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THE HIPS PROJECT FOURTH QUARTER AND ANNUAL REPORT FY 2009

OCTOBER 2008 – SEPTEMBER 2009



The Minister of Health, Hon. Dr. Steven Malinga undergoing HIV Counseling and Testing at the Roofings Health Fair. 500 People received HCT services at the Fair.

October 2009

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TABLE OF CONTENTS

ACRONYMS	III
EXECUTIVE SUMMARY	1
PRINCIPAL ACHIEVEMENTS AND SUCCESS STORIES	2
PROJECT ADMINISTRATION	4
TECHNICAL PROGRESS	5
COORDINATION.....	5
TASK 1: EXPAND AND STRENGTHEN ACCESS TO AND UTILIZATION OF HEALTH AND HIV/AIDS SERVICES IN THE PRIVATE SECTOR	6
1.1. HIV/AIDS Prevention.....	6
1.2. HIV/AIDS related Palliative care.....	10
1.3. HIV/AIDS Treatment/ARV services	13
1.4. Voluntary counselling and Testing	17
1.5. Malaria.....	19
1.6. Tuberculosis	21
1.7. Reproductive Health and Family Planning	24
TASK 2: EXPAND THE NUMBER OF GLOBAL DEVELOPMENT ALLIANCE (GDA) PARTNERSHIPS	27
2.1. Define a HIPS target list and identify GDA and non-GDA (less than 1:1 match) companies to prioritize for partnerships	28
2.2. Review existing partnerships and GDAs developed under the HIPS Project and conduct needs assessment for adding new health services, beneficiaries and OVC support.....	28
2.3. & 2.4. Conduct research on private non-profit organizations and foundations to explore GDA type opportunities & Approach and Pursue establishment of GDAs with private non-profit organizations and foundations for increased support to the informal sector.....	28
2.5. & 2.6. Partner and Implement activities with at least 10 new companies as detailed in the HIPS menu of services & Sign MOUs and begin implementation of GDA partnership activities with at least 3 companies and 2 private non-profit organizations.....	29
2.7. Finalize and refine the HIPS menu of services cost sheet and company comprehensive spreadsheets highlighting resources leveraged per partner	29
2.8. Conduct an analysis of Ugandan companies engaging in health workplace programs to determine impact.....	29
2.9. Establish comprehensive master library of MOUs with partnering companies and organizations for future reference and adoption by FUE and UMA	30
2.10. Engage insurance firms to provide comprehensive health cover that includes HIV/AIDS to their clients in both the formal and the informal sector.....	30
TASK 3: CAPACITY BUILDING- SUPPORT INITIATIVES TO STRENGTHEN THE PRIVATE SECTOR EMPLOYERS AND WORKER ORGANIZATIONS.....	32
3.1. Develop sustainability strategy for FUE and UMA.....	33
3.2. Expand the scope of private employer organizations for workplace interventions	34
3.3. Strengthen involvement of private employers' organizations in national health policy issues	36
TASK 4: IMPLEMENT INNOVATIVE APPROACHES TO SUPPORT ORPHANS AND VULNERABLE CHILDREN THROUGH THE PRIVATE SECTOR	38
4.1. Expand linkages to care and treatment for OVC in communities.....	38
4.2. Implement small grants program focused on comprehensive OVC care and support using corporate engagement models	42
ANNEX 1: HIPS ACCREDITED PARTNER SITES 2007 – 2009	45
ANNEX 2: HIPS PMP	48
ANNEX 3: HIPS STUDIES EXECUTIVE SUMMARIES	57
IMPACT OF ART ON EMPLOYER COSTS RELATED TO AIDS	58



DEVELOPMENT OF CASE RATES FOR HIV TREATMENT AND CARE AT CERTIFIED PRIVATE CLINICS	59
THE ROLE OF UGANDAN BUSINESSES IN PROVIDING HEALTH SERVICES: REPORT OF A SURVEY OF UGANDA EMPLOYERS ON EMPLOYEE ATTRITION, SICK LEAVE AND HEALTH SERVICES PROVIDED	61
ANNEX 4: HIPS COMPANY LEVERAGE	63
ANNEX 5: HIPS MENU OF SERVICES	65
ANNEX 6: HIPS YEAR 2 WORKPLAN	66



ACRONYMS

AIC	AIDS Information Center
ANC	Antenatal Care
ART	Anti-Retro Therapy
ARV	Anti-Retro Viral
BCC	Behavior Change Communication
CBO	Community Based Organization
CD4	Cluster of Differentiation 4
CDFU	Community for Development Foundation
COP	Chief of Party
COPE	Community-based Orphan Child Protection and Empowerment
CSR	Corporate Social Responsibility
DCOP	Deputy Chief of Party
DED	Deutscher Entwicklungsdienst (German Development Agency)
DOTS	Directly Observed Treatment
EMG	Emerging Markets Group
EmOC	Emergency Obstetric Care
FUE	Federation of Uganda Employers
GDA	Global Development Alliance
GOU	Government of Uganda
HIPS	Health Initiatives for the Private Sector
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HR	Human Resources
IAA	International Air Ambulance
IDI	Infectious Disease Institute
IEC	Information, Education and Communication
ILO	International Labour Organization
IPT	Intermittent Preventive Treatment
ITN	Insecticide-Treated Net
JCRC	Joint Clinical Research Center
JHUCCP	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
KAP	Knowledge, Attitudes and Practices
KCCL	Kasese Cobalt Company
M&E	Monitoring and Evaluation
MGLSD	Ministry of Gender, Labour and Social Development
MNC	Multi-National Corporation
MOH	Ministry of Health
MOU	Memorandum of Understanding



NGO	Non Governmental Organizations
NMS	National Medical Store
NSPPI	National Strategic Programme Plan of Interventions
NTLP	National TB and Leprosy Program
OAI	O'Brien & Associates International, Inc.
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PAC	Post Abortion Care
PART	Preventing AIDS and Accelerating Access to Anti-Retroviral Treatment
PEP	Post Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
POL	Popular Opinion Leaders
PPM-DOTS	Public-Private Mix – Directly Observed Therapy
PSFU	Private Sector Foundation - Uganda
RH/FP	Reproductive Health / Family Planning
RVZ	Royal van Zanten
SCMS	Supply Management Systems
SME	Small and Medium Enterprise
STD	Sexually Transmitted Disease
STF	Straight Talk Foundation
TASO	The AIDS Support Organization
TB	Tuberculosis
UAC	Uganda AIDS Commission
UHMG	Uganda Health Marketing Group
UMA	Uganda Manufacturers Association
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing



EXECUTIVE SUMMARY

The USAID-funded HIPS (Health Initiatives for the Private Sector) Project (base period 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 Year 2, 4th Quarterly Report and the Annual Report.

In Year 2 the HIPS Project significantly expanded its scale and scope in all program areas. HIPS is now supporting clinics and programs in 47 districts, 11 of them in northern Uganda. All of HIPS' private partners with clinics have extended HIV/AIDS treatment to community members and all clinics have integrated at least two additional services into their current programs, including TB, Malaria and FP/RH. The integration of services has helped to increase the number of people reached while remaining strictly on-budget.

With the scale up of activities HIPS has adjusted many of its program to be more cost effective and therefore more sustainable, introducing lower cost health fairs, community videos and TOT of company employees to carry out these activities. In addition, FUE and UMA capacity has significantly increased with HIPS support, and they have graduated to carrying out HIV policy development, peer education and health fairs without the support of HIPS for their member companies -- meeting HIPS' 3rd year goal of these associations being recognized as leaders in health workplace programs by their member companies. Each association has also increased the professional fees received from their member companies for conducting workplace services, thus promoting financial diversification and sustainability.

Quality of services has been a keen focus for HIPS in Year 2; with 88 accredited clinics, support supervision is paramount and is something all HIPS staff participates in. HIPS has been successful in engaging the district health teams and other development partners in supporting the quality of services provided by HIPS' participating companies and private clinics. For example, HIPS has provided support supervision visits to all partner sites and always in conjunction with a district health official. HIPS has also mapped out and strengthened referral networks for all company partners to ensure continuity of services, especially in areas and industries where workers tend to be migratory.



In addition to direct support to our partners, HIPS recently completed three innovative studies that demonstrate the critical role the private sector plays in prevention and delivery of health services and bolsters the ‘business case’ for company investment in employee and community health.

Principal Achievements and Success Stories

1. In partnership with the MOH the Project has accredited 30 additional private clinics in Year 2, bringing the total number of HIPS supported clinics to 88. These clinics have qualified to access free ARVs from the MOH, significantly expanding access and utilization of ART to Ugandans through the private sector. Currently 4,125 individuals are receiving free ARVs through HIPS supported clinics. See appendix 1 for list of accredited clinics
2. Based on the success of Year 1, HIPS indicators were significantly adjusted upwards and 10 new indicators were also added. In Year 2, HIPS met 37 of its 40 indicators. Of the 37 met, 93% exceeded the target — most notable was 41,236 people received VCT (target of 13,000) and 11,756 unique individuals receiving palliative care (target of 3,500). Specifically, HIPS had 96% achievement toward number of clients newly initiating ART (achieved 1446 of 1500 target), and 100% achievement toward the number of current clients receiving ART, as well as those who have ever received ART. See appendix 2 for Year 2 PMP and results.
3. The Good Life at Work Communications platform has been embraced by Ugandan companies and is in high demand. Under this education-entertainment platform, 2,174 peer educators were trained in Year 2, bringing the total to 3,676. Twenty-three health fairs were conducted in Year 2 and over 193,000 people were reached with prevention messages on HIV/AIDS, TB, Malaria, and RH/FP.
4. In Year 2, HIPS launched several innovative prevention programs, such as pre-recorded radio programs to reach outgrowers populations, an interactive text messaging program, and men only seminars to reach communities with prevention messages. HIPS also integrated medical male circumcision, and multiple concurrent partners in to the prevention curriculum to peer educators and community programs.
5. HIPS successfully advocated for an increased role of the private sector in TB and facilitated the NTLP to carry out assessments and the subsequent accreditation of 10 clinics in Year 2, bringing the total to 27 private facilities accredited for TB diagnosis and treatment. In Year 2, HIPS together with Mildmay trained 98 private clinicians in TB diagnostic and treatment.
6. In Year 2, the demand for family planning services greatly increased. Currently, 80% of HIPS private clinic partners are providing integrated family planning and reproductive health services. In Year 2, the Project built the capacity of 10 partner companies to provide Long Term and Permanent Methods (LTPM) for Family Planning and achieved 2,700 couple years of protection (against a target of 2,000)
7. In Year 2, HIPS launched the first year of its PMI program for prevention of malaria in pregnancy. HIPS achieved 1:1 cost share match with 16 companies, reaching 7,310 women for IPT2, increasing IPT2 coverage in the HIPS company catchment area from the estimated national average of 16% to 60% in one year. Additionally, 9,380 LLINS were distributed free of charge to pregnant women. HIPS will expand to 25 companies in Year 3 of the Project.
8. FUE and UMA have made great strides in their capacity to initiate and implement health workplace programs. Combined they have designed 30 HIV workplace policies, trained 839 peer educators and conducted eight health fairs, including the UMA first ever National Nutrition Fair. Each organization has a dedicated team to carrying out health workplace activities and has created a menu of services with professional fees. In Year 2, FUE earned \$9,900 and UMA \$7,500 for their health workplace services provided to companies. FUE has also been selected to lead the national chapter of the UN Global Compact and to be the focal point for the East Africa Business Coalition.



9. In Year 2, the OVC program significantly expanded. HIPS now has matching grants with 9 companies, with a HIPS contribution of \$147,145 and Company contributions of \$254,684. The OVC grants have enabled the training 458 caretakers and supported 3,090 orphans and vulnerable children.
10. HIPS has been influential in convincing companies to expand and extend health services to both employees and community members. All HIPS partners with clinics have extended HIV/AIDS treatment to community members and all company clinics have integrated at least two additional services, including TB, Malaria and FP/RH. Four companies have made significant advances--the Tullow Oil maternity centre, in partnership with the district health team, added an outpatient clinic and was accredited for ARVs; UGACOF Company converted a container into an outpatient facility which is available to the community and accredited for ARVs; Rwenzori Tea Company began the construction of a health facility; and Tororo Cement set up a treatment aide post in Moroto, Karamoja to provide health services to workers at remote limestone quarries based in the district.
11. In Year 2, HIPS has demonstrated the critical role the private sector plays in prevention and delivery of health services, outlined in the 2009 HIPS Company Survey. Additionally, the research conducted at a large manufacturing company and among 320 AIDS patients at private clinics has quantified costs related to 'the cost lost per worker to HIV/AIDS' and the cost of treatment in the private sector. Both studies bolster the 'business case' for company investment in employee and community health. See Appendix 3 for executive summaries of these three studies.
12. In Year 2, HIPS renewed 9 GDA partnerships from Year 1 and signed up 20 new ones to bring the total number of GDAs since Year 1 to 29. In FY 2009, HIPS GDA company contributions exceeded the US\$ 1 million mark. HIPS leveraged a total of US\$ 1,081,911 in private sector contributions compared to the USAID/HIPS investment of US\$ 684,719 nearly a 2 to 1 ratio. See Appendix 4: HIPS FY09 GDA Leverage

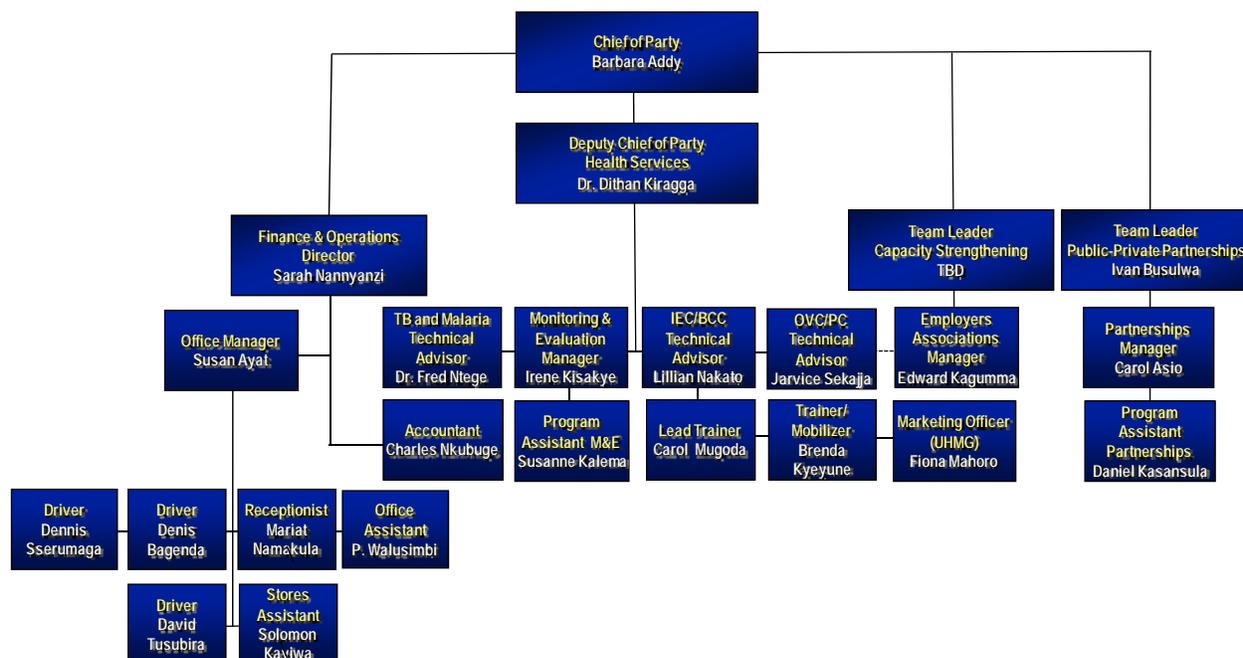
Partnership Profile, Tullow Oil: Over the last two years, Uganda has discovered oil in a remote location near Lake Albert, where the population has little access to healthcare services. Through a partnership between HIPS, Tullow Oil and DED (German Development Corporation), this hard to reach population of over 60,000 has received health services and information on prevention of HIV/AIDS, TB, Malaria and Family planning and Reproductive health services. This partnership has trained over 360 peer educators, conducted three health fairs and opened two VCT centers, with over 2,500 individuals undergoing VCT. Tullow Oil built a maternity center that has been expanded to include an outpatient facility. Over 160 babies have been born there and 434 pregnant mothers have been given mosquito nets and are receiving IPT for prevention of malaria in pregnancy. HIPS facilitated MOH accreditation of the clinic which now receives free ARVs. Staff has also been trained by HIPS to offer long term and permanent methods for family planning. In March 2009, Tullow officially turned over the maternity center to the District of Hoima and together the partners support the clinic to ensure quality health services.



The Hoima District Medial Officer, LCV Chairman Hoima District, USAID Mission Director, General Manger Tullow Oil Uganda, German Ambassador and other officials during the hand over of the maternity center to the Hoima district, March 2009



HIPS Organizational Structure



TECHNICAL PROGRESS

This section summarizes the technical progress of the Project over the last quarter of Year 2 and provides an annual summary. 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 and annually, 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

In Year 2, the Project established useful partnerships with key institutions in the country. The goal was to promote program quality and ensure sustainability of programs at partner sites. The Project developed a comprehensive support supervision tool to evaluate service quality at clinics, health/community worker skills sets, and to assess and address gaps in services. All (100%) partner sites were visited at least once during the year. The MOH, STF, UMA, FUE and the local districts participated in these support visits. While ensuring quality and integration, HIPS was able to expand the number of partners and services being offered to employees, dependents and community members.

The Project expanded its networks with national stakeholders and was an active member in partnership coordination meetings. HIPS joined the National AIDS Partnership hosted by the Uganda AIDS Commission. This partnership was formed to support the UAC to strengthen its coordination function for national and lower level stakeholders (public and private) in the national response to HIV. HIPS was nominated to the human resource and capacity building sub-committee of the MOH. The committee's goal is to contribute to the development of the human resource policy in implementation, scaling up and sustainability of PMTCT/ART services in the country. Highlights of **Year 2** coordination initiatives include:



- **Ministry of Health (ACP/NTLP).** In year 2, the Project worked with the MOH to have 100% of the 30 new HIPS-supported sites accredited. In total we have now accredited 88 clinics. An additional 10 sites were accredited to provide TB treatment. To ensure quality services, HIPS partners with district health teams, the Mildmay Center, Straight Talk Foundation, FUE/UMA and several USAID projects, including the Healthcare Improvement Project for ongoing support supervision of these clinics.
- **Collaboration with the Ministry of Gender, Labor and Social Development.** The Project is now working closely with the Ministry of Gender Labor and Social Development in promoting the HIV/AIDS workplace policy and participates in national discussions on policy issues. The MGLSD participated in joint support visits to partner sites implementing OVC programs. HIPS presented at a national conference for implementers of OVC and HIV/AIDS programs, and participated in MGLSD stakeholders' coordination meetings.
- **Coordination on HCT.** The AIDS Information Center (AIC) provided support to HIPS partners' HCT programs through training, quality assurance and staff to conduct VCT during the Health fairs. HIPS sponsored 53 counselors from partner sites to received VCT training at AIC. In addition, the Project received free HIV Test Kits and accessories for its partners from JMS through support from CDC/USAID. The Project is also collaborating with Mulago Mbarara Teaching Hospitals' Joint AIDS Program (MJAP) on the recently awarded USAID HCT Project. We plan to provide the HCT Project with a valuable link to company clinics and other public private partnerships.
- **Logistics Coordination.** To support the management of ART records and ensure proper reporting at partner sites, the Project with support from the former SCMS/DELIVER Program trained 42 health workers in ART logistics and HMIS and 31 laboratory technicians in HIV testing.
- **In year 2, the Project supported and participated in several local and international meetings and conferences.** Notable among these are:
 - The East and Central Africa Health at Work Technical Workshop that brought together private sector companies and other stakeholders operating in the region with the aim of discussing how to leverage tools and resources to handle HIV/AIDS, TB and Malaria at the workplace.
 - The 36th Global health Conference in Washington D.C, May 2009. During this conference, the Project was showcased as a model of how public private partnerships can be effectively used to leverage the private sector for improved health service provision.
 - The Project supported FUE and the Uganda Investment Authority to organize the 'Building partnership for development' conference in Kampala, December 2008. This meeting provided an opportunity for Ugandan companies and the donor community to exchange information and best practices on corporate social responsibility.
 - HIPS presented at the PEPFAR Implementers Conference in Namibia, June 2009. FUE was also invited to attend.

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 for the HIPS Menu of Services

1.1. HIV/AIDS PREVENTION

In the area of prevention, the HIPS project, following requests from several partners, added new



programs to its menu of services; these include Medical Male Circumcision, SMS mobile health messaging, Men Only Seminars, Long Term and Permanent FP Methods, Post Test drama club shows and expansion of community pre-recorded radio programs

1.1.1 Develop Good Life Module and associated IEC plans and materials

In Year 2, HIPS continued to utilize the entertainment education approach to disseminate health messages and stimulate demand for health services and practices under the umbrella of the Good Life at Work platform. In partnership with Straight Talk Foundation HIPS produced relevant IEC/BCC materials to support the promoted health services and practices. Key areas of the disseminated messages included HIV Prevention (condom use, medical male circumcision, treatment of STIs, being faithful and reduction of multiple concurrent sexual partners), HIV/AIDS including TB and palliative care, and OVC. Most of the materials were printed in at least 4 local languages. The disseminated materials include those that target the company health workers such as counseling flipcharts, service delivery guidelines, posters on quality of care, brochures and fliers. Other materials targeted clients at health facilities and community members. Materials were distributed through peer educators, company health facilities and events such as Men Only Seminars, health fairs, community videos and drama shows.

1.1.2 Training and refresher training for 2000 peer educators

In Year 2, HIPS, together with partners FUE, UMA and STF, trained 2,174 peer educators. HIPS partnered with 13 new companies and 12 existing companies to implement peer education and other IEC/BCC activities for the employees, their families and neighboring communities. FUE and UMA trained 38% of the total peer educators (839). Currently, these key partners in peer education have a pool of 5 and 7 trainers respectively who can provide training support to companies.

During the 4th Quarter, 442 peer educators from 13 companies were trained and refreshed. Of these, 270 were males and 172 females. Three refresher trainings were also conducted--one in each of the James Finlays estates--reaching 70 participants.

Table 1: Number of Individuals Trained (Peer Educators)

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Peer educators trained this quarter	270	172	442	2,174	2,000
Annual total of peer educators trained	1,299	875		2,174	2,000

1.1.3 Develop training plans for individual companies

In Year 2, the demand for the peer education program significantly increased among partner companies as reflected by 25 companies who are currently implementing peer education programs. Furthermore, the majority of companies from Year 1 have expanded their peer education program, requesting more trainings from HIPS and its partners STF, FUE and UMA.

During the 4th Quarter, the HIPS Project responded to requests from eight companies for peer educator trainings. Implementation during the 4th quarter was based on the strategy for strengthening partner capacities to implement the program with minimal support from HIPS as a weaning preparation stage. In addition to new trainings and refreshers, Training of Trainers (TOTS) workshops were conducted for six companies that included Luwero Industries, Kakira Sugar works, Kinyara Sugar, Hima Cement, Tullow Oil and James Finlays. This makes a total of 10 companies that have at least three trainers who can competently co-facilitate trainings and participate in health fair discussions. The TOT was organized with UMA and FUE as part of the efforts to build their capacity and sustain their technical support to companies after the HIPS Project ends.



1.1.4 Develop strategy to reach out growers with prevention message

In Year 2, a communication strategy was developed, based on the study that was conducted in Year 1, to guide design and implementation of approaches to reach target audiences, including out growers. Community radio was identified among the key communication channels for reaching the out growers. Pre-recorded radio programs were developed, pretested and produced in partnership with Straight Talk Foundation with discussion messages on key program areas such as HIV prevention, Family Planning, HIV/AIDS and TB, and Malaria prevention. Peer educators from selected companies were then oriented on how to conduct the community radio discussions and how to record activities. Partner companies were selected on the basis that they would buy batteries to facilitate use of the radios and also those companies that have a large population of out growers.

During the 4th Quarter, 10 companies partnered with HIPS in this activity--Kinyara Sugar Works, KCCL, Luwero Industries, James Finlays Uganda, TAMTECO, Tullow Oil, Hima Cement, North Bukedi, Enterprise Uganda, and Lugazi Sugar Works. The approach is popular among the peer educators and their peers at the work place and in the communities. To the peer educators it provides information back up on key health issues and also attracts people to participate in discussions after listening to the programs. To their peers, recorded experiences from local community individuals stimulate discussion and motivation for adoption of practices that include; family planning, condom use, testing for HIV and use of Insecticide treated mosquito nets. Over 20,000 individuals have been reached through this approach.

1.1.5 Conduct 10 health fairs at selected companies(narrative work plan No.1.1.5)

In Year 2, community health fairs continued to be a popular approach for disseminating health messages and provision of VCT services to employees and the neighboring communities. 23 Health fairs were conducted reaching 21,359 individuals, using the four tent model to provide discussion platforms on key health issues and utilization of services, in HIV prevention, Palliative care, VCT, malaria and family planning. Over 6,500 people received VCT services.

During the 4th Quarter, 13 health fairs were conducted.

A Lower Cost Approach: In Year 1 HIPS conducted 23 health fairs and reached 18,131 people using PULSE, an entertainment company, to provide technical support at an estimated average cost of US \$ 3,750 per health fair. In anticipation of the need to reduce cost to sustain partner activities, HIPS developed a lower cost health fair model, which does not use PULSE but instead engages local peer educators and local drama groups to mobilize communities., HIPS used this new model in Year 2, conducting 23 health fairs and reaching 21,357 people at an average cost of US \$ 2,000 per health fair. With HIPS' ability to now facilitate free VCT kits from JMS, the cost of health fairs will further reduce to US \$ 1,100 per health fair. HIPS observed no reduction in attendance, quality of information disseminated or decrease in VCT uptake in these lower cost health fairs.

1.1.6 Conduct community videos

In Year 2, a total of 18,461 people were reached through community video shows on HIV prevention. Initially, Pulse and EXP were utilized to provide technical support during the shows but later on during implementation, the approach was discarded for low cost alternative of using peer educators to conduct the shows with technical support from HIPS staff. Currently in many companies, peer educators can competently conduct the activity with minimal technical support. This model is more sustainable as well as more cost effective.

During the 4th Quarter, HIPS supported companies to conduct 9 video shows on HIV prevention, reaching 3,110 people. The video shows were mainly utilized to mobilize people for education events that include health fairs, VCT outreaches and Men Only Seminars.



1.1.7 Develop radio programs for peer educators

During the 4th Quarter, HIPS extended support to 5 more companies to implement pre-recorded community radio discussions as explained in 1.1.4

1.1.8 Advocate for medical male circumcision

In Year 2, the HIPS project developed IEC materials on Medical Male Circumcision (MMC) as well as supported selected companies to be able to provide MMC services for their employees and neighboring communities. Demand among HIPS company clinics is high for MMC services. HIPS partnered with the Rakai health services program to train 13 staff from five companies in Medical Male Circumcision--Kinyara, James Finlays, Kakira, Kyotera Medical Centre and Luwero Industries. These companies have circumcised a total of 213 men to date. The Project will in Year 3 expand this partnership to an additional five companies.

In Year 2, HIPS reached a total of 193,584 with HIV prevention messages.

During the 4th 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.

Table 3: Number of Individuals Reached through Community Outreach Prevention Activities

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Number of individuals reached with HIV prevention messages	36,725	21,060	57,785	193,584	184,000

HIV/AIDS Prevention Year 2 Challenges:

- The demand for the Peer Education trainings remains high among companies, but more low cost sustainable approaches are needed. Company efforts to recognize peer educators, collect and submit data are still low.
- Sustaining voluntarism among peer educators is difficult, and transport for follow up and referral remains a challenge.

HIV/AIDS Prevention Year 3 Recommendations:

- HIPS will create a pool of trainers from UMA, FUE and other partner companies who will be able to conduct peer education training. HIPS will also endeavor to leverage more resources from companies to support this activity.
- HIPS will establish structured briefing sessions with company managers regarding workplace prevention activities and establish a recognition program and non monetary rewards for peer educators and community volunteers. This program will be tied to performance and reporting. We will advocate that other companies take on the model used by Hima Cement and KCCL, in which an employee's role as a peer educator is taken into account during annual job performance reviews.

Key Activities Planned for Next Quarter:

- Develop training plan and annual calendar for companies for peer education, health fairs, community videos and support supervision.
- Conduct peer education trainings, including refresher and TOT courses.
- Implement out-growers strategy with a focus on pre-recorded community radio discussions.
- Support companies to utilize low cost, sustainable models to conduct health fairs.
- Conduct community videos at selected companies.



- Analyze results from Text To Change pilot and scale up at selected companies.

TEXT TO CHANGE

During the 4th Quarter, HIPS entered an innovative partnership with Text To Change to design a program for the dissemination of health messages through an interactive SMS mobile network. This initiative supports the larger goal of HIPS and its partners to increase the accessibility of health information to employees, their families and neighboring communities. Messages address HIV/AIDS prevention - Condom Use, Medical Male circumcision (MMC), Being Faithful, Voluntary Counseling and Testing (VCT) – as well as Family Planning. The program was piloted in three companies, Kakira Sugar Works, Kinyara Sugar and Kasese Cobalt Company Limited. Initial results from the six week pilot are promising, with 4,767 individual respondents. This technology was also used to capture a baseline on Knowledge, Attitudes and Practices (KAP) of the selected health issues, evidencing a powerful function for collecting information through an efficient and low cost tool. KAP results indicate high levels of knowledge regarding condom use, risk of HIV due to concurrent multiple sexual partnerships, VCT, and family planning. However, knowledge levels and practice of MMC as a prevention method were low, as well as knowledge and use of long term family planning methods.



The Text To Change program has been well-received by all the participating companies, with proactive involvement of senior managers. From the business perspective, the intervention is ideal: the private nature of text messaging allows workers to benefit from sensitive health information without taking away from the productivity of the company line. As the Text To Change pilot scales up, early results and lessons learned will be capitalized for the evolution of an ever-more efficient and impactful SMS program and to improve HIPS communication strategy, to increase awareness and promote healthy behaviors in the workplace and surrounding communities.

1.2. HIV/AIDS RELATED PALLIATIVE CARE

HIPS has facilitated MOH accreditation of 88 private clinics for HIV/AIDS treatment. All 88 clinics (company and private for profit clinics) are providing palliative care to their employees and surrounding communities. HIPS has significantly exceeded our targets in palliative care of 3,500 to serving a total of 11,756 number of unique individuals.

1.2.1 Identify community caregivers to be trained in home-based care and psychosocial support

In Year 2, HIPS in partnership with the Mildmay Centre trained 176 community home-based care service providers in care and support for HIV affected persons at the community level. All of the training was delayed until the 4th quarter as the project worked with The Mildmay Centre to structure a more effective training program that was provided in communities where the community providers are based. This significantly reduced the cost of the training. The trained caregivers are expected to add to the existing community resource persons in the delivery of care, psychosocial support, succession planning, adherence support and ensure timely referral for health care services. The trainees were identified by the peer educators in the partner companies based on selection criteria that included; currently caring for an HIV infected person in their community, willingness to care for HIV infected people, and gender.



During the 4th Quarter, peer educators from TAMTECO, Kyotera Medical Centre, Lambu Health Center, Wagagai and Finlays identified 176 caregivers who were trained by Mildmay trainers in community based care for five days.

1.2.2 Provide training to practitioners in palliative care

In Year 2, HIPS in partnership with the Mildmay Centre conducted training of clinical service providers in palliative care service delivery. A total of 74 health workers selected from 40 partner facilities have been trained on basic skills and information to provide palliative care services with an emphasis on clinical monitoring of patients and management of opportunistic infections.

Table 4: Number of Individuals Trained to Provide HIV Related Palliative Care through Trainings Organized by USAID or Collaborating Companies

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual target
Number of Individuals Trained	121	129	250	250	250

Table 5: Number of Service Outlets Offering HIV Palliative Care

Indicator	Quarterly Total	Cumulative total	Annual Target
Number of service outlets providing HIV palliative care	10	88	35

In Year 2, HIPS partner company clinics provided a total of 11,756 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.

During the 4th Quarter, through Partner Company clinics a total of 3,748 unique clients have been provided with at least one service in palliative care and support.

Table 6 : Clients receiving at least one HIV palliative care and support service

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual target
Number of clients receiving Palliative Care	1,649	2,099	3,748	11,756	3500

1.2.3 Establish collaboration mechanisms with local CBOs and NGOs providing palliative care services to facilitate linkages and referral

In Year 2, HIPS scaled up community based care service delivery through partnership with Kyetume Community Based Care Program and St. Francis Health Care Services. Through this partnership, HIPS has been able to scale up delivery of palliative care services in the communities that surround Nile Breweries in Njeru, Nyanza Textiles and Royal Van Zanten. The services provided through this partnership range from provision of psychosocial support to HIV affected households, support for drug adherence and regular clinical visits as well as ensuring timely referral.

This partnership has been able to strengthen service delivery and follow up of communities around the companies. The companies benefit through referral of clients, laboratory tests validation, CD4 testing and other hematological services.



1.2.4 Support selected facilities and community caregivers with kits and basic supplies for palliative care

During the 4th Quarter, HIPS support to health facilities focused on infection prevention approaches in partner clinics. To this effect, HIPS provided infection prevention items to 18 clinics namely; Ayira nursing home, Kikyusa Clinic, White Horse Nursing Home, Peoples' Medical Clinic, SAS clinic, Boots Clinic, SIMS Medical Center, Safe Guard Nursing Home, TAMTECO Health facilities in Mityana and Fort portal (4), Kitante medical centre, Lambu Health Centre, Kyotera Medical center, Good Will Nursing Home, Kakira Sugar Works and Case Clinic. The clinical items that were procured and distributed to clinics included safe water vessels, aqua tablets, hibitane, sharps containers, cotton, scissors, waste disposal bags, gloves, methylated spirit, dettol soap, jib, gauze, mackintosh, examination bed sheets and waste disposal buckets. HIPS also provided 176 home based caregivers with kits; the contents of the home-based care kit included gloves, cotton, elastic bandages, gauze rolls, scissors, waste disposal bags, hand towels, powder, dettol, jik, methylated spirit, gentian violet, calamine lotion, umbrella, mackintosh, condoms, plaster, oral rehydration salts and vaseline. The kits are very helpful, but their cost is high and unsustainable. In the future the Project will ask partners to purchase or cost share the cost of these kits.

1.2.5 Support and mobilize post test clubs and link where possible to the OVC and palliative care program

In Year 2, the Project provided support to five Post Test Clubs (PTC) based at Kinyara, KCCL, James Finlay (U) Ltd, Hima Cement and TAMTECO, to train them as peer educators and enable them to purchase instruments and costumes for their drama groups and to effectively integrate drama into community activities. The PTCs are now actively mobilizing their communities for HIV prevention and provide drama, information and entertainment during the health fairs. The involvement of trained PTC and drama groups has significantly reduced the price of health fairs contributing to sustainability of this approach, and has been very well received by communities.

HIV/AIDS Palliative Care Challenges:

- Access to health care services poses serious challenges in the rural areas. Referral centres are located far from the communities making it harder for people to seek health care on time.
- Reported cases of famine and floods in the Teso, Karamoja and other regions of the country have led to food shortages and affected drug adherence for people on care and treatment.

HIV/AIDS Palliative Care Recommendations:

- The Project is working to build the capacity of rural company and private clinics to increase the range of services provided. These clinics will then offer primary health care services to their communities, reducing the need for frequent referrals.
- The Project is training community peer educators on how to effectively support PHAs for food security and improved drug adherence. We will link our partners to institutions that support food security programs.

Key Activities Planned for Next Quarter:

- Identify community caregivers to be trained in selected companies' catchment area.
- Conduct follow up and support supervision visits to trained caregivers.
- Establish collaboration with new CBOs and NGOs providing palliative care services to facilitate linkages and referral.
- Train selected post test club members in palliative care and support.



HIV Palliative Care SUCCESS STORY



Muhokya PTC presenting a drama skit during the Text To Change Launch at KCCL.

KCCL has an active Post Test Club called Muhokya Drama Club with over 40 members. The group comprises persons who have been tested, some of whom are positive, while others are negative. During school holidays, some of the OVC join the club activities. **During the 4th quarter**, the club has been actively involved in various outreaches to over 600 people around the communities of KCCL, Kasese town, Muhokya health centre and Busara –Mahango with health information, care and support. The group presented music, dance, drama shows and acrobatics. The latter attracted huge crowds. Personal testimonies from people living with AIDS from the group have driven the HIV/AIDS message closer to people's hearts. The shows have now been integrated with other key health messages. The group generates some income from the shows, which is used to sustain their activities.

1.3. HIV/AIDS TREATMENT/ARV SERVICES

In Year 2, the Project has provided technical support to companies and private clinics to set up AIDS treatment programs. HIPS support has centered on MOH clinic accreditation, clinical protocols, training in AIDS related programs, procurement of basic equipment and on-the-job support. In partnership with the Mildmay Centre and the former SCMS program, the Project has developed courses to train health workers in the private sector in the treatment and management of AIDS cases and management of ART records and supplies. In partnership with the MOH, the HIPS Project accredited 30 new clinics, bringing the total number of accredited facilities to 88. Currently 4,1,25 individuals are receiving ARVs through these sites. We have provided regular monitoring and supervision to all the accredited sites to ensure the provision of quality services. The MOH ART program has faced serious challenges during the year following delays in the disbursement of the Global Fund grants. This has affected partner ART programs as the National stores has suffered stock outs/delays and been several months behind in deliveries. HIPS monitors this situation closely and mitigates delays by assisting clinics to access drugs by directly following up with NMS and SCMS to track down orders. At times the problem is 'loss' of orders or inability to deliver, which HIPS is able to resolve. However, these various challenges have reduced the confidence of clinics in the ART accreditation program and at times has resulted in clinics delaying the initiation of patients on ARVs until the supply become more reliable.

1.3.1 Develop job aids for HIV treatment providers

In Year 2, following the printing of job aids and guidelines on ART, TB and other services, the Project in partnership with the Mildmay Centre trained health workers on their use. These job aids have now been distributed to all partner clinics. On-the-job support and follow up has been provided to ensure that the trained health workers are following proper ARV protocol and adhere to set clinical standards.

1.3.2 Provide training to practitioners on AIDS treatment

In Year 2, the Project has trained 201 private practitioners in AIDS treatment and ART logistics. The focus in Year 2 has been to target clinicians located in the remote and underserved areas of the country. New health centres that sent participants for these trainings included Kabalega medical centre (Hoima district), Charis Health center (Lira), St. Ambrose and Emesco (Kibaale) and Lambu health centre (Masaka landing site).

During the 4th Quarter, a training brochure that contains information on available courses, eligibility and how to apply was developed and distributed to all partner sites as a way to attract and screen potential candidates. Applicants are now expected to submit a full application, with their certificates indicating how they would benefit from the training.



1.3.3 Provide training to private practitioners on pediatric AIDS treatment

In Year 2, HIPS in partnership with the Mildmay centre trained 53 clinicians in Pediatric HIV Nursing.

Table 7: HIV/AIDS Training

Training area	Total attendees	Cumulative	Annual Target
ART logistics	42	254	200
ART in Resource Limited Settings	159		
Pediatric HIV Nursing	53		
Total	254		

1.3.4 Support on the job training and follow up of trained practitioners

In Year 2 and in partnership with the Mildmay Centre, the local districts and the MOH, the Project has provided regular support supervision to all partners at accredited sites. During these visits partner staff received referral information, technical guidelines and identified and filled information gaps and other sources of support. All partner sites were visited at least once in the year. This has ensured continuity of services and maintained the quality of services.

1.3.5 Distribute Septrin for HIV positive clients at selected clinics

The majority of project partners do access Septrin from private sources. Some company facilities obtain free Septrin from the National credit line, though the supply has been irregular. The Project was unable to procure a free source of Septrin from the USG or MOH. This remains a challenge for company clinics with many ART clients considering that the services and drugs are free of charge.

1.3.6 Provide assistance with accreditation of clinics

In Year 2, the Project facilitated MOH accredited for all 30 clinics put forth for ART. In total, the Project has now facilitated the accreditation of 88 private clinics to access free ARVs from the Ministry of Health. Of these, 38 are company clinics and 50 are private for profit clinics.

During the 4th Quarter, the Project and the MOH ACP team conducted a support supervision exercise to the newly accredited centres to assess progress in implementation of programs and provide technical support. All (100%) accredited sites are recruiting clients for ARVs. Seventy-five percent of these sites are already providing ART services. Due to delays at national medical stores, there are still a few clinics waiting for their first delivery of ARVs; HIPS is working closely with NMS and the SURE Project to reduce these delays.

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	26	0	47	2220	187	1832	4125	3500
New clients receiving ART	11	0	14	886	89	534	1445	1500
Cumulative clients	49	0	82	3610	210	1844	5585	4000

Table 9: Number of service outlets offering ART

Indicator	Cumulative Total outlets	Annual target
Number of outlets offering ART	70	50
Number of outlets offering palliative care	88	35



1.3.7 Re-print and distribute Adherence calendar for practitioners

In Year 2, HIPS in partnership with the Straight Talk Foundation printed 1,803 adherence cards. These calendars were translated into local languages of Luganda, Lutooro and Luo and were distributed to the 88 clinics.

1.3.8 Link HIPS' partner laboratory technicians, dispensers and record-keeping personnel to training in ART logistics and HMIS

In Year 2 and with support from the SCMS program, 42 health workers from 30 partner clinics were trained in ART logistics and HMIS. All these clinics were subsequently accredited for free ARVs from the MOH.

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

In Year 2, HIPS supported partner sites to expand treatment services and linked them to organizations that manage their services through an outsourcing model. Partners that received this support included: The Rwenzori Company, UGACOF, Hima Cement, Tororo Cement (Karamoja aide post), and Xclusive Cuttings. Some of these companies constructed new centres (Rwenzori Company and Tororo Company), some converted containers into fully operational outpatients posts open to the community (UGACOF), while others opted for new health insurance providers (Hima Cement with Jubilee Insurance). The Project signed a MOU with St. Francis Health Care Services and Kyetume health services program to support ART/VCT and palliative care programs at partner sites The Royal Van Zanten, Nile Breweries and Nytil/PICFARE respectively.

1.3.10 Pilot program to strengthen patient follow up and testing at selected companies through the purchase of CD4 machines(2-3)

During the 4th Quarter, the Project partnered with Kinyara Sugar Works to purchase a CD4 machine. Throughout Year 2, HIPS has offered to select companies a cost sharing of 50% for the procurement of a CD4 machine, with the companies being responsible for covering ongoing operational and maintenance costs. This CD4 machine will be of great benefit to Kinyara in Masindi, as the closest available CD4 machine is in Gulu nearly 200 kilometers away (Hoima is closer at 60k has a CD4 machine but its only available for partner institutions/not open to public). Kinyara has 660 individuals on HIV care and prophylaxis and 151 on ARVs. HIMA Cement Company had indicated interest but has deferred the decision until next year. We will continue to offer this program to those companies with many ART patients.

1.3.11 Equip labs at selected clinics with basic diagnostic equipment and reagents

In Year 2, the Project supported over 30 facilities with basic equipment and reagents to conduct basic tests for patient follow up, including Wagagai Flowers, Kamwokya General Clinic, Mirembe Medical Centre, Sims, Kyadondo, Kinyara, Mityana Tea, Kyotera, Kabalega, Kitetika, Safeguard, Lambu, Goodwill, Whitehorse, Nytil/Picfare, Mityana, Tooro-Kahuna, Kinyara, Pader Mobile, Kakira, People's, UGACOF, Buzirasagama and Munobwa. Throughout the 2nd year, the Project has procured basic diagnostic equipment for partner sites. This equipment ranged from microscopes, centrifuges, and refrigerators.

During the 4th Quarter, sites that received equipment and reagent support from HIPS included Old Kampala Hospital, Bweyogerere Medical Clinic, Crane Health Services, Kyaliwajala Health centre, Charis Health centre and Alpha Medical centre.



HIV/AIDS Treatment Challenges:

- Partner sites access ARVs from the Ministry of Health program supported by the Global Fund. Due to the problems Uganda has had in applying for and managing its Global Fund grants, the National Medical Stores has faced ARV stock out issues and is often several months behind in deliveries. This has caused the HIPS accreditation program to face serious challenges because the stock outs affect our private partner community treatment sites.
- Staff turnover in a few partner sites affected program implementation. Over 10 % of sites had one or two clinical staff leaving the facility for other jobs.
- Many HIV/AIDS programs in the country are setting client enrollment ceilings. This will affect the continuity of care for migratory workers and for staff whose contracts end with their parent companies.

HIV/AIDS Treatment Recommendations:

- The Project will design appropriate strategies and work with relevant institutions in the country to ensure regular supplies of these drugs to the over 4,000 clients on ARVs at partner sites. We will link partner clinics to other regular suppliers of these commodities and explore options of 'buffer stocks'. HIPS will also limit the number of clinics that we accredit in Year 3 to a total of 100 to ensure consistent drug supply and quality services.
- The Project will provide on-the-job training and mentoring to the new staff and support task shifting at partner sites. The Mildmay training courses have been expanded to cater for several staff cadres.
- The program is working with partner companies to ensure that staff on AIDS treatment continue receiving their medicines even after their contracts are terminated or expire and they move to new locations.

Key Activities Planned for Next Quarter:

- Train 120 private practitioners in AIDS treatment
- Train 35 private practitioners in Pediatric HIV nursing
- Train 35 private practitioners in HIV/AIDS clinical care
- Conduct support supervision to partner sites
- Facilitate linkages between smaller companies with no on-site AIDS treatment services and organizations or accredited private clinics for AIDS treatment and care
- Conduct review of ART services at selected partner clinics to assess the extent to which community members access quality affordable services
- Equip selected companies' clinics with basic diagnostic equipment and reagents
- Distribute job aids for HIV treatment providers and guidelines on their use.



HIV Treatment SUCCESS STORY

Despite the challenges with the National ARV supply system, the Project has initiated 1,445 people on ART in the second year. The Project has now accredited 88 partner clinics to receive free ARVs from the MOH with a total of 4,125 receiving ARVs through HIPS supported private clinics. These clinics are supporting government efforts to scale up ART services.

Eleven year old Emmanuel Ssentago and his father Charles Ssali discovered their AIDS+ status five months before starting ART, after staff at the Wagagai Farm clinic noticed that Emmanuel suffered frequently from illnesses that did not respond to treatment. Emmanuel and his father are now receiving free ARVs from the MOH through the Wagagai- clinic.

Because of young clients such as Emmanuel, clinic staff are working to establish referral mechanisms and psychosocial support for pediatric clients, who face numerous challenges both physically and socially as a result of their status. Other than Wagagai, the closest ART services

available are at TASO Entebbe, which would require a half-day's time from Emmanuel and Charles on a monthly basis, greatly affecting accessibility and adherence for the young school boy and his working father. Thanks to the accessibility of the clinic, the two receive treatment within an hour of leaving home. Both clients are beneficiaries of an employee at the Wagagai farm. Wagagai clinic currently has 133 people on Septrin prophylaxis and 41 clients on ART.

1.4. VOLUNTARY COUNSELLING AND TESTING

All of HIPS 88 accredited sites offer VCT services and do not charge for these services. Partner sites now access free HIV Test Kits and Accessories from the CDC/USAID. This has boosted partner HCT programs.

In Year 2, the Project has strengthened HCT programs at partner sites through training, provision of HCT registers, cards and forms and community mobilization through health fairs, videos and outreaches. VCT is part of HIPS' regular support supervision and during these visits health workers have received support on service integration to allow for proper referral for maternal child health and other services.

1.4.1 Strengthen HMIS system for migratory workers

In Year 2, the Project worked with companies with migratory workers to develop appropriate strategies to engage and reach out to these groups for health services and information. Migratory workers, depending on a company's need, normally spend short periods of time at their companies, hence the tendency for them to get interruption in the flow of health services when away from their workplaces. The Project has supported partners to develop an appropriate referral network system designed to ensure continuity of health services for migratory workers during and when away from their workplaces. The referral guide and guidelines for systems strengthening developed during the first year were distributed to all partner sites.

1.4.2 Procure testing kits and materials to selected sites

In Year 2, the Project supported 88 clinics and 23 health fairs, offering VCT with test kits and supporting materials. 41,420 individuals received testing, counseling, their results and the appropriate referral.

During the 4th Quarter, the Project received a consignment of free HIV Test Kits and Accessories for 60 partner sites from the Joint Medical Stores with support from CDC/USAID. HIV Test Kits order forms have also been received from an additional 28 partner sites and these have been sent to the JMS. In the future the Project will work with JMS to set up a cost sharing system with the private sector partners. This will ensure a more sustainable link after the Project ends.

1.4.3 Provide training to laboratory technicians in testing for HIV

In Year 2, the Project in conjunction with the SCMS/DELIVER project and Kisubi Hospital in Entebbe trained a total of 31 laboratory technicians in HIV testing.



During the 4th Quarter, the Project engaged staff from MOH, SCMS/Central Public Health Laboratory, to visit partner sites and provide on job support in record keeping for HCT registers, how to complete the VCT forms and cards and in forecasting and reporting. Following this exercise, the Project supported these sites with free HIV Test Kits and Accessories.

1.4.4 Provide training to 50 private practitioners in HIV Counseling and Testing

In Year 2, the Project with support from the AIDS Information Centre trained 53 health workers in HCT. The specific goal of the training was to equip participants with relevant knowledge and appropriate skills to enable them to support individuals, couples and groups of people who want information about HIV/AIDS and testing.

1.4.5 Update and print referral guide for peer educators at partner sites

This activity will be done in the 1st quarter of the third year of the Project to ensure all newly accredited sites have received adequate support, linked to the Ministry ART program and have demonstrated their ability to provide quality ART services.

In Year 2, HIPS far exceeded its VCT goal of 13,000. Demand was high and 41,420 people received VCT via HIPS partner facilities and health fairs. VCT from health fairs and private facilities indicate a 6.5% prevalence rate among HIPS partner companies and surrounding communities

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
20,856	1,075	20,564	1,626	90	3
Total Tested	41,420	Total Positive	2,701	Annual Target	13,000

Table 11: Number of Service Outlets Offering VCT

Indicator	Cumulative Total outlets	Annual target
Number of outlets offering VCT	88	50

VCT Challenges:

- Our VCT programs are stimulating demand for HIV Care and Treatment services. This will need to be matched with a strong national response to address the gaps in the ARV supply chain.
- Partner reporting on HCT data to the MOH has been inadequate. This affects proper planning and coordination of HIV services at the national and local level.
- The standard 2-3 week HIV testing and counseling course is quite expensive and requires partner staff to spend long periods of time away from their workplaces.
- Couple Counseling is still low.

VCT Recommendations:

- The Project is holding discussions with several key actors like JCRC, MJAP, USAID, SCMS and the MOH to identify sustainable solutions to the problems associated with the supply and delivery of ARVs to partner facilities.
- Through support supervision and on-the-job training, the Project is strengthening M&E systems at partner sites with a focus on data collection, analysis, forecasting and reporting to the districts and MOH.



- The Project will in year 3 identify less expensive training options that emphasize on-the-job practical training.
- The Project will work with MJAP and AIC to increase couples counseling; the Project will also pilot home based HCT in Year 3.

Key Activities for the Next Quarter:

- Link partner sites to MOH/JMS for HIV Test Kits.
- Update the referral guide for peer educators at partner sites.
- Print VCT forms, registers and cards for partner sites. On going support supervision at HIPS partner clinics
- Link with MJAP HCT project to discuss private sector HCT and training, including home based HCT

1.5. MALARIA

Malaria is the single leading cause of ill health among Ugandan of all age groups. It accounts for over 40% of daily attendances at health care facilities hence affecting human economic productivity as a result of morbidity and mortality. Businesses greatly suffer the effects of the disease from employee absenteeism hence their interest in ensuring availability of basic workplace health care services. In working with private sector companies, HIPS supports the Ministry of Health malaria control interventions through implementation of workplaces programs such as peer education, IEC/BCC, promotion of the use of Long Lasting Insecticide treated Nets (LLINs), and support for malaria diagnosis and treatment. HIPS has also participated in the implementation of the PMI on program prevention of malaria in pregnancy with 11 companies on a 1:1 cost sharing basis.

During the second year of the Project, HIPS implemented following activities:

1.5.1 Train peer educators on malaria using the Good Life at Work Module

In Year 2, HIPS together with UMA and FUE trained a total of 2,174 peer educators in malaria using the integrated Good Life Module from 16 companies of which 1,299 were male and 875 female. Peer educators have participated in malaria control through sensitization of peers at the workplace and other community events, such health fairs, community videos, and drama groups. HIPS reached over 53,000 individuals with messages on the prevention of malaria.

During the 4th quarter, 442 Peer educators were trained -- 270 male and 172 female.

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

During the 4th Quarter, HIPS trained peer educators on the use of IEC materials especially those produced by Mango Tree (messages printed on grain sacks). In partnerships with Straight Talk Foundation and JHU, HIPS has continued to print IEC materials and distribute to peer educators, health facilities and community members through partner companies.

1.5.3 Implementation of the PMI's IPT2 Program for prevention of Malaria in pregnancy at selected private sector companies and clinics.

HIPS completed its first year of implementation for the PMI prevention of malaria in pregnancy program. HIPS successfully structured a 1:1 cost sharing arrangement with 11 private companies (16 clinics) to implement this program. The catchment area of the 11 companies was estimated to have 12,505 pregnant women. HIPS sought to reach 10,000 (80%) for IPT2 during the first year of program implementation.

Other key activities included the procurement and distribution of aqua safe, jerry cans, cups, LLINs and fansidar tablets for free distribution to all pregnant attending ANC under Directly Observed Therapy



(DOTS). HIPS in partnership with the Ministry of Health and the Districts carried out training of staffs in IPTp, community mobilization and support supervision with all the partner companies.

The National average for IPT2 coverage has been estimated at 16%. In the areas that HIPS has implemented the IPT2 program, 60% of women have received IPT2 (estimated number of pregnant women in HIPS catchment is 12,505, and 7,310 have received IPT2). A number of HIPS company partners began implementation in the 2nd and 3rd quarters; however, HIPS is confident these partner companies will reach 80% coverage, as many companies got a late start but have rapidly scaled up.

During the 4th Quarter, partner companies have continued to implement the program, with quarterly and cumulative results as follows:

Table 12: Performance Indicators for Malaria

Indicator	Quarterly Achievement	Cumulative Total	Annual Target
Number of SP tablets purchased	0	198,000	150,000
Number of women receiving IPT2 doses at existing and new workplace sites	805	7,310	10,000
Number of health facilities with water vessels and cups for IPTp DOTS	16	16	12
Number of ANC health workers trained in IPTp, IPp3	0	128	120
Number of people reached with prevention messages on malaria	1748	53,748	50,000
Number of subsidized LLIN distributed to pregnant women	156	9,380	10,000

1.5.4 Conduct assessments for feasibility of bed net subsidization and organize supply and distribution for selected companies

In Year 2, HIPS has linked partner companies to UHMG for purchase of subsidized LLINs. These include James Finlay’s Tea, Hima Cement Ltd, Ugacof, Tullow Oil, Wagagai and Royal Van Zanten Flowers. In addition, HIPS together with UMA and FUE have conducted sensitization activities aimed at promoting purchase and correct use of the bed nets among all the partner companies. HIPS has also organized the sale of LLINs from UHMG to company employees and community members.

Malaria Challenges:

- Extended negotiations with companies to secure cost share resulted in a delayed start for some companies.
- Late ANC attendance by pregnant women has resulted in some women missing out on IPT2.

Malaria Recommendations:

- HIPS will begin negotiations with companies early in Year 3, quarter 1 to ensure time to meet IPT2 targets. HIPS will also review company catchment areas to ensure more accurate estimation. (in year 1 some companies did not have this information and populations were over estimated).
- HIPS will increase support to partner companies to mobilize pregnant women within their catchment areas to attend ANC and in the use of IPT to prevent malaria in pregnancy HIPS will mobilize availability of free and subsidized ITNs early in Project Year 3 for pregnant women to increase incentive for attending ANC.

Key Activities Planned for Next Quarter:

- Identification of partner companies for implementation of the Y2 PMI IPT/ITN Program.
- Procurement of commodities for the Y2 PMI/ITN Program.



- Distribution of bed nets to pregnant women through ANC clinic.
- Distribution of subsidized nets to companies for distribution to their employees and the community.

MALARIA SUCCESS STORY: HIMA CEMENT MALARIA PROJECT

Hima Cement Ltd together with HIPS launched a Malaria control project worth over US\$200,000 for the community of Hima sub county in Kasese District. The aim of the Project is to reduce malaria morbidity and mortality among the population by 50% within two years. It involves distribution of insecticide treated bed nets to all households, especially those with children below 5 years of age, IPTp for pregnant women, indoor residual spray (IRS) of all houses and support to malaria case management.



Source: Hima Cement Ltd

The Project was officially launched at Hima Health Centre III located next to Hima Cement factory by the Minister of State for Primary Health Care Hon. James Kakooza, on April 15, 2009. Also present was the Group Executive Vice President and President of the Lafarge Cement Division, Mr. Guillaume Roux. HIPS has supported Hima to distribute IEC materials on Malaria, trained peer educators and mobilized for the IPT2 program. The Hima program has distributed over 6,000 insecticide treated bed nets to 3,000 households, continues with community sensitization on malaria and expects to commence IRS in January 2010.

1.6. TUBERCULOSIS

Although in Uganda TB is mostly treated in the public health sector, the workplace often serve as a point of contact hence services that support prevention, case detection and treatment ought to be in place. The Ministry of Health established Health Centre IIIs at every sub county in the country to serve as the lowest level for TB diagnosis and treatment. However, on several instances these facilities are non functional due to lack of equipment/supplies, inadequate staffs and often not easily accessible to the community due to the long distances (> 5km). The NTLTP 2007 performance report showed 50.4% and 66.4% case detection and treatment success rate respectively, far below the target of at least 70% TB case detection and 85% treatment success rate by 2010. In Uganda, the authority to approve facilities to dispense TB drugs is approved by the NTLTP. The NTLTP approval for TB treatment takes into consideration factors such as the lower TB notification rate (150/100,000), the presence of a sizable catchment population from which cases can be diagnosed and the facility location with respect to other TB diagnostic and treatment units is a critical factor for accreditation by the NTLTP. HIPS' intervention strategy in TB control is supporting new and existing private sector companies to increase access to and utilization of TB diagnosis and treatment for company employees and the community as directly observed therapy through the public-private mix (PPM-DOTS).

HIPS TB activities include dissemination of information on TB, training of peer educators and clinical staff, providing necessary equipment for diagnosis and treatment, NTLTP accreditation of private clinic and support supervision to ensure quality services. All 88 of HIPS supported facilities have been trained in TB diagnosis and treatment and provided with a microscope, if needed. Of the 88 private clinics, 27 have received accreditation by the NTLTP for TB treatment in Uganda, while the rest of the partner facilities are able to diagnose and refer clients to the nearby accredited facilities for treatment.

In Year 2, HIPS implemented activities under the following areas:

1.6.1 Conduct situational analysis: assessment of interest in and needs for TB treatment in partner company clinics

In Year 2, HIPS visited 20 (including below) new company clinics to assess needs and interest in meeting NTLTP requirements for delivering TB care. HIPS assessments includes meeting with company management to ascertain interest and commitment in supporting TB diagnosis and treatment and evaluating sustainability for after HIPS project ends. Companies must be committed to employing a clinical office and laboratory technician, additionally they must make investments in the laboratory facility. HIPS also assesses the catchment population to estimate potential capture of TB infected



individuals, must be at least 5,000 individuals. Furthermore, HIPS also maps proximity to closest TB treatment center and established referral points.

During the 4th Quarter, HIPS visited facilities at Exclusive Cuttings, the New Forest Company and Britannia. Based on a needs assessment during these visits, HIPS has supported these and other facilities through provision of medical/laboratory equipment for TB diagnosis and treatment, as well as training of staff. HIPS procured and distributed TB diagnostic and treatment equipment to Rwenzori Commodities Tea Estates clinics at Buzirasagama and Munobwa, Nytil/Picfare and Uganda Baati clinics. Support for Exclusive Cuttings, the New Forest Company and Britannia companies shall be considered during Year 3.

1.6.2 Conduct training of clinical personnel on TB diagnostics and treatment

In Year 2, HIPS facilitated training of 98 private clinicians on TB in HIV Management. Participant selection was based on clinics' existing partnership with HIPS and those that had potential to meet TB accreditation. The five day course offered at Mildmay Uganda and approved by the Ministry of Health emphasized integrated clinical management of TB and HIV. In March 2009, 56 staffs were trained, of which 23 were male and 33 female.

During the 4th Quarter, 42 staff were trained, of which 8 were male and 34 female.

1.6.3 Conduct on site performance follow up on trained clinical personnel on TB diagnostics and treatment

In Year 2, 71 of the 98 private clinicians trained at Mildmay from 15 Districts were followed up with via on site visits. The purpose was to assess their on-the-job performance and offer support where necessary to enhance TB case detection and treatment. In all facilities, staff were implementing TB and HIV collaborative care, diagnosing and referring. The rest of the staff are to be followed up in the first quarter of Year 3.

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

In Year 2, HIPS facilitated NTLP to inspect 20 selected private health facilities for accreditation, of which 10 were approved, bringing the total number of private facilities accredited for TB to 27. Initially, HIPS had supported all these facilities with laboratory equipment/supplies, training of staff, IEC materials and registers to ensure readiness for accreditation. Of all the accredited units, 18 have reported smear positive cases during the fourth quarter and started them on CB DOTS. HIPS ensured that each of the clinics was supervised at least once during the year and will be continued as an integrated activity during Year 3. Those clinics not accredited are conducting diagnosis and then referring to an NTLP approved site for treatment.

1.6.5 Investigate options for equipping labs at selected companies' clinics with basic diagnostic equipment and reagents

HIPS procured and distributed TB diagnostic equipment to 22 Health facilities at private sector companies and clinics at Wagagai Flowers, Kamwokya General Clinic, Mirembe Medical Centre, Sims, Kyadondo, Kinyara, Mityana Tea, Kyotera, Kabalega, Kitetika, Safeguard, Lambu, Goodwill, Whitehorse, Nytil/Picfare, Mityana, Tooro-Kahuna, Kinyara, Pader Mobile, Kakira, People's, UGACOF, Buzirasagama and Munobwa.

During the 4th Quarter, HIPS procured laboratory equipment for two facilities at Munobwa and Nakigalala Tea Estates.

1.6.6 Conduct peer educator training under Good Life at Work Module at selected companies

In Year 2, HIPS, UMA and FUE trained 2,174 peer educators in TB as part of the integrated package of the Good Life Module from 16 companies. Of these 1,299 were male while 875 were female.



During the 4th Quarter, 442 Peer educators of which 270 male and 172 female were trained.

1.6.7 Procure and distribute TB registers and forms for the HMIS at selected company clinics

In Year 2, In order to strengthen the HMIS system data recording collection, storage and reporting on TB at company clinics, HIPS printed and distributed to 40 partner clinics TB registers and forms revised by NTLP to capture HIV/AIDS collaborative activities.

1.6.8 Collaborate with the NTLP for a public-private mix referral system for diagnosis, treatment and supervision of private health facilities.

In Year 2, HIPS and the NTLP carried out TB logistics support at 16 partner private sector facilities at Mwenge, Kiko, Ankole, Tooro-Kahuna, Wagagai, Kyotera, Bugambe, Kabalega, Muzizi, Kinyara, Lugazi, Kakira, Tororo Cement, Kibimba, Uganda Clay's and Uganda Baati. Of the 16 facilities, 10 were visited during the fourth quarter. This was preceded by a TB logistics TOT by NTLP that included two HIPS staff members. The purpose of the support was to ease the process of requisitioning for TB drugs and bimonthly reporting to the NTLP and the districts.

Table 13: TB Performance Indicators

Table of indicators for TB Control	Quarterly Achievement	Cumulative Total	Annual Target
Number of workplace sites accredited by NTLP to participate in PPM - DOTS	0	27	5
Number of workplace healthcare providers trained in PPM DOTS with USAID funding	42	98	75
Number of TB cases reported to NTLP by USAID–assisted private workplace providers	181	566	100
Number of new smear -positive cases diagnosed by non–NTLP providers	38	176	75
Number of new smear positive cases who receive DOTS from non–NTLP providers	31	138	65

TB Challenges:

- Low levels of awareness about TB infection, diagnosis and treatment among health workers and the communities.
- Low case detection from lack of qualified laboratory and clinical personnel capable of making a diagnosis of TB at some of the partner facilities.
- Accredited private facilities encounter issues in accessing TB drugs from the Districts.
- Inadequate support supervision to private facilities by the Districts.

TB Recommendations:

- HIPS will continue to facilitate training of health workers, peer educators and communities on TB diagnosis and treatment.
- HIPS to provide more equipment and supplies for TB Diagnosis to increase case detection at partner private facilities.
- HIPS will continue to encourage companies to ensure availability of laboratory and clinical staffs capable of diagnosing and treating TB.
- HIPS will follow up closely with accredited clinics, districts and NTLP to ensure availability of drugs.



- HIPS will link partner private sector facilities to NTLP and Districts through UMA and FUE to ensure sustainability of interventions and supervision.

Key Activities Planned for Next Quarter:

- Conduct situational analysis: assess interest in and need for TB treatment in select company clinics and identify private clinics for NTLP accreditation.
- Investigate options for equipping labs at selected companies' clinics with basic diagnostic equipment and reagents.
- Conduct training of clinical personnel on TB diagnostics and treatment.
- Support accredited facilities in TB Logistics Management and conduct support supervision with NTLP and district teams.

TB SUCCESS STORY: HIPS Supports Wagagai Flowers to Set up a Laboratory for TB Diagnosis & Treatment Services

During Year 2, HIPS supported activities to increase access to TB diagnosis and treatment among 27 private sector company facilities and clinics.

Attached are pictures of Wagagai Flowers Company clinic and laboratory, which opened this year and is located in Nkumba Parish near Kasenyi fish landing site on lake Victoria and has a catchment population of approximately 10,000. The nearest referral facility is Kisubi Hospital almost 10km away. Early this year, HIPS supported the facility with diagnostic laboratory equipment, staff training, NTLP accreditation and TB logistics management support. The facility has already diagnosed three patient with TB and started them on TB drugs requested through the Wakiso District TB and Leprosy Supervisor.

This together with other private sector facilities supported by HIPS have contributed to a significant increase in the number of TB cases reported to the NTLP as well as ensuring access to company employees and the community.

Wagagai HC III



The Laboratory

1.7. REPRODUCTIVE HEALTH AND FAMILY PLANNING

HIPS significantly exceeded all FP/RH indicators in Year 2, as demand from our partners is high for these critical services. In Year 2, HIPS continued to focus on capacity building of partner clinics for FP/RH services, support to community outreaches, strengthening referrals and ensuring regular supplies of FP commodities. Additionally the Project, added four critical areas to its family planning program--Long Term and Permanent methods (LTPM), Men Only Seminars, pre-recorded radio programs and community videos focused on FP. Overall we have achieved 90% regularity contraceptive supply, (in the fourth quarter we achieved 100%) at partners sites, increased the number of FP sites to 70, and provided 2,703 years of protection.

1.7.1 Conduct training of company health providers on FP/RH products and LTPM methods:

In Year 2, 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. 36 people from 30 companies benefited from this



training. In addition, 50 health workers from 10 companies were trained in Long Term and Permanent Methods (LTPM).

During the 4th Quarter, HIPS signed a MOU with the Program for Accessible Health, Communication and Education (PACE). PACE, formerly PSI, will provide technical assistance and support to health service providers under the HIPS long term and family planning workplace program. The program will initially start with the 10 HIPS LTPM partner sites and will be gradually scaled up to other companies. This partnership will provide training support, FP commodities, create demand for services. HIPS will monitor the quality of services at the sites and link partner sites to the MOH to access free FP commodities and other free sources of FP drugs.

1.7.2 In Partnership with UHMG, Procure and distribute FP supplies for selected companies

In Year 2, the Project has utilized and promoted UHMG’s established communication platform, ‘The Good Life’ and adapted it as ‘The Good Life at Work’. HIPS’ Marketing Officer, who shares her time between UHMG and HIPS promotes health commodities at partner sites, provides oversight at health fairs and conducts peer education. Through support supervision, we regularly assess partner FP/RH needs and encourage partners to maintain adequate stocks of FP drugs. HIPS has linked 20 partner sites to UHMG to access subsidized FP commodities while others have obtained supplies from other sources. In Year 2, there has been an overall 50% increase in demand for FP supplies.

1.7.3 Conduct training for community/peer educators in selected estates and companies

In Year 2, a total to 2,174 trained peer educators (1,299 were male while 875 were female) were trained in family planning and reproductive health.

During the 4th Quarter, 442 peer educators from 13 companies were trained (270 males and 172 females). In the same quarter, three refresher trainings were conducted to update peer educators on long term and permanent methods and how to mobilize for Men Only Seminars

Table 14: Family Planning Indicators

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Peer educators trained	270	172	442	2174	2,000
Number of counseling visits	115	1027	1142	3059	2,000
CYPs	1175		1175	2703	2,000
Number of new acceptors	1214		1214	2350	900
Number of USG assisted service delivery points providing FP counseling or services	28		28	70	30
Number of community outreaches			266	492	120
Regularity of contraceptive supply	100%		100%	90%	90%
The Number of people who have seen or heard a specific USG-sponsored FP/RH message	57,788		57,788	140,235	60,000

1.7.4 Conduct 120 community outreaches and community videos on FP

During Year 2, HIPS supported a total of 11 companies to conduct 62 video shows on FP reaching 17,610 people. Demand for video shows was very high as the education-entertainment format was popular. The video shows were mainly utilized to mobilize people for education events that included health fairs, VCT outreaches and Men Only Seminars. Relevant educative DVDs were used during the shows. Initially, Pulse and EXP agencies were utilized to provide technical support during the shows but later on during implementation, the approach was discarded for the low cost alternative of using peer



educators to conduct the shows with technical support from HIPS staff. Currently in many companies, peer educators can competently conduct the activity with minimal technical support. Using a combination of health facility outreaches, health fairs and RH days, peer education and men only seminars, HIPS' partners conducted a total of 492 FP outreaches in year 2.

During the 4th quarter, HIPS conducted 10 video shows in 5 companies and reached 3704 people.

Also using a combination of health facility outreaches, health fairs and RH days, peer education and men only seminars, HIPS' partners conducted 266 community outreaches focused on family planning.

1.7.5 Men only seminars

In Year 2, the Project conducted men only seminars to promote and stimulate demand for family planning amongst men (18-45 years). The seminars focused on a central theme: *'Having a small manageable family is key to a better life and men are important to planning a family.'* A total of 3,623 men have been reached with FP information through these seminars. Men have also invited their spouses to join these seminars. Following these seminars, couples expressed strong intentions to take up family planning services. Participants were also referred to services in their community, IEC materials were distributed and counseling provided. This program has proven to be a success and new companies have expressed interest.

During the 4th Quarter, the approach was expanded to address other issues like MMC, reduction of multiple sexual partners (MSPs) and other health issues. Two Men only Seminars were conducted in the fourth quarter.

RH/FP Challenges:

- Through the addition of new services to our FP menu we have seen an increase in demand for support for FP products and services. However, commodities like Implanon, Jadelle and IUDs are not readily available on the market.
- Record keeping for FP has been poor at partner sites. Many sites lacked FP registers, client cards and forms.

RH/FP Recommendations:

- The Project's partnership with PACE should support partners with key FP supplies. We will continue to closely monitor stock at partner sites and work with UHMG and PACE to ensure timely supply deliveries.
- The Project has procured FP registers for all partner sites. Onsite support will be provided to ensure that records are properly filled.

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.
- Conduct support supervision and identify two new Long Term and Permanent Methods Sites for training
- Procure Mama Kits and basic maternity equipment.



FP/RH SUCCESS STORY - James Finlays (U) Ltd.

Located in the western part of the country, Finlays is a privately owned tea producing company spanning the districts of Kyenjojo and Fort Portal. The company with support from the HIPS Project is providing comprehensive FP/RH services in its network of company clinics and through community outreaches to its 5,000 employees and the surrounding communities of more than 60,000. Mobilization has been done through community videos and pre-recorded radios programs, men only seminars and health fairs. To ensure 100% regularity of FP supplies, the company regularly purchases its products from HIPS partner UHMG (the Uganda Health Marketing Group). In Year 2, HIPS supported Finlays to add long term and permanent methods to its FP menu of services. In total 1,123 new acceptors for FP were served in Year 2, providing over 230 Couples Years of Protection



Peer educators conducting a FP skit at a health fair

Task 2: Expand the Number of Global Development Alliance (GDA) Partnerships

Over the past year, HIPS has moved beyond the typical HIV/AIDS workplace-program partnership approach with companies to create partnerships that are more comprehensive. Although the Project's point of entry in partnering with the private sector is HIV/AIDS, HIPS has worked to scale up services at each company to include TB, Malaria, RH/FP and OVC services.

Whereas most of the GDAs built in Year 1 were with large companies (9), new GDAs built in Year 2 were characterized by medium sized (100 to 500 employees) companies. These companies have all been engaged in building sustainable partnerships that entail working closely with either FUE or UMA and creating stronger linkages with the local district health teams. In fact, some companies like Nile Breweries and KCCL, due to their extensive company-to-community health programs, have hired extra personnel to take on implementing the increased scope of activities.

During Year 2, HIPS worked with 48 companies, creating 20 new GDA partnerships and renewing and expanding 9 existing GDA partnerships,

Of the 48 HIPS partner companies, 38 company clinics have received MOH accreditation and provide free services to the community in HIV/AIDS prevention and treatment. All 48 partner companies have been involved in extending at least two new health service (TB, Malaria, RH/FP) to their beneficiaries in addition to HIV/AIDS prevention and treatment. Over 30% of company clinics are implementing the full HIPS menu of services. (*See Appendix 5: Company provided health services*)

In FY 2009, HIPS GDA company contributions exceeded the US\$ 1 million mark. HIPS leveraged a total of US\$ 1,081,911 in private sector contributions whereas HIPS invested US\$ 684,719, nearly a 2 to 1 ratio. (*See Appendix 4: HIPS FY09 GDA Leverage*)

HIPS GDA partnership criteria:

1. The Project and Company partnership objectives are aligned
2. A joint MOU signed, defining roles/responsibilities, activities and contributions of each partner
3. Minimum 1:1 matching of funds between Project and Company (minimum US\$ 5,000 in company contributions).



2.1. DEFINE A HIPS TARGET LIST AND IDENTIFY GDA AND NON-GDA (LESS THAN 1:1 MATCH) COMPANIES TO PRIORITIZE FOR PARTNERSHIPS

In Year 2, HIPS identified a list of 40 potential partners, drawn up from sources that included the annual URA tax payers list, to make the HIPS partnership approach more strategic. Factors like current HIPS coverage and potential number of people to be reached were taken into consideration. The list was also designed to expand to sectors beyond the traditional rural agriculture setting to include companies like UTL and Unilever. HIPS approached all 40 companies and partnered with 28 of them (a 70% success rate).

During the 4th Quarter, 3 companies from the HIPS target list were approached for GDA partnerships. These were UTL, Eskom Limited, and Uganda Baati. All three began partnerships with HIPS.

2.2. REVIEW EXISTING PARTNERSHIPS AND GDAS DEVELOPED UNDER THE HIPS PROJECT AND CONDUCT NEEDS ASSESSMENT FOR ADDING NEW HEALTH SERVICES, BENEFICIARIES AND OVC SUPPORT

In Year 2, 15 GDAs and 3 non-GDA partnerships were assessed to streamline existing health workplace programs and create more demand for services. This was done at Tullow Oil, Finlays Tea, Kasese Cobalt Company, Nile Breweries, Rwenzori Tea, Kakira Sugar, Kinyara Sugar, Royal VanZanten Flowers, Ugacof, Wagagai Flowers, Roofings Limited, Hima Cement, Luwero Industries, Xclusive cuttings and Mpongo Limited. The three non-GDA partners were Melissa Flowers, SCOUL and Nakigalala Tea Estates.

At all 18 companies, activities were scaled up to include at least one additional health service from the HIPS Menu. Three partnerships were formalized with MOUs (Luwero Industries, Roofings Limited and Wagagai Flowers), four were included into the IPT2 malaria prevention program (Kinyara, Kakira, Hima cement, and Wagagai) and two were engaged in implementation of OVC activities under the HIPS matching grants program (Kinyara and Mpongo Limited).

During the 4th Quarter, 5 partners (Roofings Limited, SCOUL, Melissa Flowers, Nakigalala Tea and Xclusive Cuttings) were engaged to expand their current health workplace and community programs. All 5 are now extending additional health services to their communities that include the IPT2 malaria program and health fair activities. Roofings has scheduled 2 community health fairs to be held within the next quarter while SCOUL and Xclusive Cuttings have been scheduled for peer education activities. At both Nakigalala and Melissa Flowers, the clinics' reporting mechanisms have been streamlined and the clinics are now able to make timely requests and reports to both MOH and HIPS.

2.3. & 2.4. CONDUCT RESEARCH ON PRIVATE NON-PROFIT ORGANIZATIONS AND FOUNDATIONS TO EXPLORE GDA TYPE OPPORTUNITIES & APPROACH AND PURSUE ESTABLISHMENT OF GDAS WITH PRIVATE NON-PROFIT ORGANIZATIONS AND FOUNDATIONS FOR INCREASED SUPPORT TO THE INFORMAL SECTOR

In Year 2, HIPS followed up with companies that were identified during a CSR study funded by the World Bank. This study, in addition to identifying opportunities for partnering with other in country donors, investigated private sector motivations for engaging in CSR. HIPS actively participated in the focus group discussions during this research. Since HIPS private sector partners have mainly comprised of companies, the team realized an untapped market among the international foundations and NGOs identified. HIPS worked with subcontractor OAI to pursue these nonprofit organizations and foundations using the CSR model of partnership. In this model, HIPS partners with an organization/foundation, to extend health services to a select population (not typically employees or supply chain) such as a telecom company, to provide health services to a target population. HIPS explored partnerships with Telecom companies, Cisco Networking Academy and the Gatsby Trust.



During the 4th Quarter, HIPS worked closely with UTL to design a pilot model through which HIPS-trained peer educators would be equipped with mobile phones to create an effective phone referral network that would enable them seek and receive timely information on key health issues. HIPS and OAI also approached Cisco, a networking and communications technology corporation, to partner in providing business knowledge and planning skills to business oriented OVC and care givers. These partnership are still in the negotiation/feasibility stage.

2.5. & 2.6. PARTNER AND IMPLEMENT ACTIVITIES WITH AT LEAST 10 NEW COMPANIES AS DETAILED IN THE HIPS MENU OF SERVICES & SIGN MOUS AND BEGIN IMPLEMENTATION OF GDA PARTNERSHIP ACTIVITIES WITH AT LEAST 3 COMPANIES AND 2 PRIVATE NON-PROFIT ORGANIZATIONS

In Year 2, HIPS renewed 9 GDA partnerships from Year 1 and signed up 20 new ones to bring the total number of GDAs since the beginning of the Project to 29. HIPS also worked with 19 additional companies/organizations in non-GDA partnerships (less than a 1:1 match of resources) in Year 2 to bring the total number of partnerships completed since the inception of the Project to 48.

During the 4th Quarter, HIPS partnered with 3 companies, Eskom and Uganda Telecom and Uganda Baati, leveraging a total of US\$ 56,610. At Eskom, 28 peer educators have already been trained and one health fair conducted while at Uganda Baati, clinic staff were trained at Mildmay and the clinic was accredited by the MOH to start providing ART.

2.7. FINALIZE AND REFINE THE HIPS MENU OF SERVICES COST SHEET AND COMPANY COMPREHENSIVE SPREADSHEETS HIGHLIGHTING RESOURCES LEVERAGED PER PARTNER

In Year 2, the HIPS Menu of Services was revised to reflect actual cost figures while reflecting FUE and UMA's activity costs. When negotiating with new partners HIPS/FUE/UMA can clearly indicate how much each activity costs and negotiate the cost sharing arrangement with the company. The comprehensive company spreadsheet indicating all our collaboration data with our private sector partners has also been updated. Furthermore, HIPS completed a mapping of all 88 clinics and partnerships illustrating HIPS work in 47 districts (page 4). This mapping has been used to design a strategy for Year 3 to address regional gaps and to focus more on hard to reach, underserved populations, particularly in Northern Uganda (*See Annex 4: HIPS Company Spreadsheets*)

2.8. CONDUCT AN ANALYSIS OF UGANDAN COMPANIES ENGAGING IN HEALTH WORKPLACE PROGRAMS TO DETERMINE IMPACT

In Year 2, HIPS teamed up with consultants from Makerere University Kampala and Boston University School of Public Health (BUSPH) to conduct research on the impact of company sponsored ART benefits, Ugandan Companies' role in health services, and ART related costs in private clinics. These reports were finalized in the 4th quarter:

- 1. The Hima Cement Case Study looked at the costs associated with ART provision at the workplace. This study was an update of the 2004 study conducted under the Business PART Project "The Impact of ART on employer costs" and applied the same research methodology. The 2009 Hima study revealed that the annual employee death rate due to chronic disease (including HIV/AIDS) at an average sized company reduced by more than 75%, from 1.6% of the total employment prior to ART introduction to 0.27% five years after ART introduction. (*See Appendix 3: "The Impact of ART on Employer costs related to AIDS"*)
- 2. A Survey of Ugandan companies on Employer provided health services. This study was done to update the USAID/Business PART research done in 2004 to determine the Role of the Private Sector



in Preventing and Treating HIV/AIDS in Uganda. This survey of 80 Ugandan companies on Employee Health Services revealed that company involvement in health programs has increased in all cases except for ART provision (see table below). This decrease may be explained by the wide availability of free ARVs in the public sector (which was not the case in 2004) New additions to the survey included the percentage of employers providing Malaria treatment, TB treatment and ANC services. (See Appendix 3: “The Role of the Private Sector in Providing Health Services in Uganda”).

Health Service	2004	2009
Employers that have an HIV/AIDS Policy	16%	24%
Have HIV/AIDS Workplace Prevention Programs	43%	53%
Provide Support for HIV Counseling and Testing	27%	33%
Offer ART to Employees	32%	29%
Provide Malaria Treatment	N/A	61%
Provide TB Treatment	N/A	39%
Provide ANC Services	N/A	39%

3. HIPS evaluated ART cost in private settings to develop a “case rate proposal” for HIV Treatment & Care at certified clinics. Using data from the medical records of 320 patients who had been receiving first line ART for a year or more at one of 22 accredited ART clinics (15 employer based, 7 private) in Uganda, this study estimates the average annual cost of ART, and the variation in such costs. Data from the “case rates” proposal shows that the ‘out of pocket’ monthly cost for an ART client in a private for profit clinic is USD \$32 (UGX 64,000/=). Since ARVs are currently available for free, the only costs an HIV/AIDS positive client should incur are consultation fees, laboratory tests and drugs for opportunistic infections. It is worth noting that most of the HIPS company clinics do not charge for consultations, laboratory tests or OI drugs. This information will be used to negotiate ART case rates between companies and private clinics for the provision of ART for employees and dependants. (See Appendix 3: “Development of Case Rates for HIV Treatment and care at certified Private Clinics”)

2.9. ESTABLISH COMPREHENSIVE MASTER LIBRARY OF MOUS WITH PARTNERING COMPANIES AND ORGANIZATIONS FOR FUTURE REFERENCE AND ADOPTION BY FUE AND UMA

In Year 2, the HIPS Project created a directory of all existing MOUs and subcontracts between HIPS and its partner companies and organizations. These MOU documents have been adopted by both FUE and UMA for use with their partners. HIPS further designed a simple assessment tool to gauge level of companies’ involvement versus their MOU commitment to ensure all parties meet their partnership obligations.

During the 4th Quarter, an assessment tool was applied to evaluate partner commitments outlined in MOUs against actual activities and contributions. Over 90% of HIPS partnerships are on track, with only 4 companies identified as behind schedule in implementing their workplace programs. The PPP team followed up with all of them to address challenges and reinvigorate the partnership.

2.10. ENGAGE INSURANCE FIRMS TO PROVIDE COMPREHENSIVE HEALTH COVER THAT INCLUDES HIV/AIDS TO THEIR CLIENTS IN BOTH THE FORMAL AND THE INFORMAL SECTOR

In Year 2, HIPS continues to promote health insurance options to our partners as cost effective ways to extend comprehensive health services to employees. HIPS also connects company clinics to these insurance companies that also provide clinic management services, which is a valued service to many of our partners, such as RoyalVanZanton and Hima Cement.



During the 4th Quarter, HIPS presented its Menu of Services to the Uganda Insurers Association (UIA) to raise their interest in extending affordable health services. HIPS is following up with this group to ensure that more community clients are reached with health messages and services through these firms.

Table 15: Global Development Alliances Indicator Table

Table of indicators for Global Development Partnerships	Quarterly total	Annual total	Annual Target
Number of workplace sites collaborating with USAID to offer expanded HIV/AIDS (treatment) services to include the community	13	38	17
Number of existing and new workplace sites (clinics) with integrated health services RH/FP, TB or malaria	11	38	30
Number of GDA partnerships developed according to USAID principles	3	29*	12

**20 new GDAs in Year 2 plus 9 renewed from Year 1*

GDA Challenges:

- Some HIPS company partners expressed concern on the amount of time their staff spent on HIPS programs. HIPS has introduced many new services and are continually offering companies additional services. Additionally company managers are not always being updated by their staff on HIPS activities and impact of these activities.
- Although companies clearly see the business case for investing in employee health, they are cost conscious and concerned about the sustainability of health programs as increasing numbers of community members access their clinics/services.

GDA Recommendations:

- HIPS will organize an event bringing our partners together to update them on current achievements and items now available from our ‘Menu of Services’. HIPS will also update management at each company on impact of activities and provide opportunity for recognition of outstanding achievers at the workplace.
- HIPS will find various ways of engaging partners in low cost activities from our Menu of Services, such as health fairs, training company employees via TOT for peer education, and access to free or subsidized commodities, such as HIV test kits and contraception. Additionally we will continue to build stronger links between the company and district health teams.

Key Activities Planned for Next Quarter:

- Develop an approach to migrate the primary point of contact for companies from HIPS to FUE and UMA.
- Increase current partner company contributions to a higher leverage ratio based on their ability to pay.
- Integrate findings from Year 2 HIPS studies (the company survey, HIV private sector case rate costs, impact of ART on employers cost) to build a stronger business case for private sector participation in healthcare.



SUCCESS STORY

In Year 2, HIPS partnered with Ugacof Ltd., a coffee and cocoa production and export company. Although Ugacof has only 700 employees, it has a large catchment population of 66,100. The Ugacof/HIPS partnership started small by first developing a workplace policy and providing peer education. As demand for services increased, HIPS assisted Ugacof to find a cost effective way of extending more comprehensive health services to employees and the community. HIPS helped Ugacof minimize structural costs while providing high quality services by designing a "container" clinic. The clinic was accredited by the MOH and launched in April 2009. Before the company signed on with HIPS in 2007, the only access employees had to health care within the workplace was a simple first aid room attended by a single clinical officer.

Today, the "Ugaclinic", with the help of HIPS, provides the company workforce and the surrounding community with primary health care, laboratory services, VCT and ART.

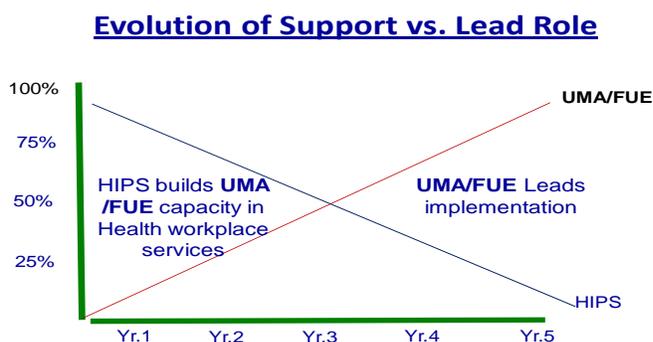


The Ugacof clinic on April 4th when it opened to the community

Task 3: Capacity Building- Support Initiatives to Strengthen the Private Sector Employers and Worker Organizations

In Year 2, HIPS concentrated its efforts on implementation of the sustainability plans that were formulated by both FUE and UMA, focused on increasing their institutional, programmatic and financial sustainability. Activities were guided by the strategic partnership approach below.

Strategic Partnership Approach



This diagram indicates that by the end of Year 3, both associations will have the capacity to take on more than 50% of HIPS targets in HIV prevention, including policy development, peer education, health fairs, community outreach/mobilization activities and support supervision to their company partners. Additionally, FUE/UMA will be more than 50% sustainable in delivering these programs to their member companies, i.e., each association will have generated revenue to pay for 50% of the human resources costs of workplace programs, with full capacity and sustainability by Year 5.

On schedule, by the end of Year 2, FUE and UMA lead over 35% of HIPS workplace prevention activities and were able to generate revenue from professional fees (fees paid by companies for workplace



services) to cover over 35% of human resources costs of each association's health workplace team. In Year 2, FUE generated 19 million shillings (9,900 USD) in revenue and brought on 15 new partners. UMA generated 15 million shillings (7,500USD). Both organizations have become recognized national leaders in health workplace programs. FUE was selected to be the national focal point for the East Africa HIV Business Coalition and the UN Global Compact.

3.1. DEVELOP SUSTAINABILITY STRATEGY FOR FUE AND UMA

3.1.1 Assist FUE and UMA in implementation of a sustainability strategy

In Year 2, HIPS worked closely with UMA and FUE to roll out their new sustainability plans. The sustainability plans were based on the study conducted in Year 1 that outlined areas of weaknesses that would impinge on the sustainability of workplace health programs. HIPS worked closely with both associations to build their capacity in health workplace programs and also provided technical assistance in proposal writing, development of marketing plans, revenue diversification and a costed menu of services to generate professional fees. In Year 2, FUE received a HIPS grant of \$56,000 and UMA of \$49,000 for FY09. Health workplace activities have been incorporated into the annual work plans of both associations.

During the 4th Quarter, HIPS held annual review meeting with FUE and UMA executive team to review progress against Year 2 targets. FUE met 90% of their overall targets, and significantly exceeded many targets, and UMA met 85% of their targets and also exceeded some. Sustainability plans were updated for Year 3, identifying new targets, areas for technical assistance, and an increased focus on marketing and revenue generation. Both FUE and UMA leadership, including executive directors and board members, are supportive and committed to these CSR and health workplace programs and believe this can be a sustainable service provided by their associations.

3.1.2 Assist FUE and UMA to recruit and train two full time staff on workplace health programs in each organization

In Year 2, HIPS supported the recruitment and training of program staff to implement workplace health programs at both FUE and UMA. This was done to strengthen the implementation capacity of both associations. Currently, FUE and UMA each have 2 full time equivalents (one person working full time and two other persons working 50% of their time) to market and implement workplace health programs.

3.1.3 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.

In Year 2, a list of all FUE and UMA companies was obtained and a priority list of companies to be targeted for workplace health activities was developed. HIPS Public Private Partnership team assisted FUE and UMA to set up meeting, visit companies and negotiate partnerships. From its target list, FUE was able to develop seven concrete partnerships with the New Forest Company, Reco industries, Kaweri Coffee, Rwenzori Commodities, Shell (U) LTD, Exclusive Cuttings and IITA (Research to Nourish Africa). UMA developed six concrete partnerships with Nytil-Picfare, Uganda Clays, Eskom (U) LTD, Wispro, Roofings LTD and KEN Group.

3.1.4 Assist FUE and UMA to develop a marketable Menu of Services to promote workplace health activities among their membership

In Year 2, HIPS offered technical support to FUE and UMA to develop a marketable menu of services to be used when presenting to new and existing members. This menu of services integrated both the core FUE/UMA activities and the workplace health program activities. The menu of services also outlines the cost of conducting each activity, thus assisting FUE/UMA to promote their consulting services and increase their income generation potential. All seven new FUE and six new UMA company partnerships paid professional fees, thus increasing their revenue.



3.1.5 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.

In Year 2, HIPS supported FUE and UMA in revenue diversification and marketing their menu of services to different organizations. A capacity building specialist from EMG's home office provided a four day training session of revenue diversification strategies and marketing plans. As part of the training, FUE and UMA analyzed, evaluated and ranked new revenue and funding opportunities, and initiated action plans to better pursue these opportunities. In Year 2, FUE earned USD 9,900 as professional fees from workplace health activities and recruited 15 new members from the central, western and northern regions of the country. UMA earned USD 7,500 as professional fees with the biggest percentage of income realized from the first national Nutritional, Health and Safety health fair.

3.1.6 Assist FUE and UMA to develop a marketing and financial plan to promote workplace health programs

In Year 2, a capacity building specialist from EMG, as earlier mentioned, facilitated a four-day training session for staff from both FUE and UMA. Eight staff from FUE and five from UMA attended the training. Lack of marketing and financial marketing plans was one of the gaps identified in the sustainability study as limiting the capacity of both FUE and UMA to market workplace health programs among their member companies. Both FUE and UMA have already produced marketing plans and will begin operationalizing them in Year 3.

3.1.7 Assist FUE and UMA to design and implement an M&E system

In Year 2, The HIPS M&E specialist guided FUE and UMA to develop a monitoring system to track activity progress against the set indicators based on FUE and UMA's scope of work. This included: developing data collection tools to collect information on peer education and health fairs, designing a database for easy storage and retrieval of information and establishing system for collection of peer educators' diaries. Both employer associations have assigned a person within their teams to be in-charge of M&E.

3.1.8 Assist FUE and UMA to conduct Training of Trainers (ToTs)

In Year 2, FUE and UMA's capacity greatly increased. In the beginning of the year HIPS mentored and assisted FUE/UMA during peer education trainings. Additionally, five FUE and four UMA staff attended a Training of Trainers (TOT) course facilitated by the HIPS BCC/Training team, designed to build their capacity to lead such trainings. Both associations are experiencing an increasing demand for workplace health activities from companies. By the end of Year 2 both organizations can successfully run peer education trainings on their own.

3.2. EXPAND THE SCOPE OF PRIVATE EMPLOYER ORGANIZATIONS FOR WORKPLACE INTERVENTIONS

3.2.1 Support FUE and UMA in conducting sensitization campaigns in SMEs and their communities on Malaria, RH and VCT through health fairs and local drama groups

In Year 2, HIPS worked closely with FUE and UMA in conducting sensitization campaigns among SMEs that are members of these associations. FUE conducted a sensitization campaign on HIV/AIDS and Malaria for Three Way Shipping Company while UMA conducted a three day peer education training for KEN Group LTD. All these companies are medium sized companies with fewer than two hundred workers. In Year 3, more effort will be made to reach out to the small sized companies via member associations.



3.2.2 Assist FUE and UMA to design a low-cost model of health fairs under the Good Life at Work Concept

In Year 2, HIPS, in partnership with FUE and UMA, designed a model of a low cost health fair to replace the more expensive models and increase future sustainability. The new initiative aims at developing the skills and competence of company and community peer educators and drama groups to effectively communicate health messages through an education-entertainment format. Drama groups from different companies and communities were taken through training on how to develop and effectively use music, dance and drama to communicate health messages. Both employer associations have, between them, successfully conducted 9 health fairs using the low cost model.

3.2.3 Support FUE and UMA to conduct regional and national health fairs

In Year 2, UMA with support from HIPS, held the first ever Uganda National Health, Nutrition and Safety Fair. The fair, which UMA intends to make an annual event, is modeled on the national trade fair annually conducted by UMA. The Health Fair attracted 15 paying exhibitors, who offered health services such as VCT, blood donation (collection), and other health tests. AAR was the main sponsor and the WHO country representative, Dr. Saweka, officiated the opening ceremony of the national health fair. Over 1500 people attended and UMA realized a net income USD 2,250. Lessons learned from this first national health fair will be used to improve the design and implementation of next year's event.

3.2.4 Provide assistance to FUE and UMA to train and supervise peer educators

In Year 2, HIPS provided support to FUE to train 397 peer educators from Toyota Uganda, Rwenzori Commodities, New Forest Company, and vocational institutes in the central, southern and western region on behalf of DED. FUE also conducted refresher trainings for 173 peer educators from the eastern, northern and western regions of the country. UMA trained 269 peer educators from Uganda Clays Limited, Eskom Uganda, Southern Nyanza Range Limited-Picfare Limited, KEN group, Wispro Uganda Limited and Roofings Limited. By the end of Year 2, both associations were experiencing high demand for workplace health programs, most notably peer education trainings and health fairs.

During the 4th Quarter, HIPS supported FUE to train 62 and UMA 99 peer educators from the companies already mentioned above. UMA also conducted an open refresher course for previously trained peer educators in Mbarara. This refresher was also aimed at devising strategies for revitalizing the Mbarara peer educators association.

3.2.5 Support FUE and UMA to conduct regional Peer Educators workshops

In Year 2, HIPS supported FUE and UMA to hold regional peer educator's workshops. FUE held regional workshops in Mbarara, Mbale and Fort Portal while UMA held regional workshops in Kampala and Jinja. Attendance in these regional peer education workshops was lower than anticipated and we will in the future evaluate the need to better market these workshops.

3.2.6 Assist FUE and UMA to develop relationships with their member companies on a cost-share basis to leverage resources on a 1:1 match.

In Year 2, HIPS assisted FUE and UMA to identify and negotiate partnerships based on a 1:1 match with their member companies for health workplace programs. The HIPS PPP team supported and mentored FUE and UMA on initial negotiations with companies and development of MOUs. FUE signed MOUs with: Rwenzori commodities, New Forest Company, Exclusive cuttings, Shell (U) LTD and Group 4 Security. UMA signed MOUs with: SNRL& Picfare, Uganda Clays Limited, Eskom (U) Limited and Tororo Cement. Furthermore, FUE and UMA independently made linkages to leverage resources from both member companies and non member companies to implement workplace health program activities. Companies such as Wispro Uganda Ltd, Toyota Uganda, KEN group, Kaweri Coffee and Reco industries made financial commitments to partner with UMA and FUE to implement workplace health programs.



3.2.7 Support UMA and FUE to lead in the development of HIV/AIDS workplace policies among 20 companies

In Year 2, together FUE and UMA assisted 30 companies, working with 67 employees, in the development of HIV workplace policies. FUE developed workplace policies for 8 companies, including; RECO industries, IITA (Research to Nourish Africa), Xclusive Cuttings, Group4Security, Kaweri Coffee, Blue Hackle Security, Shell (U) LTD and the New Forest Company. UMA assisted 5 companies to development workplace policies at Uganda Clays, Ken Group, Eskom Uganda Limited, Parambot industries and Uganda Baati.

In addition, FUE organized a one -day workshop to disseminate the new National HIV/AIDS policy. A total of 25 participants from 9 organizations attended the workshop and some of them expressed interest in not only being assisted to develop their policy, but also initiate a broad range of workplace health activities. These organizations were: the National Social Security Fund, Kenya Commercial Bank, Anti-Corruption Coalition Uganda, Uganda Insurers Association, BIDCO, SNV Netherlands, Kyambogo University, Reach out Mbuya, and the Uganda Co-operative Transport Limited.

During the 4th Quarter, FUE organized a policy development workshop that drew 13 participants from 6 organizations; Life Concern, Mid-North Private Sector Development, Acholi private Sector, UGAPRIVI, Association of Micro finance, WENIPS and FORMA. Most of the above organizations also expressed interest in initiating a broad range of workplace programs.

3.2.8 Support FUE and UMA to conduct regional conferences

During the 4th Quarter, HIPS supported FUE and UMA to conduct regional conferences which were used as a forum to recruit new member companies that will benefit from workplace health programs. In addition, the conferences provided an opportunity for FUE/UMA to showcase their role and involvement in workplace health programs and market the menu of services. FUE conducted regional conferences in Mbale, Lira and Gulu that attracted 137 participants while UMA conducted one in Mbarara that attracted 25 participants. The participants showed willingness to either join UMA or FUE or establish partnerships for health workplace programs.

3.2.9 Offer technical assistance to FUE and UMA to support accreditation of workplace sites in order to deliver integrated services

In Year 2, FUE and UMA accompanied HIPS in the accreditation of two company clinics. This was done to build the capacity of both employer associations in supporting the accreditation of company clinics and to participate in support supervision of company partners to ensure quality of health programs. HIPS staff worked with the UMA team to accredit the SNRL & Picfare clinic while the FUE team was assisted to facilitate the accreditation process of Rwenzori commodities clinics. It is envisioned these two associations in the future can help guide companies through the accreditation process through linking them to the appropriate MOH and district personal to initiate the process and subsequently participate in support supervision.

3.3. STRENGTHEN INVOLVEMENT OF PRIVATE EMPLOYERS' ORGANIZATIONS IN NATIONAL HEALTH POLICY ISSUES

3.3.1 Identify and engage a third private sector partner to champion national health policy promotion in the private sector



In Year 2, HIPS partnered with PSFU to launch the first annual ‘Association of the Year Award’. HIPS successfully lobbied to include workplace health programs in PSFU’s evaluation criteria and participated on the award committee. HIPS also worked with some of PSFU’s member associations to increase awareness and capacity of workplace health programs. FUE also included a new category of award at their annual ‘Employer of the Year Award’, for Best HIV/AIDS workplace program. This first annual award was given to long-time HIPS partner KCCL.

3.3.2 Continue to collaborate with the Ministry of Gender, Labor and Social Affairs

In Year 2, a number of consultative meetings were held with the Ministry of Gender, Labor and Social Affairs. Through these meetings, more opportunities for collaboration between HIPS and MoGLSD have been identified for both policy development and OVC. For example, the Ministry of Gender, Labor and Social Affairs participated in a HIV/AIDS policy development training that was organized by FUE. Ministry officials are also scheduled to participate in support supervision mainly on HIPS-supported OVC activities in the future. HIPS also presented at the MGLSD National OVC Implementers Conference and at two MGLSD’s stakeholders meetings.



HIPS COP awarding Kasase Cobalt Company with FUE's First Annual "Best HIV/AIDS Workplace Program" Award.

Table 16: Policy Systems Strengthening Indicators

Table of Indicators for Policy/Systems Strengthening	Quarterly Achievement	Cumulative total	Annual Target
Number of local organizations provided with technical assistance by USAID for HIV related policy development	8	30	25
Number of individuals trained in HIV related policy development	18	67	50
Number of local organizations provided with technical assistance by USAID for HIV related institutional capacity building	0	3	4
Number of individuals trained in HIV related institutional capacity building	6	18	15

Policy Systems Strengthening Challenges:

- HIPS’ approach has always been to support FUE and UMA but not dictate the way forward. This consultative process delayed finalization of the FUE and UMA Year 2 sustainability plan and workplan, with most activities commencing in quarter 2. However, both associations quickly caught up meeting their targets.
- Some of FUE’s and UMA’s member companies are skeptical of the “value” they receive from their memberships dues, and therefore introducing the health workplace program as an added cost (not a free service), necessitated a strong marketing approach and demonstrated “added value” by the associations to convince member companies to take up these services.
- Both FUE and UMA lacked the human resources capacity to deliver high quality health workplace programs on an increased scale. At the beginning of Year 2 each association had fewer than 2 individuals working on the health workplace team and both experienced attrition which mandated more training and capacity building of new employees.



Policy Systems Strengthening Recommendations:

- In Year 3, the process of reviewing and updating sustainability plans and workplans will start in September to avoid delays in subcontract/grant and implementation.
- FUE and UMA have demonstrated competency and the added value from the health workplace programs which has led to an increased demand for health workplace programs from new and existing members. A more aggressive marketing approach will be launched in Year 3 to further increase demand for these services.

Activities Planned for the Next Quarter:

- Offer continuous support to FUE and UMA in peer education trainings, policy development, ART accreditation of sites and in management of health fairs.
- Strengthen the capacity of FUE's and UMA's M&E system.
- Support FUE and UMA to implement their marketing strategies.
- Continue to offer support to FUE and UMA to achieve sustainability and revenue generation for workplace health programs.

Uganda Clays Limited: From Policy to Implementation

Uganda Clays LTD, a member of the Uganda Manufacturers Association, launched its HIV/AIDS workplace policy on 11 July 2009. The launch, which coincided with a health fair where free Voluntary Counseling and Testing (VCT) services were provided, was part of a series of activities implemented in partnership between UMA and Uganda Clays, with technical from HIPS. Achievements under this partnership include: an HIV/AIDS workplace policy launched and disseminated to all employees; 58 employees and community members were trained as peer educators. These peer educators in turn have reached out to over 2000 people with key health messages on HIV/AIDS, TB, Malaria and RH/FP. In addition, a health fair was conducted at the company, during which 1,017 people accessed key health information on HIV/AIDS, Malaria, TB and RH/FP, and 562 people were counseled and tested for HIV/AIDS. 3 company clinic medical personnel have been sponsored at Mildmay for training in management and treatment of HIV/AIDS, TB diagnosis and treatment and VCT services. Uganda Clays' clinic has been accredited by the MOH for free ARVs.

In this partnership, on top of matching the cost for activities with HIPS, Uganda Clays paid UMA US\$1,005 in professional fees, contributing to the financial sustainability of UMA.



Task 4: Implement innovative approaches to support orphans and vulnerable children through the private sector

4.1. EXPAND LINKAGES TO CARE AND TREATMENT FOR OVC IN COMMUNITIES

In Year 2, HIPS has created 9 matching grant partnerships with Ugandan companies to deliver comprehensive care using the OVC corporate engagement models. Partnerships benefit hard to reach areas, fishing communities, war affected areas in northern Uganda, and OVC who are living with HIV and AIDS. HIPS has to date reached 3,090 OVC with a minimum of three services, of these 1,495 were boys, while 1,595 were girls. The services provided included among others support for education through provision of scholastic materials, payment of school dues and follow up of children to ensure regular school attendance through school visits. Psychosocial support services included provision of cognitive and life planning skills, spiritual support and basic counseling for children and home visits. The health care services provided to children included HIV provision and referral for clinical care and hygiene at



household level. Child protection interventions carried out this year involved working with the local council leadership, police and probation officers as well as following up children who had been married off and supporting children living in abusive situations. OVC households were also supported to improve household income through micro business skills training and 71 OVC were enrolled for various apprenticeship skills training programs. Using a 1:1 match approach, HIPS has provided grants worth US\$ 147,145 in Year 2 and companies have matched it with US\$ 254,684.

The services indicated above were provided using the HIPS corporate engagement models:

- **Corporate Sponsorship (CS) model:** where private sector partners provide cash and in-kind support to OVC implementing organizations, often as part of their CSR program.
- **Market Linkages (ML) model:** where a company assists OVC households to develop the capability to produce for markets and facilitates their link to markets.
- **Supply Chain (SC) model:** which utilizes companies' suppliers, such as farmer associations, to help identify OVC households and provide them information and services and potentially link to a company supply chain.
- **Training / Jobs Creation (TJ) model:** where a company links OVC who have dropped out of school and their caretakers to relevant job training and job placement programs.

HIPS also continued to foster relationships with the Ministry of Gender, Labour and Social Development, through regular meetings and HIPS presentations at the National OVC Implementers Conference and the MGLSD biannual stakeholder meetings.

4.1.1 Implement six comprehensive OVC care and support grants using corporate engagement models

In Year 2, HIPS has supported nine partners to deliver comprehensive care using the corporate engagement model. HIPS has to date reached 3,090 OVC with a minimum of three services, of these 1,495 were boys, while 1,595 were girls

Table 17: HIPS OVC Partnerships

Partner	Engagement Model	Number of OVC	District
Nile Breweries Ltd	Supply chain	914	Hoima, Masindi, Lira, Oyam, Soroti, Kaberamaido, Katakwi, Amuria, Pallisa, Budaka, Bukedea, Kumi, Amolatar
Kakira Sugar Ltd (KORD)	Corporate sponsorship	532	Jinja, Kamuli, Iganga, Mayuge
Cornerstone Development (ACM)	Market access	584	Nakasongola
Elizabeth Glaser Pediatric AIDS Foundation	Corporate sponsorship	205	Masaka, Mukono, Kabale, Jinja
Kasese Cobalt Company Ltd (KCCL)/ YAPI	Corporate sponsorship	211	Kasese
Bead for Life / Alcode	Market access	424	Lira
Caring Hands	Market access	154	Kampala
Kinyara Sugar Ltd / Kinyara Client Group	Corporate Sponsorship	66	Masindi
Mpongo Company Ltd/ Fishing Communities Health Initiatives	Corporate sponsorship	Launched Sept 2009	Masaka

During the 4th Quarter, HIPS partners' Bead for Life, Caring Hands and Cornerstone Development used the Market Access Model to deliver services for OVC and their households. Using the Market Access Model, Bead for Life has doubled the price paid for shea nuts collected by women in Otuke County from Ug.shs. 600 to Ug.shs. 1,200 and this will increase the amount purchased--OVC household incomes are



therefore expected to more than double by end of 2009 from current income levels of 24,000 ugsh. Bead for Life is also working at widening the markets for shea butter and consequently an increase in the quantity of nuts bought from the women.

Caring Hands has also supported OVC household to improve on the quality of beads produced which they sell on international markets. In the month of September, the quality and quantity of beads bought from the bead makers improved and the OVC caretakers realized an increase in average take home in sales from Ug.shs. 240,000 to Ug.shs. 260,000. The caretakers at Cornerstone have also realized an increase in take home from bead sales from Ug.shs. 150,000 in June to Ug.shs. 180,000 in September. The beads have been sold to international chain, World Crafts. The improvement in the household incomes will also improve the quality of life of OVC by meeting the physical and material needs of the children which otherwise would not have been met without an income to the households.

Kakira Sugar Works /KORD, KCCL/ YAPI, Kinyara Sugar, Mpongo Company Ltd / Fishing Communities Health Initiatives and EGPAF used the Corporate sponsorship model, while Nile Breweries Ltd used the Supply chain model to deliver comprehensive services to OVC. Partnership building activities during the quarter centered on participation in District OVC coordination meetings in the districts of Kasese, Jinja, Iganga, Pallisa and Soroti. Coordination meetings allowed partners to present their activities to other stakeholders, minimizing duplication of services but also enhancing development of referral mechanisms with other partners and tapping into stakeholders' services where they have a comparative advantage in the district, thereby enhancing development of functional referral mechanisms and wrapping around of services for the OVC and their households.

4.1.2 Conduct community mobilization meetings

In Year 2, HIPS partners conducted community mobilization meetings to be able to identify OVC eligible for support in the community. Community mobilization meetings were held with KCCL, Caring Hands and Kinyara communities, with the purpose of involving the community in identification of eligible OVC households. To this effect, the community has been directly involved in selecting OVC who have been enrolled in the respective programs.

During the 4th Quarter, Kinyara Client Group and Mpongo/Fishing Communities Health Initiatives conducted community meetings as part of the process of identifying and selecting OVC by the community members. The community mobilization meetings were followed by home visits to households which were selected during the community meetings, to examine the physical, economic and social status of the OVC and their household prior to commencement of interventions for the household.

4.1.3 Implement training courses for OVC caretakers in catchment areas of selected companies

In Year 2, HIPS has trained 458 caretakers of OVC in OVC care and support, child protection and cognitive and life planning skills. These trainings aim at building the skills of caretakers in service delivery and introducing them to the concepts of OVC, challenging behaviors of children, child protection, current trends of HIV and AIDS, traditional healing mechanisms that can be used to deliver psychosocial support and social support systems as well as the importance of succession planning, will making and partnership building among others. Other areas of focus included child protection skills trainings, focused on prevention of child abuse, child participation, children' rights and succession planning as a child protection mechanism, referral and networking. Cognitive and life planning skills on the other hand were meant to support children understand themselves, reproductive health issues including HIV and AIDS and also build the decision making skills of the children.

During the 4th Quarter, HIPS built the capacity of 96 caretakers in care and support and child protection. Of these, 41 caretakers were selected from the women affected by war in Otuke County Lira district, selected from the sub-counties of Orum, Okwang, Olilim and Adwari by Bead for Life. In addition, 39 caretakers from Kinyara Sugar Ltd selected from among the company employees and out growers in the community were also trained in OVC care and support. Participants were guided on how to identify



existing functional referral systems in their community and the importance of the referral system to service delivery. HIPS also built the capacity of 16 caretakers from KCCL/YAPI in child protection. The trained caretakers will work with the community trained child protection committees to support OVC within the fishing communities which are faced with increased cases of child abuse.

4.1.4 Training of OVC in cognitive and life planning skills

In Year 2, HIPS has facilitated the training of 152 peer educators in cognitive and life planning skills selected from among the children both in school and out of school. The trained peer educators have reached out to fellow children with HIV prevention information, cognitive skills, reproductive health information and health care information. Using the peer to peer approach, 2,562 children have received information on STI/STD, AIDS, decision making and communication skills, assertiveness and many other life skills. The partnership has also built the capacity of teachers to support OVC with psychosocial and cognitive skills both at school and community level, as well as supporting HIV positive children for drug adherence. Children who have been trained as peer educators have supported other children to form peer support groups around the different age groups through which they interact and share basic age-specific information as peers and conduct recreational activities and through which child participation activities will be supported.

4.1.5 Foster development of partnerships with the district and involvement in district specific OVC planning and reporting

In Year 2, HIPS partners continued to engage their district specific community development offices and sub-county personnel. The community development officers have been involved in partner activities for agriculture and other extension services, as well as referrals for cases of child abuse for 117 children. District probation officers have also been introduced to the HIPS programs and partners are working with the district community development department and other stakeholders to effect referrals and share care related information. Collaboration and networking mechanisms have also been extended to access to health care for HIV affected OVC and their households, participation in the District OVC Coordination meetings, improved farming methods with district specific agricultural programs and micro finance and income generation support programs. In June 2009, Ministry of Gender, Labour and Social development officials visited the HIPS Project to further acquaint themselves with the HIPS OVC activities with the private sector and also identify possible areas of collaboration, including joint support supervision visits to HIPS OVC programs. In addition, HIPS provides quarterly reports to MGLSD.

During the 4th Quarter, HIPS partners have continued to broker relations that aim at ensuring comprehensive care through networking and partnership building. To this effect, KORD, Cornerstone Development and KCCL have strived at working with the district community development officers in their respective districts. Their participation in the District OVC Coordination Committee meetings and submission of reports to the district community development office has enabled their activities to be recognized by the district and minimized duplication efforts as well as enabling them to identify other partners that they can work with. To this effect, KORD has identified other partners JIDDECO and Foundation for Sustainable Development that they are working with to improve livelihood and income generation at the OVC household level. Through this partnership, 50 OVC households have been identified by KORD and Jinja Diocese Development Organization (JIDDECO) staff and will be provided with on-site training in improved farming methods on demonstration farms once the rainy season starts and small scale income generation such as poultry and piggery farming. Both interventions are intended to improve OVC household food and nutrition support initiatives as well as income generation.

Cornerstone/ ACM has continued to work with the Police and Family Child Protection units of their respective district to identify and support children abducted from home and sent into forced marriages. With the support from local leadership during this quarter, Cornerstone has supported, followed up and reintegrated four children who had been forced into marriage with their families, while KCCL has



supported five households for succession planning. Partners have also continued to foster partnerships with health facilities and hospitals to enhance children’s access to medical care services.

4.2. IMPLEMENT SMALL GRANTS PROGRAM FOCUSED ON COMPREHENSIVE OVC CARE AND SUPPORT USING CORPORATE ENGAGEMENT MODELS

4.2.1 Identify candidates for grants program

In Year 2, HIPS has identified 6 new partners that have commenced implementation of OVC activities namely EGPAF, KCCL/ YAPI, Bead for Life/ Alcode, Caring Hands, Kinyara Sugar and Mpongo Company Ltd/ Fishing Communities Health Initiatives. The companies have undergone the pre award assessment process, signed grant agreements and have had caretakers trained in care and support to be able to effectively follow up OVC at the community level.

4.2.2 Request and review proposals and work plans from companies and community based organizations

In Year 2, HIPS has received and reviewed proposals, work plans and budgets from 6 new partners for OVC initiatives in the community as mentioned above. The six partners have commenced implementation of activities within their respective catchment areas.

During the 4th Quarter, Kinyara Sugar Works and Mpongo Company Ltd/ Fishing Communities Health Initiatives finalized their proposals, workplans and budgets and to this effect, have signed agreements and commenced implementation of OVC activities within their respective catchment areas.

4.2.3 Conduct pre-award assessment on community organizations

In Year 2, HIPS’ finance director carried out pre-award assessments on companies as a prerequisite for funding for OVC programs, with the purpose of determining the existing service and financial gaps, strengths in the financial and organizational systems and to developing technical support plan to bridge gaps, if necessary.

During the 4th Quarter, HIPS carried out a pre-award assessment on the financial and organizational systems of Kinyara Sugar and Mpongo Company Ltd / Fishing Communities Health Initiatives. The pre-award assessment enabled HIPS to identify gaps, weaknesses and strengths in the partners’ organizations’ systems. Some of the identified gaps were addressed during the process, while other gaps will be addressed during support supervision visits. The strengths will be built upon during planning, programming and service delivery.

4.2.4 Sign small grant agreements and provide matching grants to community organizations

In Year 2, HIPS has signed 9 OVC grant partnership agreements, 3 renewed from Year 1 and 6 new ones. All HIPS grants meet a minimum of a 1:1 financial math with HIPS providing grants worth US\$ 147,145 and companies’ contributions worth US\$ 254,684.

During the 4th Quarter, HIPS signed grant agreements with Kinyara Sugar and Mpongo Company Ltd / Fishing Communities Health Initiatives to provide comprehensive care services for OVC within their catchment areas.

Table 18: HIPS OVC Grants in YEAR 2

Company Name	Company Contribution (USD)	USAID/HIPS Contribution (USD)
Kikira Sugar Works		\$18,020
Nile Breweries Ltd.		\$12,235
Cornerstone Development		\$19,637



Kasese Cobalt Co. Ltd		\$5,674
EGPAF		\$19,793
Bead for Life		\$19,994
Caring Hands		\$12,424
Kinyara Sugar Ltd		\$19,400
Mpongo Company Ltd		\$19,968
TOTAL	\$254,684	\$147,145

Table 19: OVC Indicators

Indicator	Year 1	Year 2	Cumulative total	Year 2 Target
Number of OVC served disaggregated by gender	1,468	1,622	3,090	1,500
Number of providers/caretakers trained in caring for OVC	143	458	601	150

OVC Challenges:

- Economic insecurity is the most critical challenge in OVC households and impacts most other activities.
- The number of Community Development officers at the sub-county level that support OVC are too few yet the OVC needs are wide spread and there are increasing cases of child abuse and property grabbing that require their attention and take time to resolve and conclude.
- OVC households and the community have been greatly affected by lack of rainfall contributing to increased malnutrition
- Accessibility to referral systems in remote areas, the attendant fee for service and accessibility to adolescent reproductive health services in most of the communities is still a challenge.

OVC Recommendations:

- In Year 3, HIPS will review all of its grants to scale up income generating programs to enhance OVC household incomes.
- Continue to build the capacity of the families and communities to respond to OVC issues using the kinship and traditional values of social support, that will enhance child protection and OVC care and support, while at the same time fostering sustainability of initiatives.
- Scale up school gardening programs which can be replicated at home as well as exploring opportunities for working with other stakeholders in the district to improve nutrition.
- Explore opportunities for providing transport and fee for service to enhance access to services.

Key Activities Planned for Next Quarter:

- Identify new partners.
- Support implementing partners to develop child participation groups and fora.
- Conduct quarterly reviews and support supervision visits to partners.



OVC SUCCESS STORY

Partnership Profile, Kasese Cobalt Company Ltd / Young and Powerful Initiative: In partnership with HIPS, KCCL through its corporate social responsibility approach has scaled up OVC activities in the fishing communities of Kahendero, Muhokya and Hamukungu. KCCL's previous activities focused on provision of clothes and books to 50 children. Through the HIPS-KCCL partnership using a 1:1 match, KCCL has increased the number of children being served and the services being provided. KCCL has partnered with YAPI, a local faith-based NGO to provide comprehensive services and follow up children at the community level. To-date, 19 caretakers have been trained in OVC care and support, 16 trained in child protection, 211 have been reached with psychosocial support services, scholastic materials, health care, HIV prevention interventions and child protection. KCCL / YAPI have established collaboration mechanisms with Kasese District in service delivery.





ANNEX 1: HIPS ART MOH ACCREDITED PARTNER SITES 2007 – 2009

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	Wakiso
6.	Busabala Road Nursing Home	Wakiso
7.	Tamteco-Kiyamara*	Mityana
8.	Tamteco-Toro Kahuna* (TB)	Fort portal
9.	Tamteco-Mityana*	Mityana
10.	A & M medical Centre	Wakiso
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* (TB)	Kampala
20.	Taibah Clinic	Kampala
21.	IAA Lira Clinic	lira
22.	Crown Beverages Limited*	Kampala
23.	James Finlays Tea-Kiko*	Kyenjojo
24.	James Finlays Tea-Bugambe* (TB)	Kyenjojo
25.	James Finlays-Ankole*	Bushenyi
26.	James Finlays-Muzizi* (TB)	Kyenjojo
27.	UgaRose*	Wakiso
28.	Nakigalala Tea Estate*	Wakiso
29.	IMC Pader*	Pader
30.	Kikyusa Clinic	Luwero
31.	Roofings Clinic * (TB)	Wakiso
32.	Kadic Clinic (TB)	Kampala
33.	Case medical Clinic (TB)	Kampala
34.	International hospital and Foundation* (TB)	Kampala
35.	International medical centre	Kampala
36.	Sims medical centre	Kampala
37.	Nile Breweries Clinic* (TB)	Mukono



No	Institution/Company	District
38.	SAS Foundation*	Wakiso
39.	Royal Vanzanten*	Mukono
40.	SAS Clinic (TB)	Kampala
41.	Hima Cement*	Kasese
42.	Kakira Sugar Works* (TB)	Jinja
43.	AAR Main Branch Kampala (TB)	Kampala
44.	BAI Health & Medical Int. Centre*	Kampala
45.	Finlays Tea Mwenge HCIII* (TB)	Kyenjojo
46.	IAA Jinja Clinic*	Jinja
47.	Kinyara Sugar Works Health Centre* (TB)	Masindi
48.	Luwero Industries Limited Clinic*	Luwero
49.	British American Tobacco Clinic *	Kampala
50.	Hope Clinic Lukuli (TB)	Kampala
51.	IAA Kasese Cobalt Clinic*	Kasese
52.	Sugar corporation (SCOUL)* (TB)	Lugazi
53.	Wagagai Flowers * (TB)	Wakiso
54.	St.Catherine's Clinic	Kampala
55.	Boots Clinic* (TB)	Wakiso
56.	Kitante Medical Center* (TB)	Kampala
57.	Nakasongola Military Hospital*	Luwero
58.	Kyotera Medical centre (TB)	Rakai
59.	Abi Clinic (TB)	Wandegeya
60.	Lambu health centre*	Kalangala
61.	White horse nursing home	Wakiso
62.	Ikan Clinic	Kampala
63.	Norvik Hospital	Kampala
64.	Bweyogerere Medical centre	Wakiso
65.	Kabalega Health centre	Hoima
66.	St. Ambrose CHC	Kibaale
67.	Emesco	Kibaale
68.	Desire Mercy centre	Wakiso
69.	LifeLink Medical centre (TB)	Kampala
70.	Bakule clinic	Kayunga
71.	St. Joseph's clinic	Kampala
72.	Musoke D clinic	Kampala
73.	Crane Health Services (TB)	Kampala
74.	Philomena clinic	Wakiso
75.	Louis Memorial centre	Kampala
76.	Bank of Uganda Clinic*	Kampala



No	Institution/Company	District
77.	SEO Care clinic	Wakiso
78.	Tullow Oil/Kyehoro Maternity centre* (TB)	Hoima
79.	Nytil/Picfare Clinic*	Jinja
80.	UGACOF Clinic*	Wakiso
81.	Teso Community Health Unit	Soroti
82.	St. Jude Mukono	Mukono
83.	Idupa Clinic	Soroti
84.	St. Mary's medical services	Wakiso
85.	Uganda Clays Clinic* (TB)	Wakiso
86.	Charis Health Center	Lira
87.	Family Pharmacy and Clinic*	Wakiso
88.	Virgo Health center	Kampala
89.	Tilda Rice (TB only)	Bugiri
90.	Tororo Cement (TB Only)	Tororo

TB sites

**Company sites*



ANNEX 2: HIPS PMP

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	Year 2 Result
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 abstinence and/or being faithful and other prevention. 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	2,174
		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	70
		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	184,000	193,584
	HIV/AIDS Palliative Care: Basic Health Care	Number of service outlets providing HIV-related palliative care with support from companies working	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	service outlet and USAID reports	quarterly	28	20	35	88



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	Year 2 Result
	and Support	with USAID	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 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	3,500	11,756
		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	250
	HIV/AIDS Treatment	Number of individuals receiving antiretroviral therapy at the end of the reporting period as a result of USAID-	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	patient and service site records	quarterly	2,363	3,150	3,500	4,125



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	Year 2 Result
		supported interventions	of <u>current clients</u> - those initiated on antiretroviral therapy during a reporting period. Disaggregated by sex, age and pregnancy status.						
		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	5,585
		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 naive clients</u> - 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	1,445
		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	50	70
		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	training records	quarterly	151	150	200	254



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	Year 2 Result
	Counseling and Testing	Number of service outlets working with USAID that provide counseling and testing according to national and international standards	health workers and lay staff in clinical settings, laboratory technicians and staff, pharmacy/dispensing staff, community treatment supporters (peer educators, outreach workers, volunteers, informal 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	50	88
			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	53
		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	13,000	41,236
Task 1: Expand and strengthen	Tuberculosis	Number of workplace healthcare providers	USAID will target both existing company partners and new company partners. Health	Workplace programs training and treatment	quarterly	62	40	75	98



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	Year 2 Result
access to and utilization of health and HIV/AIDS services in the private sector.		trained in PPM DOTS with USAID funding.	care providers include all staff providing health services, such as physicians, nurses, nurse aides, laboratory technicians, dispensers and clinical assistants. This indicator will be disaggregated by sex and by type of provider.	reports: reports from site visits, refresher or quality assurance trainings: records of workplace program patients enrolled in PPM-DOTS					
		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	566
		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	75	176
Task 1: Expand and strengthen access to and utilization of health and HIV/AIDS services in the		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. Received DOT implies the patient was supervised regularly and observed routinely while taking medications, according to national protocol. This will be a count of cases disaggregated by sex.	workplace site records and patient records	quarterly	53	20	65	138
	Malaria	Number of SP tablets purchased Number of women receiving IPT2 doses at existing and new workplace sites	Number of SP tablets purchased with USG funds Measures the number of pregnant women to whom IPT2 doses were dispensed to as a result of HIPS assistance	Stock cards, procurement delivery notes ANC register, reports	quarterly quarterly	15,000 648		150,000 10,000	198,000 7,310



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	Year 2 Result
private sector.		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	16
		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	128
		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/subscriptions data for publications and printed materials	quarterly	45,450		50,000	53,748
Task 1: Expand and strengthen access to and utilization of health and HIV/AIDS services in the private sector.	Reproductive Health	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	9,380
		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	2,000	3,059
		Number of new acceptors to family planning registered at health service sites supported by USAID.	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, condoms, moon beads, IUD, norplant, and permanent methods (vasectomy and tubal ligation). This indicator will be disaggregated by sex.	clinic/health service center records, Social Marketing Company (UHMG) reports	quarterly	600	500	900	2,350
		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.	Social Marketing Company (UHMG) reports	annual	934	120	2,000	2,703



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	Year 2 Result
		Number of community outreach activities to improve knowledge about family planning and contraception organized and sponsored by companies working with USAID.	Estimated as 80% of new acceptors. 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 given by a count.	USAID reports	quarterly	97	50	120	492
		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%
		Number of USG-assisted service delivery points providing FP counseling or services	This will be a count of the number of locations providing basic family planning counseling and services. A service outlet refers to the lowest level of service - a health center, hospital, clinic, stand alone FP center, or mobile unit.	USAID reports, site visits	quarterly	22	-	30	70
		The number of people that have seen or heard a specific USG-sponsored FP/RH message	This will be a count of the number of individuals who attended community outreach activities focused on family planning and reproductive health. 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.	training records, event attendance estimates, circulation/subscriptions data for publications and printed materials	quarterly	50000	-	60,000	140,235
Task 2: Expand the number of Global Development Alliance (GDA) Partnerships	GDA	Number of workplace sites collaborating with USAID to offer expanded HIV/AIDS services to include the community	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	17	38



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	Year 2 Result
Task 3: Capacity Building Support Initiatives to strengthen the private sector workers' organizations			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	12	20
	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	35	44
		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
		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	50	67
		Number of local organizations provided with technical assistance by USAID for HIV-related institutional capacity building	Technical assistance provided by USAID will be based on a needs assessment of the local organizations.	USAID reports	quarterly	3	3	4	3



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	Year 2 Result
		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	18
Task 4: Develop Innovative and proven approaches to support orphans and other vulnerable children	Support to OVC and Caregivers	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	3,090
		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	458

Note: gray shaded indicators are not in the HIPS contract but will be pursued.



ANNEX 3: HIPS STUDIES EXECUTIVE SUMMARIES



Impact of ART on Employer Costs Related to AIDS

Executive Summary

Some employers in Africa were pioneers in offering antiretroviral therapy to their HIV positive workers, doing so prior to the availability of such treatment in the public sector. In Uganda, a number of large employers are now providing antiretroviral therapy (ART) in company clinics, or paying for treatment in the private sector. Such treatment should provide a benefit to the employer, reducing the costs associated with employee death or medical retirement as a result of AIDS. But few studies have been done to measure this hypothesized reduction in disease related costs.

In this study, we are able to make a direct analysis of the effects of company sponsored ART. In 2004, USAID's Business Part Project and Boston University School of Public Health completed a study of the costs of chronic disease related attrition in two Uganda companies over the preceding five years. One of those companies (Company A) began ART for its workers soon after the study was conducted, and has now been offering treatment in its company clinic for five years. In 2009 USAID's HIPS Project and Boston University returned to Company A and applied the same method of quantifying chronic disease related costs, to examine the changes in costs which accompanies the provision of ART.

The changes are dramatic. Twenty four workers were lost to chronic disease (generally death due to AIDS) from 1998 through 2003. In the five years since, with ART available at the company clinic, only four workers have been lost. The chronic disease attrition rate has fallen from 1.6% of the work force each year to 0.27% of the work force. This lower rate is probably close to that which would be observed in the absence of the AIDS epidemic.

Using the methods from the earlier study, we measured the costs associated with the loss of the four workers in the post ART period. Estimates include increased absenteeism and medical care costs, death benefits, hiring and training of replacement workers, supervisory time and the decline in productivity while the sick worker remains on the payroll. The costs observed, per worker lost, were approximately 15.5 million Ushs. But, because of the radical decrease in mortality, attrition related costs at Company A have fallen from 1% of annual labor costs to 0.11% of annual labor costs, a reduction of nearly 90%.

Company A reports that it is spending about 763,000 Ushs per year (\$363) per worker receiving ART, an amount similar to that reported in other studies of treatment costs. Twenty four workers are now receiving ART, a number similar to the observed reduction in worker mortality. Even if we combine the costs of treating these workers with the remaining costs of chronic disease attrition, the total is less than 0.6% of annual labor costs—a reduction of 40% from the costs that Company A incurred when the AIDS epidemic was untreated.

Summary of the Costs per Worker Incurred (in Uganda Shillings)
(Percentage of the total cost per lost worker in Parenthesis)

Costs	Amount (Ushs)	%
Absenteeism	1,709,924	(11%)
Death and Retirement Benefit	2,075,000	(13%)
Additional Medical care	448,262	(3%)
Recruiting and Training a Replacement Worker	5,324,143	(34%)
Supervisor time	2,923,840	(19%)
Reduced productivity due to mortality	3,041,345	(20%)
Total	15,522,514	100%



Development of Case Rates for HIV Treatment and Care at Certified Private Clinics

Executive Summary

Previous research in Uganda and elsewhere has shown that uncertainty about the cost of treating a disease is one of the primary reasons that employers are unwilling to commit to treatment of employees, or employees and dependents. One way to increase the number of employees (and dependents) receiving employer sponsored antiretroviral therapy (ART) in the private sector would be for providers to accept an annual fixed rate “per case” for first line therapy, enabling the employer to budget accurately for the cost of the benefit

Using data from the medical records of 320 patients who had been receiving first line ART for a year or more at one of 22 accredited ART clinics (15 employer based, 7 private) in Uganda, this study conducted by the HIPS Project develops estimates of the average annual cost of ART, and the variation in such costs. All of the patients in the study were receiving free antiretroviral drugs (ARV’s) provided from Government and donor funding. They were not charged for these drugs, but the patient, his employer or insurer paid the costs of professional consultation and counselling, laboratory tests and drugs for prevention of treatment of opportunistic infections. In addition to calculating the costs of firsts line ART in these private clinics, the study examines differences between employer and corporate clinics in the use of drugs to treat opportunistic infections

Average annual costs per first line ART patient were as follows:

	Ug Sh	US \$
Professional consultation and counselling	329,000	164
Laboratory services	333,000	166
Drugs for treatment of opportunistic infections	101,000	50
Total	763,000	380

Company clinics tend to operate on a fixed budget with pre-determined staffing, so there should be no incremental cost for professional services for each patient treated at these facilities. As a result, our study suggests that first line ART can be obtained for less than 65,000 Ug Sh (\$32) per month in private sector clinics, and for 36,000 Ug shillings (\$18) per month in a company clinic so long as the government or donors continue to provide the ARVs. Few companies will find that more than 5% of their workers will need ARV’s, so these treatment costs will be low in relation to total labor costs, and modest in relation to the compensation of the individual workers treated.

Furthermore, the variability in cost is relatively low. Only 32% of the cases in our sample incurred annual costs more than 10% (76,000 US\$) in excess of the average amounts. This means there would be relatively little risk for providers who accept fixed rates based on this study, while employers would be able to determine in advance the costs of supporting their workers (and dependents) who need AIDS treatment. All indications are that donor funds for AIDS treatment will not continue to increase and may well decrease in future years. This study suggests that fixed rates for first line ART delivered in the private sector can be set, enabling



employers to accept the obligation to provide first line ART and still stay within predictable annual budgets.



The Role of Ugandan Businesses in Providing Health Services: Report of a Survey of Uganda Employers on Employee Attrition, Sick Leave and Health Services Provided

Executive Summary

This study presents a profile of the medical benefits provided by a sample of 82 Ugandan employers selected from the membership rolls of the Federation of Uganda Employers and the Uganda Manufacturers Association. The report provides an extension and update of an analysis performed in 2003 by Boston University School of Public Health and Makerere University Department of Social Work and Social Administration, in conjunction with USAID’s Health Initiatives in the Private Sector Project (HIPS). In addition, the study looks at trends in absenteeism and employee deaths at participating companies, and uses regression analysis to test the extent to which differences in attrition and absenteeism might be linked to the extent of corporate medical benefits.

The table below, divided by company size, shows the percent of employers surveyed that offer a specified service, and the percent of employees at the firms in each group that had access to the service through the employer. The reason we have included “Company” and “Workers” under each type of service is that the percent of employers providing a service usually differs from the actual number of people having access to that service. For example, the table below indicates that 50% of the ‘Large’ companies in Uganda are providing ART services (under the “Co.” column) whereas 75% of employees in the same size category (under the “Workers” column) have access to ART services.

Larger employers and multinationals were more likely than smaller or Ugandan owned firms to provide a particular benefit. Because the larger employers were more likely to offer benefits, the percentage of employees in the sample who have access to benefits is generally larger than the percentage of companies that offer the benefits.

Percent of Companies Offering, and Workers Having Access to, Employer Sponsored Medical Services

Company Size	HIV Prevention		VCT		ART		Malaria Treatment		TB Treatment		Antenatal Services	
	Co. ¹	Workers	Co.	Workers	Co.	Workers	Co.	Workers	Co.	Workers	Co.	Workers
Very small (<25)	30%	28%	15%	13%	19%	18%	44%	48%	22%	23%	18%	7%
Small (25-99)	48%	52%	28%	25%	28%	28%	48%	50%	32%	31%	24%	12%
Medium (100-499)	65%	75%	40%	33%	25%	26%	65%	63%	45%	45%	45%	21%
Large (>500)	100%	100%	50%	72%	50%	75%	80%	90%	70%	88%	70%	40%
TOTAL	61%	93%	33%	62%	29%	64%	61%	83%	39%	77%	39%	35%

More than 4 out of 5 employees in these private sector companies have access to malaria treatment through the employer, 3 out of 4 have access to TB treatment, and 3 out of 5 have access to vital HIV services. Those concerned about gender equity may note that only 1/3 of the employees in the sample companies have access to employer supported antenatal care.

¹ Co. = Company



Probably because of their isolation, firms in rural areas and the agriculture sector are more likely to offer medical services. Firms in the retail and construction industries are least likely to do so.

Although the two surveys are not directly comparable, firms in this survey are somewhat more likely to offer medical services than those surveyed five years ago. However, the level of HIV/AIDS services has not increased, perhaps because these services have now become widely available in the public sector.

Not every company surveyed could provide data on employee attrition due to illness. However, in those companies that provided the data, the trend in deaths (as a percentage of the workforce) is down, undoubtedly as a result of more widely available antiretroviral therapy. Although there was a spike in absenteeism during the heavy rains which led to malaria and cholera epidemics in 2007, the trend in absenteeism (among those companies that could provide the data) is flat to slightly down. This too may indicate the success of public and private ART.

Using regression analyses, we were not able to identify a specific relationship between employee attrition and the level of medical services provided. Larger companies---which were more likely to provide medical services---generally reported lower attrition, but the regression does not show a specific link between the breadth of these services and attrition. Analyses of absenteeism and medical services are also limited by the relatively small number of firms reporting this data. The provision of bed nets and VCT on site does seem to reduce absenteeism, but the breadth of medical services cannot generally be linked to reduced absenteeism. In fact, there appears to be somewhat higher absenteeism in companies with better medical services, but this may occur because these same companies have better absenteeism data and more benevolent sick leave policies.

The survey confirms that formal sector employers in Uganda are an important source of medical services for their employees. If they were to stop offering these services, the burden on the public health system would undoubtedly increase. The challenge for the private sector is to find mechanisms by which smaller Ugandan employers can offer the level of employee medical benefits now offered by larger companies.



ANNEX 4: HIPS COMPANY LEVERAGE

No	Company	Trade	Employees	Indirect Employees/Beneficiaries	Catchment Population		HIPS' est. annual financial contribution (\$USD)	Company's est. annual financial contribution (\$USD)	Leverage Ratio	Areas of Operation (Districts)
					By Parish	By Sub county				
1	Tullow Oil	Oil exploration	150	50	56,400	109,900	67,130		1:3	Hoima, Bulisa
2	James Finlays Tea	Tea	5,000	0	60,900	249,000	58,163		1:2	Kabarole, Kyenjojo, Bushenyi, Kibale, Hoima
3	Hima Cement	Cement	342	700	39,000	39,000	32,535		1:4	Kasese
4	Nile Breweries Limited	Brewery	400	9,240	151,100	531,300	82,568		1:1	Mukono, Jinja, Pallisa, Dokolo, Soroti, Budaka, Mbale
5	Kinyara Sugar Works Limited	Sugar	5,000	3,000	54,800	54,800	50,482		1:1	Masindi
6	Kakira Sugar Works Limited	Sugar production	2,500	25,000	32,500	32,500	60,712		1:1	Jinja
7	Bead for Life	Organization	24	810	5,600	55,600	19,994		1:2.5	Lira
8	Wagagai Flowers	Flower export	1,100	-	14,900	42,500	27,972		1:1	Wakiso
9	Mpongo Limited	Fisheries	6	200	16,700	22,400	32,926		1:1	Masaka
10	Kasese Cobalt Company Limited	Mining	400	-	8,500	38,100	25,137		1:1	Kasese
11	Elizabeth Glaser Pediatric AIDS Foundation	Foundation	43	200	126,800	54,400	18,842		1:1.5	Masaka, Mukono, Kabale, Jinja
12	RoyalVanZanten Flowers Limited	Flower export	500	-	6,900	47,300	20,592		1:1	Mukono
13	Cornerstone Foundation	Foundation	110	577	23,600	23,600	16,091		1:1	Nakasongola
14	Tororo Cement	Cement	500	3,500	42,100	42,100	18,912		1:1	Tororo, Moroto
15	UGACOF Coffee	Coffee	127	800	66,100	164,700	17,497		1:1	Wakiso
16	Rwenzori Commodities Limited	Tea	5,822	7	21,300	55,400	15,171		1:1	Kabarole, Mityana



No	Company	Trade	Employees	Indirect Employees/Beneficiaries	Catchment Population		HIPS' est. annual financial contribution (\$USD)	Company's est. annual financial contribution (\$USD)	Leverage Ratio	Areas of Operation (Districts)
					By Parish	By Sub county				
17	Xclusive Cuttings	Flower export	200	-	10,000	74,000	17,877		1:1	Mpigi
18	Caring Hands	Organization	11	154	7,600	310,200	13,545		1:1	Kampala
19	Southern Range Nyanza Limited	Textile and Stationery	694	806	35,700	61,300	15,571		1:1	Mukono
20	Luwero Industries Ltd	Manufacturing	400	-	6,700	6,700	6,377		1:2	Nakasongola
21	Eskom Uganda	Power generation	200	-	-	-	3,212		1:4	Same as for Southern Range Nyanza Limited
22	Roofings Limited	Manufacturing	850	-	36,600	380,600	9,548		1:1	Wakiso
23	Shell Uganda	Oil industry	120	1,200	30,300	391,100	7,886		1:1	Kampala
24	Uganda Baati	Manufacturing	341	-	-	-	10,040		1:1	Same as for Shell
25	Liberty Development Trust clinic	Health services	36	-	3,800	380,600	9,719		1:1	Kampala
26	G4S	Security firm	2,800	-	4,500	113,600	7,080		1:1	Kampala
27	Uganda Clays	Brick Laying	150	-	19,200	180,900	6,500		1:1	Wakiso, Mbale
28	The New Forests Company	Tree plantation	126	700	9,600	75,600	6,365		1:1	Mubende, Mityana, Bugiri
29	Rakai Community Health Dev. Project	Health services	12	-	5,600	8,600	6,276		1:1	Rakai
	TOTAL		27,964	46,944	896,800	3,545,800	684,719	1,081,911	1 : 2	33 Districts



ANNEX 5: HIPS MENU OF SERVICES

Health Services	HIV/AIDS	TB	Malaria	FP/RH	OVC	Cost Share
Workplace Policy Development	✓	✓	✓	✓	✓	✓
Peer Education	✓	✓	✓	✓	✓	✓
Health Fairs	✓	✓	✓	✓	✓	✓
Voluntary Counseling & Testing	✓	✓				✓
Health Communication Materials	✓	✓	✓	✓	✓	✓
Low Cost Health Commodities	✓		✓	✓	✓	✓
Private Clinics MOH Accreditation	✓	✓				✓
Access to Free ARV's/TB Drugs/IPT2 for Malaria	✓	✓	✓			✓
Lab. Equipment & Training	✓	✓	✓	✓		✓
Clinical & Community Based Trainings	✓	✓	✓	✓	✓	✓



ANNEX 6: HIPS YEAR 2 WORKPLAN

No	TANGIBLE RESULTS	Activity No.#	MAJOR ACTIVITIES	TIMELINE												Responsibility		
				O	N	D	J	F	M	A	M	J	J	A	S			
A																		
1	Coordination	1	Develop and strengthen the support mechanisms from the District, Sub-district and local NGOs for coordination, quality control and supervision															
		2	Establish dialogue with MOH, NTBLP, MGLSD for policy development and coordination															
		3	Expand networks with AIC, UAC, SCMS/DELIVER, TASO, STF and other national stakeholders to enhance technical exchange and harness resources															
		4	In coordination with DED and other donors, investigate options to place designated local technical advisors in UMA and FUE															
		5	Assess capacity and attitudes of companies 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 for the printing (OVC and TB) and re- printing of IEC materials at Straight Talk															
		8	Income generation among community health promoters															
		9	Organize Good Life at work awards															
		10	Conduct Mid Term Review of programs to assess effectiveness, impact and sustainability															
B																		
Task 1: Expand and strengthen access to and utilization of health and HIV/AIDS services in the private sector																		
1	HIV/AIDS Prevention	1	Continue to use the Good Life Module and associated IEC plans and materials.															
		2	Training and refresher training for peer educators															
		3	Develop training plans for new individual companies and train approx 1500 peer/community educators															
		4	Develop Strategy to reach outgrowers with prevention messages															
		5	Conduct 10 health fairs at selected companies															
		6	Conduct community videos with companies															
		7	Develop radio programs for peer educators															
		8	Advocate for male circumcision															
2	HIV/AIDS Palliative Care and Support	1	Identify community care givers to be trained in selected companies' catchment areas and conduct training for community care givers in home-based care and psycho-social support															
		2	Provide training to 50 private practitioners in Palliative care															
		3	Establish collaboration mechanisms with local CBOs and NGOs providing palliative care services to facilitate linkages and referral															



No	TANGIBLE RESULTS	Activity No.#	MAJOR ACTIVITIES	TIMELINE												Responsibility				
				O	N	D	J	F	M	A	M	J	J	A	S					
3	HIV/AIDS Treatment/ARV Services	4	Support selected facilities and community care givers with kits and basic supplies for palliative care															Program Manager		
		5	Support, mobilize post test clubs through community radio programs and link where possible to OVC program.																	
		1	Print job aids for HIV treatment providers and guidelines on their use																	
		2	Provide training to private practitioners on AIDS treatment																	
		3	Provide training to private practitioners on pediatric AIDS treatment																	
		4	Support on job training, mentoring and follow up of trained practitioners																	
		5	Distribute Septrin for HIV positive clients at selected clinics																	
		6	Provide assistance with accreditation of clinics in selected companies and private facilities																	
		7	Re-print and distribute Patients' Adherence Calendar for practitioners																	
		8	Link HIPS' partner laboratory technicians, dispensers and record-keeping personnel to training in ART logistics and HMIS																	
		9	Facilitate linkages between smaller companies with no on-site treatment clinics, and organizations that could provide services																	
4	Voluntary Counseling and Testing (VCT)	10	Pilot program to strengthen patient follow up and testing at selected companies through the purchase of CD4 machines(2-3)																Health Services Team Leader; Midway Centre	
		11	Equip labs at selected companies' clinics with basic diagnostic equipment and reagents																	
		1	Strengthen the HMIS systems for migratory workers																	
		2	Procure testing kits and materials for selected company clinics																	
		3	Provide training to 30 laboratory technicians in testing for HIV																	
		4	Provide training of 50 private practitioners in HIV testing and counseling																	
		5	Update and print the referral guide for peer educators at partner sites																	
		1	Train peer educators using the 'Good Life at Work' module																	
		2	Print and distribute generic (non-branded) malaria IEC materials																	
		3	Implementation of the PMI's IPT2 Program for prevention of Malaria in pregnancy at selected private sector companies and clinics.																	
		4	Conduct assessments for feasibility of bed net subsidization and organize supply and distribution for selected companies																	
5	Malaria	1	Conduct situational analysis: assessment of interest in and needs for TB treatment in selected company clinics															TB and Malaria Mgt Specialist, M & E Specialist		
		2	Conduct training of clinical personnel on TB diagnostics and treatment																	
		3	Conduct on site performance follow up on of trained 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	Tuberculosis	1	Conduct situational analysis: assessment of interest in and needs for TB treatment in selected company clinics															TB and Malaria Mgt Specialist; IEC/BCC Mgr, Midway		
		2	Conduct training of clinical personnel on TB diagnostics and treatment																	
		3	Conduct on site performance follow up on of trained 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																	



No	TANGIBLE RESULTS	Activity No.#	MAJOR ACTIVITIES	TIMELINE												Responsibility			
				O	N	D	J	F	M	A	M	J	J	A	S				
7	Reproductive Health/Family Planning	6	Conduct peer educator training under Good Life module at selected companies															Centre	
		7	Procure and distribute TB registers and forms for the HMIS at selected company clinics																
		8	Work with the NTLF for a public-private mix referral system for diagnosis, treatment, monitoring and supervision of private health facilities.																
7	Reproductive Health/Family Planning	1	Conduct training of company health services providers on FP/RH products															JHUCCP; UHMG; IEC/BCC Mgr; Health Services Team Leader	
		2	In Partnership with UHMG, Procure and distribute FP supplies for selected companies																
		3	Conduct training for community/peer educators in selected companies in RH/FP.																
		4	Print and distribute job aids on FP for practitioners																
		5	Conduct community outreaches and community videos on FP																
		6	Conduct Men Only Seminars																
C Task 2: Expand the number of Global Development Alliance (GDA) partnerships																			
1	Development of Alliances	1	Define a HIPS target list and identify GDA and non-GDA (less than 1:1 match) companies to prioritize for partnerships															COP; PPP Team Leader; O'Brien and Associates Int'l	
		2	Review existing partnerships and GDA's developed under the HIPS Project and conduct needs assessment for adding new health services, beneficiaries and OVC support																
		3	Conduct research on private non-profit organizations and foundations to explore GDA type opportunities																
		4	Approach and Pursue establishment of GDAs with private non profit organizations and foundations for increased support to the informal sector																
		5	Sign MOUs and begin implementation of GDA partnership activities with at least 3 companies and 2 private non-profit organizations																
		6	Partner and implement activities with at least 10 new companies detailed in the HIPS menu of services																
		7	Finalize and refine the HIPS menu of services cost sheet and company comprehensive spreadsheets highlighting resources leveraged per partner																
		8	Conduct an analysis of Ugandan companies engaging in Health workplace programs to determine impact																
		9	Establish comprehensive master library of MOUs with partnering companies and organizations for future reference and adoption by FUE and UMA																
		10	Engage insurance firms to provide comprehensive health cover that includes HIV/AIDS to their clients in both the formal and the informal sector																
D Task 3: Capacity Building - Support Initiatives to strengthen the private sector employer organizations																			
1	Develop sustainability	1	Assist FUE and UMA in implementation of sustainability strategy															Policy and Capacity	
		2	Assist FUE and UMA to recruit and train two full time staff on workplace health programs in each organization																



No	TANGIBLE RESULTS	Activity No.#	MAJOR ACTIVITIES	TIMELINE												Responsibility					
				O	N	D	J	F	M	A	M	J	J	A	S						
2	strategy for FUE and UMA	3	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															Strengthening Team Leader			
		4	Assist FUE and UMA to develop a marketable Menu of Services to promote Workplace Health Activities among their membership																		
		5	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 memberships																		
		6	Assist FUE and UMA to develop a marketing and financial plan to promote workplace health programs																		
		7	Assist FUE and UMA to design and implement an M&E system																		
		8	Assist FUE and UMA to conduct Training of Trainers (ToTs)																		
		1	Support FUE and UMA in conducting sensitization campaigns in SMEs and their communities on Malaria, RH and VCT through health fairs and local drama groups																		
		2	Assist FUE and UMA to design a low-cost model of health fairs under the Good Life at Work Concept																		
3	Expand the scope of private employer organizations for workplace interventions	3	Support FUE and UMA to conduct regional and national health fairs																		
		4	Provide assistance to FUE and UMA train and supervise peer educators																		
		5	Support FUE and UMA to conduct regional peer educators' workshops																		
		6	Assist FUE and UMA to develop relationships with their member companies on a cost-share basis (1:1 match)																		
		7	Support FUE and UMA to lead in development of HIV/AIDS workplace policies among 20 companies																		
		8	Support FUE and UMA to conduct Regional conferences																		
		9	Offer technical assistance to FUE and UMA to support accreditation of workplace sites in order to deliver integrated services																		
		1	Identify and engage a third private sector partner to champion national health policy promotion in the private sector																		
E	Task 4: Develop innovative and proven approaches to support orphans and other vulnerable children	2	Continue to collaborate with the Ministry of Gender, Labor and Social																		
		1	Implement six comprehensive OVC care and support grants using the corporate engagement models																		
		2	Conduct Community Mobilization Meetings																		
		3	Implement training courses for OVC caretakers in catchment areas of selected companies																		
1	Expand linkages to care and treatment for OVC in communities	4	Train OVC in life planning skills																		
		1	Implement six comprehensive OVC care and support grants using the corporate engagement models																		
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		3	Implement training courses for OVC caretakers in catchment areas of selected companies																		
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No	TANGIBLE RESULTS	Activity No.#	MAJOR ACTIVITIES	TIMELINE												Responsibility			
				O	N	D	J	F	M	A	M	J	J	A	S				
2	Implement small grants program focused on comprehensive OVC care and support using corporate engagement models	5	Foster development of partnerships with the district and involvement in district specific OVC planning and reporting															OVC Program Manager, PPP Team	
		1	Identify candidates for grants program																
		2	Request and review proposals and workplans from companies and community based organizations																
		3	Carry out pre-award assessment on community organizations																
		4	Sign small grant agreements and provide matching grants to community organizations																