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THE HIPS PROJECT FOURTH QUARTER AND YEAR 3 ANNUAL REPORT FY 2010

OCTOBER 2009 – SEPTEMBER 2010



Uganda Telecom hands over the solar re-chargeable mobile phone handsets to HIPS and its partners. (Left to right, Barbara Addy, HIPS Chief of Party; Donald Nyakairu, Chief Legal and Corporate Affairs Officer UTL; Daniel Ojara, former Human Resource Manager McLeod Russell and Onapito Ekomolot, Corporate Affairs Director Nile Breweries.

October 2010

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ACRONYMS

AIC	AIDS Information Center
ANC	Antenatal Care
ART	Anti-Retro Therapy
ARV	Anti-Retro Viral
ATIC	AIDS Treatment Information Centre
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
CUG	Closed User Group
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
MLISADA	Music Life Skills And Destitute Alleviation
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
UTL	Uganda Telecom Limited
VCT	Voluntary Counseling and Testing



EXECUTIVE SUMMARY

The USAID-funded HIPS (Health Initiatives for the Private Sector) Project (base period 2007 – 2012) 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 project 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 3, 4th Quarterly Report and the Annual Report.

In Year 3 the HIPS Project significantly expanded its scale and scope in all program areas. HIPS is now supporting clinics and programs in 54 districts, 9 of them in northern Uganda. All of HIPS' company 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.

In Year 3, HIPS launched innovative programs to augment the prevention and treatment activities among some of its partners such as the UTL mobile referral network program which facilitated information sharing and community referrals by use of mobile phones. HIPS launched the school's program among its partner companies to reach adolescents with prevention. The project has supported the national Safe Male Circumcision roll out program to 15 sites. HIPS in partnership with Nile Breweries launched the home based counseling program in Katakwi district.

The innovative work of HIPS has been recognized, and in the 3rd year, the Project hosted a team from the AIDSTAR Project that conducted a case study on HIPS. The team was able to review and document key success stories and best practices from the Project which could be replicated by other programs.

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 successfully won grants for conducting workplace services, thus promoting financial diversification and sustainability.



Principal Achievements and Success Stories

1. HIPS has been influential in convincing companies to expand and extend health services to both employees and community members. In Year 3, four companies have made significant advances— New Forest Company has set up 3 clinics to serve its out growers in the communities of Bugiri, Mubende and Kiboga; Mpanga Tea Company renovated its clinic and hired staff to be able to provide comprehensive services to its employees and surrounding communities; Mabale Tea Company revamped its clinic which was accredited and is now providing ART services to its employees and surrounding communities; Nile Breweries in partnership with Katakwi district health services launched the Home Based Counseling and Testing Program in Katakwi district.
2. All (100%) reporting and active partner sites have received two support supervision visits from the project, UMA, FUE, local districts and MOH in the year. Currently 4,326 individuals are receiving free ARVs through HIPS supported clinics. Community members make up 70% of the total number of ART clients. To expand HIV/AIDS treatment services at partner sites, the project on a cost sharing basis supported the procurement of CD4 machines at Kinyara Sugar and the Lira IAA clinic. The installation of these CD4 machines is a landmark development to Masindi and Lira districts as the nearest such services were in Gulu a distance of 200 km and 300 km from each district respectively.
3. In Year 3, HIPS met 43 of its 50 indicators (not including midyear new additions). Of the 43 met, 90% exceeded the target — most notable was 61,024, people received VCT (target of 45,000) and 28,161 unique individuals receiving palliative care (target of 12,000). The poor ARV supply chain affected achievement of most ART indicators. Specifically, HIPS had 88% achievement toward number of clients newly initiating ART (achieved 1319 of 1500 target), and 96% achievement toward the number of current clients receiving ART, as well as those who have ever received ART. See appendix 7 for Project PMP and results.
4. In Year 3, the malaria program has been scaled up from 16 to 40 partners. HIPS purchased 10,000 ITNs that were sold at a subsidized price of 5,000/= to partner private sector companies. Of these, 1,300 LLINs were bought by Dominion Oil Uganda and distributed free of charge to all household in Kikarara, Rwesigiro, Nyakabungo A& B villages in Bwambara sub county of Rukungiri District.
5. HIPS successfully advocated for an increased role of the private sector in TB diagnosis and treatment. In Year 3, HIPS facilitated the NTLF to carry out assessments and accreditation of 11 clinics, bringing the total number of HIPS accredited partner sites to 38. During Year 3, 1038 TB cases were reported to NTLF against 650 targeted, while 423 new sputum smear positive cases identified and 256 new smear positive cases received DOTS against 200 targeted. In addition, HIPS together with Mildmay trained 90 private clinicians in TB in HIV management.
6. In Year 3, the Project built the capacity of 13 partner clinics to provide Long Term and Permanent Methods (LTPM) for Family Planning, for a total of 27 partner clinics providing LTPM, and achieved 11,559 couple years of protection (against a target of 3,500).
7. In Year 3, the OVC program significantly expanded. During the third year, HIPS signed three new grant agreements with MTN/ MLISADA, Farmers' Center and Buikwe Dairy Development Cooperative Society. HIPS also renewed six grants for the second year namely, Kinyara Sugar Ltd/ KCG, Mpongo Company Ltd/ FICHI, Bead for Life, Caring Hands, Cornerstone Development / ACM and for year three Kakira Sugar Ltd/ KORD. HIPS facilitated training and the creation of 25 Village Savings and Loan Associations for OVC caretakers, which has spurred investment in income generating activities and increase household incomes.
8. HIPS assisted FUE and UMA to bid on grants which they successfully won. FUE was granted \$7,500 (from the Uganda AIDS Commission to mobilize the private sector and also represent them at the commission.UMA won \$143,000 from USAID STRIDES Project to implement a number of Family



Planning and Reproductive Health activities at company sites, leveraging HIPS partners' TAMTECO, SCOUL, Mpanga Tea Growers and Mabale Tea Growers Company.

FUE and UMA earned USD 18,633 (UMA USD 9,748 and FUE 8,885) between them from professional fees paid by different companies for workplace health activities they conducted for them. UMA also successfully held the second annual Nutrition, Safety and Health fair that attracted 40 paying exhibitors and over 5,000 show-goers. The opening ceremony was presided over by the Prime Minister of Uganda, Prof Apollo Nsibambi.

9. HIPS participated in the formulation the Health Sector Strategic Plan III (HSSP III) of the Ministry of Health on the Private sector technical working group. HSSP III has been developed, in line with the National Development Plan (NDP) that will guide the health sector investments for the next five years (July 2010 to June 2015). HIPS also participated in the final draft and rollout of the MOH PPP for Health Policy, which outlines a framework for engagement between the public and private sector in the delivery of health services.
10. HIPS now has a total of 41 GDA partnerships that have been brokered over a three year period. In Year 3 alone, HIPS was able to broker 12 new GDA partnerships with mainly medium sized companies. Through these partnerships, HIPS leveraged a total of US\$ 1,344,633 in private sector contributions compared to the USAID/HIPS investment of US\$ 769,604 a 2:1 match. See Appendix 5 for HIPS FY2010 GDA Leverage.

Partnership Profile, Nile Breweries Limited:

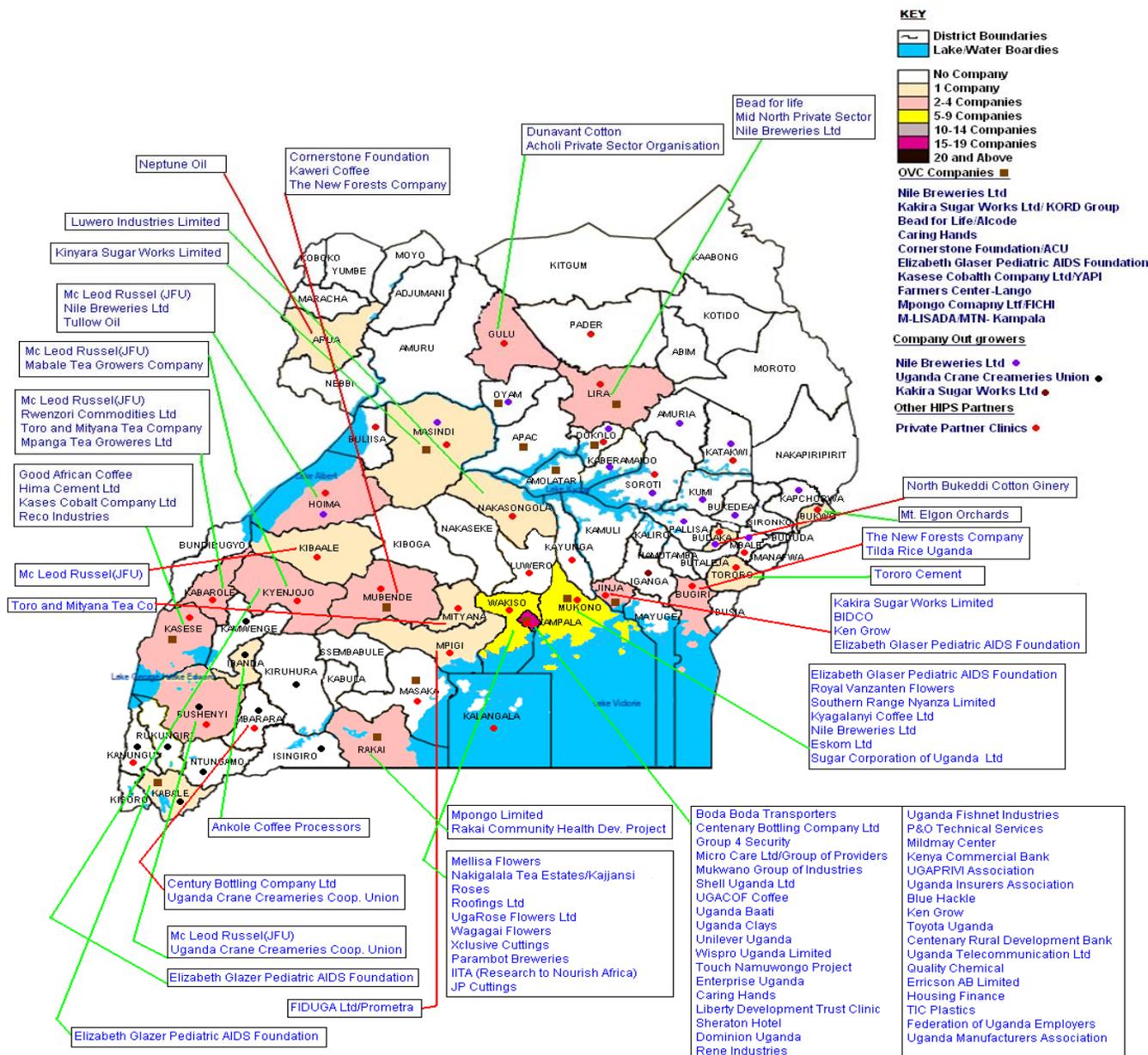
Nile Breweries Limited (NBL) is located in Jinja, Eastern Uganda. The company is a subsidiary of the South African Breweries Miller Group (SABMiller). HIPS has worked with NBL to extend its workplace program along Nile's entire supply chain that includes 10,000 upcountry based small scale sorghum farmers who supply local ingredients for Nile's beer, 300 long distance truck drivers who form Nile's local distribution network and 1,000 hospitality workers situated at various points of sale in the major towns. As a result of the HIPS - Nile partnership, 170 community & 15 company peer educators have been trained and 10 health fair events have been held. The trained peer educators have so far reached 11,708 people with messages on HIV/AIDS, TB, Malaria and RH/FP prevention and treatment messages. HIPS has also engaged NBL to participate in the PMI-funded IPT program for all its sorghum growers in Iki Iki and Budaka, this program has so far reached 1,286 pregnant women with malaria prevention and treatment services. HIPS has sponsored Nile Breweries medical staff for various trainings at Mildmay and AIC. HIPS has also trained clinic staff in LTFP and SMC. In FY2010, HIPS and Nile Breweries initiated the Home Based Counseling and Testing (HBCT) program in Katakwi district in which over 1425 people have so far been counseled and tested. HIPS and Nile Breweries have also partnered to implement the Uganda Telecom sponsored mobile phone referral network program to facilitate referrals and information seeking among NBL's sorghum growers.



A peer educator enrolling a household to participate in the HBCT Program in Katakwi



HIPS Now Works in 54 Districts in Uganda

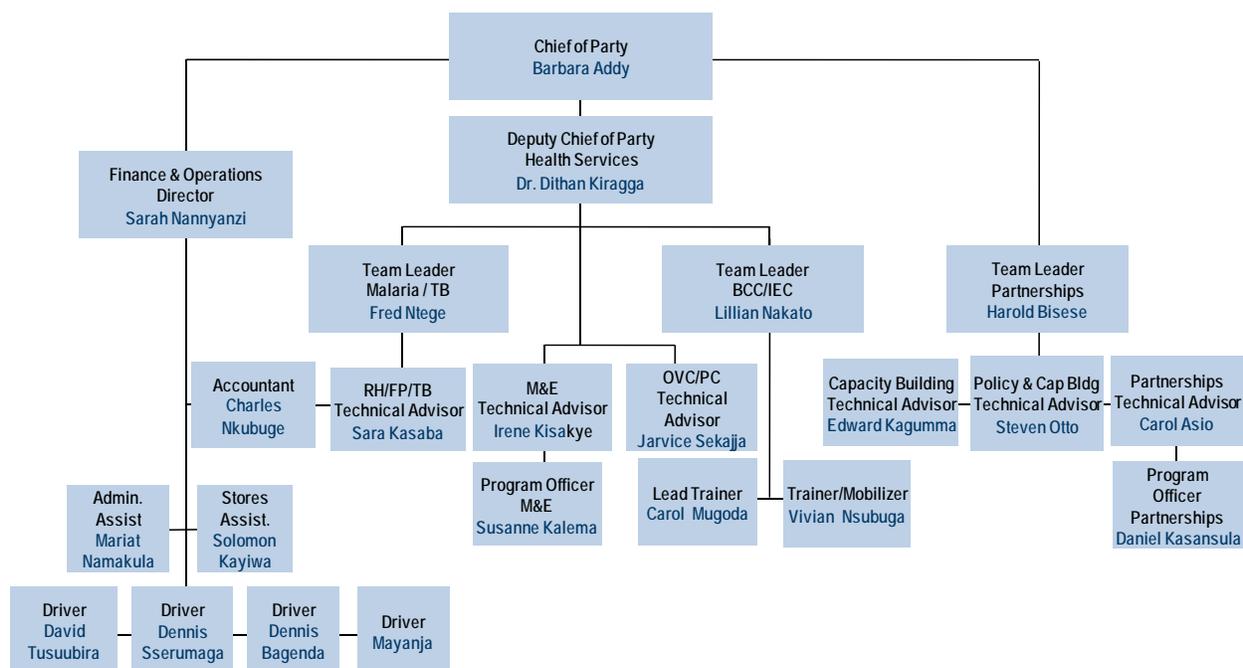


PROJECT ADMINISTRATION

The HIPS Project is fully operational with 22 full time staff. This year HIPS combined the partnership, capacity building and policy teams to one team called Partnerships, lead by Dr. Harold Bisese. HIPS also hired Sarah Kabasa, nurse/midwife as the technical advisor for FP/RH and TB. Additionally, the Project has recruited four GOLD interns (JHU CCPs intern program) to support partner workplace programs. These interns have been seconded to UMA, FUE, KCCL and Nile Breweries.



HIPS Organizational Structure



TECHNICAL PROGRESS

This section summarizes the technical progress of the Project activities for Year three, quarter four, and also 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 3, the project has placed particular emphasis on three key areas of quality, integration and sustainability of services. Through regular support supervision, we have assessed the quality of services delivered by the partners and linked companies to the local districts. All active and reporting sites were visited twice during the year. HIPS has instituted a quarterly M&E review meeting with all the partners. In these meetings partner staff are trained in the reporting tools and formats and analyze data and reports from the field, and emphasize national reporting. The Project has worked to strengthen the capacity of FUE and UMA to sustain workplace programs. These two employer organisations have been linked to major national stakeholders in the country. UMA and FUE participated in support supervision visits to partner sites.

While ensuring quality and integration, HIPS was able to expand the number of partners and services being offered to employees, dependents and community members. Our partners have extended services to the underserved and marginal communities. These are mainly outgrowers, fishing communities, truck drivers, and migratory workers. For example, Nile Breweries launched the home based counseling and testing program in Usuk Sub County, Katakwi district. KCCL has conducted integrated outreaches to Muhokya and the Fishing communities at Hamkungu and Kasendero.

Highlights of **Year 3** coordination initiatives include:



- **Ministry of Health (ACP/NTLP).** In Year 3, the project in partnership with the MOH, FUE/UMA and the local districts conducted two integrated supervision visits to each of the 88 accredited sites. The aim was to review the quality of services and assess gaps in service delivery. The ACP/MOH has approved the accreditation of 12 new sites for ART, bringing to 100 the total number of ART supported sites. In future, accreditation of new ART sites will depend on the availability of ARVs in the country. The NTLP accredited 11 new sites to provide TB treatment bringing to 38 the total number of HIPS TB accredited partner sites. See appendix 1 for HIPS partner clinics and services.
- **Collaboration with the Ministry of Gender, Labor and Social Development and Ministry of Education and Sports.** The Project works with the Ministry of Gender Labor and Social Development in promoting the HIV/AIDS workplace policy and in coordination and support of HIPS OVC programs. Additionally the Project worked with the Ministry of Education to design the HIPS Good Life at School (GLAS) abstinence program rolled out at 48 company sponsored schools.
- **Coordination on HCT.** The project is working with AIC, SCOT, MJAP and MOH to strengthen partner HCT programs. In year 3, the project in partnership Strengthening Counselor Training (SCOT) Program conducted a Provider Initiated Counseling and Training (PICT) Program for 50 health workers. An additional 23 health workers were trained in couple counseling and testing with support from JHCUCCP and MOH. To date 61,024 individuals have undergone VCT (target 45,000)
- **Logistics Coordination.** To improve partner recording and reporting, the project in partnership with MOH, CPHL and the SURE Project trained 78 records staff in ART logistics (42) and HCT inventory (36). Emphasis during the training was on data quality, drug logistics, district and national reporting.
- **Integration of services.** Through training, logistical support, support supervision, job aides and referral the project has increased the range and quality of services provided at partner sites. Ninety percent of All HIPS partner clinics have integrated at least two additional services, including TB, Malaria and FP/RH. In year 3, the project supported integration of TB and HIV services at 22 partner sites through training on the integrated case finding (ICF) tools provided by the TBCAP Project. 10 new sites were supported to provide safe male circumcision services. Also in year 3, 13 sites were supported with training and logistics to provide LTPM services.
- **HMIS Verification.** In year 3, the project conducted an on-site review of partner records to assess accuracy of information submitted. The aim was to check data records at selected company sites for accuracy and make a comparison with the regularly submitted data from companies/ clinics over the last one year. This review showed that there was significant improvement in the partner data management systems. 95% of partner sites reported consistent and accurate data, however some partner sites did not consistently use the registers provided by the project. Lack of reporting to the districts was also observed as a major challenge. HIPS will continue to encourage clinics to report, and in some cases have stopped supporting sites that are not reporting.
- **In year 3, the Project supported and participated in several local and international meetings and conferences.** Notable among these are:
 - The International Conference on ‘Meeting the Family Planning Demand to Achieve MDGs: Vision 2015’ in Kigali, Rwanda from March 21 - 26, 2010. The purpose of the meeting was to discuss how to accelerate the implementation of family planning programs in different countries in order to attain the vision of meeting the unmet need for family planning by 2015. HIPS presented a paper on the Private Sector in Uganda; Best Practices and Lessons Learned.
 - The International Conference on Family Planning held at the Speke Resort, Munyonyo, from the 15th - 18th November, 2009 and presented a poster, ‘Long Term Family Planning: Through the Private Sector.’

- The project supported and facilitated the ‘Investing in Public Private Partnership’ workshop from the 15th to the 16th of July 2010, at Kabira Resort Kampala. The workshop was organized by the Ministry of Health in partnership with the International Finance Corporation (IFC), USAID and the Italian Cooperation. The theme of the workshop was scaling up the role of the private sector in Uganda, with a focus on access to finance.

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.

1.1. HIV/AIDS PREVENTION

During year 3, the HIPS project put special focus on strengthening partner technical capacities to implement the expanded HIV prevention package that includes; abstinence promotion through the school HIV prevention program in 48 company supported secondary schools, Safe Male Circumcision, sexual faithfulness, condom promotion and addressing multiple concurrent sexual partnerships. Couple Counseling and testing for HIV was a priority discussion issue during men only seminars, community radio discussions and community health fairs as an entry point to discussions that address HIV risk among couples. HIPS support strategies were also focused on strengthening partner capacities to address quality, integration and sustainability through the various prevention activities at the work place and in the communities. Communication models that include men only seminars and community health fairs were revised to address low risk perception levels regarding HIV and strengthening skills for making safe informed choices. Key materials and messages were likewise revised to impact more strongly on key behavioral gaps (Risk perception levels, male involvement and self efficacy levels.)

The School HIV Program

HIPS supported 6 partner companies to extend HIV prevention communication support to 48 of their supported secondary schools. The peer education program (Good Life at School) was designed to provide health communication and life skills sessions for young people aged 12-19 in order to support them choose abstinence as an HIV prevention program. The program was designed in such a way that capacities are built within the schools for implementation with minimal external technical support. The program was designed with consultations with and approval of the Ministry of Education and Sports and related partner agencies. The program is very popular among implementing schools and has been incorporated into existing extracurricular schedules of those schools. It has also greatly improved on teachers attitudes towards young people as well impacting positively on their communication relationship with students. A





total of 19,482 students were reached through the program.

1.1.1. Develop Good Life Module and associated IEC plans and materials

In Year 3, HIPS continued to modify and utilize the entertainment education approach (Good Life at Work model) to disseminate health messages and stimulate demand for health services and practices. The model was modified to make it easier and affordable by the companies so that they can use it beyond the HIPS project life. Other modifications included reducing the discussion groups in the discussion tents in health fairs and men only seminars to not more than 25 people a time. This facilitated more effective discussions and transfer of skills like spousal negotiations on sexuality issues and assessing personal risk to HIV among employees and community members. Straight Talk Foundation and Mango Tree provided technical support towards the adaptation and production of communication materials. The materials were disseminated through the health service outlets, the peer educators and during community education events like the men only seminars.

1.1.2. Training and refresher training for 2500 peer educators

In Year 3, HIPS, together with partners FUE, UMA and STF, trained 2,507 making the total of 4,648 new peer educators trained under HIPS. Of the 2507 peer educators trained during the year, FUE/UMA trained 1,053 (42%) of them. The percentage is expected to increase to 75% given the migration of companies to FUE and UMA. Through HIPS support, FUE and UMA have had their pools of trainers increased. Dissemination of the quality assurance guidelines was integrated in all trainings which impacted positively on the quality of recording and communication activities by the peer educators.

In order to strengthen partner capacities to implement peer education and other communication activities HIPS conducted 5 training of trainer's workshops for 8 partner companies. Both FUE and UMA participated. Currently, 11 of the partner companies can adequately rely on their own trainers to conduct peer educators trainings and facilitate quality discussions during men only seminars, community health fairs and radio discussions. The focus in year 4 will be to ensure that all companies have at least one employee that can effectively assist in the implementation of workplace programs including the community radio discussions, health fairs, men only seminars and peer educator's trainings. This individual will be paired with FUE/UMA for ongoing company trainings.

In consultation with the companies, a non financial motivation strategy was developed and implemented for the company peer educators. The strategy has resulted in improved performance from the peer educators in the companies that have already benefited as indicated in improved recording and more prompt submission of the diaries as well as active participation in community activities like the men only seminars and the community radios. The incentives include; company recognition (certificates), mosquito nets, Aqua safe jerry cans, chargeable solar lamps, lanterns and hoes among others.

During the 4th Quarter, 740 peer educators from 10 companies were trained and refreshed. Of these, 314 were males and 426 females.

Table 1: Number of Individuals Trained (Peer Educators)

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Peer educators trained this quarter	314	426	740	2,507	2,500
Annual total of peer educators trained	1,569	938		2,507	2,500

1.1.3. Develop training plans for individual companies

In Year 3, the demand for the peer education program steadily increased from 25 companies in year 2 to 30 in year 3. The companies increased the number of peer educators at the work place and in the community significantly. The training plan was developed and implemented to respond to the



communication needs from the 30 companies supported in year 3. The “Good Life at Work” model was revised to address new areas like multiple concurrent sexual partnerships and the school program. Modifications were also made to the platform to address MEEPP quality assurance guidelines and improve on quality of communication interventions implemented by partners. Such modifications include; reduced size of community discussion groups and inclusion of a skills building activity to every discussion session to strengthen self efficacy and risk perception levels required for change among the target audiences.

During the 4th Quarter, the HIPS Project supported additional trainings of trainers while UMA and FUE supported the implementation of peer education and community health fairs with the partner companies. Of the 5 TOTs conducted during the quarter, 2 were specifically targeted at FUE/UMA for the training of peer educators in the companies and for the company supported schools. Of the 589 peer educators trained during the quarter, FUE/UMA trained 247 (49.1%) of them.

1.1.4. Develop strategy to reach out growers with prevention messages

In Year 3, HIPS supported 10 companies to implement low cost health community education activities targeting the out growers. These include; community radio discussions, community health fairs and post test drama clubs. Issues addressed through the activities include; Family planning, Individual and couple HIV Counseling and Testing, condom use, early treatment of STIS and Safe Male Circumcision among others.

During the 4th Quarter, 10 companies participated in the community radio discussions reaching 632 people with health messages making a total of 2,932 people reached during the year through this model. The participating companies include; Kinyara Sugar Works, KCCL, Luwero Industries, James Finlays Uganda, TAMTECO, Tullow Oil, Hima Cement, North Bukedi, Enterprise Uganda, and Lugazi Sugar Works. Peer educators’ capacity to facilitate effective education sessions on health in the communities has greatly improved as the program gained popularity.

1.1.5. Support companies to utilize low cost, sustainable models to conduct health fairs at selected companies

In Year 3, HIPS supported companies to implement 27 low cost health fairs using drama and pre recorded radio discussions reaching 19,906 individuals. Active peer educators were selected and trained to conduct discussions during the tent sessions. The 4 tent model continued to be utilized but with fewer numbers per discussion group. A skills building activity was developed to be included in the discussions in order to impact more positively on people’s capacity and motivation for adoption of healthy practices. Challenges faced with the transition from larger groups to small groups including people having to wait for long to join the discussion groups they prefer. However, community health fairs continued to be a popular approach for disseminating health messages and provision of HCT services to employees and the neighboring communities. Of the 27 health fairs conducted, UMA/FUE supported 63% (17) of the partners who implemented health fairs.

During the 4th Quarter, 7 health fairs were conducted reaching 1,311 people with messages on FP, malaria prevention, Condom education and demonstration and sexual faithfulness among others.

Partner companies continued to benefit from locally available drama groups to mobilize for community health fairs. With access to free HCT kits and use of their trainers to facilitate discussions, the cost of reaching an individual through health fairs is currently estimated at US \$ 1.8 which is much lower to the cost of reaching an individual using the earlier model of using Pulse (US \$ 4).

1.1.6. Conduct work place and community videos

In Year 3, HIPS, supported 10 partner companies to conduct men only seminars using trigger video discussions, a communication model that has gained popularity among men at the work place and in the community. A total of 5,226 men were reached through community video shows during the men only



seminars and community health fairs. Men only seminars have been very effective in promoting couple HIV Counseling and Testing as reflected by 240 couples who tested and received their results at these events; other healthy practices promoted include family planning and condom use, reduction of multiple concurrent sexual partnerships, sexual faithfulness and Safe Male Circumcision. Peer educators actively participated in organizing for and conducting the video discussions using developed guidelines.

During the 4th Quarter, Partner companies conducted 5 work place video shows reaching 381 people on sexual faithfulness, reduction of multiple concurrent sexual partnerships, STIS and family planning. HIPS outsourced various video communication materials and reproduced them for use.

1.1.7. Support companies to implement the school HIV prevention program

HIPS project extended support to 6 partner companies to implement a school HIV prevention program popularly called “Good Life At School” (GLAS). The program, targets young people aged 12-19 in the 48 company supported secondary schools. The program is aimed at supporting young people through health information and life skills to adopt abstinence as an HIV prevention practice.

A baseline survey was conducted in those schools to determine key behavioral gaps among the students and possible influencing factors for HIV vulnerability. Findings were used to inform the design of the program. The major thrust is to provide comprehensive HIV prevention and related health knowledge, increase level of HIV risk perception associated with unprotected sex and skills for adopting and sustaining the choice to abstain from sex and related risks. A cascade approach was utilized to support school based activities which can be implemented with minimal external support. Peer education model is utilized to provide information and build life skills among students. Peer educators use trigger videos, life skills education sessions and drama to reach out to their peers. Manuals were developed basing on the PIASCY materials for secondary schools to guide the trainings and peer education activities. The program has become very popular among teachers and students as indicated by level of commitment portrayed during and after trainings. Some schools have incorporated the peer education activities into the already programmed extra curriculum activity time table. It has also strongly impacted on the attitudes of teachers trained regarding the vulnerability of young people to HIV and the role of teachers in reducing the challenges. “ For sure I always thought teenagers are a problem that must be handled with an iron hand but today I realize my conduct has only been increasing their risks to HIV” 18,911 students of the targeted 25,000 were reached during the reporting period.

During the 4th quarter, 17 Master Trainers from FUE, UMA, HIPS and STF were trained and oriented on the various training and communication materials. They then trained the 41 teacher trainers from 15 of the 48 supported schools. The trained teachers trained 404 student peer educators. The student peer educators reached 986 of their peers through life skills sessions. In total, the program reached 1,490 students during quarter 4.

1.1.8. Expand utilization of innovative telecommunication approaches to disseminate health messages and improve referral

Given the successful implementation of the SMS mobile messaging program in year 2, HIPS extended the program in year 3, KCCL and Kinyara Sugar renewed their partnership on the program on a 50:50 cost sharing basis. The program targets company employees and neighboring communities through interactive health messages. HIPS will continue to connect Text to Change to our partner companies to expand the program.

1.1.9 Advocate for Safe Male Circumcision

In Year 3, the HIPS project adapted and developed IEC materials on Safe Male Circumcision (SMC) as well as supported selected companies and facilities to provide SMC services for their employees and neighboring communities. A technical support visit was made by HIPS and the Rakai Health Services program to all SMC sites. Demand among company clinics is high for SMC services. HIPS partnered with



Rakai Health Services program to train 12 staff from 4 companies in SMC- Wagagai, Roofings, SIMS and KCCL. Other companies already providing services include; Kinyara Sugar, Kakira Sugar Works, Nile breweries, McLeod Russel (Kiko, Muzizi and Mwenge) and Luwero Industries. These companies have circumcised a total of 1,449 men to date.

In Year 3, HIPS reached a total of 109,171 with HIV prevention messages. Messages addressed prevention practices that include abstinence, being faithful, condom use, reduction of multiple concurrent sexual partnerships and Safe Male Circumcision among others.

During the 4th Quarter, through the health fairs, peer educators, men only seminars, community radio discussions and company clinics with community outreaches and community videos, HIPS reached over 57,785 persons with HIV prevention messages.

Table 2: Number of Individuals Reached through Community Outreach AB Activities

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	225	277	520	34,655	50,000

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

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required (ABC clients)	27,788	20,279	38,607	109,171	100,000

Table 4: Medical Male Circumcision

Indicator	<5years	5-17years	18+years	Quarterly Total	Cumulative Total	Annual Target
Number of locations for MMC					15	10
Total number of males circumcised as part of the minimum package of MC for HIV prevention service	216	99	109	424	1,449	1000
Number of health workers trained in MCC				6	36	15

Challenges:

- Efforts to limit group discussions to not more than 25 for work place based and community HIV prevention activities continuously face challenges of fitting within company schedules for peer education. For instance lunch breaks are used for such activities like video shows and radio discussions in dining rooms which accommodate many people. Likewise, peer educators face difficulties trying to limit the discussions to small numbers as community members do not easily understand the reasons for changing.



- Changes in company management personnel affected implementation of the agreed schedule at some point during the year. The focal point person for Kinyara Sugar, KCCL, McLeod Russel (formally Finlays), Enterprise Uganda and Tullow Oil left the companies and yet they were very instrumental in steering partner activities.
- Low capacity of partner companies to collect and analyze data for onward submissions to HIPS.
- HIPS received project extension in Quarter 3, which caused some budget constraints and subsequent caused some delays in the school programs.

Recommendations:

- Peer educators from 21 selected companies on a pilot will be supported to form small groups of not more than 25 peers whom they will conduct group discussions on HIV prevention and other health issues periodically for the 12 months. Discussion guidelines will be disseminated to enable them conduct and record quality discussions. The same will be done for the men only seminars which will be transformed into clubs to facilitate repeated educative interactions. The peer educators will agree with their teams as to when and where they will be meeting to conduct the discussions.
- HIPS will seek dialogue with management of partner companies to identify a person to assist the focal point person so that in their absence, activities are not interrupted. The selected people will be actively involved in all activities to ensure continuity at the side of the company.
- HIPS focus on building capacities among partner companies to implement new models of engagement for prevention activities and new requirements on data collection and data processing as well as training of trainers.

Key Activities Planned for Next Quarter:

- Together with UMA/FUE, develop training plan and annual calendar for companies for peer education and other community education events.
- Conduct Training of Trainers workshops for the school program and partner companies
- Conduct peer education activities for the non migrated companies
- Implement out-growers strategy with a focus on pre-recorded community radio discussions.
- Support Hima Cement and Kinyara Sugar to train teacher trainers and student peer educators in 9 secondary schools
- Strengthen partner capacity in 4 companies on formation and implementation of men only clubs and community radio discussion clubs.
- Support companies to utilize low cost, sustainable models to conduct health fairs.
- Conduct safe male circumcision training for staff at Hima and Kinyara

1.2. HIV/AIDS RELATED PALLIATIVE CARE

In year 3, HIPS' Palliative care and support initiatives focused on identifying companies to scale up palliative care service delivery using the partnership approach. HIPS has strengthened the clinical and community component of care focusing on improving the quality of services, infection prevention, psychosocial support, strengthening of social support networks, economic strengthening, drug adherence and accessibility to CD4 count tests as well as supporting clients to disclose sero status which has facilitated positive living and being open about sero status as well as reducing on the stigma levels. During the year, HIPS has built the capacity of 245 caretakers of PHAs in the community in HIV and



AIDS care in partnership with Mildmay Uganda, and reached 2,378 PHA clients through the CBVs. The Project has built 5 partnerships between companies and community based organisations to scale up palliative care service delivery. These include Kyetume Community Based Health Care Program, St. Francis Health Care Services, Kyotera Medical Centre, Lambu Health Center and Double Cure Health center.

1.2.1. Identify and train community care givers in selected companies' catchment areas in home-based care and psycho-social support

In year 3, HIPS identified and in partnership with Mildmay Uganda trained 245 community based volunteers of whom 140 were male, while 105 were female. The trained community based care volunteers were selected from Mpanga Tea estate, Kiruhura family health centre, Double cure Health centre, Makonge health centre located in the newly created under served district of Buikwe, SIMS Medical Centre/ Voice of the Invisible People (VIP) and Farmers' centre in Lira district which has a network of over 10,000 farmers in the districts of Lira, Dokolo, Oyam and Amolatar. The CBVs have been trained on basic facts on HIV/AIDS, antiretroviral therapy and the role of CBVs in ART, communication skills, community based counselling, adherence, home care, home visiting palliative care and caring for carers of PHAs and referral. Additionally they have been trained on the basics of mother to child transmission and how they can support the community to mitigate MTCT.

During the **fourth quarter**, HIPS in partnership with Mildmay Uganda trained 105 community based care volunteers selected from SIMS and Farmers' center farmers groups located in Amolatar and Dokolo districts. The trained volunteers were also provided with home based care kits and have been instrumental in providing psychosocial support, adherence support, and referral for health care services for adults and children. The CBVs have provided care to 2,378 PHA clients with various services ranging from HIV prevention information, adherence and psychosocial support, clinical care, home visits and follow up, access to CD4 count tests and clinical laboratory tests. Of the 2,378 clients reached, 1,123 were male, while 1,255 were female.

1.2.2. Provide training to private practitioners in palliative care

In year 3, HIPS in partnership with Mildmay Uganda conducted training for 64 clinical service providers in palliative care service delivery. The health workers were selected from 40 partner facilities and received skills in offering palliative care services in the areas of pain management, pediatric nursing and clinical monitoring and management of opportunistic infections

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

In year 3, HIPS has established partnerships with five companies and NGOs to scale up the delivery of palliative care services at the clinic and the community levels. To this effect, HIPS established collaboration partnerships with Kyetume Community Based Health Care Program, St. Francis Health Care Services, Kyotera Medical Centre, Lambu Health Center and Double Cure Health center, with the purpose of ensuring increased access to palliative care for company employees and the surrounding community. Through these collaboration partnerships HIPS has increased accessibility to clinical and community care, scaling up of social support networks, adherence support, food and nutrition and access to income through group formation, reaching 1,027 clients with services.

During the **fourth quarter**, HIPS has partnered with Double Cure Medical center to scale up interventions that support people infected and affected by HIV/AIDS live positively, by destigmatizing HIV/AIDS and by facilitating the provision of social support services in Mutubagumu and Bulyansi communities in Mpigi district. In addition, during the quarter, HIPS renewed its partnership with St. Francis Health Care Services to scale up service delivery interventions for Nile Breweries Ltd, Nytil, Escom and the surrounding communities. Through these partnerships, the CBOs will ensure access to palliative care, psychosocial support, access to PMTCT, HCT, and drug adherence through drama, scale



up access to palliative care services for HIV positive children and support PHAs to access CD4 count tests and other related clinical laboratory tests.

1.2.4. Organize quarterly review meetings for community care givers at partner sites

In year 3, HIPS conducted quarterly review meetings with trained community volunteers with the purpose of assessing progress of activity implementation, the challenges faced during delivery of services as well as to provide answers to challenges and questions raised by the community during service provision. The quarterly review meetings also acted as a forum for passing on up to date information on service delivery including support for social networks and groups. Care givers and PHA groups at Lambu have formed associations and HIPS has trained them in the VSLA approach.

1.2.5. Support selected facilities and community care givers with kits and basic supplies for palliative care

In year 3, HIPS procured and distributed 236 home based care kits to trained community volunteers. The kits provided have enabled the community based service providers to provide basic care within their community. The contents of the home based care kits included condoms, gloves, scissors, disposable bag, plaster, cotton, gauze, disinfectants, mackintosh, an umbrella and a bag. Throughout year 4, the project has procured and distributed infection control and palliative care materials to partner clinics. These supplies have included: Gloves, Mackintosh, aqua tablets and jerry cans, antiseptic solutions.

1.2.6. Train selected Post Test Club members in Palliative Care and provide support to their monitoring activities.

In year 3, the project supported five companies at Kinyara, KCCL, HIMA, RVZ and Wagagai to conduct drama shows among the community members to address issues that include stigma, care and support for PHAs and HIV prevention practices and methods. The post test club members also conducted home visits to PHAs during the year.

Table 5: Number of Individuals Trained to Provide HIV Related Palliative Care through Trainings Organized by USAID or Collaborating Companies

Indicator	Quarterly Totals		Cumulative Totals			Annual target
	Male	Female	Male	Female		
Palliative Care and Rehabilitation of People Living with HIV	0	0	8	25	33	300
HIV Nursing and Clinical Care	0	0	5	26	31	
Home based care and psycho-social support	74	66	140	105	245	
Total trained	74	66	87	117	309	

Table 6: Palliative Care and Support Indicators

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Number of Service outlets*			6	77	100
Clients receiving at least one HIV clinical care and support service	3163	4502	7665	28,161	12,000

The sites that have not reported in the year have been taken out.



Challenges:

- The prolonged drought during the year affected the food and nutrition security. In many areas like in Rakai, Kiruhura, Dokolo and Amolatar districts the vegetable gardens dried up.
- Accessibility to palliative care services by HIV positive children remains a challenge, with many not accessing clinics due to lack of transport to access the nearest health center.

Recommendations:

- The project is working with district extension workers to indentify drought resistant seeds and will continue to seek the advice of trained agricultural experts in the weather forecasts and the best planting seasons.
- HIPS will work with partners to scale up outreaches to the children in the villages who cannot access health centers easily.

Key Activities Planned for Next Quarter:

- Finalize partnership proposal for Makonge health center -Kiyindi
- Conduct quarterly review meetings
- Supply infection control materials to selected facilities.
- Support VSLA with caregivers linked to PC /HBC services

1.3. HIV/AIDS TREATMENT/ARV SERVICES

In Year 3, the Project has worked with all the 88 accredited clinics to have them provide quality integrated ART services. All (100%) these clinics have received 2 supervision visits from the project, MOH, FUE and UMA, and other USAID partners. MOH has approved the accreditation of an additional 12 sites for ART, however the MOH has delayed their start up due to shortage of ARVS (see appendix 1 for table on ART sites). The ARV supply chain has remained a challenge throughout the year. During the year, 12% of the ART sites including SCOUL, RVZ, Wagagai, Hima, SIMS, KCCL, BOU, MacLeod Russel and the IAA clinics experienced stock out of ARVs and have either bought the missing drugs, changed treatment combinations or referred clients to nearby government facilities. Unfortunately the public sites have experienced similar or worse shortages and some of the clients have been left without these lifesaving drugs. Currently of the 100 clinics accredited, 77 (77%) clinics are managing HIV positive clients and providing palliative care, 55 (55%) are providing ART.

To expand HIV/AIDS testing and treatment services at partner sites, the project, through a cost sharing arrangement procured two CD4 machines for Kinyara in Masindi district and IAA Clinic in Lira district. The companies are responsible for covering ongoing operational and maintenance costs.

The project has been recognized as an emerging successful model. In year 3, the project hosted a team from the AIDSTAR Project that conducted a case study on HIPS. The AIDSSTAR team was able to review and document key success stories and best practices from the Project which could be replicated by other programs. A draft report is available.

1.3.1. Develop job aids for HIV treatment providers

In Year 3, the project printed and distributed job aids and the national ART treatment guidelines to be used by the health workers. 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 3, the Project in partnership with Mildmay Uganda has trained 159 private practitioners in AIDS treatment. The emphasis has been to create multidisciplinary HIV/AIDS care and treatment teams at partner sites. These courses have targeted nurses, doctors and other health workers from or soon to be accredited clinics.

During the 4th Quarter, the developed a placement program that would enable clinicians to spend time at the Mildmay centre improving their practical HIV/AIDS skills. Clinicians are linked to a Mildmay clinical professionals and receive hands on experience caring for patients. This training is especially designed for those clinicians from accredited facilities that have gone through the class room training and need more practical experience. A training brochure that contains information on these placement and training courses, eligibility and how to apply was developed and distributed to all partner sites as a way to attract and screen potential candidates

1.3.3. Provide training to private practitioners on pediatric AIDS treatment

In Year 3, 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 3 and in partnership with the Mildmay Uganda, FUE, UMA, STF, 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 indentified and filled information gaps and other sources of support. All partner sites were visited twice in the year. This has ensured continuity of services and maintained the quality of services.

During the 4th Quarter, the MOH ACP team lead by Dr. Namagala Elizabeth and proficient trainers from Mildmay Uganda conducted a support supervision exercise to 40 accredited and new sites to assess strengths, gaps and challenges in implementation of programs. Some challenges were observed and recommendations made during the MOH visits to these new sites and the project is working with all partners to address these challenges. Recommendations made included:

- Train all the health workers that provide HIV care in ART management in order to facilitate the formation of HIV care/ART teams.
- Train health workers in the use of the revised MOH patient monitoring tools.
- Improve laboratory capacity to ensure that all health facilities can provide the basic ART tests on site, namely Hemoglobin Estimation and Complete Blood Count.
- Train facilities in Early Infant HIV diagnosis and improve linkages with PMTCT services.
- Improve linkages for formal consultation with other ART centres and clinicians in the region for support.
- Provide patient education materials on HIV prevention, care and treatment to all facilities.



1.3.5. Distribute ART registers, treatment cards, and monthly report forms to partner clinics.

In year 3, the project printed ART registers, treatment cards and monthly report forms for newly accredited sites. These have all been adopted from the national protocols and have improved partner records and national reporting. . All accredited site have the required registers and forms.

1.3.6. Provide assistance with accreditation of clinics

In Year 3, MOH approved the accreditation of 12 new sites for ART. Of the new clinics, only the Family Resource centre have received their accreditation letter and started the ART program. The remaining letters will not be distributed until the ARV supply situation is improved. Future accreditation of new sites will depend on the availability of ARVs in the country.

Table 10: Clients receiving ART from clinics supported by USAID/HIPS

Program Areas	Number of Clients Served											Annual Target
	Children						Adults (15+)			Total		
	<1		1-4 Years		5-14 Years		Female	Pregnant Female	Male			
	Female	Male	Female	Male	Female	Pregnant Female				Male		
Current clients	1	1	21	15	18	6	21	2393	89	1856	4326	4500
New clients receiving ART	6	5	4	4	13	2	9	750	109	528	1319	1500
Cumulative clients	8	7	29	28	61	61	47	3943	196	2851	6943	6000

Table 11: Number of service outlets offering ART

Indicator	Cumulative Total outlets	Annual target
Number of outlets offering ART	55*	100
Number of outlets offering palliative care	77*	100

**All the 77 clinics have recruited clients. 55 clinics have clients already on HAART while the rest have clients on prophylaxis. We have taken out sites that are not reporting to the project or districts.*

1.3.7. Re-print and distribute Adherence calendar for practitioners

In Year 3, 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

To improve partner recording and reporting, the project in partnership with MOH, CPHL and the SURE Project trained 78 records staff in ART logistics (42) and HCT inventory (36). Emphasis during the training was on data quality, drug logistics, district and national reporting. This training equipped facility staff in ART and HCT proper inventory and emphasized the need to report clinic data to the districts and MOH.



1.3.9. Using data from the case rate survey facilitate linkages between companies and accredited private clinics for HIV treatment and care.

In Year 3, HIPS in partnership with International Air Ambulance (IAA) finalized the development of insurance product for AIDS treatment based on data from the case rate survey. Staff and dependents from participating companies will benefit from a whole range of HIV prevention, care and treatment services provided by IAA and its network of affiliated clinics at an annual cost of USD 200 per person for the staff and USD 150 for the dependents. See appendix 2 for HIV Managed Care Product Description

During the 4th Quarter, This new ART product was officially launched at the International Hospital, Kampala. Present were representatives from the major media houses. A marketing strategy has been developed to ensure wide dissemination of the product to partner companies.

1.3.10. Conduct Review of ART Programs at selected partners to assess community access to services

In Year 3, the Project conducted a review of services and programs at 20 partner sites to assess access by staff and community members. The aim was to review patient care, referral systems, and charges levied for services. Notable findings included:

- A majority of the Health workers in the study (23 or 82%) reported there was free access or entry to the clinics for the patients and community. A majority (93%) of the patients reported that community members have free access to their health facility.
- 46% of the health workers reported that they never charged patients for any of the services while 54% who charged patients were private for profit clinics like Bweyogerere Medical Center, SIMS medical center and Case Medical center. 100% of health workers reported that there were no charges for ARVs or Test Kits or any other commodity received free from the government.
- Overall, the communities rated the quality of the service provided by the clinics as very good and appreciated the services provided by the clinics

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

In Year 3, the Project supported 20 facilities with basic equipment and reagents to conduct basic tests for patient follow up, including Wagagai Flowers, Family Health Clinic (Kiruhura), Teso Community Health Centre, SIMS, Engari Community Centre, Kinyara, Double Cure Clinic, Kyotera Medical Centre, Lira IAA Clinic, White Horse, Kakira, People's Clinic, UGACOF, Kyaddondo Medical Centre, New Forests Company clinics (Kirinya and Namwasa and Luwunga), Xclusive Cuttings, Mabale and Mpanga Tea. Throughout the 4th year, the Project has procured basic diagnostic equipment for partner sites. Equipment ranged from microscopes, centrifuges, and refrigerators.

During the 4th Quarter the Wagagai clinic through a cost sharing arrangement (1:1), was supported to acquire a hematology analyzer. Other sites that received equipment and reagent support in the quarter were the New Forests Company clinic at Namwasa Health Centre, Engari Community Centre, Kinyara Sugar (CD4 reagents) and the Lira IAA clinic.

Challenges:

- ARVs access from the Ministry of Health program supported by the Global Fund has continued to pose serious challenges. The GOU/GF drugs are proving to be a non sustainable strategy to access ART drugs, for the PHP sector/HIPS partners. The National stores cannot even supply all the public facilities. Majority of Public facilities in Uganda are dependent on the buffer stocks from IP partners to avoid a complete stock out of ARVs and even the portion (20%) JMS is mandated to provide for the Private Sector (especially PNFP) is insufficient. The MOH has considered cutting off the supply to the private sector, due to severe shortages.

- Key staff at partner sites at KCCL, RVZ, Macleod Russel, Kinyara and Kakira left their positions. This has delayed some of the programs as the new staff needed time to internalize the partnership and follow through some of the agreed issues.
- The project has engaged the local districts to support the partners. HIPS has facilitated the MOH to visit 50% of the partner sites and through the project initiated supervision visits, all reporting partner sites have been visited by a member of the District health team. On their own however, districts have been reluctant to visit and support private partners. This has affected local and national reporting.

Recommendations:

- The project will work with SURE/USAID to document the need and benefit of ARVs to the private sector. HIPS will continue to meet with MOH personnel to make the case for the private sector. HIPS will work with company clinics to identify other more reliable sources of ARVs in the country, and encourage them to purchase on a buffer basis. These may include Medical Access, Africa Affordable Medicines (AAM). Future accreditation of more ART sites will depend on availability of GF/GOU ART drugs.
- The project will organize a partnership conference for early 2011. HIPS will use this opportunity to orient new managers and provide an update on the project and share plans for the last two years. We will continue to provide mentoring to new staff through on job support and regular supervision.
- HIPS will work with the District based IPs like SDS, STARS to increase supervision and support to the private partners from the local districts. The project has stopped supporting sites that are not reporting to the district or the project on a regular basis.



HIV Treatment Success Story

The Kinyara AIDS treatment program expanded with the commissioning of a new AIDS treatment centre. The centre is fully equipped, complete with CD4 machine. Kinyara has 660 individuals on HIV care and prophylaxis and 151 on ARVs. Previously the company sent samples for CD4 testing to Gulu district, which is more than 400 km away. HIPS has supported the Kinyara staff to undergo regular training at the Mildmay Uganda Centre, receive regular updates, support with basic equipment and regular support supervision. The company provides a wide range of services to their staff, dependants and the neighboring communities. These include peer education, health fairs, Safe Male Circumcision, FP including long term and permanent methods, OVC programs.

Key Activities Planned for Next Quarter:

- Conduct integrated support supervision to partner sites, in partnership with MOH, districts, FUE, UMA.
- Disseminate the IAA/HIPS insurance product
- Conduct study on the cost effectiveness of ART in the private sector
- Equip selected companies' clinics with basic diagnostic equipment and reagents
- Distribute job aids for HIV treatment providers and guidelines on their use.
- Placement of clinicians at the Mildmay centre.



1.4. VOLUNTARY COUNSELLING AND TESTING

HIPS accredited sites offer VCT services and do not charge for these services. The project has boosted partner VCT programs through training, provision of free test kits, HMIS, linkages to HCT partners like MJAP, AIC and the former SCOT Program. FUE and UMA are playing an active role in the delivery of VCT programs at partner sites through health fairs, support supervision and access to test kits.

In Year 3, the Project has expanded VCT programs to reach more underserved communities and target more couples. In partnership with Nile Breweries the project launched the Home Based Counseling and Testing Program in Katakwi district. The program, done in partnership with Katakwi district health services, has already attracted 4500 people, with 1,425 undergoing VCT.

HIPS far exceeded its VCT goal of 45,000. Demand was high and 61,024 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. Voluntary Counselling and Testing from communities activities, such as health fairs, showed an average HIV sero- prevalence of 4.8%, however the rate among HIPS private partner health facilities was 7.5%. The high HIV sero- prevalence reported from the partner private health facilities is most probably explained as a result self selection of clients visiting facilities with high HIV risk perception.

1.4.1. Support partner sites with VCT forms, registers and client cards

In Year 3, the Project procured and distributed forms and registers for VCT to partner sites. These have improved records and partner sites. On job support was provided to partners to ensure proper use of the forms and encourage national reporting. The forms have all been adopted from the MOH protocols for VCT.

1.4.2. Link partner facilities to MOH/JMS to access free or subsidized test kits and accessories (workplan no. 1.4.2)

In year 3, the project has linked partners to free sources of test kits at MOH/JMS, MJAP and UNITAID. In future partners will be asked to buy the test kits from the open market. We will continue to identify any free sources of test kits but these will be restricted to partners with large community program and out-grower communities.

During the 4th Quarter, the project received test kits from the MJAP-REACH-U Project for distribution to partners. These are sites operating within the REACH-U Project areas. These sites will report their data to MJAP.

1.4.3. Provide training to laboratory technicians in testing for HIV

In year 3, the project in partnership with the Central Public Health Laboratory conducted a HIV training program for 30 laboratory technicians. The course was designed to equip laboratory workers with knowledge and skills needed to conduct a proper VCT inventory and logistics management.

1.4.4. Provide training of 50 private practitioners in HIV testing and counseling

In Year 3, the project in partnership with the Strengthening Counselor Training (SCOT) Program conducted a Provider Initiated Counseling and Training (PICT) Program for 50 health workers. The course was designed to equip health service providers with knowledge, skills and attitudes needed to provide quality PICT services in a hospital or any health care setting

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

In year 3, the project produced and distributed a referral guide for peer educators. This new guide captures new companies and new programs at existing partner sites. New topics like ‘when to refer and how to strengthen systems for migratory workers’ were added.



1.4.6. Pilot Home Based Counseling and Testing program with a partner company

In year 3, the project in partnership with Nile Breweries and the Katakwi district health services team launched a Home Testing and Counselling program in Katakwi district, Usuk parish, among farmers who sell sorghum to Nile Breweries and where peer educators have been trained. This is a very remote location and the program involves a team of medical staff (a counselor/nurse, lab technician) from Usuk Health Centre visiting households to conduct VCT. Of the 4500 Usuk population, 95% have registered to participate in this program. To date, 1425 people have tested with 68 testing positive. All who tested positive have been given septrin and been referred to the Katakwi Health Center IV for follow up and CD4 test. 21 clients have been enrolled on ARV treatment. This program will continue in Year 4 to test all those who registered.

1.4.7. Support the training of counselors in Couple Counseling and testing

During the 4th Quarter, the Project in partnership with MOH supported the training of 23 counselors in couple testing and counseling. 3 of the participants were from the Nile Breweries Home based counseling and testing program in Katakwi district. Nile Breweries is also launching a company based couples counseling program.

Table 12: HIV Counseling and Testing Results from Health Fairs and Company Clinics

Indicator	<5yrs		+ves		5-17yrs		+ves		18+years		+ves		Q Total	Cumulative total	Annual Target
	M	F	M	F	M	F	M	F	M	F	M	F			
Trained														50	50
Number of service outlets for VCT													10	85	100
Individuals who receive Testing and Counseling	598	571	23	16	1,374	2,085	21	47	25,942	30,454	1,869	2,787	18,841	61,024	45,000

Challenges:

- Private partner clinics provide VCT services at no cost to their clients, when the test kits are provided free of charge. MOH/JMS stopped offering free test kits to private sector partners. This has affected testing services at some sites.
- Reporting has been a challenge. Though the project has provided forms and tools for records, the district and national reporting is still low.

Recommendations:

- The Project is holding discussions with several key actors like MJAP REACH-U Project, and the MOH to identify sustainable solutions to the problems associated with the supply of test kits to partner facilities. UMA and FUE responded to the RFA from the MJAP program and if successful should enable some partners receive additional HCT support.
- 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.

Key Activities for the Next Quarter:

- Distribute referral guide for peer educators at partner sites.



- Print VCT forms, registers and cards for partner sites. Ongoing support supervision at HIPS partner clinics
- Continue with HBC program with Nile Breweries
- Procure and distribute test kits for partners
- Finalize partnership between UMA, FUE and MJAP

1.5. MALARIA

In Uganda, malaria is ranked number one among the leading causes of morbidity and mortality at all ages. It is estimated that each day about 220 children die as a result of malaria or related complications. Similarly, malaria is considered to be the biggest cause for employee absenteeism and reduced productivity. HIPS with funding from PMI, supported the distribution of long lasting insecticide treated bed nets and prevention of malaria in pregnancy among 40 private sector ANC facilities under a 1:1 cost sharing arrangement. During the third year of the Project, HIPS supported implementation of the following activities:

1.5.1. Training of peer educators on malaria using the Good Life at work Module

In Year 3, HIPS, FUE, UMA and STF trained a total of 2,507 peer educators in malaria prevention and treatment from 30 companies as both new and refresher training.

During the 4th quarter, 740 Peer educators were trained of which 314 were male and 436 female.

1.5.2. Use of interactive IEC materials to disseminate messages on malaria prevention and interpersonal communication

In Year 3, the Project has reached 46,150 people with messages, through IEC materials in the form of Everyday Health Matters, pre-recorded radio programs, calendars, text to change SMS messages at partner companies including KCCL, Kinyara and Kakira Sugar Estates.

During the 4th quarter, HIPS distributed 21,850 IEC materials in the four languages and continued to support and pre-recorded radio programs for community discussions.

1.5.3. Scaling up prevention of malaria in pregnancy among selected partner companies and clinics.

During the third year, HIPS has scaled up in from 16 to 40 private ANC facilities and clinics for the implementation of the PMI IPTp program on a 1:1 cost sharing basis. The facilities have been able to provide free IPTp services to all pregnant women within their employees and communities around them.

During the fourth quarter, HIPS continued to implement PMI activities on preventive treatment of malaria in pregnancy (IPT) with a total of 40 existing and new companies' facilities.

Of these, 20 (50%) are private companies facilities while for the rest, 17 were private for profit and 3 being private not for profit O clinics.

1.5.4. Procurement of commodities for IPT Program (drugs, water containers, cups, aqua safe)

During the third year, HIPS and partners procured 150,100 Fansidar tablets, disposable cups, water vessels and aqua safe tablets that were used at the ANC clinics for the Directly Observed Treatment (DOTS).

In the 4th quarter, HIPS continued with the distribution and monitoring partner facilities to ensure presence of sufficient stocks.



1.5.5. Distribution of bed nets to pregnant women through ANC clinics

In the third year, HIPS procured 23,500 ITNs from Stop Malaria Project under the PMI program of which 19,450 were distributed free to pregnant women attending ANC at the 40 partner facilities.

During the 4th quarter, 5000 ITNs were distributed to pregnant women attending ANC at partner sites.

1.5.6. Training of health workers and community mobilizers for ITN/IPTp Program

During the third year, HIPS has supported on the job training of 155 Health Workers. The staffs have been involved in the day to day implementation of the PMI program at the facility as well as community level.

1.5.7. Distribution of subsidized bed nets to companies and communities

During the third year, HIPS sold 14,050 ITNs to 28 companies at a subsidized price of 5,000/=, while 1,482 ITNs were procured by companies from the open market at full price. The companies then distributed them to employees and to community members under their corporate social responsibility programs.

During the 4th quarter, HIPS continued to assist some companies to procure from the market given the fact that the PMI subsidized ITN distribution program had been suspended. These include St. Catherine Clinic, Century Bottling Company and KK Security.

Table 13: Performance Indicators for Malaria

Indicator	Quarterly Achievement	Cumulative Total	Annual Target
Number of SP tablets purchased (*purchases made by partner companies)	80,100*	150,100	150,000
Number of women receiving IPT2 doses at existing and new workplace sites	5840	19,789	20,000
Number of health facilities with water vessels and cups for IPTp DOTS	40	40	25
Number of ANC health workers trained in IPTp, IPP3	0	152	150
Number of people reached with prevention messages on malaria	48,292	171,773	170,000
Number of subsidized LLIN distributed to pregnant women	5,000	19,450	20,000

Challenges:

- Low supply of ITNs from PMI affected both the free distribution and sale of subsidized ITNs
- Stretched assessment and supervision visit needs for the big number of new partner facilities that showed interest in the IPT program
- Companies request to be supported with malaria rapid diagnostic tests and drugs.

Recommendations:

- HIPS will need to support training of more staff on IPT program implementation for new staffs. HIPS is also hiring a part-time malaria technical advisor to assist support to HIPS partner companies
- HIPS will procure ITNs for sale to companies at subsidized rate.
- HIPS will link companies to procure subsidized RDTs and Coartem



Key Activities Planned for Next Quarter:

- Procure and distribute commodities for PMI Program (drugs, water containers, cups, aqua safe)
- Procure and distribute subsidized nets to companies and communities
- Conduct operational research on cost and benefit analysis of the use of RDTs among private sector facilities



1.6. TUBERCULOSIS

In Uganda, Tuberculosis is the leading cause of mortality among AIDS patients. The disease is preventable but thrives in areas of overcrowding but preventable through awareness, improved case detection, infection control and management. In the last 3 years, HIPS has implemented various TB control activities with partner private sector companies, the NTLP, TB CAP and other stakeholders with focus on improving to services and care mainly under the following areas:

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

During the 3rd year, HIPS participated in several national and district level activities including TB/HIV integrated supervision, coordination meeting under the NTLP/ACP, and review of the intensified case finding (ICF) tool.

During the 4th quarter, HIPS continued to participate as member on the national TB/HIV coordination committee quarterly meetings.

1.6.2. Identify private clinics for NTLP accreditation: conduct assessment of interest and need for TB treatment in selected private clinics

In Year 3, HIPS identified 21 new partner companies' health facilities for NTLP assessment and accreditation to become TB diagnostic and treatment centers. These facilities were selected from those that had requested for partnership with HIPS, had the required staff and were equipped to the expected standards that would enable them pass the NTLP criteria for accredited TB treatment Units.

During the 4th quarter, HIPS identified 3 new health facilities at the New Forrest company sites in Mubende, Bugiri and Kiboga Districts for NTLP assessment during Year 4 to offer TB treatment.

1.6.3. Conduct training of clinical personnel on TB diagnostics and treatment

In Year 3, HIPS and the Mildmay Centre trained 92 clinicians in TB in HIV diagnosis treatment.

During the third quarter, 32 clinicians were trained.

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

During Year 3, HIPS facilitated a team led by trainers at Mildmay Uganda that followed up 60 out of the 92 clinical staff from 40 partner private facilities trained in TB and HIV management at Mildmay Uganda.

During the 4th quarter, 20 staffs from 10 private facilities were followed up.

1.6.5. Assist with accreditation of private clinics for TB care and treatment

During Year 3, HIPS has worked with companies to ensure their clinics have the staffs, skills, and equipment required for NTLP accreditation. HIPS facilitated NTLP to inspect 21 facilities of which 11 were accredited as TB treatment units. Please see appendix 1 for list of accredited clinics

During the 4th quarter, 4 of the 11 clinics namely Chari's Health Centre, St. Ambrose, Makonge and Teso Community were inspected and also approved for accreditation.

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

In Year 3, following a needs assessment, HIPS identified five partner facilities for support with basic TB clinical and laboratory equipment. These included Xclusive Cuttings Ltd, Teso Community Clinic, Mpanga and Mabale Tea Estates.



During the 4th quarter, HIPS procured and supplied equipment for the clinic at the New Forest Company in Mubende District.

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

In Year 3, HIPS facilitated the training of 2,507 peer educators fifty percent done by UMA, FUE and STF.

During the 4th quarter, 740 Peer educators were trained of whom 426 were female while 314 were male and 5 Trainers of ToTs.

1.6.8. Procure and distribute TB registers, logistics and reporting forms for the HMIS at selected company clinics

In Year 3, HIPS distributed TB laboratory request forms, laboratory registers, TB treatment cards, TB registers and referral forms for 25 partner private facilities to strengthen their HMIS system.

During the 4th quarter, HIPS distributed TB laboratory forms and registers to three clinics under the New Forest Company.

1.6.9. Active case finding and follow up of TB patients in the community by the partner private facilities

In Year 3, with support from the ministry of Health, HIPS facilitated on the job training of staffs at 30 private sector company health facilities on the use of the intensified TB case finding (ICF) and infection control guidelines. As a result of this, there was an increment in the number of new smear positive TB cases diagnosed by non-NTLP providers and those who received DOTS from non NTLP providers well above the annual set targets as shown in the table below.

During the 4th quarter, HIPS continued with on the job training of staff at 15 private sector health facilities on intensified TB case and infection control.

Table 14: TB Performance Indicators

Table of indicators for TB Control	Quarterly Achievement			Cumulative Total			Annual Target
	Male	Female	Total	Male	Female	Total	Total
Number of workplace sites accredited by NTLP to participate in PPM - DOTS			4			38	37
Number of workplace healthcare providers trained in PPM DOTS with USAID funding	19	18	37	46	56	102	90
Number of TB cases reported to NTLP by USAID-assisted private workplace providers	161	119	280	605	479	1038	650
Number of new smear -positive cases diagnosed by non-NTLP providers	47	31	78	253	196	423	250
Number of new smear positive cases who receive DOTS from non-NTLP providers	46	26	72	177	122	265	200

Challenges:

- The implementation of TB infection control at some partner sites affects quality of program.
- Inadequate follow up of patients to confirm outcome of TB treatment is still poor.



Recommendation:

- HIPS will support partner private sector facilities to institute more administrative infection control measures and also support training of more staffs on the use of the national TB infection control guidelines.
- HIPS will liaise with NTLP to increase support supervision on TB program implementation at facility level.
- HIPS will work with the facility staffs and District TB & Leprosy supervisors to ensure follow up of sputum checks for TB sputum smear positive patients at partner sites.

Key Activities Planned for Next Quarter:

- Collaborate with the NTLP for a public-private mix referral system for diagnosis, treatment and supervision of private health facilities
- Support active case finding and follow up of TB patients in the community by the partner private facilities.

1.7. REPRODUCTIVE HEALTH AND FAMILY PLANNING

HIPS in year 3 significantly scaled up FP interventions in all partner sites. We have created demand for all FP products including long term and permanent methods, supported safe motherhood initiatives and enhanced the skills of health workers for FP and RH through training and on the job support. The project supported partners participating in the IPT program with Mama Kits, while selected partners received maternity equipment and infection control materials. HIPS significantly exceeded the majority FP/RH indicators in Year 3, as demand from our partners is high for these critical services. Overall we have trained 90 health workers in FP/RH, conducted 350 community outreaches and provided 11,559 years of protection.

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

In Year 3, 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, 54 health workers from 13 companies and private clinics were trained in Long Term and Permanent Methods (LTPM). Please see appendix 3 for list of clinics providing LTPM.

During the 4th Quarter, HIPS supplied an assortment of FP products to all partner facilities. This supply was made to ensure there was adequate stock of FP products at these sites. HIPS has continued to link partner clinics to UHMG, PACE and other suppliers of FP/RH materials in the country.

1.7.2. Link partners to UHMG, MOH PACE and other partners to access free, low cost or subsidized FP commodities

In Year 3, the Project has established strong partnerships with UHMG and PACE to ensure regular supplies of FP products to partner sites. PACE supplied the project with a free consignment of Jadelle and IUDs and conducted RH outreaches and support supervision at KCCL, Kinyara Sugar, Ayira Nursing Home and Wagagai. In Year 3, there has been an overall 40% increase in demand for FP supplies.

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

In Year 3, a total of 2,507 peer educators were trained from 30 partner companies (1,569 were males while 938 were females) in family planning and reproductive health among other health issues.



During the 4th Quarter, 740 peer educators from 30 companies were trained (314 males and 426 females). 9 men only seminars were conducted with partner companies to promote family planning and in one of the seminars, HIPS partnered with PACE and provided Long Term methods (Norplant and IUD insertion) to 42 clients.

Table 15: Family Planning and Reproductive Health Indicators

Indicator	Male	Female	Quarterly Total	Cumulative total	Annual Target
Peer educators trained	353	236	589	2507	2500
Number of health workers trained in FP/HR				90	90
Number of new acceptors	224	672	896	3951	2500
Number of counseling visits	640	1109	1749	8087	2000
Regularity of contraceptive supply			90%	90	90
Number of community outreach activities	31		31	350	250
CYPs			4,764	11,559	3500
Number of USG-assisted service delivery points providing FP counseling or services			5	56*	100
The number of people that have seen or heard a specific USG-sponsored FP/RH message			53,552	135,870	150,000

**all HIPS partner clinics counsel on FP, 56 council and provide services, 27 provide LTPM*

1.7.4. Conduct Men Only Seminars

In Year 3, HIPS continued to support partner companies to conduct men only seminars focusing on family planning. 4 seminars were conducted reaching 235 men. The key campaign message was “Increased male support in FP for improved health and family savings” During the dialogue sessions, men discussed issues that affect their motivation to use FP services. Myths were dispelled among men and as a result many were referred during after the sessions for spousal counseling and FP services at company health facilities. Men have also invited their spouses to join these seminars.

During the 4th Quarter, Due to high demand for men only discussions, the project used the opportunity to integrate into the seminars other health issues/practices which require male participation. These include couple HIV Counseling, reduction of multiple concurrent sexual partnerships and SMC.

1.7.5. Build capacity of 10 new sites for LTPM through training and logistical support

In year 3, the project has built the capacity of 13 sites for LTPM for FP through provision of on the job training to health workers, support supervision and linkages to UHMG, PACE, MOH to access FP products. The methods include Norplant, Jadelle and Implanon Implants, IUDs, Vasectomy and Tubal ligation. The project is ensuring quality assurance through training and support supervision. Regional teams from PACE do frequently visit partner sites and share reports with the HIPS project. Altogether the project is now working with 23 sites on LTPM. These sites include Kinyara Sugar, Kakira Sugar, Macleod Russel clinics at Bugambe, Kisaru, Muzizi and Ankole, Nile Breweries, Kyotera Medical Centre, Wagagai, Lambu, Ayira Nursing Home, St. Catherine Clinic, Rwenzori Company, Safe Guard Nursing Home, White Horse Clinic, NYTIL/PICFARE, Royal Vanzanten, St. Mary’s Clinic, Kyehoro Maternity



Centre, SCOUL, TAMTECO, Kabalega Health Centre, Engari Community Centre, Double Cure Clinic, Kiruhura Family Resource Centre and SIMS Medical Centre.

During the 4th quarter, 12 health workers from Engari Community Centre, Double Cure Clinic, and Kiruhura Family Resource Centre were trained in Long term and permanent methods. The training was conducted by a team from Mbarara University Teaching hospital. All LTPM clinics have received supplies like Implants, IUDs and Kits for surgical sterilization.

1.7.6. Conduct 100 community outreaches through community videos on FP

During Year 3, HIPS continued to disseminate FP messages through community videos shows reaching 5,902 people in 12 companies. The video shows were conducted during men only seminars, VCT outreaches, during health fairs, during trainings of peer educators and during work place lunch breaks. Majority of the video discussions were conducted by the peer educators. HIPS' partners conducted a total of 117 FP outreaches (videos) in year 3. Using a combination of health facility outreaches, health fairs and RH days, peer education and men only seminars, HIPS' partners conducted 350 community outreaches focused on family planning.

During the 4th quarter, HIPS conducted 7 video shows in 4 companies and reached 1,543 people.

1.7.7. Distribute RH/FP materials for peer educators through companies

In year 3, HIPS has continued to support RH services and promote safe delivery at partner sites. HIPS procured 3,000 mama kits for mothers attending antenatal care at partner sites. These are sites linked to the IPT program. Partners are meeting 50% of the cost of these kits.

1.7.8. Support safe motherhood initiatives at partner sites through on-site training and logistical support.

In year 3, the project has supported technical support visits focused on safe mother hood to 60 partner sites providing integrated FP/RH interventions. Proficient providers conducted on site support to health workers on the basic principles of safe motherhood; antenatal care, post natal services, infection control and use of FP services. During these visits, the sites received MOH technical guidelines on RH and FP.

Challenges:

- District and national reporting has remained a challenge. The project has supplied registers and report forms but only 50% of the partner sites report their data to the districts.
- HIPS has linked partners to UHMG and PACE to access low cost health products. Some partners are hesitant to allocate budgets for FP commodities.

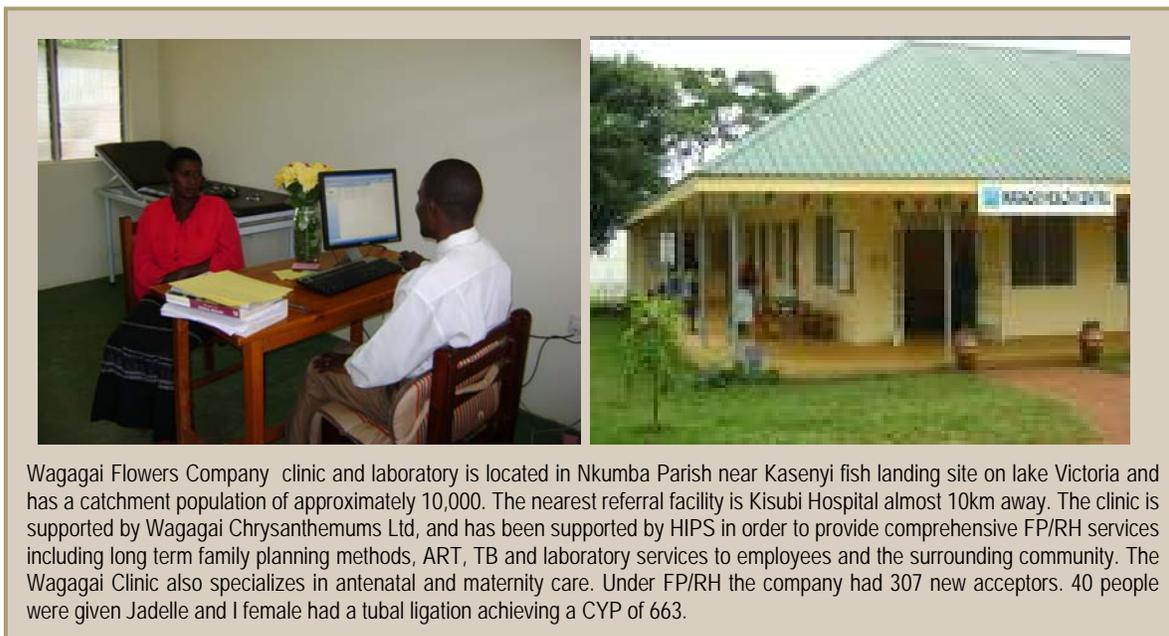
Recommendations:

- The project will conduct on the job training, district workshops and support visits to ensure that partners report their data to the districts.
- The project will continue to make a case to partners to scale up FP/RH approaches and procure FP commodities and supplies.

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 six new Long Term and Permanent Methods Sites for training
- Recruit RH/FP technical officer



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

TASK 2: EXPAND THE NUMBER OF GLOBAL DEVELOPMENT ALLIANCE (GDA) PARTNERSHIPS

In Year 3, HIPS project continued building alliances with companies using the 3 models of partnership that were developed in the previous 2 years i.e. The Workplace model; Supply chain model and the CSR model. The project signed GDA partnerships with 12 new companies bringing the total number of GDA partnerships to 41 this year. This quarter alone, HIPS was able to sign 5 GDA partnerships with companies. This shows a great increase in the number of companies that invest substantial resources in provision of health services to their employees and the surrounding communities. Through the GDA partnerships, HIPS has been able to leverage US \$1,344,633 in private sector contributions. HIPS together with FUE and UMA have now worked with 81 partner companies to implement workplace health programs. Of our 81 company partners, 40 have clinics (some have more than one clinic for a total of 54 company clinics).

Over the past year, HIPS has linked companies engaged to provide health workplace programs to FUE or UMA for sustainability of the programs. HIPS has also linked the districts health teams to its partner companies through the support supervision visits that have been conducted.

During year 3, HIPS performed an evaluation on existing GDA partners to ensure that these partnerships are meeting each partner's expectations as stated in the MOUs, are achieving the expected health impacts and the agreed upon resources are being committed in a timely manner. As a result of this evaluation, it was noted that 90% of the companies were meeting their obligations.



2.1. DEVELOP AN APPROACH TO MIGRATE COMPANIES FROM HIPS TO FUE AND UMA

In Year 3, HIPS developed a technical approach to migrate companies from HIPS to FUE and UMA to address the sustainability aspect of its achievements. A self updating readiness assessment tool was designed to identify those companies that would qualify as being ready to be migrated. The criterion used to create the readiness tool was based on four key essentials:

1. The company's health prevention programs particularly the peer education program was strong and comprehensive i.e. Peer educators are actively conducting community outreach activities and are filling in & submitting the peer educators dairies
2. The company has an existing MOU with HIPS
3. The company is contributing significant resources towards partnership activities specifically in purchasing health commodities for its employees and or communities.
4. The company has a relationship with either of the two employers' associations.

A total of 21 companies met these readiness criteria. These companies include: Century Bottling Company, Eskom Uganda, Hima Cement, Mc Leod Russel, Kakira Sugar, Kinyara Sugar, Luwero Industries, Mt. Elgon Orchards, Nile Breweries, Roofings Ltd., Royal Vanzanten Flowers, Rwenzori Commodities, Shell Uganda, Southern Range Nyanza Textiles, The New Forests Company, Tullow Oil, Ugacof, Uganda Clays, Wagagai Flowers, Kasese Cobalt Company and Xclusive Cuttings.

To facilitate a successful migration, HIPS conducted a planning exercise to determine the process and resources necessary for UMA and FUE to assume responsibility to manage companies that would be migrated to them. Subsequently, FUE and UMA were assigned a lead role in providing health prevention services such as peer education trainings, Health fair events, IEC materials distribution and linking companies to access commodities. HIPS will continue to provide background technical assistance to FUE and UMA in conducting these activities.

A new arrangement was reached in collaboration with all these companies to migrate them to the association of their choice. There was no objection from any company to this effect. FUE and UMA made follow up with these companies and subsequently some have already implemented activities with them. Critical to the success and sustainability of this migration approach is that Companies are now paying FUE/UMA for their services (ie professional fees for the time they spend with companies). Please see appendix 4 for Company Migration Status.

During the 4th Quarter, a review of the technical approach towards migration of companies was done to include an assessment of a successful migration. It was agreed that indicators of a successful migration would include; companies paying professional fee to UMA and FUE, companies directly contacting FUE and UMA for activities, and all prevention activities of the company being carried out by FUE and UMA.

2.2. INCREASE THE REQUIRED COMPANY CONTRIBUTIONS TO A HIGHER LEVERAGE RATIO BASED ON THEIR ABILITY TO PAY

In Year 3, HIPS was successful in increasing the amount of resources contributed by companies to the partnership. This was achieved through the extra professional fees that companies paid to FUE/UMA in addition to the resources agreed upon in the MOU to fund the various activities. 14 partner companies have a leverage ratio of 2:1 or higher and all the others meet the minimum required 1:1 match. The 14 partners include; Tullow oil, Centenary Bank, Eskom, Hima Cement, Mc Leod Russell, Kakira, KCCL, Kinyara, Luwero Industries, RVZ, MLISADA, Uganda Crane Creameries, Bead for Life and Elizabeth Glazer.

HIPS further reviewed MOU's for its partner companies to reflect new company contributions. Cost estimates for the following companies were revised: Nile Breweries, Royal Vanzanten, Kinyara Sugar,



KCCL, New Forests Company and Kakira Sugar. New Forest Company, and KCCL substantially increased their contributions towards partnership activities during year 3. The new leverage amounts have been reflected in the MOU's.

During the 4th Quarter, The revised New Forest Company MOU was signed to reflect a new leverage amount. New Forest Company is already setting up three health facilities for its out growers with HIPS providing basic equipment and supplies required in these facilities.

2.3. INTEGRATE FINDINGS FROM YEAR 2 HIPS STUDIES (THE COMPANY SURVEY, HIV PRIVATE SECTOR CASE RATE COSTS, IMPACT OF ART ON EMPLOYERS COST) TO BUILD STRONGER BUSINESS CASE FOR PRIVATE SECTOR PARTICIPATION IN HEALTHCARE.

In Year 3, HIPS reviewed and integrated findings from the studies done in Year 2 in all its presentations to make a stronger business case for companies to invest in workplace health programs and how the private sector can partner with the public sector to extend health services. Besides, HIPS presented the previously completed private sector study findings at three different private sector fora. One at the 2nd Uganda Corporate Chapter for Social Responsibility annual conference, the second at the International Medical Foundation annual general workshop and the third presentation at the USAID SO8 private sector meeting that HIPS hosted for USG private sector Implementing Partners. The information shared at the three meetings enabled the participants get a clearer understanding of the costs associated with HIV treatment in the private sector, the various models used by HIPS to engage the private sector, and the extent to which companies in Uganda are promoting health services.

During the 4th Quarter, IAA in partnership with HIPS launched the HIV/AIDS managed care product. The cost of the product is based on findings from the HIV Case Rate study done by HIPS.

2.4. DEVELOP 10 NEW GDA'S THAT STRATEGICALLY FIT INTO HIPS PARTNERSHIP MODELS

In Year 3, HIPS brokered 12 new GDA partnerships and renewed and expanded 29 existing GDAs from the previous 2 years. This brings the total number of HIPS GDA partnerships to 41. HIPS leveraged US\$ 1,344,633 in private sector contributions compared to HIPS' investment of US\$ 769,604 maintaining the 2:1 match. Honoring our commitment to assist FUE and UMA develop 5 of the targeted GDAs for Year 3, HIPS mentored UMA and FUE to broker 6 GDA partnerships with Mpanga, Reco Industries, Ankole Coffee Farmers, Uganda Crane Cooperative Union, Dominion Uganda and Centenary Bank. Please see appendix 5 for Company Leverage.

The 12 new GDA partnerships brokered during the year include: Uganda Telecom, Mpanga, Farmers Center, Buikwe Dairy Development Cooperative, JP Cuttings, Reco Industries, Ugarose, MTN/MLISADA, Ankole Coffee Farmers, Uganda Crane Cooperative Union, Dominion Uganda and Centenary Bank.

Reco Industries, Ankole Coffee Farmers, Crane Cooperative Union and Mpanga Limited are extending services to their entire supply chains.

During the 4th Quarter, HIPS brokered 4 new GDA partnerships with Reco Industries, Farmers Center Limited, Buikwe Dairy Development and Dominion Uganda leveraging a total of US\$ 169,078. HIPS also reviewed the New Forest Company MOU to reflect their new contribution towards construction of clinics for their out growers in Kiboga, Bugiri and Mubende.

2.5. DEVELOP A COMMUNICATION STRATEGY TO HIGHLIGHT THE SUCCESSES THAT HIPS HAS HAD WITH PARTNERSHIPS

In Year 3, HIPS communication strategy has primarily been focused on having our Partners tell the story of why public private partnerships in health make sense. HIPS has been featured in several news articles



highlighting launches and successes of HIPS partnerships, including the full page World AIDS Day advert. Additionally, the project has invited USAID global programs to review our program, AIDStar has visited and completed an assessment on HIPS. HIPS has also identified key accomplishments from the projects activities in the past three years, and success stories have been written (see appendix 6 for two success stories). HIPS is currently developing a documentary that will highlight the projects achievements. HIPS is poised to use the success stories and the documentary to communicate to its partners and stakeholders its successes during the upcoming partnership conference. The conference is due to take place in early 2011 and will bring together HIPS partners and stakeholders.

During the 4th Quarter, HIPS started preparatory activities to organize the partners’ conference with an agenda to share successes, discuss new services, hear from our partners’ feedback on gaps/challenges and further link FUE/UMA to corporate partners and establish HIPS exit plan. HIPS also started preparatory activities for the documentary.

Table 16: Global Development Alliances Indicator Table

Table of indicators for Global Development Partnerships	Quarterly Achievement	Cumulative Total	Annual Target
Number of workplace sites collaborating with USAID to offer expanded HIV/AIDS (treatment) services to include the community	2	44	30
Number of existing and new workplace sites (clinics) with integrated health services RH/FP, TB or malaria	1	42	40
Number of GDA partnerships developed according to USAID principles	5	41*	35

**Includes 12 new GDAs in Year 3 plus 29 GDAs renewed from Year 1 and Year 2*

Challenges:

- FUE and UMA human resources are stretched with the increasing work load from migrated companies which can sometimes make it difficult for them to effectively follow up activities with these companies.
- FUE and UMA’s capacity to provide technical support with regard to the treatment service component for company clinics is limited.

Recommendations:

- HIPS has supported FUE/UMA to hire two well trained and experienced interns that are part of the Johns Hopkins “Gold Intern” mentorship program at FUE and UMA to assist with the extra work load.
- HIPS will continue working with Ministry of Health, the District Health Teams, Africa Affordable Medicines (AAM) and UHMG to link HIPS partner clinics to access range of health services even after the project exits.

Key Activities Planned for Next Quarter:

- Through the readiness assessment tool, identify and migrate more companies to FUE and UMA
- Support FUE and UMA in developing a target list of companies and assist them broker at least two GDA partnerships.
- Provide guidance to UMA and FUE on how to develop MOU’s.
- Revise the HIPS menu of services.



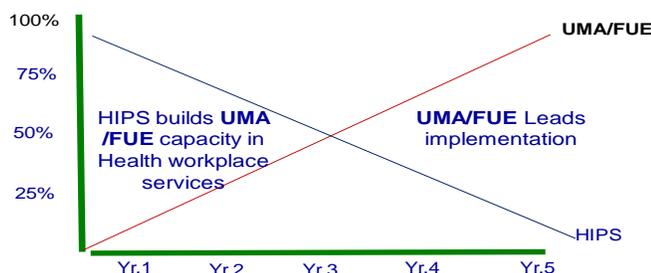
- Work with IAA to market the newly launched HIV/AIDS insurance product amongst HIPS partners
- Hold a partners conference which is expected to bring together HIPS partners and stakeholders

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

In Year 3, FUE and UMA began to take a lead role in implementation of workplace health programs; both FUE and UMA have led 50% of HIPS workplace prevention activities.

For year 2 and 3, efforts were concentrated on implementing the sustainability strategy, jointly developed with both employers' associations, aimed at strengthening capacity within FUE and UMA and a timeframe for transitioning both associations from a supporting to a leadership role in the provision of workplace health programs. Increasingly, both employers' associations are conducting workplace health programs with minimal support from the HIPS Project. Furthermore, the two employers' associations also developed a marketing plan and a costed menu of services to enhance their sustainability in health workplace programs. Both FUE and UMA Executive Directors have been hands on in developing and implementing this strategy. Activities in Year 4 will continue to be guided by the strategic partnership approach below.

Evolution of Support vs. Lead Role



In Year 4, HIPS will continue to provide financial support to FUE and UMA to carry out workplace programs; however, each year FUE and UMA are increasingly receiving payments from member companies for workplace activities. These new revenues will be used to augment the pay of the three fulltime staff at each association working on health workplace programs and HIPS will decrease their financial support accordingly. To date FUE and UMA have generated a total of USD 36,033 (UMA \$17,248 and FUE 18,785) from professional fees from workplace activities.

3.1. DEVELOP SUSTAINABILITY STRATEGY FOR FUE AND UMA

3.1.1. Assist FUE and UMA to review and update the sustainability strategy

In year 3, with assistance from HIPS project, FUE and UMA reviewed and updated their sustainability strategies. The sustainability strategies rolled out in year 2, are focused on increasing the institutional, programmatic and financial sustainability of the 2 organizations. They are annually reviewed and updated basing on lessons learnt, challenges faced, successes achieved and gaps identified during the process of implementation. The review process involves a series of meetings between HIPS staff and core workplace health programs teams at FUE and UMA. The following issues were included in the strategy and implemented in year 3: implementation of a marketing plan, strengthening of FUE's and UMA's core



staff skill set, involvement of UMA board and senior staff in workplace health activities and implementation of diversified revenue generation options. Furthermore, a migration technical approach has been developed stipulating the process of transferring HIPS partners to FUE and UMA for sustainability.

3.1.2. Strengthen FUE and UMA's capacity to generate revenue from an updated menu of services and also increase the overall membership.

In year 3, UMA earned USD 9,748 from sale of advertisement space in the CSR study book and the annual year planner, the 2nd annual nutrition, health and safety fair and workplace health activities conducted for the following companies: Mpanga Tea Company, Mabale Tea Growers Company, Kyagalanyi coffee, Ken group of companies, Uganda Clays Limited, Roofings Limited, Tic Plastics, Unga Millers, Uganda Co-operative Creameries, Kengrow, Nytil and Picfare Limited. Also with support from HIPS, UMA recruited Mpanga Tea Company, Mabale Tea Growers Limited and Pilot International as new members to the association, earning a total of \$ 600. FUE earned USD 8,885 from workplace health activities conducted for the following companies: Century Bottling Companies, Ericson AB Uganda, BM Technical services, Dominion Oil and IITA (Research to Nourish Africa), Shell Uganda Limited, and Fish ways limited. In addition, as a result of HIPS support, FUE recruited the following new members: Uganda National Council of Science and Technology, Lango Child and community development Foundation and Kadic Hospital Limited. From these new members, FUE earned a total \$ 1090.

During the 4th quarter, UMA earned USD 2,510 from the national nutrition, safety and health fair and workplace health activities conducted for the following companies: Kengrow Limited, Unga Millers, Uganda Clays and Roofings Limited. FUE earned USD 5,670 from workplace health activities conducted for Century Bottling Company, BM technical services and IITA.

3.1.3 Support FUE and UMA to update their target list of member companies.

In year 3, HIPS supported UMA and FUE to update their target list of companies to engage for workplace health programs. The list included companies not yet served, newly recruited and those that wanted to integrate more workplace health activities both associations held meetings with potential companies for possible partnership on workplace health programs. UMA 's target list includes the following companies: Maganjo Millers, Teac plastic, Riley packaging, Mpanga Tea, Quality chemicals, Sameer Goup of companies, Mabale Tea company and Tampa Fisheries. FUE's target list includes the following companies; Association of Micro-Finance Institutions, Rift Valley Railways, Housing Finance Bank and Stanbic bank.

3.1.4 Assist FUE and UMA to integrate workplace programs in their annual work plans as packages offered to their members.

In year 3, HIPS planned to assist FUE and UMA to integrate workplace health programs in their annual work plan as packages offered to their members . This activity was delayed as both employers' associations are in the process of revising their membership fees and designing new initiatives for membership retention, which could include health workplace programs.

3.1.5. Support FUE and UMA to implement a marketing plan.

In year 3, FUE and UMA increased their visibility as leaders in the provision of workplace health activities as a result of implementing the marketing plans they developed in the second year which are aimed at increasing the number of association members and promoting workplace health activities. Some of the activities both associations have conducted to market their menu of services include: regional marketing conferences, posting information on their websites, development and distribution of promotional materials to potential partners, partnership meetings with prospective companies, and participation in exhibitions to showcase the workplace health activities they offer, and company visits.



3.1.6. Assist FUE and UMA to win at least one grant from another donor to fund workplace health programs

In year 3, HIPS assisted FUE and UMA to successfully bid on grants. FUE was granted US\$ 7,500 from the Uganda AIDS Commission (UAC); the grant will assist FUE to mobilize the private sector. FUE is at the forefront of organizing and mobilizing the private sector to represent their views as stakeholders at the commission. UMA won US\$143,000 from USAID STRIDES Project for FP/RH Programs in the private sector with a special focus on Agri-businesses. Under this project, UMA will conduct Family Planning and Reproductive Health activities in the following companies leveraged from HIPS partners: TAMTECO, Mpanga Tea Limited, Mabale Tea Growers Limited and SCOUL.

During the 4th quarter, the project supported both FUE and UMA to respond to an RFA from the MJAP project to provide HIV Counseling and Testing services in the private sector.

3.1.7. Strengthen the capacity of FUE and UMA in implementing a monitoring and evaluation system

In year 3, HIPS supported FUE and UMA to strengthen the M&E system that was developed in the last financial year. The HIPS M&E specialist conducted several support supervision visits to both employers' associations to assess progress in implementation, identify challenges and areas for further strengthening. Further still, The M&E specialist introduced the new data collection tools that capture the Next Generation Indicators as required by PEPFAR and supported both organizations to improve their M&E systems.

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

3.2.1. Support FUE and UMA to lead in development of HIV/AIDS workplace policies among 30 companies

In Year 3, together FUE and UMA assisted 38 companies, working with 94 employees, in the development of HIV workplace policies. FUE developed workplace policies for 9 companies, including; Centenary Bank, Housing Finance Uganda, Ericson AB Uganda, JP Cuttings Limited, Life Concern, Association of Micro-Finance Institutions In Uganda, Mid Concern and UGAPRVI . UMA assisted 6 companies to development workplace policies at Mpanga Tea Company, Mabale Tea Growers Limited, Uganda Co-operative Creameries, Ken group, Quality Chemicals and Kampala Pharmaceuticals Industries. In addition, both employers' associations conducted a joint HIV/AIDS policy development workshop that drew 28 participants from 23 companies: Kyagalanyi Coffee, SCOUL, Entebbe Handling Services, Engaano Millers, Vita Foam Limited, National Water and Sewerage Corporation ,Tata Pharmaceutical Industries, Britannia allied Industries, SALT ICW, East African Packaging Solutions, Nice House of Plastics, Pramukh, Kilembe Mines, New Forests Company, Makapesi Matches Limited, Unga Millers, Leaf Tobacco Limited, Riley Packaging, Wispro Uganda Limited, Rift Valley Railways, Uganda Wildlife Education Company, Rene Industries, and Sokoni Africa. FUE and UMA are still following up these companies to support them in the formulation and implementation of the policies. The policy development workshop was used to market workplace health activities.

During the 4th Quarter, FUE and UMA jointly organized a policy development workshop that drew 28 participants from 23 companies that are already mentioned above.

3.2.2. Provide assistance to FUE and UMA to train and supervise peer educators

In Year 3, HIPS provided assistance to FUE and UMA to train a Total of 1053 peer educators. FUE trained 512 peer educators from Century Bottling Company, IITA (Research to Nourish Africa), Wagagai Flowers Limited, JP Cuttings, Shell Uganda Limited, McLeod Russell Kiko Estate, National Association of Trade Unions, the New Forests Company, UWEAL and Rwenzori Commodities. UMA trained 398 peer educators from Mpanga Tea Company, Mabale Tea Growers, Kyagalanyi Coffee, Uganda Clays,



Southern Nyanza Range Limited-Picfare Limited, Unga Millers, Kengrow Limited, Teac Plastics and two open peer education courses in Kampala and Jinja.

During the 4th Quarter, HIPS supported FUE to train 99 and UMA 144 peer educators from the companies already mentioned above. By the end of the year, demand for peer education programs had picked up tremendously, with most training already scheduled for the beginning of the fourth financial year.

3.2.3 Support FUE and UMA to conduct regional peer educators' workshops.

In year 3, HIPS supported UMA to conduct support supervision meetings with the Mbarara peer educators association. Regional peer educators' workshops did not take place however FUE and UMA did participate in HIPS support supervision visits to companies which included meetings with peer educators to explore challenges and success of peer education activities and to verify reporting data.

3.2.4 Support FUE and UMA to conduct company, regional and national health fairs

In year 3, FUE and UMA, between them, conducted 1 regional, 1 national and 9 company health fairs using the low cost model of drama groups that they developed last year. FUE conducted one regional health fair in Lira that coincided with celebrations of their 50 years of existence in addition to conducting six health fairs from the following companies: Ericson AB Uganda, Nile Breweries Macleod Russell, Dominion Oil, BM Technical services, IITA (Research to Nourish Africa) and the New Forests Company. UMA conducted the annual national nutrition, safety and health fair that attracted over 30 paying exhibitors and 5,000 show goers. In addition, UMA conducted health fairs for the following companies: Uganda Clays, Nytil and Picfare and the Uganda Co-operative creameries. Health fairs remain one of those highly demanded workplace health activities especially by companies that want to give back to the community.

During the 4th quarter, FUE conducted health fairs for Dominion oil, BM Technical services and Macleod Russell Estates in Bugambe and Kisaru. UMA conducted the second annual national nutrition, health and safety fair that attracted 30 paying exhibitors and over 5,000 show goers. An addition to this year fair was a medical camp where medical services were provided free of charge to the surrounding community and a health sciences career guidance seminar that attracted secondary school students from schools around Kampala. During the health sciences career guidance seminar, the HIPS BCC team also sensitized the students on abstinence.

3.2.5 Support FUE and UMA in conducting sensitization campaigns in SMEs and their communities on Malaria, RH and VCT.

In year 3, FUE and UMA have followed up on the PSFU awardees of the "Association of the Year" to work with SMEs via these winning associations. However, there has not been enough focus in this activity as both employers' associations have been focused on marketing and providing services to larger companies that can afford to pay for services. This activity will have to be reviewed with both employer associations to understand if it fits within their strategic and sustainability plans.

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 3, HIPS assisted FUE and UMA to build GDA style partnerships, based on a 1:1 cost sharing basis, the cost share from FUE/UMA side came from the HIPS grant. FUE/UMA leaned to negotiate partnerships and structure MOUs. UMA signed MOUs with the following companies: Mpanga Tea Company, RECO industries and Ankole farmers. FUE signed MOU's with Cetenary Bank, JP Cuttings and Dominion oil. In addition, FUE and UMA also developed a 1:1 relationship with the following companies though they don't qualify to be GDA's (as they were under the HIPS GDA threshold of 5000



USD): Mabale Tea Growers Limited, Kyagalanyi Coffee, Kampala Pharmaceutical Industries, Quality Chemicals Industries, Teac Plastic, Kengrow Limited, Unga Millers, Ericson AB Uganda and Housing Finance. Africa).

3.2.6a. Support FUE and UMA to take lead in the accreditation of workplace sites so as to offer integrated services.

In year 3, HIPS built FUE and UMA's capacity to take lead in accreditation of workplace sites. At the beginning of the financial year, the Deputy Chief of Party for HIPS made a presentation to staff from both associations to train them on the accreditation process. The presentation included the procedures and tools used in the process. This increased their understanding of the accreditation process. HIPS supported UMA to prepare Mayhoro Rice Farmers, Mabale and Mpanga Tea company clinics for accreditation. With guidance from the HIPS health services team, UMA staffs were able to conduct a clinics assessment at two sites in order to determine the gaps that must be filled so as to make them ready for MOH accreditation. The FUE team participated in the accreditation of the Ruwenzori commodities Kigumba Division clinic. Although both teams have participated in the accreditation process at several clinics, they are not yet ready to lead in this area and will continue to be mentored in Year 4.

3.2.7. Support FUE and UMA to conduct Regional conferences

In year 3, HIPS supported UMA and FUE to conduct two regional conferences each. The regional conferences are aimed at marketing workplace health programs and recruit new members. UMA conducted one regional conference in Mbarara that had 80 business executives from western Uganda attending and another in Kampala that coincided with the celebrations to mark 22 years of UMA revitalization and had over 150 business executives from all over Uganda attending. FUE also had a regional conference in Mbarara for the western region and another in Lira for the northern region. Both conferences attracted over 200 participants. As a result of these conferences: FUE was able to seal a partnership for workplace health activities with BM Technical services in Mbarara and UMA was able to get into partnership with Kampala Pharmaceutical Industries, Quality Chemicals Limited and Unga Millers.

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

3.3.1. Leverage PSFU's network to assist SMEs in policy development sector

In year 3, HIPS provided technical and financial support to the Private Sector Foundation to organize the 2009 PSFU awards whose purpose is to promote good governance, excellent association management and leadership practices, within the business association sector (SME) in Uganda. HIPS sat on the technical evaluation committee and successfully advocated for the inclusion of health issues into the selection criteria. Also, part of the HIP pledge to support the winner and Runners up, HIPS through UMA supported Uganda Co-operative Creameries Union (the Runners up of the competition) to develop and launch an HIV/AIDS policy and also conduct a health fair.

3.3.2. Scale-up collaboration with the Ministry of Gender, Labor and Social Affairs

In year 3, HIPS finalized a concept on scaling-up collaboration with the Ministry of Gender, Labor and Social Affairs. Key areas of partnership include: conducting joint support supervision especially on OVC and re-printing and distribution of the National HIV/AIDS policy. Several meetings were also held with MOGLSD to discuss the concept paper and other possible areas of collaboration.

3.3.3. Facilitate linkage of FUE and UMA to other key players in the health sector

In year 3, HIPS linked FUE and UMA to the SPEAR project, a USAID funded project. SPEAR is organizing a HIV/AIDS workplace partnership forum that brings together all actors on workplace health programs in the public and private sectors. FUE and UMA were invited for several meetings where they



interacted and shared with several organizations implementing workplace health programs. Organizations under this proposed forum include: ILO, ACCORD, and National Commission for UNESCO, Uganda Cooperative Alliance and the Uganda Business Coalition. HIPS also facilitated linkage of FUE and UMA to the STRIDES Project, Civil Society Fund, MJAP, STOP Malaria and the World Bank.

Table 17: 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	22	38	35
Number of individuals trained in HIV related policy development	25	94	70
Number of local organizations provided with technical assistance by USAID for HIV related institutional capacity building	0	4	4
Number of individuals trained in HIV related institutional capacity building	1	23	20

Challenges:

- Increase in demand of workplace health programs coupled with the migration of companies prevention activities to FUE and UMA, has led to a strain on training teams of both employer associations.
- Some companies are hesitant to pay the professional fees and feel they should get services as part of the membership.
- Though FUE and UMA are generating revenue from various workplace services, however, it is unclear what percent these revenues cover of actual health workplace expenses. Additionally, the amount generated is not always reinvested into the health programs at the respective institutions.

Recommendations:

- With support from the HIPS BCC team, both employer associations are in the process of creating a pool of volunteer trainers that can be relied upon in case of a heavy schedule. The Volunteers have already gone through a Trainers of Trainers course and are undergoing mentoring to enhance their competence.
- HIPS will assist FUE and UMA to do a survey to find out from their members what services they are willing to pay for. This could help in repackaging and re-branding the professional fees to make it more acceptable to companies.
- FUE and UMA should develop and implement a business plan and start running the workplace health activities on a business model, fully understanding all costs and institutional overheads. As part of the business plan development process, FUE and UMA should look into adding more revenue generation options, based on feedback from company survey on value added services.

Key Activities Planned for Next Quarter:

- Support to FUE and UMA to develop and implement a business plan.
- Strengthen FUE and UMA's capacity to generate revenue from an updated menu of services and also increase the overall membership.
- Support FUE and UMA to update a target list of potential companies to partner with.
- Support the operationalisation of the MOH Public-Private Partnership in Health Policy

- Support PPP desk officers within District Health teams to roll out the PPPH policy and conduct joint planning between sectors.
- Support creation of or strengthen existing umbrella organization for the Private Health Sector.
- Offer continuous support to FUE and UMA in peer education trainings, policy development and health fairs.
- Continue to offer support to FUE and UMA to achieve sustainability and revenue generation for workplace health programs

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

4.1. SUPPORT AND EXPAND CURRENT CSR ACTIVITIES AMONG PARTICIPATING COMPANIES

In Year 3, HIPS partners continued to provide comprehensive care and support services to 4,010 children,

**The Second Annual
National Nutrition, Safety and Health Fair:**

“Providing Health Services with a Corporate Social Responsibility Component”

Uganda Manufacturers’ Association (UMA) in collaboration with the HIPS Project and the Ministry of Health successfully conducted the 2nd Annual National Nutrition, Safety and Health Fair from July 15th – 17th, 2010 at the Lugogo Showground under the theme “Health Services with a Corporate Social Responsibility Component.” The opening ceremony was presided over by the Rt. Hon. Prime Minister of Uganda, Prof Apollo Nsibambi. The health fair attracted over 30 paying exhibitors and 5,000 show goers.

This Fair also acted as a marketing event for UMA’s workplace health programs. Other activities included: a medical camp where free medical services were provided free of charge to the general public, Voluntary Counseling and Testing services, health education and provision of IEC materials and a health science and a career guidance Seminar was carried out in collaboration with the Makerere University School of Public Health, Makerere University College of Health Sciences, the Mulago Nursing School and Pharmaceutical Association of Uganda. The seminar, whose purpose was to encourage Students to think of health sciences as a career, had 150 students from schools around Kampala attending. The HIPS BCC team also sensitized the students on HIV/AIDS especially abstinence. Key sponsors of the health fair were: The Project, PSFU, Kampala Pharmaceutical Industries, Standard Chartered Bank, Quality Chemicals Limited The Protestants Medical Bureau, KEN group of Companies, DFCU bank, Mavid Pharmaceuticals, Astel Diagnostics, and Naguru Hospital.

reaching 1,969 male and 2,041 female OVC. HIPS increased its focused on improving the socio-economic status of the OVC households using the Village Savings and Loan Association (VSLA) approach. HIPS, child protection, care and support and also built the capacity of children both in school and out of school in cognitive and life planning skills..

HIPS partnership, collaboration and networking approach during the third year included working with partners at the district level through the increased involvement of partners in the district specific OVC coordination meetings, participation in child day activities and the participation of HIPS in activities and coordination meetings organized by the Ministry of Gender, Labour and Social Development.



During the fourth quarter, HIPS conducted follow up visits to the 13 trained VSLA groups, trained farmers' groups in VSLA and 40 street children in entrepreneurship skills. In addition, HIPS renewed grant agreements for bead for life, Kinyara Sugar / KCG and Mpongo Company / FICHI to implement OVC activities for the second year.

Table 18: HIPS OVC Partnerships

	Partner	Engagement Model	Number of OVC served	District
1	Nile Breweries Ltd	Supply chain	935	Hoima, Masindi, Lira, Oyam, Soroti, Kaberamaido, Katakwi, Amuria, Pallisa, Budaka, Bukedea, Kumi, Amolatar
2	Kakira Sugar Ltd (KORD)	Corporate sponsorship	549	Jinja, Kamuli, Iganga, Mayuge
3	Cornerstone Development (ACM)	Market access	597	Nakasongola
4	Elizabeth Glaser Pediatric AIDS Foundation	Corporate sponsorship	206	Masaka, Mukono, Kabale, Jinja
5	Kasese Cobalt Company Ltd (KCCL)/ YAPI	Corporate sponsorship	209	Kasese
6	Bead for Life / Alcode	Market access	456	Lira (Otuke)
7	Caring Hands	Market access	171	Kampala
8	Kinyara Sugar Ltd / Kinyara Client Group	Corporate Sponsorship	247	Masindi
9	Mpongo Company Ltd/ Fishing Communities Health Initiatives	Corporate sponsorship	229	Masaka
10	Farmers' Center	Market access	234	Lira, Amolatar, Dokolo, Apac, Oyam
11	MTN/MLISADA	Corporate sponsorship	177	Kampala
12	Buikwe Dairy Development Cooperative Society / International Needs Network	Corporate sponsorship	Launched September 2010	Buikwe, Buvuma Islands
	Total number of OVC reached		4,010	

4.1.1. Identify new companies and renew current OVC matching grants using the corporate engagement models

During the third year, HIPS identified and partnered with three companies namely, Farmers' Center, M-LISADA and Buikwe Dairy Development Cooperative society located in Buikwe district.

- Farmers Centre (U) Ltd, introduced to us through the USAID/LEAD project, works with 10,000 organized farmers' groups in northern Uganda and an input/output distribution network comprised of 40 group agents/Stockists in the districts of Lira, Dokolo, Apac and Oyam districts;
- MTN/ M-LISADA's approach to care involves working with street children to alleviate the worst aspects of street life for children by training ex-street children in music skills, using music, drama, acrobatics and the band to lure children off the streets and subsequently re-unite them with their families. In addition, children living on the streets and those living at the rehabilitation center were trained in entrepreneurship skills training.



- Buikwe Dairy Cooperative Society / International Needs Network Uganda (Innetwork) provide support to the neglected children and addresses cases of child labor on Buvuma Islands, Kiyindi landing sites, sugar plantations, tea estates and other hard to reach areas in Buikwe district.

HIPS has scaled up food and nutrition interventions involving the school and the community. In Cornerstone Development/ ACM supported schools, school gardens were set up in five schools, while with Kakira Sugar Ltd/KORD, five school gardens were set up. HIPS partners also distributed vegetable seeds for children to go and set up their own gardens at home.

During the fourth quarter, HIPS identified Buikwe Dairy Cooperative society / International Needs Network to support OVC living in hard to reach areas and yet highly vulnerable. In addition, HIPS signed second year of implementation agreements with Kinyara Sugar Works / KCG, Mpongo Company Ltd/ FICHI and Bead for life.

4.1.2. Integrate child participation and child protection initiatives in OVC care and support

During the Third year, HIPS scaled up child participation and child protection interventions among its partner companies. To this effect, eight companies and their NGOs from Kinyara Sugar/ KCG, Kakira Sugar/ KORD, Nile breweries, Cornerstone Development / ACM, KCCL/YAPI, Caring Hands, Mpongo Comapny Ltd/ FICHI and Farmers' Center organized children in school and out of school in peer support groups. To-date, the companies have formed 98 peer support groups and are engaging in recreation activities, debates, health talks and discussions as well as HIV and AIDS discussions. Through the groups, children are learning communication skills, decision making skills, acquiring information and participating in games. The engagement of children in peer support groups has also enabled the children to learn about their rights and how to make decisions that enhance protection upon their lives and those of others in the community; and strengthened the capacity of the children to demand and realise their rights in homes, communities, at school and government .

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

4.2.1. Select a minimum of 4 out of 7 PEPFAR-defined program areas and design strategies for implementing activities in these areas

During the third year, HIPS and its partners continued to provide OVC with care and support in the areas of Education, Food and nutrition, Psychosocial support, Child protection, access to health care services, HIV information and basic household health care, Socio-economic security. Care and support and built the capacity of children and caretakers in OVC care and support, child protection, Village Saving and loan schemes. On the other hand, children had their capacity built in cognitive and life planning skills, child participation and the value of working in groups.

OVC caretakers have been trained in food and nutrition interventions focused on formation of backyard gardens, mushroom and vegetable growing for consumption and for sale, while children in Kakira, Kinyara, Cornerstone and Mpongo have set up school gardens and received seeds for replicating the same at home. In addition, Kinyara, Kakira, Cornerstone and Mpongo Company Ltd procured and distributed seeds to OVC households. HIPS socio-economic security activities focused on scaling up Village Saving and Loan associations as well as training OVC who have dropped out of school in a range of apprenticeships skills. HIPS in partnership with MTN and MLISADA has enabled eight children to be reunited with their families, while 16 ex-street children sat for their practical music sessions at Kampala music school.

HIPS partners carried out home and school visits to ensure the psychosocial well being of children and to monitor regularity of school attendance. Other HIV prevention interventions included: school talks about HIV and AIDS awareness, passing on information about HIV and AIDS through peer support groups as



well as increasingly involving teachers in behavioral change, child protection and care and support interventions. HIPS partners also participated in the day of the African child celebrations, while HIPS staff participated in the Ministry of Gender Labour and Social Development coordination meetings and technical working groups on the revision of the NSPPI.

4.2.2. Scale up Teachers' involvement in OVC care and support and child protection

During the third Year, HIPS and its partners increasingly involved teachers in OVC care and support and child protection. Teachers from Kakira, Kinyara, Mpongo Company, Farmers' Center and Cornerstone were provided with the skills on how to understand children to better be able to effectively support them. Teachers have been involved in organizing debates for children, capacity building and formation of peer support groups for in-school children in Kinyara, Kakira, Cornerstone, Mpongo and FACE. The increased involvement of teachers in OVC care and support has improved the overall well being of the children both emotionally and psychologically and enhanced identification of children who are in need of support. The involvement of teachers in OVC activities has enabled them to understand the children better, built their support skills and also enabled them to build rapport with other community members involved in OVC care and support interventions.

4.2.3. Implement cognitive and life planning age specific interventions for OVC

During the third year, HIPS Cognitive and life planning skills interventions focused on capacity building for 90 both in and out of school children, the formation and empowerment of peer support groups, commencement of recreational activities and debates in schools. OVC life skills activities are age specific and therefore, children are assigned roles and activities basing on their age. During the year, HIPS built the capacity of 33 ex-street and children living on the streets in cognitive and life planning skills. Following the training, five out of eight children currently re-united with their families decided they wanted to go back home and wanted to put their lives in order. The decision making skills of the children improved and many are using the skills to take control of their lives.

4.2.4. Train local community leaders in child protection

During the third year, enforcement of child protection among community local, religious and cultural leaders has taken center stage. The trained caretakers continued to identify and refer identified cases of child abuse, violations of the children's rights to protection, reaching 88 children with child protection services. Children who had been married off below the age of 18 were identified and sent back to their families. More specifically, Cornestone Development/ACM conducted six sensitization workshops in six villages about child protection reaching over 1700 residents, while 33 local community and religious leaders were trained from Farmer's center catchment area to support child protection interventions.

4.2.5. Promote sustainability through community capacity building and development of linkages

During the third year, HIPS sustainability approach focused on building the capacity of NGOs and caregivers in food and nutrition, socio economic security using the VSLA approach, child protection, care and support and psychosocial support. For the children, their cognitive and life planning skills including decision making, communication and the value of participating in their own activities has been enhanced. Collaboration, networking and referral mechanisms with the district stake holders and other departments has been emphasized as an approach of ensuring sustainable service delivery within the existing community support network. To this effect, OVC have been reached with services and are accessing education, health care, psychosocial support and food and nutrition as well as HIV and AIDS information.



4.3. IMPLEMENT SMALL GRANTS PROGRAM THAT FOCUSES ON COMPREHENSIVE OVC CARE AND SUPPORT USING CORPORATE ENGAGEMENT MODELS

4.3.1. Request and review proposals and work plans from companies and community based organizations

During the third year, HIPS renewed Kakira Sugar Ltd/ KORD agreement for the third year, while Kinyara/ KCG, Caring Hands, Mpongo Company/ FICHI, and Bead for Life agreements were renewed to implement the second year of OVC activities. In addition, HIPS identified Farmer's Center, MTN/MLISADA and Buikwe Diary Development Society as new partners in year three.

4.3.2. Conduct pre-award assessment on community organizations

During the third year, pre-award and programmatic reviews were carried out by the Finance and Operations Director for M-LISADA, and International Needs Network to assess their capacity to implement activities and handle finances. The pre-award assessments informed HIPS' decision to partner with the companies visa vie the challenges being faced in implementation of activities. The gaps identified by the Finance and Operations Director during the review are being bridged during project implementation and the HIPS Finance and Operations Director continues to provide technical support in implementing the programs and to monitor their progress.

4.3.3. Sign six 'new' and nine 'renewed' matching grant agreements with companies that support community organizations for OVC services

During the third year, HIPS signed three new agreements with MTN/ MLISADA, Farmers' Center and Buikwe Diary Development Cooperative Society. HIPS also renewed seven grant agreements for the second year namely, Kinyara Sugar Ltd/ KCG, Mpongo Company Ltd/ FICHI, Bead for Life, Kasese Cobalt Company Ltd (KCCL)/ YAPI, Caring Hands, Cornerstone Development / ACM and for year three Kakira Sugar Ltd/ KORD. Elizabeth Glaser Pediatric AIDS foundation (EGPAF) project ended, while Nile Breweries Ltd is still in the process of identifying technical personnel to carry out OVC activities and is yet to renew their third year agreement.

Table 19: HIPS OVC Grants in YEAR 3

	Name of Company	# of OVC	HIPS contribution Ug.shs.	Company contribution Ug.shs.	Total amount Ug.shs.
1	Kakira Sugar /KORD	549	43,945,000		92,973,500
2	Nile Breweries Ltd	935	22,400,000		46,960,000
3	KCCL /YAPI	209	10,780,000		21,612,000
4	EGPAF	206	37,606,500		88,079,250
5	Corner Stone Development/ ACM	597	37,867,000		91,471,000
6	Bead for Life	456	43,975,000		163,076,850
7	Caring Hands	171	32,173,000		66,703,000
8	Kinyara Sugar Ltd / KCG	247	43,974,000		88,844,000
9	Mpongo Company / FICHI	229	41,472,000		85,561,400
10	Farmers' Center	234	37,630,000		75,288,000
11	MLISADA	177	39,646,800		64,116,800
12	Buikwe Diary Development Cooperative Society/ INN	150	43,946,000		89,110,000
	Total	4,160	435,415,300	538,380,500	973,795,800
	USD		US\$ 217,708	US\$ 269,190	US\$ 486,898



4.3.4. Implement comprehensive OVC care and support program using the corporate engagement models

During the third year, HIPS' partners delivered comprehensive OVC care and support services to children. HIPS partners monitored and followed up children both at school and at home, to ensure that they are attending school regularly and to provide psychosocial support. In addition, the partners provided scholastic materials including sanitary towels to the girl child to enable her stay in school. Health care support activities included accessibility to medical care for OVC for ailments, malaria and other medical reasons, HIV prevention talks to children were organized, while HIV positive children were supported to access palliative care and ART services by providing transport and regular follow ups.

The psychosocial support needs of the caretakers and those of the children were met through home visits, school visits, on-going counseling and through cognitive and life planning sessions. OVC were organized into peer support groups to be able to help and support each other, and through the groups, children were supported to conduct debates, reproductive health talks, HIV and AIDS information dissemination as well as recreational activities. Food and nutritional interventions during the year were conducted at school and at OVC household level, while Farmers' Centre trained 120 OVC households in horticulture farming and setting of demonstration sites and planting egg plants while socio-economic strengthening activities were also scaled up to organizing OVC caregivers into VSLA groups to save and loan each other money for conducting businesses.

Table 20: OVC indicators

Indicator	Year 1	Year 2	Year 3	Cumulative total	Year 3 Target
Number of OVC served disaggregated by gender	1,468	1,622	920	4,010	4000
Number of providers/caretakers trained in caring for OVC	143	458	748	1,349	700

Challenges:

- Although the HIPS partners have labored to guide children on how to work together and support each other in groups, there are no functional support systems at the district level that can be used to further develop the skills of the children especially in debates and recreation. Most of the activities are community and sub-county based.
- Re-uniting street children with their families still faces challenges of children who have gone back home lacking capital to use for generating their own income. The challenge is these children might come back on the streets once again once they do not have some viable IGAs they are engaging in.

Recommendations:

- HIPS and the partners will continue to work within the existing systems namely the schools and churches to further develop the skills of OVC.
- The Project and partner will continue following up the children re-united to prevent them from coming back to the streets.

Key activities planned for next quarter:

- Review proposal for KCCL for year two renewal
- Train Buikwe Dairy Development Cooperative Society/ International Needs Network caretakers in OVC care and support
- Conduct training for review and support supervision visits for OVC partners



Table 21: Group Savings and outstanding loan amounts among OVC VSLA groups

Partner Institution	Group Name	Amount Saved	Outstanding Loan
Mpongo Ltd – Mpongo Fishing Community Health Initiative (FICHI)	Kisuku Bakene	250,000	110,000
	Kikonoka Agaliawamu	940,000	927,000
	Kaziru Peer Education	88,000	0
	Mamas	578,000	385,000
Kinyara Sugar Works- Kinyara Client Group	Tuyambagane	526,000	420,000
	Lacan Pe Nino	383,000	418,000
	Twimukyagane	273,500	233,000
	Tukore Business	275,000	134,150
	Kihoole Village PHA S	128,300	137,000
Kakira Sugar –Kakira Outgrowers Rural Development.	Baseke	230,000	70,000
	Agaliawamu	621,000	506,000
	Imanyilo Tweyimbe	277,000	0
	Bidhampola A	420,000	482,000
	Bidhampola B	240,200	260,000
	Tibakwima	796,000	856,400
	Kyebaja Tobona	1,925,000	2,374,650
	Tuliwalala	80,500	0
Cornerstone Development (African Children's Mission)	Buyengo Farmers Asn	610,000	671,000
	Sikyomu	40,000	0
	Kyehindula Bead	90,300	0
	Kyehindula Pineapple	600,000	0
	Balikudembe	40,000	44,000
	Takka Bugaga	0	0
	Twekembe	30,000	0
Ekitibwa Kya Mukama	0	0	
Total		9,441,800	8,028,200



APPENDIX 1: HIPS CLINICS AND SERVICES

	Company/Facility	ART	PC	VCT	TB	FP	IPT
1	A & M medical Centre/ Bweyogerere Medical centre	✓	✓	✓			
2	AAR Main Branch Kampala	✓	✓	✓	✓		
3	Agwata Maternity home						✓
4	Ayira Nursing Home	✓	✓	✓	✓	✓	✓
5	Bank of Uganda	✓		✓			
6	Boots Clinic		✓	✓	✓	✓	
7	Busabala Road Nursing Home	✓	✓	✓	✓	✓	
8	Case Medical Clinic	✓	✓	✓	✓		
9	Crane Health Services	✓	✓	✓	✓	✓	
10	Double Cure Medical Centre		✓	✓			✓
11	Emesco			✓	✓	✓	
12	Family Health Resource Centre	✓	✓	✓	✓		✓
13	FIDUGA Flowers Clinic	✓					
14	Macleod Russel Ankole	✓	✓	✓	✓	✓	✓
15	Macleod Russel Bugambe		✓	✓		✓	✓
16	Macleod Russel Kiko		✓	✓	✓	✓	✓
17	Macleod Russel Kisaru		✓	✓		✓	✓
18	Macleod Russel Muzizi		✓	✓	✓	✓	✓
19	Macleod Russel Mwenge	✓	✓	✓	✓	✓	✓
20	IAA Jinja Clinic	✓	✓	✓			
21	IAA Kasese Cobalt Clinic	✓	✓	✓	✓		✓
22	IAA Iira/Charis Clinic	✓	✓	✓	✓	✓	✓
23	IAA RoyalVanZanten Clinic	✓	✓	✓		✓	
24	Ikan Clinic	✓	✓	✓			
25	International Hospital Kampala	✓	✓		✓		
26	International Medical Centre Kampala	✓	✓	✓			
27	Kabalega Health Centre	✓	✓	✓			✓
28	Kadic Clinic, Nakulabye	✓	✓	✓	✓		
29	Kakira Sugar Works	✓	✓	✓	✓	✓	✓
30	Kibimba Health Centre (Tilda)			✓		✓	✓
31	Kikyusa Allied Health Clinic		✓	✓	✓	✓	
32	Kinyara Sugar Works Health Centre	✓	✓	✓	✓	✓	✓
33	Kireka SDA Clinic	✓	✓	✓		✓	✓
34	Kitante Medical Centre	✓	✓	✓	✓	✓	



	Company/Facility	ART	PC	VCT	TB	FP	IPT
35	Kyadondo Medical Centre	✓	✓	✓	✓	✓	✓
36	Kyaliwajala Clinic		✓	✓		✓	
37	Kyotera Medical Centre	✓	✓	✓	✓	✓	✓
38	Lambu Health Centre	✓	✓	✓		✓	✓
39	Life Link Medical Centre	✓	✓	✓	✓	✓	
40	Louis Memorial Centre			✓		✓	
41	Luwero Industries Limited Clinic	✓	✓	✓			
42	Makerere University Hospital	✓	✓	✓	✓		
43	Melissa Flowers	✓	✓	✓			
44	Hima Cement	✓	✓	✓		✓	
45	Mirembe Medical Clinic	✓	✓	✓			
46	Musoke D Clinic		✓	✓		✓	
47	Nakigalala Tea Estate	✓✓	✓	✓			
48	New Forest Company		✓	✓			
49	Nile Breweries Clinic	✓	✓	✓			
50	Nytil	✓	✓	✓		✓	
51	Old Kampala Hospital		✓	✓			✓
52	Paragon Hospital		✓	✓		✓	✓
53	Peoples Clinic, Kasanda	✓	✓	✓			
54	Philomena Clinic	✓	✓				
55	Roofings Limited Clinic	✓	✓	✓	✓		
56	Rwenzori Commodities Clinics		✓	✓	✓	✓	✓
57	Safeguard Nursing Home		✓	✓		✓	
58	Santa Maria Medical Centre		✓	✓		✓	
59	SAS Foundation		✓	✓	✓		
60	SEO Care Clinic		✓	✓			
61	Sims Medical Centre	✓	✓	✓	✓	✓	
62	St Ambrose CHC	✓	✓	✓	✓	✓	✓
63	St. Catherine Clinic	✓		✓		✓	
64	St. Clare Orunga H/C III						
65	St. Charles Medical Centre Mityana			✓			
66	St. Joseph's Clinic	✓	✓	✓		✓	
67	St. Mary's Med Services					✓	✓
68	Sugar Corporation of Uganda (SCOUL)	✓	✓	✓		✓	✓
69	TAMTECO- Mityana		✓	✓		✓	✓
70	Tamteco-Kiamara						
71	Tamteco- Toro Kahuna	✓	✓	✓	✓	✓	✓



	Company/Facility	ART	PC	VCT	TB	FP	IPT
72	Mabale Tea		✓	✓	✓	✓	✓
73	Tororo Cement			✓			✓
74	Touch Namuwongo	✓	✓	✓	✓	✓	
75	Tropical Clinic	✓	✓	✓		✓	
76	Tullow Oil- Avogera		✓	✓	✓	✓	✓
77	Tullow Oil- Kyehoro	✓	✓	✓		✓	✓
78	Ug Tourism Co./Goodwill nursing home		✓	✓			
79	Ugacof Clinic	✓	✓	✓			
80	Uganda Baati Clinic	✓	✓	✓			
81	Uganda Clays		✓	✓		✓	
82	UgaRose		✓	✓		✓	
83	Victoria Medical Centre						
84	Wagagai Flowers Clinic	✓	✓	✓	✓	✓	✓
85	White Horse Nursing Home	✓	✓	✓		✓	
87	Bwindi Community Hospital						✓
88	Hope Clinic Lukuli				✓		✓
89	Makonge HC III				✓		✓
90	Mbaba Maternity Home						✓
91	Engari HC				✓		✓
92	Mpanga Tea Estate		✓	✓		✓	
93	JP Cuttings		✓	✓		✓	
94	Xclusive cuttings	✓	✓	✓		✓	
95	Nile Breweries Usuk H/C		✓	✓		✓	
96	Katosi Nursing Home			✓		✓	
97	Life Care Clinic			✓		✓	
98	Norvik Hospital	✓	✓	✓		✓	
	TOTAL	55	77	85	38	56	40



APPENDIX 2: IAA HIV MANAGED CARE PRODUCT

IAA

International Air Ambulance

P.O. Box 8177, Kampala Uganda. Tel: 0312 200337/ 0414 200444

Health Care

Making a difference to health care in Uganda

HIPS | Health Initiatives for the Private Sector Project

Introduction

Previous research in Uganda and elsewhere has shown that uncertainty about the cost of treating HIV/AIDS is one of the primary reasons that employers are unwilling to commit to treatment of employees and their dependants. One way to increase the number of employees (and dependants) receiving employer sponsored HIV/AIDS treatment in the private sector would be for health providers to accept an annual fixed rate per person, enabling the employer to budget accurately for the cost of the benefits.

In 2009, the USAID funded HIPS project the study was therefore to develop and negotiate fixed rates that would be charged for the treatment of AIDS at selected private clinics receiving free ARVs through Government/donor funded supplies. The study also aimed at developing an annual rate for monitoring and prophylaxis for HIV positive individuals not yet requiring ART.

Analysis of the data revealed that the cost of treating a worker with first line ARVs in a private clinic exclusive of the cost of the ARVs which were received free from Government supplies is US \$382 per year with the specific breakdown as follows;

Item	Annual cost (US \$)
Professional services	165
Lab test	166
Non ARV drugs	51
Total	382

Using data from this survey the International Air Ambulance was able to develop an AIDS product for its corporate clients. This product has been fixed at USD 200 annually for participating company employees and USD 150 for their dependents. Participating companies will benefit from a wide range of AIDS services at any IAA affiliated clinic. The target Market includes: Small and Medium Organizations, Large Corporate Organizations, Manufacturing and Processing Businesses, Non Governmental Organizations.



IAA Service Centers::

- International Hospital Kampala for both In-Patient and Out –patient Services.
- International Medical centers-For out-Patient Services
- Over 86 Affiliated clinic across the Country

<p>HIV /AID BENEFITS SCHEDULE</p> <p><i>Out-Patient Benefits</i></p>	<p><i>Price for the scheme is USD 200 for the Principle member and USD 150 per dependant</i></p>
<p><i>General consultation with both General Practitioners and Specialists</i></p>	<p>Covered</p>
<p><i>Prescribed Laboratory tests/investigations , Prescribed Laboratory Tests and X-rays (including Blood film(BS), CBC, CD4, ELISA, GRAM, HB, KOH, Liver fn. Test, Pregnancy, RPR, Rapid HIV, Renal fn. Test, Stool exam, TB sputum, Toxo IgG, Urine test, Viral load and RBS)</i></p>	<p>Covered</p>
<p>Counseling Services:</p> <ul style="list-style-type: none"> • <i>Pre-ART</i> • <i>During ART</i> • <i>Adherence to ART</i> 	<p>Covered</p>
<p>Prescribed medicines and dressings</p>	<p>Covered</p>
<p><i>*HIV/AIDS testing & treatment including treatment of opportunistic infections</i></p>	<p>Covered 1st and 2nd line at IHK and accredited facility.</p>
<p><i>ECGs, CT Scan & Other approved Diagnostic tests and procedures</i></p>	<p>Covered</p>
<p><i>Out patient minor surgeries</i></p>	<p>Covered</p>
<p><i>Physiotherapy</i></p>	<p>Covered</p>



Psychiatric counseling	Covered
<i>In-Patient Benefits</i>	Hospitalisation at IHK in a semi private room. <i>The Hospitalisation limit is 7,200,000/- Million per person per Annum. Customers up-country will be hospitalized in either a government hospital or missionary hospital.</i>
CD 4 Count	Initial test covered and 1 yearly test
ARV'S	Covered First and second line treatment.
Monitoring and Investigations	Covered
Treatment of ALL opportunistic infections	The common opportunistic infections include: <ol style="list-style-type: none">1. Tuberculosis2. Cryptococcus Meningitis3. Toxoplasmosis
Viral load	Covered once a year
Non ARV drugs	Covered
ALT,UREA and creatinine	Covered
Consultations	Covered



APPENDIX 3: LTPM SUPPORTED SITES

1. Kinyara Sugar Works	2. Safe Guard Nursing Home
3. Kakira Sugar	4. White Horse Clinic
5. McLeod Russel (, Kisarur, Muzizi, Ankole and Bugambe)	6. NYTIL/PICFARE
7. Nile Breweries	8. Royal Vanzanten
9. Kyotera Medical centre	10. St. Mary's clinic
11. Wagagai	12. SIMS Medical Centre
13. Lambu	14. Tullow Oil-Kyehoro
15. Ayira Nursing Home	16. SCOUL
17. St. Catherine's Clinic	18. TAMTECO (Toro Kahuna)
19. Rwenzori Company	20. Kabalega Health centre
21. Engari Community Centre	22. Double Cure Clinic
23. Kiruhura Family Resource Centre	



APPENDIX 4: HIPS MIGRATION OF PARTNERS TO FUE AND UMA

HIPS MANAGED 1-2 YRS; Migrated to FUE and UMA			
No.	Name of company	Association Migrated To:	
		FUE	UMA
1	Coca Cola	✓	
2	Eskom Uganda		✓
3	Hima Cement	✓	
4	James Finlays Uganda	✓	
5	Kakira		✓
6	KCCL	✓	
7	Kinyara		✓
8	Luwero industries	✓	
9	Mt. Elgon orchards	✓	
10	New Forest Company	✓	
11	Nile Breweries	✓	✓
12	Roofings Uganda Limited		✓
13	Royal Vanzanten Flowers	✓	
14	Rwenzori commodities	✓	
15	Shell Uganda	✓	
16	Southern Range Nyanza Limited		✓
17	Tulow oil	✓	
18	UGACOF		✓
19	Uganda Clays		✓
20	Wagagai	✓	
21	Xclusive Cuttings	✓	
HIPS INITIATED; FUE and UMA Managed			
No.	Name of company	Association Working with:	
		FUE	UMA
1	Ankole coffee processors		✓
2	Centenary Rural Development Bank	✓	
3	JP Cuttings	✓	
4	Dominion Uganda	✓	
5	IITA (Research to Nourish Africa)/FUE	✓	
6	Reco Industries		✓
7	Kenya Commercial Bank (KCB)	✓	
8	Mpanga Tea growers limited		✓



9	Uganda Crane Creameries Cooperative Union Ltd		✓
10	Uganda Baati		✓
11	Fiduga Flowers Limited	✓	
FUE and UMA Initiated and Managed			
No.	Name of company	Association Working with:	
		FUE	UMA
1	Acholi private sector organization	✓	
2	BIDCO		✓
3	Blue Hackle	✓	
4	Mabale Tea Growers Company		✓
5	Ericson AB Limited	✓	
6	Housing Finance Bank	✓	
7	Quality Chemicals		✓
8	Toyota Uganda	✓	
9	Kaweri Coffee	✓	
10	Rene Industries	✓	
11	Ken group		✓
12	Kengrow		✓
13	TIC Plastics		✓
14	UGAPRIVI association	✓	
15	Unga Millers		✓
16	Kyagalanyi Coffee Limited		✓
HIPS Initiated; Still under HIPS Management			
1	Bead for Life		
2	Caring Hands		
3	Cornerstone Foundation		
4	Boda Boda Transporters		
5	Crown Beverages Limited		
6	Dunavant Cotton		
7	Elizabeth Glaser Pediatric AIDS Foundation		
8	Enterprise Uganda		
9	Farmers Center Uganda Limited/FACE		
10	Group 4 Security		
11	Liberty Development Trust clinic		
12	Melissa flowers		
13	Mid North private sector development		
14	MLISADA/MTN		
15	Mpongo Limited		



16	Nakigalala Tea Estate/Kajjansi Roses
17	Neptune Oil
18	North Bukedi Cotton Ginnery
19	P&O Technical services
20	Parabot breweries
21	Rakai Community Health Dev. Project
22	Rene Industries
23	Sugar Corporation of Uganda (SCOUL)
24	Tilda Rice Uganda
25	Toro And Mityana Tea Company (TAMTECO)
26	Tororo Cement
27	Touch Namuwongo Project
28	Uganda Insurers Association
29	Uganda Telecommunications Company
30	Ugarose
31	Unilever Uganda
32	Wispro Uganda Limited



APPENDIX 5: HIPS 2010 COMPANY LEVERAGE

No	Trade	Employees	Indirect employees/	Catchment By Parish	MOU (1 = Yes)	HIPS' contribution	Company's contribution	Leverage ratio	
1	Tullow Oil	Oil exploration	150	50	58,400	1	66,565	1:3	
2	Ankole coffee processors	Coffee	100	5,000	13,400	1	6,673	1:1	
3	Bead for Life	NGO	24	810	5,600	1	19,994	1:2.5	
4	Buikwe Dairy Dev't Authority	Dairy farming	0	200	8,000	1	19,946	1:1	
5	Caring Hands	NGO	11	154	7,600	1	13,545	1:1	
6	Centenary Bank Limited	Banking Services	1,400	50	7,250	1	12,771	1:1.5	
7	Cornerstone Development Ltd	NGO	110	577	23,600	1	16,091	1:1	
8	Dominion Uganda	Oil exploration	10	0	-	1	9,124	1:1	
9	Elizabeth Glaser Pediatric AIDS Foundation	Foundation	43	200	126,800	1	18,842	1:1.5	
10	Eskom Uganda	Power generation	200	-	-	1	3,212	1:4	
11	Farmers Center Uganda Limited/FACE	NGO	42	10,000	-	1	18,815	1:1	
12	G4S	Security firm	2,800	-	4,500	1	7,080	1:1	
13	Hima Cement	Cement	342	700	39,000	1	32,535	1:4	
14	James Finlays Tea	Tea	5,000	0	60,900	1	58,163	1:2	
15	JP Cuttings	Flower Farm	208	100	-	1	7,780	1:1	
16	Kakira Sugar Works Limited	Sugar production	2,500	25,000	32,500	1	33,751	1:2	
17	Kasese Cobalt Company Limited	Mining	400	-	8,500	1	16,633	1:3	
18	Kinyara Sugar Works Limited	Sugar	5,000	3,000	54,800	1	50,845	1:2	
19	Liberty Development Trust clinic	Health services	36	-	3,800	1	9,719	1:1	
20	Luwero Industries Ltd	Manufacturing	400	-	6,700	1	6,377	1:2	
21	MLISADA/MTN	NGO	11	180	10,100	1	19,823	1:2	
22	Mpanga Tea Limited	Tea	585	700	25,700	1	10,653	1:1	
23	Mpongo Company Limited	Fisheries	6	200	16,700	1	32,926	1:1	
24	Nile Breweries Limited	Brewery	400	9,240	151,100	1	54,615	1:1	
25	Rakai Community Health Dev. Project	Health services	12	-	5,600	1	6,276	1:1	
26	Reco Industries	Food Processing				1	5,892	1:1	
27	Roofings Limited	Manufacturing	850	-	36,600	1	9,548	1:1	
28	RoyalVanZanten Flowers Limited	Flower export	500	-	6,900	1	7,104	1:2	
29	Rwenzori Commodities Limited	Tea	5,822	7	21,300	1	15,171	1:1	
30	Shell Uganda	Oil industry	120	1,200	30,300	1	7,886	1:1	
31	Southern Range Nyanza Limited	Textile & Stationery	694	806	35,700	1	15,571	1:1	
32	The New Forests Company	Tree plantation	126	700	9,600	1	32,135	1:3	
33	Tororo Cement	Cement	500	3,500	42,100	1	18,912	1:1	
34	Uga Rose	Flower Farm	300	0	22,800	1	9,061	1:1	
35	UGACOF Coffee	Coffee	127	800	66,100	1	17,497	1:1	
36	Uganda Baati	Manufacturing	341	-	11,900	1	10,040	1:1	
37	Uganda Clays	Brick Laying	150	-	19,200	1	6,500	1:1	
38	Uganda Crane Creameries Cooperative Union	Dairy farming	88	13,600		1	5,640	1:1.5	
39	Uganda Telecommunications Company	Telecom Company	500	-	-	1	10,044	1:1	
40	Wagagai Flowers	Flower export	1,100	-	14,900	1	27,972	1:1	
41	Xclusive Cuttings	Flower export	200	-	10,000	1	17,877	1:1	
TOTAL			31,208	76,774	995,950	41	769,604	1,344,633	1 : 2

APPENDIX 6: SUCCESS STORIES

REFERRALS THROUGH USE OF MOBILE PHONE TECHNOLOGY; AN APPROACH TO FACILITATE CRITICAL INFORMATION ACCESS IN RESOURCE LIMITED SETTINGS.

Background:

HIPS strives to utilize innovative communication and service delivery approaches in implementing activities with its partners. One of such innovations is the recently piloted Mobile Phone Referral Network program that was designed to support HIV/AIDS, Malaria, Tuberculosis and Reproductive Health/Family Planning in communities through utilization of mobile phones. HIPS partnered with Uganda Telecom (UTL) to pilot this program in three HIPS partner companies namely; McLeod Russell (formerly James Finlays Uganda), Wagagai flowers and Nile Breweries through its out growers in Katakwi, Oyam and Amuria. UTL provided 87 solar rechargeable mobile handsets - which has practical benefits to communities without electricity, enabled them on a Closed User Group (CUG) platform and then facilitated zero rated calls within this group.

The overall aim of the program was to facilitate critical treatment and prevention services by promoting communication between community-based peer educators, private health clinics, and the National AIDS Treatment Information Center (ATIC) through a closed user group (CUG) platform.

The program was geared towards attaining the following objectives:

- ◆ To facilitate linkage of the peer educators directly to the health workers at the facilities to consult on health issues that arise within their communities.
- ◆ To ensure health facilities are provided an opportunity of an effective community back up through the peer educators via the phones hence avoiding financial and other costs that they would have to incur to follow up their patients.
- ◆ To provide for quick feedback to the health service provider from the Aids Treatment Information Center in Mulago on emergency and complicated medical issues regarding their patients.



Hon. Charles Oleny, MP Katakwi (2nd right) hands over a UTL solar rechargeable phone to a peer educator during the launch event in Katakwi. Looking on is HIPS Deputy Chief of Party Dr. Kiragga Dithan (center) and UTL's account Manager Emmanuel Twesigye (2nd left).

UTL provided solar rechargeable handsets, enabled them on a Closed User Group (CUG) platform and then facilitated zero rated calls (free calls) within the group. The phones were then given to selected company & community peer educators and clinicians. One phone was given to ATIC.

Results of the program:

Findings during the 3 months pilot indicate that Peer educators and clinicians made a total of 9,335 outgoing calls geared towards enhancing their efforts in addressing HIV/AIDS, Malaria, Tuberculosis and Reproductive Health/Family Planning in their communities. One apparent benefit of the program in all the participating clinics was the increment in the number of referrals to the clinics by the peer educators. In Wagagai for example, there was an exponential rise in which the clinic experienced a 75% increase in referrals, McLeod Russell Kiko clinic experienced a 5% increase and McLeod Russell Ankole clinic experienced a 10% increase. In McLeod Russell Muzizi McLeod Russell clinic



where there were no patients being referred to before by the peer educators, there were 37 referrals in a period of three months as a result of the program.

However, in Nile Breweries supported sites, the lack of consistency in network availability negatively affected the program and therefore the program had lower impact in these areas.

This partnership on a pilot basis was a cost sharing arrangement between UTL and HIPS equivalent to \$23,027. UTL contributed \$ 12,983 which went towards providing the phones/technology, trainings on their use, facilitating the zero rated calls and co-sponsoring the launch events while on the other hand HIPS contributed \$ 10,044 towards peer educators' refresher trainings, co-sponsoring the CUG cost and co-sponsoring the launch events.

Based on this 3 month pilot, HIPS firmly believes that effective use of technology tools such as mobile phones in low resource settings can change the lives of people living at the bottom of the pyramid. The mobile phone program has transformed people's lives in rural communities by facilitating critical information access. These phones are also utilized by peer educators for other community and company activities like mobilization for health fair events, VCT days, and peer education trainings. Additionally, the peer educators can use these phones for business and personal use, as the call cost outside the CUG is lower than the prevailing market rate.

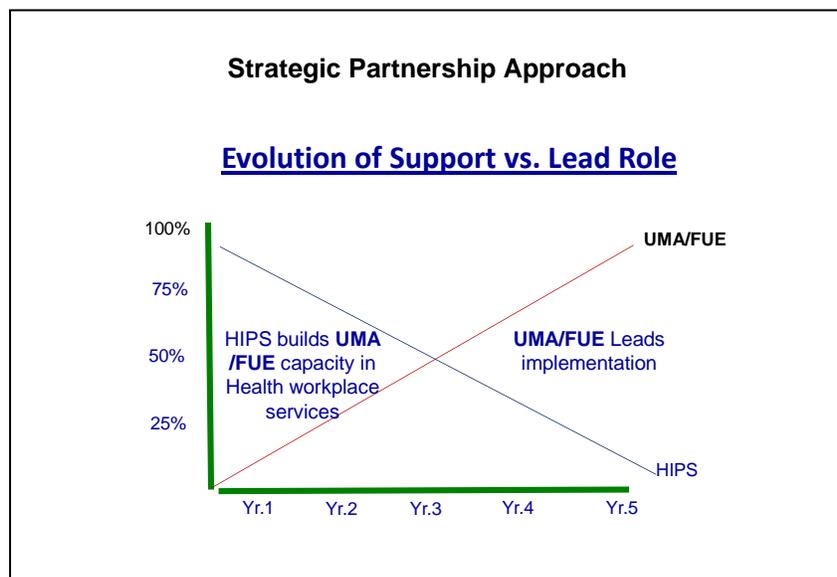
Recommendations:

Based on the success of the program, HIPS recommends that the program be extended in Wagagai and McLeod Russell for a year and will explore expanding this program to other companies either through UTL or through other mobile telephone companies. HIPS will seek cost sharing from participating companies.



FUE and UMA: Great strides towards financial sustainability and increased visibility as leading providers of workplace health programs

The HIPS project is continuously focused on positioning our partners for sustained services beyond the HIPS Project. The HIPS Project has made great strides in strengthening the institutional, programmatic and financial capacity of the Federation of Ugandan Employers (FUE), and the Ugandan Manufacturing Associations (UMA), the two premier employer associations with a combined corporate membership of over 1000. FUE and UMA have been positioned to increasingly take responsibility for Project-initiated activities in anticipation of the eventual closure of the HIPS Project



- ◆ Institutionally, FUE and UMA have created health workplace departments with full time dedicated staff. This service has been incorporated into each association's service portfolio with support from the respective Executive Directors and Boards.
- ◆ Programmatically, FUE and UMA have been equipped to deliver comprehensive prevention workplace programs, provide HIV workplace policies, use communication strategies like health fairs, peer education, men only seminars to pass on key health messages to target audiences, assess sites for possible ART accreditation, and conduct support supervision of partners to check quality and strengthen service delivery. . To date both associations are supporting 30 companies (16 FUE and 14 UMA). The companies being supported by the associations have been directly recruited through their cooperate membership and others have been migrated from HIPS project.
- ◆ Financially, FUE and UMA health workplace programs are becoming sustainable. Both associations have a menu of services with professional fees to be paid for by companies for services offered. To date, both associations have raised at total of USD 36,033 (UMA \$ 17,248 and FUE 18,785) from professional fees.

Additionally, the HIPS project has built the capacity of FUE/UMA to develop a business plans, write winning proposals, mobilize resources and diversify their portfolio in order to be sustainable.

FUE and UMA have also responded to requests for proposal to be sub-recipients on grants which they have successfully won. As a result FUE was granted US\$ 7,500 from the Uganda AIDS Commission to mobilize the private sector and also represent them at the commission. UMA won \$143,000 from USAID STRIDES Project to implement a Family Planning and Reproductive Health activities at workplaces, specifically with HIPS partners TAMTECO, SCOUL, Mpanga Tea Growers and Mabale Tea Growers Company.

FUE and UMA are steadily earning a reputation as leaders in health workplace programming, and advisory services to companies that want to extend health services to their employees, employee dependants and surrounding communities. The increased trust of the companies in the ability of the two associations to offer and support workplace health programs has encouraged new companies to join the associations hence expanding their membership base by over 20 new corporate partners. The increased membership for the associations translates to increased levels of sustainability for these associations. Furthermore, these two organizations are taking national leadership roles in health at the work place, FUE was selected to be the national focal point for the East Africa Business Coalition and the UN Global Compact. UMA has successfully hosted the first and second annual National Nutrition, Safety and Health Fair.

The continued growth and strengthening of the two associations is a key indicator to the continued involvement of the private sector being a partner with the public sector in the delivery of health services.



The Prime Minister, Professor Apollo Nsubambi at 2nd Annual National Nutrition, Safety and Health Fair at UMA. The marketing events organized increased UMA visibility as Health Service and Program providers at the Workplace.



APPENDIX 7: HIPS PMP INDICATOR TABLE

Performance Indicator Title		Indicator Definition and Unit of Measure	Frequency of data collection	BL Year	BL Value	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2012 Target
Result 1 : Expanded access and utilization of health and HIV/AIDS services in the private sector													
<i>HIV/AIDS Prevention</i>													
1	Number of community health and para-social workers who successfully completed a pre-service or in service training program	Pre-service* training comprises training that equips CHSWs to provide services for the first time. Include anything from a WEEK up to 6 months of training- and work under the supervision of a professional social worker, nurse or physician. Excludes those trained to cater for individual clients or a single household, e.g. Treatment Buddies and OVC Care-givers	Quarterly	2007	0	1,500	1,502	2,000	2,174	2,500	2,507	1,500	1,500
2	Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required (ABC clients)	clearly defined audience or target groups, clearly defined goals and objectives , based on sound behavioural and social science theory, focused on reducing specific risk behaviours, activities that address the targeted risk behaviours, employ instructionally sound teaching methods, provide opportunities' to practice relevant risk reduction skills, Delivered in a group of less than 25 people	Quarterly	2007	0	260,000	174,405	184000	193584	100,000	109,171	60,000	60,000
3	Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	<u>Definition of 'Primarily focused'</u> : The messages and content of the activities for the majority of the time are focused on ; increasing individual & group self-risk assessments; building skills; & other supportive behavioural, cognitive and social components to increase AB behaviours	Quarterly	2007	0	0	0	0	0	50,000	34,655	20,000	20,000
4	Number of locations providing MC surgery as part of the minimum care package of MC for HIV prevention services within the reporting period	<i>Minimum package - On site HIV CT, STI treatment, HIV prevention messages, surgical operation, post-operative wound care; abstinence instructions, safer sex, provision of condoms [consistent & correct use Location may be fixed / permanent or mobile / temporary</i>	Quarterly	2007	0	0	0	5	5	10	15	20	20



Performance Indicator Title		Indicator Definition and Unit of Measure	Frequency of data collection	BL Year	BL Value	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2012 Target
5	Total number of males circumcised as part of the minimum package of MC for HIV prevention services in USAID supported outlet disaggregated by Age	Following national standards, In accordance with the WHO/UNAIDS/Jhpiego Manual for Male Circumcision under Local Anaesthesia	Quarterly	2009	0		0	0	0	1,000	1,449	2,000	4,000
6	Number of health care workers who successfully completed an in-service training in Male Circumcision		Quarterly	2009	0					15	36	30	15
7	Number of targeted condom service outlets	Fixed distribution points, mobile units with fixed schedules, Condoms may be free or for sale. Measurement is sum	Quarterly	2007	22	22	22	25	28	50	80	75	100
HIV/AIDS Care: Clinical Health Care													
8	Number of service outlets working with USAID that provide HIV-related care, including TB/HIV	A service outlet refers to the lowest level that offers at least one palliative care service. For clinical care activities, the lowest level that should be counted as a service outlet is typically a hospital, clinic or mobile unit. For community-based or home-based services, the lowest level that should be counted is a service delivery location of the company or private facility 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.	Quarterly	2008	19		28	88	35	100	77	88	88
9	Number of unique health care workers trained Clinical care through trainings organized by USAID or collaborating companies	This measure will be a count of the number of people trained for HIV-related clinical 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-clinical care should include one or more of the following service areas: clinical/medical including TB/HIV;	Quarterly	2007	0	200	203	250	250	300	309	100	100
10	Number of HIV-positive adults and children receiving a minimum of one clinical service –Subset of Umbrella Care	Clinical Care Services (for HIV positives only): -Treatment and prevention of OIs, including Malaria -Pain management and treatment of skin infections Management of urinary and respiratory problems, Therapeutic food interventions, Provision of ARVs and Adherence monitoring, NB: Includes Assessment / Provision of interventions	Quarterly	2007	695	2,500	2,946	3,500	11,756	12,000	28,161	25,000	30,000



Performance Indicator Title		Indicator Definition and Unit of Measure	Frequency of data collection	BL Year	BL Value	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2012 Target
11	Number of HIV-positive persons receiving Cotrimoxazole/ Dapsone prophylaxis – <i>Subset of Clinical Care Services</i>	Subset of clinical care indicator , "Receipt" = prescribed and obtained by the patient, Counts as long as the client received Cotrimoxazole/Dapsone at some point during the reporting period	Quarterly	2010	0		0	0	0	5,000	5,611	10,000	10,000
12	Number of HIV positive patients who were screened for TB in HIV care or treatment settings (Screened for TB at last visit)	All HIV positive patients in a clinical care setting	Quarterly	2010	0		0	0	0	4,500	2,778	9,000	9,000
13	Percent of HIV-positive patients who were screened for TB in HIV care or treatment settings (Screened for TB at last visit)	<u>Numerator</u> : Number of HIV-positive patients who were screened for TB in HIV care or treatment settings <u>Denominator</u> : Number of HIV-positive adults and children receiving a minimum of one clinical service	Quarterly	2010	0		0	0	0	80	61%	80%	80%
14	Number of HIV positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment		Quarterly	2010	0		0	0	0	150	101	300	300
15	Percent of HIV positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	Numerator : Number of HIV-positive patients in HIV care who started TB treatment Denominator : Number of HIV-positive adults and children receiving a minimum of one clinical service	Quarterly	2009	8%		0	0	0	5	58%	10%	10%
16	Number of TB patients who had an HIV test result recorded in the TB register		Quarterly	2009	0		0	0	0	300	334	600	600
17	Number of HIV positive incident TB cases that received treatment for TB and HIV (ART) during the reporting period	Total number of TB patients recorded in the TB register during the reporting period	Quarterly	2009	0		0	0	0	80	63	160	160
HIV/AIDS Treatment													
18	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]	The total number of unique individuals receiving Clinical care from facilities and companies or community/home-based organizations working with USAID. 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	Quarterly	2007	1,019	2,363	3,150	3,500	4,125	4,500	4,326	4,500	4,500



Performance Indicator Title		Indicator Definition and Unit of Measure	Frequency of data collection	BL Year	BL Value	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2012 Target
19	Number of naive adults and children with advanced HIV-infection who ever started on ART	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	annual	2007	1,631	3,500	2,931	4,000	5,585	6,000	6,943	6,000	6,000
20	Number of adults and children with advanced HIV infection newly enrolled on ART 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 new naive clients - those who initiated antiretroviral therapy during the reporting period. Measurement sum	Quarterly	2007	332	1,500	1,371	1,500	1,445	1,500	1,319	200	0
21	Number of health facilities that offer 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.	Quarterly	2007	19	25	28	50	70	100	55	60	60
22	Number of unique individual health workers trained to deliver ART services according to national and/or international standards	The number includes both certified clinical and lay health workers who contribute to the development and implementation of ART services. The health workers should be sufficiently trained to take up a direct function in support of scaling up of ART services. Training includes training or retraining courses conducted according to national/international standards. Health workers include: physicians, medical officers, nurses, midwives, clinical officers, other health workers and lay staff in clinical settings, laboratory technicians and staff, pharmacy/dispensing staff, community treatment supporters (peer educators, outreach workers, volunteers, informal caregivers)	Quarterly	2007	0	150	151	200	254	200	254	200	100
23	% adults & children with HIV known to be on treatment 12 months after initiation of ART	Numerator: Number of adults and children who are still alive and on ART at 12 months after initiating treatment	Annual	2010	88%	0	0	0	0	0	94%	90%	90%
Counseling and Testing													
24	Number of Service outlets providing Testing and Counseling (T&C) services according to national and	Number of Service Outlets providing Testing and Counseling services (Excludes Outreaches). They should be fixed locations	Quarterly	2007	20	20	29	50	88	100	85	88	88



Performance Indicator Title		Indicator Definition and Unit of Measure	Frequency of data collection	BL Year	BL Value	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2012 Target
	international standards working with USAID												
25	Number of health care workers who successfully completed an in-service training program in counseling and testing for HIV according to national and international standards	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.	Quarterly	2007	0	50	51	50	53	50	50	50	50
26	Number of individuals who received Testing and Counselling (T&C) services 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 counselling, testing and the provision of test results.	Quarterly	2007	601	2,500	11,441	2,500	41,236	45,000	61,024	45,000	45,000
Malaria													
27	Number of SP tablets purchased	Number of SP tablets purchased with USG funds	Quarterly	2007	15,000	15,000	15,000	15,000	19,800	150,000	150,100	75,000	75,000
28	Number of women receiving 2 or more doses of IPTp	Measures the number of pregnant women to whom 2 or more doses of IPTp were dispensed to as a result of HIPS assistance	Quarterly	2007	648	10,000	648	10,000	7,310	20,000	19,789	20,000	20,000
29	Proportion of women who received 2 or more doses of IPTp	Proportion of pregnant women who have received 2 or more doses of iptp	Quarterly	2009	70%	0	0	73%	100%	100%	98%	80%	80%
30	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	Quarterly	2007	3	3		12	16	25	40	40	40
31	Number of ANC health workers trained in IPTp, IPTp 3	Measures the number of ANC health workers trained in intermittent prevention of malaria in pregnancy	Quarterly	2009	0	60		120	128	150	152	40	40
32	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	Quarterly	2007	1,300		45,450	50,000	53,748	170,000	171,773	100,000	100,000



Performance Indicator Title		Indicator Definition and Unit of Measure	Frequency of data collection	BL Year	BL Value	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2012 Target
		viewers/listeners/readers reached through various media channels.											
33	Number of ITNs procured	Number of ITNs procured using USG funds. Measurement: sum	Quarterly	2008	685	5,000	685	5,000	5,500	100,000	33,500	20,000	20,000
34	Number of ITNs distributed or sold		Quarterly	2008	685	10,000	685	10,000	9,380	100,000	19,450	20,000	20,000
<i>Tuberculosis</i>													
35	Number of workplace healthcare providers trained in PPM DOTS with USAID funding.	USAID will target both existing company partners and new company partners. Health care providers include all staff providing health services, such as physicians, nurses, nurse aides, laboratory technicians, dispensers and clinical assistants.	Quarterly	2008	0	40	62	75	98	90	102	90	90
36	Number of TB cases reported to NTP by USAID-assisted private sector workplace providers	This indicator will describe the number of cases, 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.	Quarterly	2007	15	50	62	100	566	650	1,038	700	700
37	Number of new smear-positive cases diagnosed by non-National Tuberculosis and Leprosy Program (NTLP) providers	This indicator will describe the number of cases, 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.	Quarterly	2008	10	30	57	75	176	250	423	300	350
38	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.	Quarterly	2008	8	20	53	65	138	200	265	200	250
39	TB treatment Success Rate		Quarterly	2008	66.40%	0	0	0	0	0	84%	85%	85%
<i>Reproductive Health</i>													
40	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.	Quarterly	2007	0	300	850	2,000	3,059	3500	8,087	5,500	6,000
41	Number of new acceptors to family planning registered at	New acceptors are defined as individuals who have not used family planning methods in the past three	Quarterly	2007	0	500	600	900	2,350	2500	3951	3,000	3500



Performance Indicator Title	Indicator Definition and Unit of Measure	Frequency of data collection	BL Year	BL Value	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2012 Target
health service sites supported by USAID.	years. Modern family planning methods include: hormonal pills, injectaplan, condoms, moon beads, IUD, norplant, and permanent methods (vasectomy and tubal ligation).											
42 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.	annual	2007	934	120	934	2,000	2,703	3,500	11,559	5,000	5,500
43 Number of community outreach activities to improve knowledge about family planning and contraception organized and sponsored by companies working with USAID.	Community outreach is defined as any effort to affect change that might include peer education, classroom, small group and/or one-on-one information, education, communication (IEC) or behavior change communication (BCC). This indicator will be a simple numerical value give by a count.	Quarterly	2008	97	50	97	120	492	250	350	150	150
44 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).	Quarterly	2008	80%	90%	80%	90%	90%	90%	90%	90%	90%
45 Number of people trained in FP/RH	Number of people (health professionals, primary health care workers, community health workers, volunteers, non-health personnel) trained in FP/RH (including training in service delivery, communication, policy and systems, research, etc.). Training refers to new training or retraining of individuals and assumes that training is conducted according to national or international standards when these exist. A training must have specific learning objectives, a course outline or curriculum, and expected knowledge, skills and/or competencies to be gained by participants.	Annual	2009	0	0	0	0	86	90	90	Dropped	Dropped
46 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.	Quarterly	2008	22	25	22	30	88	100	56	88	88
47 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,	Quarterly	2009	0	0	50,000	60,000	140,235	150,000	135,870	dropped	dropped



Performance Indicator Title		Indicator Definition and Unit of Measure	Frequency of data collection	BL Year	BL Value	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2012 Target
		classroom, small group and/or one-on-one information, education, communication (IEC) or behavior change communication (BCC).											
<i>IR2: Increased number of Global development Alliances develop</i>													
<i>GDA</i>													
48	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 technical skills. Services may include counseling and testing, ART, palliative care. measurement: sum	Quarterly	2008	13	10	13	17	38	30	44	50	60
49	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.	Quarterly	2008	28	25	28	35	44	45	42	50	55
50	Number of GDA partnerships developed according to USAID principles		Quarterly	2008	9	5	9	12	20	35	41	40	45
51	Number of Companies 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.	Quarterly	2008	2	20	51	25	30	35	37	40	45
52	Number of individuals trained in HIV-related policy development	Number of individuals, who have participated in policy development trainings, peer education, workplace-based or community-based training activities related to HIV-policy development organized by USAID.	Quarterly	28	17	20	107	50	67	70	97	80	85
53	Number of companies 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 companies.	Quarterly	2008	2	3	3	4	3	4	4	4	4
54	Number of individuals trained in HIV-related institutional	The training provided by USAID will be based on needs assessment and may cover topics such as	Quarterly	2008	3	9	9	15	18	20	23	25	30



Performance Indicator Title		Indicator Definition and Unit of Measure	Frequency of data collection	BL Year	BL Value	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2012 Target
capacity building		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.											
Result 4: Support for OVC services by Uganda's private sector increased													
<i>Support to OVC and Caregivers</i>													
55	Number of eligible children (OVC) provided services in 3 or more OVC core program areas beyond Psychosocial/spiritual support during the reporting period	Services provided by companies or grantees 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 3 or more core program areas beyond psychosocial of these services	Quarterly	2008	1,468	1,000	1,468	1,500	3,090	4,000	4,010	4,500	4,500
56	Number of OVC care givers trained in comprehensive HIV management	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)	Quarterly	2008	0	50	143	100	458	400	748	500	500