanZanten clinic and Touch Namuwongo clinic conducted 12 community outreaches on reproductive health. This brings the total number of outreach activities **this year to 97**. Other outreach strategies included community videos conducted at five companies and health fairs. The outreaches specifically targeted communities with messages on family planning and reproductive health. Through peer educators (both from the company and community) health education talks were held, products shown and referrals made for those who wanted to take up family planning.

**Table 16: Number of community outreach activities**

Indicator	Quarterly total	Cumulative Total outreaches	Annual target
Number of community outreach activities	12	97	50

Through the sale of family planning products including injector plan (169 packs), pilplan (344), condoms (54,360) and moon beads (656), a total of 934 couple years of protection have been reached.



**Table 17: Couple years of protection**

Indicator	Quarterly total	Cumulative Total CYPs	Annual target
Couple years of protection	278	934	120

*(NB: One CYP equals 120 units of condoms, 4 doses injectables, 15 cycles of oral contraceptives, while natural methods, such as moon beads, have 1 CYP for each 2 trained adaptors).*

### **Challenge:**

1. It is still largely believed among some company decision makers that reproductive health issues should be addressed by the public sector and thus they may not be very willing to commit resources to support reproductive health programs in the company.
2. Low numbers of couples coming for FP counseling during the health fairs and at our partner sites.

### **Recommendations:**

1. HIPS will aggressively promote RH/FP in member companies. New FP products will be provided at subsidized costs to partners.
2. HIPS' increased attention to stock outs last quarter clearly improved supply at partner clinics; thus HIPS will continue to closely monitor stock and work with UHMG to ensure timely supply deliveries.
3. HIPS has added new RH programs to its menu of services and will be providing additional trainings in emergency obstetric care and post abortion care to clinicians in partner sites (pending approval in Year 2 workplan).
4. HIPS will provide separate tents for couple counseling during the Health fairs and provide incentives like LLITNs, T-shirts, etc, for couples that attend sessions.

### **Key Activities Planned for Next Quarter:**

- Conduct training of company health service providers on FP/RH products.
- In partnership with UHMG, procure and distribute RH/FP supplies for selected companies.
- Conduct training for community/peer educators in selected companies in RH/FP.
- Print and distribute job aids on FP for practitioners.
- Provide training to private practitioners in Emergency Obstetric Care (EmOC).

## **Task 2: Expand the number of Global Development Alliance (GDA) Partnerships**

The HIPS Project has continued to pursue its goal of expanding the number of public private partnerships using the GDA model as a framework for developing and sustaining multi-party partnerships. Appealing to both the business case and corporate social responsibility interests, HIPS has successfully created nine GDAs, leveraging over \$910,000 USD of corporate contributions to HIPS' \$278,000 USD investment, a 3 to 1 ratio. See appendix 4.

### **2.1. REVIEW GDAs DEVELOPED UNDER THE BUSINESS PART PROJECT AND CONDUCT NEEDS ASSESSMENT FOR ADDING NEW HEALTH SERVICES.**

**In Year 1**, HIPS reviewed all the five GDAs created under Business Part and successfully transformed all of them to offer integrated services that include Malaria, TB and RH/FP. Additionally, two companies, Nile breweries and Kakira sugar, have added programs that support OVC.



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**In the fourth quarter**, Two GDAs were reviewed -- one at Tullow Oil and the other at Nile Breweries. Tullow Oil and DED jointly conducted a survey within Tullow's new exploration block situated further north to determine the nature of health services and infrastructure that were available to the local population estimated to be over of 60,000. It was agreed that the partnership would be scaled up to cater for the health needs of this community. At Nile Breweries, interventions for next year will be targeted at extending VCT and treatment services throughout Nile's supply chain with whom awareness and prevention have been the areas of focus in Year 1.

## **2.2. PURSUE EXPANSION OF GDAS WITH CURRENT 'GOLD STAR' PARTNER COMPANIES FOR INCREASED SUPPORT TO COMMUNITY MEMBERS**

**In Year 1**, HIPS made the business case to all five previous Business Part 'Gold Star' companies to promote and support the extension of their services to the community. All these 'Gold Star' companies are now providing at a minimum, HIV/AIDS support to their surrounding communities, and four of them have included integrated services like Malaria, TB and RH/FP. HIPS considers all companies with GDAs to be in the 'Gold Star' category, which now includes nine companies (5 carried over from Business Part and 4 new under HIPS).

**In the fourth quarter**, four 'Gold Star' partners have been actively engaged in expanding the services offered under their workplace health programs to the community. Nile Breweries, Tullow Oil, James Finlays Tea and Kasese Cobalt Company have all started implementing the Malaria in Pregnancy IPT2 program to reduce the incidence of malaria amongst pregnant mothers within their communities. By making timely addendums to existing MOUs and using a revised menu of services that was reflective of costs, the team was able to successfully negotiate with these companies to scale up their investments.

## **2.3. IDENTIFY AND APPROACH SELECTED NEW COMPANIES FOR GDA PARTNERSHIPS**

**In Year 1**, HIPS engaged with seven new companies' top management to make the business case for extension of health services to employees' dependants and surrounding communities. All of these companies are interested in partnering with HIPS. Some engaged in small ways, starting off with HIV/AIDS workplace policies and peer education, whereas two others, Dunavant and UGACOF, have fully embraced the GDA model and are co-investing with HIPS to offer integrated services to their employees and communities.

**In the fourth quarter**, the partnerships team identified and approached four new companies for increased health support to their employees, dependants and surrounding communities. Financial losses due to HIV/AIDS were detailed at Uganda Clays, Nytil Garments, Picfare Stationery and Mukwano Industries. At Mukwano, the management is reluctant to provide medical services to the employees' dependants who are, at present, not covered by the company clinic. Currently HIPS is brokering a deal with the nearby Kibuli hospital to get a best rates offer for treating these dependants at an affordable fee that will be presented to Mukwano. The other three companies were pursued to initiate health programs and are currently finalizing their HIV/AIDS workplace policy drafts under HIPS' guidance.

## **2.4. SIGN MOUS AND BEGIN IMPLEMENTATION OF GDA PARTNERSHIP ACTIVITIES WITH AT LEAST FIVE COMPANIES**

**In Year 1**, nine GDAs were implemented with Ugandan businesses to extend integrated health services to employees and surrounding communities. These partnerships are governed by either MOUs and/or subcontract agreements. GDA partners include; James Finlays Tea, Nile Breweries, Kasese Cobalt Company, Tullow Oil, Kakira Sugar Works, RoyalVanZanten Flowers, Dunavant, Tilda Rice and Kinyara Sugar Works. Four of these partnerships have been newly initiated under HIPS whereas five of them were extended from the Business PART Project.



### Integrated Services at HIPS Partner Company Clinic

Company	Extending to Comm.	HIV	TB	Malaria	OVC	RH/FP
Dunavant Cotton	✓	✓				✓
James Finlays Tea	✓	✓	✓	✓		✓
Kakira Sugar	✓	✓	✓	✓	✓	✓
Kasese Cobalt Company	✓	✓	✓			✓
Kinyara Sugar	✓	✓	✓	✓		✓
Nile Breweries	✓	✓	✓		✓	✓
RoyalVanZanten Flowers	✓	✓				✓
Tilda Rice	✓	✓		✓		
Tullow Oil	✓	✓		✓		✓

All nine companies are serving the community in HIV. Eight have embraced RH/FP services. Five companies are offering extensive TB services to the community. Five have also joined the PMI program, specifically Prevention of Malaria in Pregnancy with IPT. Two have launched comprehensive OVC programs.

**In the fourth quarter**, one new MOU was signed with Kakira Sugar to extend health services to its catchment population by promoting health activities, like VCT and OVC support, beyond its traditional cane growing boundaries. UGACOF has purchased a container and is refurbishing it into a health center that will extend treatment to include non-employees. The container is being placed outside the company gates to allow community access. HIPS has played a critical advisory and brokerage role to UGACOF in the clinic design and placement, service offerings, and outsourcing options for its management.

**Table 18: Global Development Alliances Indicator Table**

Table of indicators for Global Development Partnerships	Quarterly total	Cumulative total	Annual Target
Number of workplace sites collaborating with USAID to offer expanded HIV/AIDS services to include the community	1	13	10
Number of existing and new workplace sites with integrated health services RH/FP, TB or malaria	1	28	25
Number of GDA partnerships developed according to USAID principles	4	9	5

#### Challenges:

1. Having analyzed the list of private sector members under FUE and UMA, the universe of large rural-based multinational companies whom HIPS can involve in GDA style partnerships that leverage significant resources, is shrinking. Additionally, each year HIPS is mandated to expand its partnership portfolio, but with the same amount of annual budgetary resources. The team therefore will need to find creative ways to leverage more funds.
2. HIPS' role as company advisor on cost effective approaches for providing health services depends on our ability to accurately and fully cost different approaches, such as in-house company clinic services, insurance schemes and other outsourcing models, like the cost to a company if all health services are referred offsite to nearby health facilities. The latter is difficult to ascertain and is often based on general hard-to-verify estimates.



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### Recommendations:

1. The team would like to pursue alternative GDA models that would seek to leverage funds from other sources such as foundations, NGOs and other bi-lateral and multi-lateral donors, that are channeling non USG funds to Uganda for HIV/AIDS specific activities, to support existing and new partnerships.
2. HIPS will carry out a study to develop a fixed case rate for the treatment of critical diseases at accredited private clinics. This will assist companies, especially the small and medium sized businesses without onsite clinics, in estimating the annual cost of a treatment commitment they would have to make if referring their clients to an offsite private facility.

### Key Activities Planned for Next Quarter:

- Continue dialogue with new companies like Mukwano and UGACOF for initiation of comprehensive health programs at their sites of operation that not only encompass their direct employees and dependants, but also bring on board their respective supply chains (informal sectors).
- The team will carry out a study to develop a standard case rate for the treatment of critical diseases at HIPS ART certified private clinics. This will assist companies in estimating the annual cost of any treatment commitments they would make by modeling the likely number of sponsored patients in treatment based on epidemiologic scenarios and determining a standard charge rate for each client seen.
- Over the next two quarters, a follow up to the study of the costs of HIV/AIDS to employers done by Boston University in 2004 will be carried out amongst Ugandan companies to understand what Ugandan companies are doing regarding the health of their employees, updating such information as percent offering VCT, ART, TB, malaria and RH/FP services.

A 2<sup>nd</sup> follow on study will be done with Hima Cement to quantify the annual costs associated with the death or medical retirement of employees due to chronic disease since the introduction of antiretroviral therapy for employees and dependents in 2004.

- Over the next two quarters, HIPS will identify and approach donor organizations/foundations for GDAs to augment our partnerships, which to date have solely relied on company contributions. HIPS is already detailing donor organizations/foundations operating in Uganda with non-USG resources.

In addition, HIPS will search for new partner companies with international links and contact their headquarter parent offices in the U.S and Europe to interest their local affiliates in engaging in CSR issues specifically around OVC. HIPS has already mapped out local companies with multinational links that will be pursued by subcontractor OAI to gain interest in these activities.

### **Task 3: Capacity Building- Support Initiatives to strengthen the private sector employers and worker organizations**

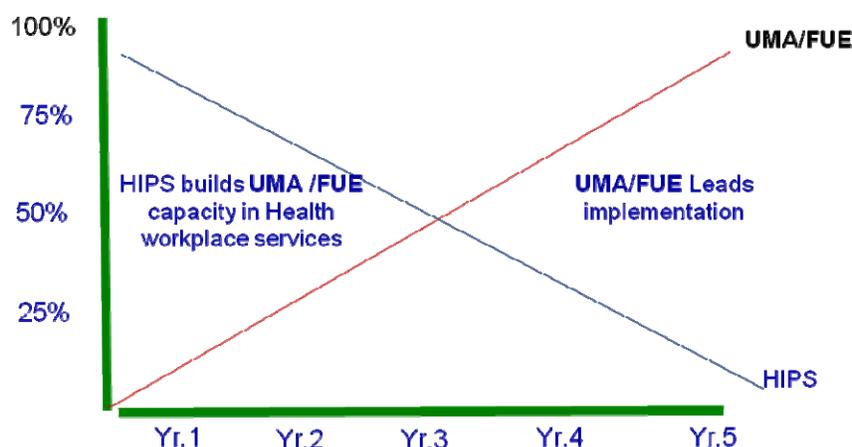
HIPS is committed to strengthening the capacity of local organizations to sustain workplace health programs beyond the HIPS project. During the first year of the project, the HIPS Capacity Strengthening Team established a strong working relationship with the two local organizations considered best positioned to assume this role: Federation of Ugandan Employers (FUE) and the Uganda Manufacturers Association (UMA) and with the Ministry of Gender Labor and Social Development. **During Year 1**, HIPS provided technical assistance to FUE and UMA in the areas of institutional, programmatic, and financial sustainability and built their capacity in health workplace programs.

Most significantly, HIPS worked with FUE and UMA's Executive Directors (EDs), the board members and the teams to develop a sustainability strategy. Separate strategic planning sessions were conducted with FUE and UMA staff to develop sustainability plans for carrying forward workplace health programs.



These sessions were chaired by the respective Executive Directors (EDs) and board chairmen to ensure their buy-in and stakeholder's involvement. See appendix 3

**The Evolution of Support vs. Lead Role**



### **3.1. DEVELOP A SUSTAINABILITY STRATEGY FOR FUE AND UMA**

*3.1.1 Conduct orientation meetings with FUE and UMA and establish a framework for continuing partnership under the HIPS project*

**In Year 1**, orientation meetings for both organizations were conducted and sub-agreements indicating the Scope of Work (SoW), roles and responsibilities of both parties were drawn and signed by both parties. During the year, activity implementation progressed based on the stipulated deliverables within the respective SoW for each partner.

*3.1.2 Assess needs assistance for HIV-related institutional capacity building at UMA and FUE*

**In Year 1**, HIPS developed a close working relationship with both FUE and UMA and together assessed their strengths and weakness. HIPS mentored FUE and UMA extensively to build their capacity in HIV related activities. Both organization have successfully conducted policy development, health fairs and peer education for multiply member companies.

*3.1.3 Make joint assessment of potential to increase revenue streams from current operations, and to expand product range and revenue base*

**During the fourth quarter**, HIPS engaged FUE and UMA top management on the issue of diversification of revenue streams. Three key strategies have been agreed upon:

- First the adoption of a health workplace menu of service in which these organizations would charge for their services
- Second, increased focus on soliciting and securing grants from other donors/foundations
- Third, a membership level for companies interested in CSR related services.

*3.1.4 Assist FUE and UMA to identify clients and to formalize the selection process for companies whom FUE charges for their services*

**In Year 1**, HIPS worked with both FUE and UMA to review their membership list and target companies to market health workplace programs under the 'Good Life at Work' platform. Additionally the regional conferences were used as vehicle to introduce and market these associations, aimed at bringing new members on board. So far, UMA and FUE have registered a total of 7 and 20 new members respectively.



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3.1.5 *Assist FUE and UMA to increase new sources of grant funding, by helping them to develop grant proposals to donor organizations.*

**In the fourth quarter**, to increasing new sources of grant funding, HIPS provided FUE and UMA with training in grant proposal writing and networking. Following the training, each organization has been tasked to develop two grant proposals to be submitted to prospective donors (World Bank, SIDA, DANIDA and others) as a key component of the overall sustainability plan. HIPS promoted FUE to a company managing a World Bank research project on CSR that subsequently hired FUE to conduct company interviews.

3.1.6 *Develop a plan to Strengthen and monitor financial sustainability of FUE and UMA*

**In the fourth quarter**, HIPS M&E advisor has worked with FUE and UMA to set up an effective monitoring system for health workplace programs. This will be rolled out in the first quarter of year two.

3.1.7 *Conduct capacity strengthening workshop for employer organizations.*

**In Year 1**, HIPS held capacity strengthening sessions with FUE and UMA, including executive director participation. Topics included development of HIV workplace policies, development of effective IEC materials, peer education training, grant and proposal writing, how to conduct research and report writing and overall sustainability planning.

## **3.2. EXPAND THE SCOPE OF PRIVATE EMPLOYERS' ORGANIZATIONS FOR WORKPLACE INTERVENTIONS**

3.2.1 *Establish a framework for partnership with PSFU and other employer organizations, and conduct orientation meetings*

**In Year 1**, a contact meeting was held between HIPS and PSFU; PSFU offered their members' contacts and encouraged HIPS to expand health workplace programs to farmers. PSFU executive director offered HIPS an opportunity to speak at the annual trade event to introduce the HIPS project. PSFU invited HIPS to present at their annual expo in June, attracting over 200 companies. In a bid to identify and organize technical assistance for other employer organisations, consultative meetings have been held with the Energy Institute of Uganda (EIU) and the Uganda Women Entrepreneurs Association Limited (UWEAL). HIPS will expand the scope of services that FUE and UMA are currently providing to at least one of these organisations to implement workplace health programs.

3.2.2 *Provide assistance to FUE and UMA in preparation of IEC materials*

**In Year 1**, FUE and UMA developed and pre-tested the "Good Life at Work" IEC materials with technical support from JHU/CCP. The HIPS team developed the creative briefs and held IEC "look and tell" strategic meetings with UHMG to check for appropriateness of the concepts behind the materials as regards workplace health interventions.

3.2.3 *Conduct meetings to facilitate subsidized commodity selling between UHMG and FUE/UMA*

**In Year 1**, UHMG presented to FUE and UMA a full range of the socially marketed products available. These products are detailed during the peer education trainings, regional conferences and health fairs as a way of promoting the "Good Life at Work" strategy as well as enriching the peer educators' product knowledge. Many member companies are already purchasing commodities through local vendors. UHMG together with FUE and UMA will continue to directly market low-cost commodities to member companies.



### *3.2.4 Assist FUE and UMA in conducting sensitization campaigns in companies and their communities on Malaria, RH and VCT*

**In Year 1**, HIPS supported FUE and UMA to conduct five health fairs. Of these one was supported by Tororo Cement factory, held in Tororo, while the others were regional health fairs held in Northern region (Lira), eastern region (Mbale), and Western region (Mbarara) attracting over 5,000 people. Each of these health fairs held information sessions on HIV prevention, malaria and RH/FP and included VCT where a total of 813 persons were counselled and tested.

### *3.2.5 Hold regional and annual conferences with peer educators and company supervisors to give technical updates*

**In Year 1**, HIPS assisted FUE and UMA to hold regional meetings that promoted the ‘Good Life at Work’ to new and existing company members. These events leveraged already trained peer educators participation and provided a venue to address challenges faced by peer educators and to provide updates. FUE hosted conferences in Lira and Mbale and UMA in Mbarara and Tororo.

### *3.2.6 Assist FUE and UMA to develop Monitoring forms for the peer educators*

**In the fourth quarter**, monitoring forms for FUE and UMA’s peer educators were developed, piloted and adapted for data management.

### *3.2.7 Assist UMA in preparation of peer education workshops on malaria, HIV and RH for 45 SMEs*

HIPS supported UMA and FUE to train peer educators for their respective members. During the year, FUE has trained 480 and UMA 168 peer educators from their member companies, any of which were SMEs. Both organizations have gained expertise in this area and will be leading peer education for 500 individuals in year two.

### *3.2.8 Assist UMA in conducting a study on best practices in HIV and Malaria programs at workplaces and on current involvement of companies in OVC and RH issues*

**In the third and fourth quarters**, HIPS assisted UMA in conducting a study on current involvement in OVC and RH issues. Finding from the OVC side indicate that 90% of companies support CSR activities, of those 80% have supported OVC activities at least once, typically with one-off donations. However, 20% have on-going OVC care and support programs. Regarding Reproductive Health, we found that 66% of the companies surveyed did not offer RH services. Of the 34% of the companies which offered RH services the majority (86%) offered these services only to their staff and immediate family members while 14% offered the services to the neighboring community. The RH report will be finalized in the first quarter of year two. UMA has very low capacity to take on such studies. In Year two, HIPS will work with UMA to increase their capacity in research as this is a key service area that many donors require.

## **3.3. STRENGTHEN INVOLVEMENT OF PRIVATE EMPLOYER’S ORGANIZATIONS IN NATIONAL HEALTH POLICY**

### *3.3.1-2 Establish a mechanism for collaboration with Ministry of Gender, Labor and Social Development to roll-out the national policy for HIV/AIDS in the workplace and conduct a workshop*

**In Year 1**, following the launch of the national policy for HIV/AIDS and the World of Work by the Ministry of Gender Labor and Social Development (MGLSD), HIPS, together with FUE and UMA facilitated a policy development workshop that attracted 90 participants from the private sector (including SMEs), government institutions and other development partners. The workshop aimed at creating an avenue for dialogue between the Government of Uganda (MoH and MGLSD) and private sector in the area of workplace HIV policy, OVC policy, and National Health Insurance. At the workshop, companies created action plans toward the development of company HIV/AIDS policies. To date, 23 companies have developed and implemented HIV/AIDS workplace policies.



### 3.3.3 Assist FUE to design policy development training program.

**In Year 1**, FUE conducted a policy development workshop in quarter 2, training 17 individuals. However, based on the workshop detailed above, FUE now has a more comprehensive workshop outline and training materials in which to conduct policy development training to their member companies, including SMEs. Policy development workshops will be conducted by FUE in year two.

**Table 19. Policy Systems Strengthening Indicators**

Table of Indicators for Policy/Systems Strengthening	Annual Achievement	Annual Target
Number of local organizations provided with TA by USAID for HIV related policy development	51	20
Number of individuals trained in HIV related policy development	107	20
Number of local organizations provided with TA by USAID for HIV related institutional capacity building	3	3
Number of individuals trained in HIV related institutional capacity building	9	9

#### Challenges:

1. Both FUE and UMA have not assigned full-time staff to work with the HIPS Project; and in some cases rely on consultants. This approach does not help FUE and UMA to institutionalize skills and knowledge for workplace health programming.
2. Health fairs are in demand from UMA and FUE companies; however the current PULSE model is too expensive and will not be sustainable for FUE and UMA.
3. Follow-up of trained peer educators remains a challenge, due to limited staff at FUE and UMA.

#### Recommendations:

1. Work with FUE and UMA to find a way to resource full-time staff to implement health workplace activities.
2. Develop a low-cost model of implementing health fairs within FUE and UMA.
3. Implement the newly developed monitoring system for FUE and UMA to ensure that activities are tracked against set indicators.

#### Activities Planned for the Next Quarter:

- Implement the sustainability plans developed for FUE and UMA to ensure institutional, programmatic and financial capacity is built to sustain workplace health programs.
- Assist FUE and UMA to each recruit and train two full time staff on workplace health programs.
- Assist FUE and UMA to analyze their member companies to identify those currently not served by HIPS and those with demand for Workplace Health Programs.
- Assist FUE and UMA to develop a marketable Menu of Services to promote workplace health activities among their membership.
- Mentor FUE and UMA in diversification of revenue streams to include mobilization of funds from other donors, revenue generated from the menu of services and overall increase in their membership.
- Assist FUE and UMA to implement an M&E system.
- Assist FUE and UMA to conduct Training of Trainers (ToTs).



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## Task 4: Develop Innovative and proven approaches to support OVC

During the year, HIPS has signed three grant agreements with Nile Breweries Ltd, Kakira Sugar Works (KORD) and Cornerstone Development. These three grants reached 1,468 OVC with care and support services, and trained 143 caretakers in OVC care and support. All grants utilized the matching grants program with HIPS contributing at total of \$59,000 and companies contributing over \$ 67,000. In addition, HIPS carried out an international and national level research on corporate investment in OVC care and support programs, findings of which have been used to design corporate engagement models that are being applied to leverage corporate participation in OVC care and support services.

### 4.1. RESEARCH BEST PRACTICES IN THE FIELD OF CORPORATE OVC PROGRAMS AND APPLY GLOBAL AND REGIONAL EXPERIENCE TO THE UGANDAN CONTEXT

**In Year 1**, HIPS carried out international and national level research on public private sector partnerships that support orphans and vulnerable children (OVC) activities. The objectives of this case study research included identification of projects and their approaches throughout the world that have private sector partners, who are directly supporting OVC activities, the identification of companies in Uganda supporting OVC activities, the nature of the support, and the best practices and/or weaknesses in their approaches. Findings of the study have guided HIPS in developing innovative corporate engagement models that will be used to guide comprehensive OVC care and support interventions within the private sector. These models include:

- **Corporate Sponsorship model** -- private sector partners provide cash and in-kind support to OVC implementing organizations often as part of their CSR program.
- **The Market Access model** -- an economic model that helps OVC households develop the capability to produce for markets and is linked to national and international markets.
- **Training / Jobs Creation model** -- provides training in marketable skills and links to the marketplace for OVC who have dropped out of school and their caretakers.
- **The Supply Chain model** -- company supply chain networks (often smallholder farmers who sell raw product to the company) are leveraged to identify and implement OVC care and support programs.

#### 4.1.1 *Design case study on best practice of corporate OVC programs globally and how these can be applied locally*

**In Year 1**, HIPS designed and carried out an international study on OVC involving both primary and secondary data collection and analysis. The International study on Corporate OVC indicated that Corporate OVC activities are few and limited, interventions were rarely comprehensive, OVC activities focused on one component of care and support or economic support, Companies utilize implementing organizations (NGO) to provide services to OVC. International Donors (or contractor) play a critical role in identifying corporate partners, orienting them to OVC best practices and linking them to capable implementing organization

#### 4.1.2 *Establish Criteria for assessing OVC programs*

**In Year 1**, HIPS developed criteria that are being used to assess community based OVC programs. The criteria are being used by HIPS as a quality assurance tool. The tool helps identify the services that companies provide to OVC, and gaps that HIPS could support to ensure comprehensive programming. Since the OVC program is anchored on the Ugandan Government National Strategic Program Plan of Interventions for OVC and the PEPFAR OVC Guide, the criteria embraces both primary direct service areas and supplemental service delivery.



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## 4.2. SUPPORT & EXPAND CURRENT CSR AND WORKPLACE PROGRAMS AMONG PARTICIPATING COMPANIES

### 4.2.1 *Investigate and assess existing OVC-related activities in participating Ugandan companies*

**In Year 1**, HIPS and UMA carried out a national study on OVC. Nearly 90% of the companies in the Uganda survey reported supporting CSR activities. Of those companies supporting CSR activities, 80% have supported OVC activities at least once, typically with one-off donations. However, 20% have ongoing OVC care and support programs. Also worth noting 75% of companies surveyed lack written policy, and budgets to guide CSR investments.

### 4.2.2 *Assist companies in developing workplace policies to aid OVC caretakers*

**During Year 1**, HIPS conducted a workshop where over 51 private for profit companies were oriented on the importance of the National HIV/AIDS workplace policy and the National OVC policy by the responsible Government representatives in the MLGSD. More specifically, the OVC presentation focused on the responsibility of the private sector in OVC care and support, guiding private for profit companies to design workplace policies that protect OVC and lobbying the private sector to allocate resources for comprehensive OVC care and support services. To date, five companies have embraced the OVC program and have included OVC activities in their corporate initiatives; Nile Breweries Ltd, Kakira Sugar Works, Cornerstone Development, Kasese Cobalt Company and HIMA Cement.

### 4.2.3 *Establish contacts with multinational corporations to explore potential for OVC programs*

**In Year 1**, HIPS has established contact with over 10 multinational companies as part of the OVC research and to explore opportunities to leverage CSR funds for OVC programs in Uganda. HIPS successfully secured funding from SABMiller and Cornerstone.

### 4.2.4 *Select 2 'Gold Star' Companies and 2 estates to support pilot programs for community OVC care*

**During Year 1**, Gold Star company Nile Breweries Ltd and two estate companies, Cornerstone Development and Kakira Sugar Works signed agreements with HIPS to implement OVC programs. The Nile Breweries partnership will involve implementing OVC care and support activities using the supply chain model with special focus on supporting established sorghum farmers' associations to identify over 200 OVC and caregivers. The Cornerstone partnership draws on both the corporate sponsorship and market access models to provide comprehensive services to over 500 OVC and to broker relations with local and international companies to purchase handicrafts produced by OVC households. The Kakira Sugar partnership applies the corporate sponsorship model, leveraging CSR funds from Kakira Out-growers Rural Development Fund (KORD) which consists of both company and farmer contributions to address community challenges.

## 4.3. EXPAND LINKAGES TO CARE AND TREATMENT FOR OVC IN COMMUNITIES

### 4.3.1 *Select a minimum of three out of seven PEPFAR –defined program areas and design strategies for implementing activities in these areas*

**In Year 1**, HIPS aimed at designing comprehensive OVC programs in partnership with companies and community based organizations that leverage each partners' competencies (skills) and resources. HIPS support focused on delivery of a minimum of three core program areas: psychosocial support for OVC and their households, socio-economic strengthening and health services. Equally important, the corporate partners and community based organizations have contributed additional skill and resources to extend services in areas such as education, shelter & care, food & nutrition and protection. All HIPS grants offer at least four of the seven core program area services to OVC and their households, using a family and community centered approach. All programs are complemented with development of partnerships and ensuring functional referral services to ensure delivery of totality of care.



#### 4.3.2 *Develop training curricula for OVC caretakers*

**In Year 1**, HIPS developed a training curriculum for OVC caretakers. The development of the training curriculum was preceded by a review of literature and the existing MGLSD OVC training manuals and guidelines. Some of the topics and contents were adopted from the existing training manuals developed by MGLSD, while other topics were developed from the identified needs from the community. Emphasis was placed on the development of partnerships to wrap around services as well as ensuring development of functional referral mechanisms.

#### 4.3.3 *Implement training courses for OVC caretakers in catchment areas of selected companies*

**During the fourth quarter**, HIPS sponsored training workshops for 120 OVC caretakers in OVC care and support for Kakira Sugar Works (KORD) and Nile Breweries' sorghum farmers, to equip caretakers with skills on how to provide care and support. The objective of the training included preparing caretakers for the task of providing OVC with care and support; enumerating the benefits of traditional practices, approaches and mechanisms in the delivery of OVC care and support; exploring the benefits of traditional aspects of grieving, coping with death and how to support OVC in the community; and to orienting OVC caregivers on the importance of referral for services for OVC.

**In Year 1**, HIPS developed and carried out a five-day training course for 143 OVC caretakers in OVC care and support, of which 80 were male, while 63 were female caretakers. The training methodology applied centered on basic adult learning principles, applied in line with the fact that one does not need to go to school to be able to take care of an OVC.

#### 4.3.4 *Introduce OVC-related care in pediatric AIDS treatment course for clinical personnel.*

**In Year 1**, HIPS collaborated with Mildmay to incorporate a component on psychosocial support into a Mildmay Pediatric training course to address psychosocial support needs of caretakers for HIV positive children. To date, Mildmay has trained 250 caretakers in psychosocial support using this curriculum.

### 4.4. IMPLEMENT SMALL GRANTS PROGRAM

Within the small grants program, HIPS' primary focus was on identifying companies that had the capacity to work with and support the community-based program, and the willingness to invest on a one-to-one matching grant basis with HIPS.

**In Year 1**, all grants utilized the matching grants program, with HIPS contributing \$59,062 and companies contributing \$ 67,240. These three grants reached 1,468 OVC with care and support services, and trained 143 caretakers in OVC care and support

#### 4.4.1 *Assess the needs of community organizations and NGOs for support of their OVC initiatives and design small grants program*

**Throughout Year 1**, HIPS collaborated with local organizations that work with OVC and their caregivers in the communities surrounding Kakira Sugar Works and Cornerstone Development. Initial pre-engagement visits were carried out among four organizations to identify the existing community support systems and needs of the community. In addition, district specific OVC mapping reports and strategic plans were obtained to guide planning and implementation. These visits were followed by a request to the company and the partnering CBO/ NGO to prepare a proposal, work plan and budget, which were reviewed to technical competence and subsequently matching funds provided.

**In the fourth quarter**, HIPS assessed the capacity and systems of Cornerstone Development in OVC care and support service delivery. A matching grant proposal was designed with a work plan based on the Nakasongola District OVC strategic plan. Following the assessment, HIPS has signed an agreement with Cornerstone Development Uganda; this \$47,000 grant will implement a comprehensive OVC program reaching over 500 OVC.



### *Development of documentation and data collection tools*

**During Year 1**, HIPS developed the data collection tools for use in OVC service delivery. These included the OVC bio data forms, home visit forms, school visit forms, and referral for services forms.

#### *4.4.2 Establish processes and systems for small grants program*

**During Year 1**, a grants manual was developed, which clearly spells out the soliciting process, evaluation of applications, negotiation of awards and how the grants component will be executed, monitored and evaluated. In addition, grant negotiation checklists, memorandum of negotiation and sample agreements were also developed and are being applied in the process of identifying sub-grantees.

#### *4.4.3 Launch small grants in selected pilot areas*

In Year 1, the small grants program has been launched with the signing of grant agreements with Nile Breweries Ltd, Kakira Sugar Works and Cornerstone Development Uganda. In each of the three grants signed the HIPS corporate engagement models of corporate sponsorship, supply chain and market access model will be used to deliver quality care and support services.

#### *4.4.4 Initiate development of a scheme for private matching grants to NGOs together with participating private companies*

**In Year 1**, all of the HIPS grant agreements were based on a matching fund basis. HIPS has invested a total of US\$59,062 and leveraged corporate investment of US\$ 67,240.

**Table 20. OVC Indicators**

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
No. of OVC served disaggregated by gender	652	816	1,302	1,468	1,000
Number of caretakers trained to care for OVC	80	63	120	143	50

### **Challenges:**

1. Companies are still more comfortable providing one-off donations for OVC in their communities.
2. An overwhelming number of OVC registered during the selection process.
3. Maintaining quality of services provided since more children are being orphaned due to HIV/AIDS.

### **Recommendations:**

1. HIPS will continue to advocate for companies to use their CSR funds more effectively with greater impact, steering them away from one-off activities to partnering with local CBOs and supporting comprehensive OVC programs.
2. HIPS will strengthen the referral mechanism for OVC that cannot be served by partner OVC programs to other stakeholders such as the district and local CBOs and NGOs.
3. HIPS will work with companies to build capacity of OVC households in socio-economic activities that will improve household incomes.

### **Key Activities Planned for Next Quarter:**

- Finalize the OVC selection process in Bunyoro and Lango regions (Nile Breweries).
- Train OVC caretakers in care and support for Cornerstone Development.
- Train teachers in Behavioral Change communication and psychosocial support (KORD).
- Train OVC in cognitive and life planning skills.



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- Broker partnerships with companies to test the Training/ jobs creation model.
  - Conduct quarterly progress and review meetings.
  - In partnership with Mildmay Center, conduct home-based care support supervision visits for trained primary caregivers.



## APPENDIX 1: HIPS ACCREDITED SITES 2008

### HIPS Accredited Sites 2008

No	Institution/Company	District
1.	Tropical Clinic	Wakiso
2.	Paragorn Hospital	Kampala
3.	Melissa Flowers	Wakiso
4.	Kasese Cobalt Company-community clinic	Kasese
5.	Kireka SDA Clinic	Mukono
6.	Busabala Road Nursing Home	Mukono
7.	Tamteco-Kiyamara	Mityana
8.	Tamteco-Toro Kahuna	Toro
9.	Tamteco-Mityana	Mityana
10.	A & M medical Centre/ Bweyogerere Medical centre	Mukono
11.	Prometra/Fiduga	Mpigi
12.	Ayira Nursing Home	Lira
13.	St. Martins Clinic	Mbale
14.	Santa Maria Medical center	Mityana
15.	Peoples Clinic, Kasanda	Mityana
16.	Goodwill nursing home	Kampala
17.	Safe Guard Nursing Home	Kampala
18.	Mirembe Medical Clinic	Wakiso
19.	Uganda Baati clinic	Kampala
20.	Taibah clinic	Kampala
21.	IAA lira clinic	lira
22.	Crown Beverages Limited	Kampala
23.	James Finlays Tea-Kiki	Kyenjojo
24.	James Finlays Tea-Bugambe	Kyenjojo
25.	James Finlays-Ankole	Kyenjojo
26.	James Finlays-Muzizi	Kyenjojo
27.	UgaRose	Wakiso
28.	Nakigalala tea estate	Wakiso
29.	Uganda Tourism company	Wakiso
30.	Kikyusa clinic	Luwero



### Other Previously Accredited HIPS/Business PART Partner Sites

No	Institution/Company	District
1.	Roofings	Wakiso
2.	Kadic clinic	Kampala
3.	Case medical clinic	Kampala
4.	International hospital	Kampala
5.	International medical centre	Kampala
6.	Sims medical centre	Kampala
7.	Nile breweries clinic	Jinja
8.	Fiduga clinic	Wakiso
9.	Royal Vanzanten	Mukono
10.	SAS Clinic	Kampala
11.	Hima cement	Kasese
12.	Mayanja memorial hospital	Mbarara
13.	AAR Main Branch Kampala	Kampala
14.	BAI Health & Medical Int. Centre	Kampala
15.	Finlays Tea Mwenge HCIII	kyenjojo
16.	IAA Jinja Clinic	Jinja
17.	Kinyara Sugar Works Health Centre	Jinja
18.	Luwero Industries Limited Clinic	Luwero
19.	Microcare Ltd Group of Providers	Country wide
20.	Hope Clinic Lukuli	Kampala
21.	IAA Kasese Cobalt Clinic	Kasese
22.	Sugar corporation (SCOUL)	Lugazi
23.	Wagagai Flowers	Wakiso
24.	St.Catherine's clinic	Kampala
25.	Boots clinic	Wakiso
26.	Kitante Medical Center	Wakiso
27.	Nakasongola Military Hospital	Luwero



## APPENDIX 2: HIPS PERFORMANCE MONITORING PLAN YEAR 1 RESULTS

USAID/ Uganda HIPS' Objectives	Technical Focus Areas	Indicators	Indicator Definition	Data Source	Frequency of Data Collection	Year 1 Result	Target Year 1	Target Year 2	Target Year 3	Notes
Strategic Objective 8: Improved Human Capacity										
Intermittent Result 8.1: Effective Use of Social Sector Services										
Task 1: Expand and strengthen access to and utilization of health and HIV/AIDS services in the private sector.	HIV/AIDS Prevention	Number of individuals trained to promote HIV/AIDS prevention through trainings organized by USAID	This will be a count of the number of peer or health care educators who have been trained in the delivery of prevention messages to a target audience focused on other behavior change beyond abstinence and/or being faithful. The number includes # of individuals who have undergone new training or refresher training. A training must have specific training objectives, a course outline, or curriculum, and expected knowledge, skills and/or competencies to be gained by participants. This measure will be disaggregated by sex.	training records	quarterly	1,502	1500	2,000	2,500	Target per year
		Number of individuals reached through community outreach prevention activities	This will be a count of the number of individuals who attended community outreach activities focused on other behavior change beyond abstinence and/or being faithful. Community outreach is defined as any effort to affect change that might include peer education, classroom, small group and/or one-on-one information, education, communication (IEC) or behavior change communication (BCC). This measure will be disaggregated by sex.	peer educator and training records, attendance numbers for outreach events	quarterly	174,405	260,000			Target per year
	HIV/AIDS Palliative Care: Basic Health Care and Support	Number of service outlets providing HIV-related palliative care with support from companies working with USAID	The indicator includes the total number of service outlets working with USAID that provide HIV-related care, including TB/HIV. A service outlet refers to the lowest level that offers at least one palliative care service. For clinical care activities, the lowest level that should be counted as a service outlet is typically a hospital, clinic or mobile unit. For community-based or home-based services, the lowest level that should be counted is a	service outlet and USAID reports	quarterly	28	20	30	40	Cumulative



USAID/ Uganda HIPS' Objectives	Technical Focus Areas	Indicators	Indicator Definition	Data Source	Frequency of Data Collection	Year 1 Result	Target Year 1	Target Year 2	Target Year 3	Notes
			service delivery location of the organization providing palliative care, e.g. office or mobile unit. Services include: clinical/medical care for opportunistic infections, psychological, spiritual, social or prevention care services for HIV+ patients and their families.							
		Number of unique individuals provided with HIV-related palliative care by service outlets supported by USAID	The total number of unique individuals receiving palliative care from facilities and or community/home-based organizations working with USAID. Palliative care services include: clinical/medical, psychological, spiritual, social and prevention care (refer to PEPFAR guidance for definition of services). To be counted an individual must be receiving at least one type of service. The indicator includes HIV-infected individuals receiving treatment for TB. The data is disaggregated by sex.	service outlet and USAID reports; patient records	quarterly	2,946	2,500	3,000	3,500	Cumulative
		Number of unique individuals trained to provide HIV-related palliative care through trainings organized by USAID or collaborating companies	This measure will be a count of the number of people trained for HIV-related palliative care for HIV-infected individuals (diagnosed or presumed) and includes those trained in facility-based, community-based and home-based care, including TB/HIV. Training on HIV-related palliative care should include one or more of the following service areas: clinical/medical including TB/HIV; psychological; spiritual; social and/or prevention care services. This measure will be disaggregated by sex.	training records	quarterly	203	200	250	300	Target per year
	HIV/AIDS Treatment	Number of individuals receiving antiretroviral therapy at the end of the reporting period as a result of USAID-supported interventions	ART refers to long-term combination antiretroviral therapy intended primarily to improve the health of the individual on treatment, not to prevent mother-to-child transmission. The indicator refers to a count of current clients - those initiated on antiretroviral therapy during a reporting period. Disaggregated by sex, age and pregnancy status.	patient and service site records	quarterly	2,363	3,150	3,500	4,500	Cumulative



USAID/ Uganda HIPS' Objectives	Technical Focus Areas	Indicators	Indicator Definition	Data Source	Frequency of Data Collection	Year 1 Result	Target Year 1	Target Year 2	Target Year 3	Notes
		Number of individuals who at the end of the reporting period have received AIDS treatment	ART refers to long-term combination antiretroviral therapy intended primarily to improve the health of the individual on treatment, not to prevent mother-to-child transmission. The indicator refers to the cumulative number of all those who have reported ART treatment status over the life of the USAID-supported activity. Disaggregated by sex, age and pregnancy status.	patient and service site records	yearly	2,931	3,500	4,000	5,500	Cumulative
		Number of individuals newly initiating antiretroviral therapy during the reporting period as a result of USAID-supported interventions	ART refers to long-term combination antiretroviral therapy intended primarily to improve the health of the individual on treatment, not to prevent mother-to-child transmission. The indicator refers to a count of <u>new</u> naive clients - those who initiated antiretroviral therapy during the reporting period. Disaggregated by sex, age and pregnancy status.	patient and service site records	quarterly	1,371	1,500	1,500	1,500	Target per year
		Number of service outlets offering ART	This indicator refers to the number of partner company clinics accredited by the Ministry of Health working with USAID that are providing ART services to employees according to national or international standards, dependents or community members.	patient and service site records	quarterly	28	25	30	35	Cumulative
		Number of unique individual health workers trained to deliver ART services according to national and/or international standards	The number includes both certified clinical and lay health workers who contribute to the development and implementation of ART services. The health workers should be sufficiently trained to take up a direct function in support of scaling up of ART services. Training includes training or retraining courses conducted according to national/international standards. Health workers include: physicians, medical officers, nurses, midwives, clinical officers, other health workers and lay staff in clinical settings, laboratory technicians and staff, pharmacy/dispensing staff, community treatment supporters (peer educators, outreach workers, volunteers, informal	training records	quarterly	151	150	200	250	Target per year



USAID/ Uganda HIPS' Objectives	Technical Focus Areas	Indicators	Indicator Definition	Data Source	Frequency of Data Collection	Year 1 Result	Target Year 1	Target Year 2	Target Year 3	Notes
	Counseling and Testing	Number of service outlets working with USAID that provide counseling and testing according to national and international standards	caregivers). This indicator will be disaggregated by sex. This will be a count of the number of locations providing basic counseling and testing for HIV. A service outlet refers to the lowest level of service - a health center, hospital, clinic, stand alone VCT center, or mobile unit. Counseling and testing activities include activities in which both HIV counseling and testing are provided to those who seek to know their status (as in traditional VCT) or as indicated in other contexts (STI or workplace clinics, diagnostic testing, etc.) The indicator does not include VCT services provided as part of a PMTCT program.	USAID records, site visits for quality assurance	quarterly	29	20	25	35	Cumulative
		Number of unique individuals who received training in counseling and testing for HIV according to national and international standards	The indicator refers to new training or retraining of unique individuals in counseling and testing according to national or international standards. A training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants.	training records	quarterly	51	50	50	50	Target per year
		Number of unique individuals who received counseling and testing for HIV and received their test results at VCT sites working with USAID.	The indicator will be a count and will require a minimum of counseling, testing and the provision of test results. Disaggregation by sex. The indicator does not track where the counseling and testing takes place. Thus workplace sites, partner VCT clinics, VCT day events and other similar venues should all be included.	site records, patient records	quarterly	11,441	2,500	3,000	3,500	Target per year
Task 1: Expand and strengthen access to and utilization of health and HIV/AIDS	Tuberculosis	Number of workplace healthcare providers trained in PPM DOTS with USAID funding.	USAID will target both existing company partners and new company partners. Health care providers include all staff providing health services, such as physicians, nurses, nurse aides, laboratory technicians, dispensers and clinical assistants. This	Workplace programs training and treatment reports; reports from site visits, refresher or quality	quarterly	62	40	75	90	Cumulative



USAID/ Uganda HIPS' Objectives	Technical Focus Areas	Indicators	Indicator Definition	Data Source	Frequency of Data Collection	Year 1 Result	Target Year 1	Target Year 2	Target Year 3	Notes
services in the private sector.			indicator will be disaggregated by sex and by type of provider.	assurance trainings; records of workplace program patients enrolled in PPM-DOTS (include names of providers overseeing treatment, providing referrals, etc.)						
		Number of TB cases reported to NTP by USAID-assisted private sector workplace providers	This indicator will describe the number of cases, disaggregated by sex, referred by private sector providers working with USAID. Non-NTLP providers refer to providers in the private sector and workplace programs outside the mainstream MOH system who have been given the skills to support the national program.	workplace site records (referral logs and patient records)	quarterly	62	50	100	150	Target per year
		Number of new smear-positive cases diagnosed by non-National Tuberculosis and Leprosy Program (NTLP) providers	This indicator will describe the number of cases, disaggregated by sex, diagnosed by private sector providers working with USAID. Non-NTLP providers refer to providers in the private sector and workplace programs outside the mainstream MOH system who have been given the skills to support the national program.	workplace site records and patient records	quarterly	57	30	50	75	Target per year
Task 1: Expand and strengthen access to and utilization of		Number of new smear-positive cases who received DOT from non-NTLP providers	Non-NTLP providers refer to providers in the private sector and workplace programs outside the mainstream MOH system who have been given the skills to support the national program.	workplace site records and patient records	quarterly	53	20	40	50	Target per year
	Malaria	Number of SP tablets purchased	Number of SP tablets purchased with USG funds	Stock cards, procurement delivery notes	quarterly	15,000	150,000			Target per year (a PMI Indicator)



USAID/ Uganda HIPS' Objectives	Technical Focus Areas	Indicators	Indicator Definition	Data Source	Frequency of Data Collection	Year 1 Result	Target Year 1	Target Year 2	Target Year 3	Notes
health and HIV/AIDS services in the private sector.		Number of women receiving IPT2 doses at existing and new workplace sites	Measures the number of pregnant women to whom IPT2 doses were dispensed to as a result of HIPS assistance	ANC register, reports	quarterly	648	10,000			Target per year (a PMI Indicator)
		Number of Health facilities with a functioning water vessel and cups for IPTp DOTS	Measures the number of Health facilities with a functioning water vessel and cups for IPTp DOTS	Activity reports review	quarterly	3	12			Target per year
Task 1: Expand and strengthen access to and utilization of health and HIV/AIDS services in the private sector.	Reproductive Health	Number of ANC health workers trained in IPTp, IPTp 3	Number of ANC health workers trained in intermittent prevention of malaria in pregnancy	Activity reports review	quarterly	60	120			Target per year (a PMI Indicator)
		Number of people reached with prevention messages on malaria	Measures the number of individuals who attended community outreach or training activities, organized and sponsored by companies working with the project, that focus on malaria prevention. The indicator may also estimate the number of viewers/listeners/readers reached through various media channels.	training records, event attendance estimates, circulation/subscription data for publications and printed materials	quarterly	45,450	50,000			Target per year (a PMI Indicator)
		Number of subsidized LLIN sold or distributed free to pregnant women	Measures the number of HIPS subsidized LLIN distributed to pregnant women for free	Facility records	quarterly	685	10,000			Target per year (a PMI Indicator)
		Number of counseling visits for Family Planning/Reproductive Health as a result of USAID assistance.	This indicator measures the number of persons who attend family planning sessions at HIPS-partner sites and receive information on birth spacing, method choices, available products and proper instructions for use.	clinic/health service center records	quarterly	850	300	500	700	Target per year
		Number of new acceptors to family planning registered at health service	New acceptors are defined as individuals who have not used family planning methods in the past three years. Modern family planning methods include: hormonal pills, injectables, IUDs, implants, injectables, injectables.	clinic/health service center records, Social Marketing Company (UHM/G)	quarterly	600	500	700	900	Target per year



USAID/ Uganda HIPS' Objectives	Technical Focus Areas	Indicators	Indicator Definition	Data Source	Frequency of Data Collection	Year 1 Result	Target Year 1	Target Year 2	Target Year 3	Notes
		sites supported by USAID.	condoms, moon beads, IUD, norplant, and permanent methods (vasectomy and tubal ligation). This indicator will be disaggregated by sex.	reports						
		Couple years of protection (CYP) through USAID-supported private sector sites	Estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. Estimated as 80% of new acceptors.	Social Marketing Company (UHMG) reports	annual	934	120	250	400	Target per year
		Number of community outreach activities to improve knowledge about family planning and contraception organized and sponsored by companies working with USAID.	Community outreach is defined as any effort to affect change that might include peer education, classroom, small group and/or one-on-one information, education, communication (IEC) or behavior change communication (BCC). This indicator will be a simple numerical value give by a count.	USAID reports	quarterly	97	50	100	150	Target per year
		Regularity of contraceptive supply in USAID-supported sites	Regularity measured as % of time partner clinics do not experience stock-outs of regularly stocked family planning items. The numerator will be the number of days reported with no stockouts of one or more FP items per quarter. The denominator will be the number of days per year (365).	USAID reports, site visits	quarterly	80%	90%	90%	90%	Target per year
		Number of service outlets working with USAID that provide condoms	This will be a count of the number of locations providing condoms. This involves all stationed distribution points and routine condom collection centers supported by USAID	USAID reports, site visits	quarterly	22		28	30	Cumulative
<b>Task 2: Expand the number of Global Development Alliance (GDA)</b>	<b>GDA</b>	Number of workplace sites collaborating with USAID to offer expanded HIV/AIDS services	Workplace sites may include employers HIPS is currently working with or new businesses. The menu of services provided by employers will vary and will depend on the level of commitment, willingness and ability to invest in healthcare services and support, and	USAID reports and health service site reports	quarterly	13	10	15	20	Cumulative



USAID/ Uganda HIPS' Objectives	Technical Focus Areas	Indicators	Indicator Definition	Data Source	Frequency of Data Collection	Year 1 Result	Target Year 1	Target Year 2	Target Year 3	Notes
Partnerships		to include the community	technical skills. Services may include counseling and testing, ART, palliative care, and commodity distribution, among others.							
		Number of GDA partnerships developed according to USAID principles	GDA principles include: Joint definition of the development problem and its solution; Working on development problems through innovative approaches; Sharing resources, risk and rewards through joint efforts; Leveraging of significant non-federal resources.	USAID reports	annually	9	5	10	15	Cumulative
Task 3: Capacity Building Support Initiatives to strengthen the private sector workers' organizations	Policy and Systems Strengthening	Number of existing and new workplace sites with integrated health services RH/FP, TB or malaria tailored to specific company needs, disaggregated by types of services	The number includes workplace sites supported by USAID. Integrated health service provision includes the ability to provide more comprehensive services at the premises of the health service site or the ability to refer patients for additional services to other facilities with which the sites have established a relationship and a procedure to track and follow up on referrals.	health service site and USAID reports	quarterly	28	25	30	35	Cumulative
		Number of local organizations provided with technical assistance by USAID for HIV-related policy development	Number of companies, workers' organizations, programs and other institutions to which USAID has provided assistance in the development of HIV/AIDS policies such as workplace policies, advocacy initiatives, protection of patient privacy policies, etc.	USAID reports	quarterly	51	20	25	30	Target per year
		Number of individuals trained in HIV-related policy development	Number of individuals, disaggregated by sex, who have participated in policy development trainings, peer education, workplace-based or community-based training activities related to HIV-policy development organized by USAID.	USAID reports, training reports	quarterly	107	20	25	30	Target per year
		Number of local organizations provided with technical assistance by USAID for HIV-	Technical assistance provided by USAID will be based on a needs assessment of the local organizations.	USAID reports	quarterly	3	3	3	3	Target per year



USAID/ Uganda HIPS' Objectives	Technical Focus Areas	Indicators	Indicator Definition	Data Source	Frequency of Data Collection	Year 1 Result	Target Year 1	Target Year 2	Target Year 3	Notes
		related institutional capacity building								
		Number of individuals trained in HIV-related institutional capacity building	The training provided by USAID will be based on needs assessment and may cover topics such as development and operationalization of HIV-related policies, cost-benefit analysis, donor policies and best practices in HIV/AIDS programming, facilitation of relationships between public and private sector organizations, health product procurement practices and international procurement mechanisms, among others. This indicator will be a simple count disaggregated by sex.	USAID reports	quarterly	9	9	15	20	Target per year
<b>Task 4: Develop Innovative and proven approaches to support orphans and other vulnerable children</b>	<b>Support to OVC and Caregivers</b>	Number of OVC served by companies or grantees working with USAID.	Services provided may include food/nutrition, shelter and care, protection, health care, psychosocial services, education and vocational training, and economic strengthening (per PEPFAR guidelines). This will be a count of OVCs receiving these services disaggregated by sex.	USAID reports	quarterly	1,468	1,000	1,500	2,000	Target per year
		Number of providers/caretakers trained by USAID in caring for OVC	Training provided by USAID may include formal training or peer education supported by USAID. The focus of the training will depend on an initial assessment of needs and capacities and will cover topics such as food/nutrition, shelter and care, protection, health care, psychosocial services, education and vocational training, and economic strengthening (per PEPFAR guidelines). This indicator will be a count disaggregated by sex.	USAID reports	quarterly	143	50	100	150	Target per year



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## APPENDIX 3: FUE AND UMA SUSTAINABILITY PLANS



## APPENDIX 4: HIPS YEAR 1 GDAS

### HIPS Year 1 Global Development Alliances

Company	Sector	Company Size (Small, Medium, Large)	Employees (Including Indirect Labor)	Catchment Area	Company's Annual Financial Contribution (\$USD)	HIPS' Annual Financial Contribution (\$USD)	Leverage Ratio (Company/ Other Donors vs. USAID/HIPS Contribution)	Company location by District
Dunavant Cotton	Cotton	Large/ outgrowers	100,020	500,000		26,334	4:1	Gulu, Oyam, Kitgum, Amuru, Adjumani, Pader, Abim, Amolatar
James Finlays Tea	Tea	Large/Estate	7,000	35,000		35,000	8:1	Kabarole, Kyenjojo, Bushenyi, Kibale, Hoima
Kakira Sugar Works Limited	Sugar	Large/ Estate	5,000	25,000		35,408	1:1	Jinja
Kasese Cobalt Company Limited	Mining	Medium	400	32,000		19,747	1:1	Kasese
Kinyara Sugar Works Limited	Sugar	Large/Estate	6,000	30,000		16,392	1:1	Masindi
Nile Breweries Limited	Beverage	Medium/ Outgrowers	9,640	48,200		61,406	1.5 : 1	Pallisa, Nebbi, Dokolo, Soroti, Budaka, Jinja, Mbale
RoyalVanZanten Flowers Limited	Flower exports	Medium	500	5,500		20,592	1:1	Mukono
Tilida Rice Uganda	Rice	Large/Estate	800	5,000		16,000	2:1	Bugiri
Tullow Oil	Oil exploration	Large	200	31,000		48,000	2:1	Hoima
<b>TOTAL</b>			129,560	711,700	910,039	278,879	3:1	

Company and Donor contributions are documented in MOU and/or subcontracts  
Catchment Area represents number of people that can potentially be reached



## APPENDIX 5: HIPS MENU OF SERVICES

HEALTH SERVICES	HIV/AIDS	TB	MALARIA	OVC	FPI/RH	DESCRIPTION
WORKPLACE POLICY DEVELOPMENT	✓	✓	✓	✓	✓	Developing HIV/AIDS , TB, Malaria, FP/RH, OVC workplace policies. Enhancing local organizations' capacity to implement workplace programs
PEER EDUCATION	✓	✓	✓	✓	✓	Training of Trainers, Training of employees, support staff and community members to share health information and refer
HEALTH FAIRS	✓	✓	✓	✓	✓	Employee & Community Entertainment & Education fun day focused on health issues and products. Includes VCT
VOLUNTARY COUNSELING & TESTING	✓	✓				Community outreaches, Onsite facility-based VCT, pre and post counseling, Provision of Counselor s and Test kits
HEALTH COMMUNICATION MATERIALS	✓	✓	✓	✓	✓	Handbooks, Job Aids, Brochures, Posters, Banners, Leaflets, Charts, Flyers, DVDs, Cassettes, Screensavers.
LOW COST HEALTH COMMODITIES	✓		✓	✓	✓	Long lasting Treated mosquito nets, Moon beads, Water purifier, Condoms, Oral Rehydration salts & contraceptives
PRIVATE CLINICS MOH ACCREDITATION	✓	✓				Collaborate with Ministry of Health to accredit Private health providers receive drugs and establish referral links
ACCESS TO FREE ARV'S/TB DRUGS/IPT2 FOR MALARIA	✓	✓	✓			Linkages, Trainings & technical assistance to receive free MOH ARV's & TB drugs. Support for pregnant mothers
LAB. EQUIPMENT & TRAINING	✓	✓	✓		✓	Equipment (e.g. microscope, colorimeter), Reagents for diagnosis & treatment of TB, Malaria & some STI's
CLINICAL & COMMUNITY BASED TRAININGS	✓	✓	✓	✓	✓	Trainings in the Use of ARV's, TB, Palliative Care, Counseling & Testing, and Pediatrics. Also entails Training of OVC Care givers



## APPENDIX 6: HIPS PEER EDUCATION AND HEALTH FAIRS

Name of Company	Peer Education		Total PE	VCT (health fair & clinics)		Total VCT	HIV Positive		
	Male	Female		Male	Female		Male	Female	Total
Roofings				281	97	378	14	6	20
Royal Van Zanten	68	113	181	84	139	223	7	18	25
Kakira Sugar Works	52	26	78	136	104	240	5	5	10
Federation of Uganda Employers	54	106	160			0			
Tulow Oil	120	58	178	354	399	753	29	62	91
Finlays Limited	122	54	176	1172	659	1831	50	78	128
Kasese Cobalt Company Limited	37	13	50	0	0	0	0	0	0
Kinyara Sugar	14	34	48	306	223	529	22	19	41
International Hospital Kampala	12	28	40	131	183	314	8	18	26
Mt. Elgon Ochards	70	42	112	0	0	0	0	0	0
TAMTECO	50	50	100	143	71	214	8	16	24
Hima Cement	26	32	58	193	235	428	10	18	28
Uganda Manufacturing Assoc.	86	34	120			0			0
North Bukedi	61	6	67						0
Living Goods	0	22	22			0	0	0	0
Nile Breweries	104	8	112	502	647	1149	26	57	83
<b>Total VCT Health Fairs</b>	<b>876</b>	<b>626</b>	<b>1502</b>	<b>3302</b>	<b>2757</b>	<b>6059</b>	<b>179</b>	<b>297</b>	<b>476</b>
<b>Total VCT HIPS Partner Clinics</b>				<b>2424</b>	<b>2958</b>	<b>5382</b>	<b>197</b>	<b>302</b>	<b>499</b>
<b>Total VCT (Health Fairs and Clinics)</b>				<b>5726</b>	<b>5715</b>	<b>11441</b>	<b>376</b>	<b>599</b>	<b>975</b>



## APPENDIX 7: HIPS WORKPLAN YEAR 1

TANGIBLE RESULTS	Activity No. #	MAJOR ACTIVITIES	TIMELINE												Responsibility	
			O	N	D	J	F	M	A	M	J	J	A	S		
<b>Project Start-Up: Administration, Staffing, Management etc.</b>																
Mobilize the Team	1	Conduct kick-off meetings with subcontractors; establish calendar of start-up events; sign subcontracts; establish Project Management Systems and Routines; initiate hiring of the staff; field project coordinator to Uganda														Project Manager; Project Coordinator
	1	Register EMG in Uganda; open bank account; establish office; procure IT and other equipment; operationalize HIPS project administrative routines; identify needs for support staff; advertise, interview and hire; develop first year Workplan & PMP; develop Small Grants Manual														COP; Project Coordinator; M&E Specialist
Mobilize Stakeholders	1	Define list of HIPS priority partner companies														COP; Program Manager and Coordinator;
	2	Re-establish contacts with selected companies from the Business Part project list														Partnerships Program Specialist;
	3	Conduct informational visits to newly selected companies														Technical Team Leaders
	4	Develop a comprehensive master template for MOUs with participating companies														
	5	Conduct orientation meetings with UMA, FUE, PFSU, local resource firms (such as UHMG) and relevant donor-funded health projects in Uganda														
<b>Task 1: Expand and strengthen access to and utilization of health and HIV/AIDS services in the private sector</b>																
Coordination	1	Establish collaboration mechanisms with the Ministry of Health, National AIDS authorities and AIDS Information Center for quality control and supervision														COP; Health Services Team Leader
	2	Assign a part-time sales representative from UHMG to the HIPS project and plan health commodity sales visits to selected companies														
	3	Refine checklists for working with selected companies														
	4	In coordination with DED and other donors, investigate options to place designated technical advisors in selected agricultural partner company estates														
	5	Assess capacity and attitudes of estates to provision of four categories of services (HIV, TB, Malaria and FP)														
	6	Review company health services and commodity plans, and where necessary establish criteria and mechanisms for subsidization of commodities for selected companies														
	7	Organize centralized printing of IEC materials at Straight Talk														



TANGIBLE RESULTS	Activity No. #	MAJOR ACTIVITIES	TIMELINE												Responsibility	
			O	N	D	J	F	M	A	M	J	J	A	S		
HIV/AIDS Prevention	1	Develop Good Life 1 Module (covering HIV and TB) and associated IEC plans and materials														JHUCCP; Health Services Team Leader; IEC/BCC Manager
	2	Develop training plans for individual companies														
	3	Select peer educators among employees of participating companies														
	4	For outgrowers: Conduct qualitative research to establish who to select for peer educators (lead farmers/site coordinators)														
	5	Mobilize selected educators														
	6	Conduct training of approx 500 peer/community educators under Good Life 1 Module														
	7	Begin refresher training for peer educators														
	8	Conduct three Health Fairs at three selected estates														
HIV/AIDS Palliative Care and Support	1	Identify community care givers to be trained in selected companies' catchment areas														OVC Program Manager
	2	Conduct training for community care givers in home-based care and psycho-social support														
HIV/AIDS Treatment/ARV Services	1	Develop job aids for HIV treatment providers														Health Services Team Leader; The Mildmay Centre
	2	Provide training to private practitioners on AIDS treatment														
	3	Provide training to private practitioners on pediatric AIDS treatment														
	4	Provide refresher training to practitioners trained under Business PART project														
	5	Provide training on PMTCT, nutritional care, and clinical care products to practitioners														
	6	Provide assistance with accreditation of clinics in selected companies														
	7	Develop Patients' Adherence Calendar for practitioners														
	8	Provide training to laboratory technicians, dispensers and record-keeping personnel in ART logistics and HMIS														
	9	Facilitate linkages between smaller companies with no on-site treatment clinics, and organizations that could provide these services														
	10	Support referral system for CD4 tests and other test necessary for patient follow up														
Voluntary Counseling and Testing (VCT)	1	Assess referral system for migratory workers and develop guidelines for system strengthening														Health Services Team Leader
	2	Organize 4 VCT Days at selected companies														
	3	Develop a referral guide for peer educators at outgrowers sites														
Malaria	1	Adapt Good Life 2 Module and existing IEC materials on malaria to the needs of HIPS Project													JHUCCP; TB and	



TANGIBLE RESULTS	Activity No. #	MAJOR ACTIVITIES	TIMELINE												Responsibility	
			O	N	D	J	F	M	A	M	J	J	A	S		
	2	Implement Good Life 2 module in selected companies														Malaria Management Specialist
	3	Print and distribute generic (non-branded) malaria IEC materials														
	4	Establish linkages between HIPS and PMI's Malaria at Workplace Program														
	5	Conduct feasibility workshop of bednet subsidization for selected companies														
	6	Organize supply and distribution of bednets at Finlays Tea (2000), Kinyara (2000), and Tilda Rice (2000)														
Tuberculosis	1	Conduct situational analysis: assessment of interest in and needs for TB treatment in partner estates and 'Gold Star' company clinics														TB and Malaria Management Specialist; International Union for TB and Leprosy; Mildmay Centre
	2	Prepare, pilot-test and finalize TB training curriculum														
	3	Conduct training of clinical personnel on TB diagnostics and treatment														
	4	Assist with accreditation of companies' clinics for TB care and treatment														
	5	Investigate options for equipping labs at selected companies' clinics with basic diagnostic equipment and reagents														
	6	Conduct peer educator training under Good Life 1 module at selected companies														
	7	Open discussions with the NTLF for a public-private mix referral system for diagnosis, treatment and monitoring														
Reproductive Health/Family planning	1	Conduct training of company health services providers on FP/RH products (upon purchase from UHMG)														JHUCCP; UHMG; IEC/BCC Manager; Health Services Team Leader
	2	Review existing training module for community peer educators in RH/FP and make necessary adjustments														
	3	Conduct training for community/peer educators in selected estates, 'Gold Star' companies and Small and Average Size companies.														
	4	Develop job aids on FP for practitioners														
	5	Distribute RH/FP materials by mobile VCT units among outgrowers														
<b>Task 2: Expand the number of Global Development Alliance (GDA) partnerships</b>																
Development of Alliances	1	Review GDAs developed under the Business PART Project and conduct needs assessment for adding new health services														COP; Public-Private Partnerships Team Leader; O'Brien
	2	Pursue expansion of GDAs with current 'Gold Star' partner companies for increased support to community members														



TANGIBLE RESULTS	Activity No. #	MAJOR ACTIVITIES	TIMELINE												Responsibility		
			O	N	D	J	F	M	A	M	J	J	A	S			
	3	Identify and approach selected companies for GDA partnerships															and Associates International
	4	Sign MOUs and begin implementation of GDA partnership activities with at least 5 companies															
<b>Task 3: Capacity Building - Support initiatives to strengthen the private sector workers' organizations</b>																	
Develop Sustainability Strategy for FUE and UMA	1	Conduct orientation meetings with FUE and UMA and establish a framework for continuing partnership under the HIPS project															Policy and Capacity Strengthening Team Leader
	2	Assess needs for assistance for HIV-related institutional capacity building at UMA, FUE and PSFU															
	3	Make joint assessment of potential to increase revenue streams from current operations, and to expand product range and revenue base															
	4	Assist FUE to identify clients and to formalize the selection process for companies whom FUE charges for their services															
	5	Assist FUE and UMA to increase new sources of grant funding, by helping them to develop grant proposals to donor organizations															
	6	Develop a Plan to Strengthen and Monitor Financial Sustainability of FUE and UMA															
	7	Conduct capacity strengthening workshops for employers associations															
Expand the scope of private employers' organizations for workplace interventions	1	Establish a framework for partnership with PSFU and other employer organizations, and conduct orientation meetings															Policy and Capacity Strengthening Team Leader
	2	Provide assistance to FUE and UMA in preparation of IEC materials															
	3	Conduct joint meetings with the Global Fund, the National TB and Leprosy Program and employers' organizations to facilitate procurement of low- and no- cost commodities for workplace and community interventions															
	4	Conduct meetings to facilitate subsidized commodity selling between UHMG and FUE/UMA															
	5	Assist UMA in conducting sensitization campaigns in SMEs and their communities on Malaria, RH and VCT															
	6	Hold regional and annual conferences with peer educators and company supervisors to give technical updates															
	7	Assist FUE and UMA to develop monitoring forms for peer educators															
	8	Assist UMA in preparation of peer education workshops on malaria, HIV and RH for 45 SMEs															
	9	Assist UMA in conducting a Study on Best Practices in HIV and Malaria Programs at Workplaces															



TANGIBLE RESULTS	Activity No. #	MAJOR ACTIVITIES	TIMELINE												Responsibility		
			O	N	D	J	F	M	A	M	J	J	A	S			
		and on Current Involvement of Companies in OVC and RH issues															
Strengthen involvement of private employers' organizations in national health policy Issues	1	Establish a mechanism for collaboration with the Ministry of Gender, Labor and Social Development to roll-out the new national HIV/AIDS in the Workplace Policy															Policy and Capacity Strengthening Team Leader
	2	Conduct a conference/workshop on policy development with stakeholders from the private sector, government and donors															
	3	Assist FUE to design Policy Development training programs for SMEs															
<b>Task 4: Develop innovative and proven approaches to support orphans and other vulnerable children</b>																	
Research best practices in corporate OVC programs; apply global and regional experience to Ugandan context	1	Design case study on best practices of corporate OVC programs globally, and how these can be applied locally															OVC Program Manager
	2	Establish criteria for assessing OVC programs (e.g. community coverage; type of services provided; number and type of health services provided, etc.)															
	1	Investigate and assess existing OVC-related activities in participating Ugandan companies															OVC Program Manager; O'Brien and Associates International
Support and expand current CSR and workplace programs among participating companies	2	Assist companies in developing workplace policies to aid OVC caretakers															
	3	Establish contacts with multinational corporations in US and Europe (possibly parent companies of selected Gold Star companies and Estates) to explore potential for OVC-related programs in Uganda															
	4	Select 2 'Gold Star' companies and 2 estates to support pilot programs for community OVC care															
Expand linkages to care and treatment for OVC in communities	1	Select a minimum 3 out of 7 PEPFAR-defined program areas and design strategies for implementing activities in these areas															OVC Program Manager; Mildmay Centre
	2	Develop training curricula for OVC caretakers															
	3	Implement training courses for OVC caretakers in catchment areas of selected companies															
	4	Introduce OVC-related care in pediatric AIDS treatment course for clinical personnel															
Implement small grants program	1	Assess needs of community organizations and NGOs for support of their OVC initiatives and design small grants program															OVC Program Manager
	2	Establish processes and systems for the small grants program - issuing the procurement notices, reviewing applications, and selecting awardees															
	3	Launch small grants program in selected pilot areas															



TANGIBLE RESULTS	Activity No.#	MAJOR ACTIVITIES	TIMELINE												Responsibility			
			O	N	D	J	F	M	A	M	J	J	A	S				
	4	Initiate development of a scheme for private matching grants to NGOs together with participating private companies																



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## **APPENDIX 8: FINANCIAL REPORT**

Please see attached Excel file.