HIPS YEAR 5, QUARTER 4 AND ANNUAL REPORT FY 2012

OCTOBER 2011 – SEPTEMBER 2012

DCA is officially signed. Fabian Kasi the Managing Director of Centenary Bank shakes hands with the USAID Mission Director Leslie Reid after the signing of the Loan Portfolio to the Private Sector.

October 2012

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OCTOBER 2011 – SEPTEMBER 2012

UGANDA HIPS (HEALTH INITIATIVES FOR THE PRIVATE SECTOR) PROJECT

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ACRONYMS

AAM	Africa Affordable Medicines
ACP	AIDS Control Program
ANC	Antenatal care
APHTA	Association of Private Health Facilities in Tanzania
ART	Antiretroviral Therapy
ARVs	Antiretrovirals
ATIC	National AIDS Treatment Information Center
BCC	Behavior change communication
Cardno	Cardno Emerging Markets USA, Ltd.
CBO	Community Based Organization
CCM	Country Coordinating Mechanism (Global Fund)
CEO	Chief Executive Officer
CHMI	Centre for Health Marketing Innovations
CME	Continuing Medical Education
CPHL	Central Public Health Laboratory
CUG	Closed User Group
DCA	Development Credit Authority
DHTs	District Health Teams
DOTS	Directly Observed Treatment
EAHF	East African Health Federation
EYA	Employer of the Year Awards
FBHPA	Facility Based Health Providers Association
FHPA	Facility Based Health Plan Providers
FUE	Federation of Uganda Employers
GDA	Global Development Alliance
GLAS	Good Life at School
GOU	Government of Uganda
HCT	HIV counseling and testing
HIPS	Health Initiatives for the Private Sector
IC	Italian Cooperation
ICF	Intensified Case Finding (TB)
IEC	Information Education and Communication
IFC	International Finance Corporation
IGA	Income Generating Activity
IPT	Intermittent preventative treatment
ITN	Insecticide-Treated Net

IUD	Intrauterine devices
JHUCCP	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs
JMS	Joint Medical Stores
KHF	Kenya Healthcare Federation
LTPM	Long term and permanent methods (for family planning)
MCP	Malaria Control Program
MGLSD	Ministry of Gender, Labour and Social Development
MOE	Ministry of Education
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSI	Marie Stopes International
NBL	Nile Breweries Limited
NGO	Nongovernmental Organization
NMS	National Medical Stores
NTLP	National Tuberculosis and Leprosy Program
OAI	O'Brien & Associates International, Inc.
OGAC	Office of the Global AIDS Coordinator
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PACE	Program for Accessible Health, Communication and Education
PEPFAR	President's Emergency Plan for AIDS Relief
PHAs	People living with HIV/AIDS
PMI	President's Malaria Initiative
PMTCT	Prevention of mother-to-child transmission
PPPH	Public Private Partnerships for Health
PPP	Public private partnership
PSFU	Private Sector Foundation Uganda
RDTs	Rapid diagnostic tests
RFAs	Request for Applications
RFPs	Regional Franchise Pharmacies (AAM)
RH/FP	Reproductive Health / Family Planning
SMC	Safe male circumcision
TB	Tuberculosis
TOT	Training of trainers
UHF	Uganda Healthcare Federation
UHMG	Uganda Health Marketing Group
UMA	Uganda Manufacturers Association

USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VHT	Village Health Team
VSLA	Village Savings and Loan Associations

EXECUTIVE SUMMARY

The Health Initiatives for the Private Sector (HIPS) project is the culmination of 10 years of work with the United States Agency for International Development (USAID) in private sector activities and solutions for the health sector in Uganda. HIPS is designed to leverage the role of the private sector in improving access to and utilization of health services for Ugandans. HIPS aims to increase access to and use of HIV/AIDS, tuberculosis (TB), reproductive health/family planning (RH/FP) and malaria services through mid- and large-size employers and private clinics. The HIPS project has four main tasks:

- Expand and strengthen access to and utilization of health and HIV/AIDS services in the private sector
- Expand the number of Global Development Alliance (GDA) partnerships
- Capacity Building – support initiatives to strengthen private sector worker/employer associations
- Develop innovative and proven approaches to support orphans and other vulnerable children (OVC).

Cardno Emerging Markets USA, Ltd. (Cardno — previously Emerging Markets Group, Ltd.) serves as the prime contractor, with support from three subcontractors: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHUCCP), Mildmay International and O'Brien and Associates International (OAI). In addition, Boston University supports HIPS' research initiatives. The project also includes a range of local partners and grantees to support project activities and objectives.

During the last 18 months of the project, the HIPS team is focusing on three key elements to maximize the project's impact, and our annual and quarterly report is organized around these critical areas:

- **Quality of Services:** HIPS works closely with all partners to ensure that services provided by private clinics meet national quality standards. In conjunction with the Ministry of Health (MOH), District Health Teams (DHTs), nongovernmental organizations (NGOs)/community based organizations (CBOs), and other USAID projects, HIPS facilitates regular and comprehensive support supervision to our partners to ensure that staff are adequately trained and clinics have appropriate supplies, equipment and referral networks for proper diagnosis and treatment.
- **Integration of Services:** In order to minimize "missed opportunities" or single interventions, HIPS provides support to all of our partner sites to maximize the integration of services, including: HIV, TB, malaria, RH/FP and OVC care and support. HIPS aims to have 90% of our partner clinics providing HIV, TB, malaria, and RH/FP services by the end of the project.
- **Sustainability of Services and Exit Strategy:** HIPS is continuously focused on positioning our partners to provide services beyond the life of the HIPS project. HIPS has built capacity within the Federation of Uganda Employers (FUE), Uganda Manufacturers Association (UMA), Straight Talk Foundation, MOH and DHTs and our company partners and private clinics to carry forward health workplace and community programs. HIPS strives to offer our partners new lower-cost interventions that enhance their workplace and community programs — driving deeper company commitment while further demonstrating the business case for healthy employees and communities.

During Year 5, the HIPS project's overarching goal has been to position our private sector partners to sustain integrated quality health services. Efforts have focused around accreditation and joint support supervision of clinics to ensure quality and integration of HIV/TB, malaria and FP/RH services. HIPS conducted assessments of all clinical partners to evaluate the level of quality and range of health services at partner sites to identify gaps and areas needing support. HIPS has supported and mentored all accredited clinics to ensure full functionality and integration of services. HIPS has begun to phase out of direct support supervision as relationships have strengthened between private clinics and DHTs

and the MOH who are now leading support supervision visits and establishing functional referral and reporting systems between the public and private sectors.

In Year 5, HIPS has linked our partner clinics to necessary training /mentoring programs and drugs and commodities (free or subsidized when possible) to maximize their ability to provide quality services in HIV, TB, safe male circumcision (SMC), malaria, and RH/FP. HIPS has focused on ensuring reliable supply chains are available through our partners, such as, JMS, AAM, and UHMG to increase access to affordable quality products and reduce stock outs of critical medicines.

Capacity building has been targeted towards of FUE and UMA to provide workplace health services and trainings to companies and to Mildmay to develop mentoring and training packages. All communication and prevention workplace programs are now led by FUE, UMA, or the companies themselves. Each year companies have increase financial contributions to their workplace programs demonstrating their commitment to a healthy workplace and proving the business case for investing in the health of employees. Additionally, FUE and UMA have experienced significant demand for their services demonstrated by the payment of fees for their workplace services and the increased number of grants they have won over the last year.

HIPS has led the way in launching several key private sector support mechanisms to bolster and sustain the private sector health industry. Firstly, the Uganda Health Federation (UHF) created a cohesive voice that advocates for the private sector and addresses key issues such as quality standards. In the past year UHF has experienced substantial growth, both in organisation membership and reach. Furthermmore, UHF hosted the inaugural East Africa Healthcare Federation in Uganda, which has further propelled its reach in the private health sector, not only nationally but regionally.

Secondly, HIPS spearheaded the development of the HIV reference laboratory, a public private partnership that addresses the need for high quality, reliable and affordable HIV laboratory services for the private sector. The HIV reference laboratory concept and plan has secured overwhelming support from the private sector and the MOH. A management advisory board has been constituted that comprises of MOH and CPHL staff, private sector clinicians, laboratory experts and a lawyer. This board was inaugurated in April 2012. Concrete actions have been taken to establish and operationalize the HIV reference laboratory.

Thirdly, the USAID Development Credit Authority (DCA) guarantee agreement was signed and launched in September 2012 by both USAID and SIDA. HIPS led the ground work, collaborating with USAID, implementing partners, potential borrowers and the lender to ensure this initiative has strong demand and meets the needs of the private sector. The DCA will provide much needed capital to the private sector allowing for the scale up of private health services.

The Cardno team believes that the HIPS project, over the past 5 years, has taken private sector health in Uganda to the next level, demonstrating that the private sector can play a vital role in scaling up quality, affordable and sustainable services in HIV/TB, malaria and family planning and reproductive health.

Principal Achievements and Success Stories

QUALITY OF SERVICES

- **During Year 5**, HIPS partner support efforts were focused on strengthening mechanisms for ensuring sustained access to and utilization of quality health services and information. Key strategies used include, continued external and on the job trainings as well as technical support supervision visits all geared towards improvement in quality of services. In addition, focus was placed on dissemination of standard guidelines for quality of care and reporting to ensure harmonization with MOH reporting tools. Currently, it can be reported that quality of care standards in supported partner sites adequately meet MOH standards for quality and care. HIPS took on an additional 12 MOH accredited facilities to improve quality and increase variety of health services thereby giving comprehensive health care package. Such services added to clinic menu include; SMC, ART and Long term methods of family planning.

- **In Year 5**, to improve service delivery further, HIPS in partnership with Uganda Health Federation and the Medical Councils, begun streamlining and harmonizing quality assurance standards for private sector health actors, and spearheading a voluntary self-regulation initiative in the private health sector. HIPS expects the results of this work to be felt sector-wide and spur further dialogue and development, leading to sustainability of HIPS interventions, achievement of real impact and improvement of service delivery after project end.
  - **In the 4th Quarter** the MOH team led by Professor Joel Okullo, Chairman Uganda Medical and Dental Practitioners Council finalized the development of the standards for quality of care in the private sector. A meeting was held at HIPS in which the draft standards were presented to the UHF board members and feedback was given.
- **During Year 5**, HIPS continued to strengthen quality of services to 112 clinics through on the job mentorship programs, support supervision in collaboration with the MOH and district stakeholders, training, and procurement of equipment.
  - **During the 4th Quarter** HIPS in partnership with the Ministry of Health conducted integrated support supervision visits to 17 partner health facilities. Using the HIPS Quality Assurance tool, the teams assessed quality of care and held district meetings that enhanced coordination, collaboration between public and private sector for service delivery respective to the targets in HSSIP III. The visit was also used to assess the needs for PMTCT with a view to gradually migrate partners programs to the PMTCT Option B+ approach, currently advocated by MOH.
  - **During the 4th Quarter**, A total of 21 partner companies and clinics received medical/laboratory equipment and supplies. In addition, during the year, the Ministry of Health distributed CD4 machines to 4 HIPS partner facilities including Kakira Hospital, Makerere University Clinic, Family Health clinic and Mwenge Tea Estate clinic

INTEGRATION OF SERVICES

- **In Year 5**, providing comprehensive health care packages at partner clinics and greater integration of services continued to be a key area for HIPS. By Year 5, 90% of HIPS partner clinics have successfully integrated comprehensive services, extending beyond HIV services to the adoption of TB, malaria, FP/RH. Through HIPS training and support supervision, partner clinics have integrated HIV/TB services and are offering other critical services like SMC, IPT2, long term family planning methods.
  - **In the 4th Quarter**, HIPS received 13,000 safe male circumcision (SMC) kits, which allowed for the scaling up of SMC with partner companies, this yielded 5,822 procedures through static health facilities and SMC mobile camps. During Year 5, 20,178 SMC procedures were conducted (80.7%) of the target (25,000).
- **In Year 5**, HIPS, in partnership with the NTLP successfully supported the accreditation and functioning of 5 private sector TB diagnosis and treatment centres. As a result, a total of 1,423 new smear positive TB cases and 1,106 new smear positive TB cases have respectively been diagnosed a treated among the 50 HIPS partner private sector facilities accredited for TB over the last 5 years.
  - **During the 4th Quarter**, HIPS supported on job training on use of and dissemination of the ICF tool at 39 facilities that offer TB diagnostic services at the different points of service delivery in order to increase opportunities for TB case finding among patients seeking care. The facilities were provided with copies of the tools to be used at all service delivery points for client screening with emphasis on active screening for TB among clients in the HIV/AIDS care.
- **In Year 5**, in collaboration with the public and private sector conceptually designed and developed an HIV reference laboratory to provide quality diagnostics and other testing for private sector antiretroviral therapy (ART) clinics in Uganda. The location and operational management is in place and the Advisory Board has been selected and is functional.

- **In Year 5**, the HIPS project continued to develop through a consultative process and disseminated posters and billboards that display services available at accredited partner clinics. For the sites which receive PEPFAR drugs (ART and TB), the signposts indicate that they are provided free to all eligible patients.
- HIPS' support to clinics in short-term and long term methods has led to increased use of FP that has contributed to CYP of 43,868 versus 35,000 target for 2012. Additionally, HIPS partners were updated on the plan by Ministry of Health to shift from PMTCT Option A to B+, inclusion of at-risk groups (HIV positive adolescents) in FP service provision as well as LTPM.
- There has been a significant increment in the number of pregnant women accessing IPT2 for prevention of malaria in pregnancy from 648 (2007 baseline) to 13,452 in 2012.

SUSTAINABILITY OF SERVICES

- The USAID Development Credit Authority (DCA) guarantee agreement was signed and launched in September 2012 by both USAID and SIDA. HIPS led the ground work, collaborating with implementing partners to ensure this initiative begins with a smooth start. HIPS held two workshops: one on Financial Management for Healthcare providers (potential borrowers) and another on Understanding the Private Health sector in Uganda, delivered to 26 of Centenary bank's lending staff. In addition, HIPS is providing direct technical assistance to both borrowers and lenders to increase access to financing for the private health sector.
- **In Year 5**, the total number of active GDA partnerships is 46 and the overall number of HIPS partners is 111. The company contribution in Year 5 is USD 1,908,809 with a HIPS contribution of USD 1, 059,231, a 2:1 leverage. During the year, together with its local partners FUE and UMA, HIPS approached a total of 94 new companies and built partnerships with 42 of them; 10 of which were GDA partnerships and three existing partners were upgraded to GDAs.
  - During the 4th quarter, FUE and UMA approached 19 new companies and built partnerships as well as implementing workplace activities with 15 of them.
- **In Year 5**, the Uganda Health Care Federation, the umbrella body of the private sector in Uganda experienced substantial growth rate, both in organisation membership and reach. UHF hosted the inaugural East Africa Healthcare Federation in Uganda, which has further propelled its reach in the private health sector, not only nationally but regionally. Membership of the Association has expanded the Federation, which has received strong recognition from MOH and other regional Federations.
- As the Project close draws near, HIPS has increased focused on issues of sustainability of programs. FUE and UMA continue to demonstrate that they will be able to inherit responsibility for certain HIPS interventions and technical assistance activities to company and implementing partner initiatives. This is evidenced by four new awards/contracts won by FUE and UMA for activities in workplace health programming, private sector coordination, HIV/AIDS mainstreaming, and workplace policy development. Notably, one of these contracts is with the German Society for International Cooperation (GIZ).

FUE and UMA's achievements during Year 5

- FUE and UMA were awarded grants by the RESPOND project to implement a one year project titled "*Private Sector Disease Outbreak Training.*" The grants are worth USD 141,000 and 139,000 respectively. With these grants, the employers' associations are tasked to conduct a number of trainings and communication activities for ten selected companies in the mining and extractive industry sectors.
- UMA was awarded a grant worth USD 131,200 to implement the second phase of the STRIDES project. In the second phase, the number of companies increased from three to five and the scope of activities was expanded to cover antenatal care (ANC) and other child survival services. The renewal of the grant is a big vote of confidence in UMA's capacity to implement workplace health activities.

- During the year, FUE was awarded funding worth USD 39,200 by the Uganda AIDS Commission (UAC) to coordinate HIV/AIDS activities in the private sector. This was in response to a successful RFA submission under the title "Scaling up HIV/AIDS response in the private sector" (SHARPS) project. The grant that ran from October 2011-July 2012 and was followed by another grant worth USD 32,800 to run from August 2012- June 2013.The follow-on grant will be used to support the private sector in addressing key challenges of coordination, advocacy and information gaps that hamper the sector from meaningful contribution to the national response and management of the HIV/AIDS pandemic.
- FUE won a consultancy to develop a workplace HIV/AIDS policy for National Union of Disabled Persons in Uganda (NUDIPU) plus other 10 member organizations. It is worth USD 2,920. The contract has been signed and implementation has already been concluded.
- FUE, with financial support from the HIPS Project, Eskom (U) Limited, Nile Breweries Limited and National Social Security Fund (NSSF), held the biannual Employer of the Year awards (EYA) under the theme *"Talent Management to Improve Productivity in your Business."*The purpose of EYA is to uplift human capital, human resources, and encourage them as players with a strategic and leading role in business performance. HIPS sponsored the HIV/AIDS and Chronic Illnesses award which was won by Eskom (U) Limited. It is worth noting that their workplace health activities were originally supported by HIPS and have been migrated to UMA. The overall winner was Century Bottling Company that was rewarded for its comprehensive staff training, retention and reward system.
- UMA, with financial and technical support from HIPS organized a highly successful 4th annual national nutrition, health and safety fair. The fair that attracted over 6,000 show goers and 16 paying exhibitors. Furthermore, UMA realized income worth USD 2400 from the fair.The three daysevent was officially kicked off with a business networking luncheon which was presided over by the Vice president of Uganda, Honorable Edward Ssekandi Kiwanuka. During the opening ceremony USAID and GIZ were given plaques of recognition for the financial and technical supportthey have given to UMA in the last couple of years.
- In March 2012, the Executive Director of FUE, Ms. Rosemary Ssenabulya, was elected as the vice chairperson of the Global Fund's Country Co-ordination Mechanism (CCM). This appointment presents a unique opportunity for the private sector to increase its visibility and influence in Global Fund activities. Furthermore, Mr. Joseph Kyalimpa, UMA's Manager of the Health and Business Unit, was elected on the Global Fund CCM's Sub Committee for resource mobilization and proposal writing.

I. QUALITY OF SERVICES

During Year 5, Quarter 4, HIPS project continued to provide technical and other areas of support for the delivery of quality health services at work place and in the communities. Collaboration activities were also implemented with key stake holders including the Ministry of Health, districts, NGOS to monitor and provide technical support for improving staff and facility capacity for application of national guidelines for health service delivery.

During Year 5, more partner companies provided comprehensive health care services to employees and surrounding communities. 9 partner health facilities added SMC to their service package. These include; Mcleod Russel (Mwenge), Rwenzori Commodities, Mabale Tea Growers, Makonge, Hima Cement, New Forest Company, St Ambroze health center, Philemon Health Center and St Mary's Health center.

Quality of Care Success Story. Wagagai Clinic

WAGAGAI Limited is a flower exporting company with a work force of 1,100 employees. It's situated on Entebbe road, about 25km from the Kampala city center. It's primarily owned and managed by a Dutch family and produces chrysanthemums and pot plant cuttings on 20 hectares of greenhouses.

Through technical support from the HIPS Project, the company transformed its workplace program into a comprehensive Health Workplace program that covers the areas of HIV/AIDS TB, malaria and Reproductive Health/Family Planning. The Wagagai clinic is now seen as a model facility in the central region providing quality of services to communities as far as Entebbe. Currently 85 people are accessing the free ARVs provided through MOH and over 100 HIV positive clients are being monitored and receiving Septrin prophylaxis. In addition the facility has a fully fledged maternity ward with an operational theatre, a Mogue, and Blood transfusion services.

HIPS Chief of Party Dithan Kiragga (second from left) accompanied Ambassador Burns (far right) on his visit to Wagagai Flower Farm.

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

In Year 5, the project continued to support activities towards strengthening quality of services through facilitating on the job mentorship programs, support supervision in collaboration with the MOH and district stakeholders, training, and procurement of equipment. The typical classroom and placement programs with Mildmay Uganda which enabled health workers to initiate and offer quality prevention, care and treatment services in HIV/AIDS, TB and Palliative Care Services ended in the previous quarter and the project has now embarked on practical on job mentorship programs. The following are some highlights on activities undertaken during the quarter:

The finalization of the ARV drug rationalization policy has enabled HIPS partners to access regular supply of medicines from the JMS. A Master list of all accredited private facilities has been developed with HIPS support and serves as the reference point for future ARV supplies to the Private sector.

In addition, HIPS has supported activities to improve quality of services through provision of basic equipment and supplies, on job mentorship programs, training of staffs in partnership with Mildmay Ugandaand support supervision.

As a result, facilities have been able to enroll more eligible clients on ART in order to increase performance on set target for ART-new initiators.

1.1.1. Procure basic diagnostic equipment, laboratory reagents and supplies for accredited clinics (workplan no. Q1.1)

In Year 5, HIPS has supported all partner companies and clinics procure medical/laboratory equipment and supplies on case by case basis. These items included microscopes, chemistry analyzer,

infection control equipment, examination beds, ward screens; delivery beds laboratory refrigerators, reagents for CD4 cell count, HIV testing kits among others with cost sharing consideration.

During the 4th Quarter, HIPS procured medical supplies and laboratory reagents for distribution to all partner company facilities and private clinics. The Project also linked companies to procure other medical equipment and supplies at affordable prices.

1.1.2. Print and distribute job aids, clinical guidelines, clinic registers and client forms (work plan no. Q1.2)

In Year 5, the HIPS Project supported private sector partners to improve the quality of care in HIV/AIDS, TB and Family Planning through procurement and distribution of guidelines, forms and registers. Among these were guidelines for ART, TB, STI management and FP counseling; registers for HCT, Pre-ART care, ART and PMTCT; dispensing logs, ART initiation cards and continuation cards for 70 facilities.

The project also received new PMTCT guidelines from the Ministry of Health that would be rolled out to all the accredited sites as soon as the training of staff at the partner sitesis finalized.

During the 4th Quarter, the project continued to distribute these job aides, guidelines and forms to the facilities that needed them for improvement in staff knowledge and skills to offer care.

1.1.3. Reproduce and disseminate IEC/BCC materials for partner health facilities (work plan no. Q1.3)

During Year 5, HIPS project disseminated IEC/BCC materials for partner health facilities to increase publicity of the available health services. materials disseminated include; client and service provider ones to include; SMC brochures and flip charts, ART hand book for health workers, SMC brochures, video materials on FP and SMC as well as posters for services provided.

1.1.4. Conduct regular assessments of mentoring/training needs and other support required (work plan no. Q1.4)

In Year 5, HIPS was able to carry out capacity and training needs for partner facilities at different opportunities such through partner self evaluation and request for training, during support supervision and during on job mentorship programs. Joint support supervision conducted with the Ministry of Health and other USAID implementing partners to some of the HIPS partner sites helped to identify training needs in such areas including SMC, RH, LTPM for FP, ART and TB diagnosis and treatment among others. The assessments have also continued to identify on case by case basis specific needs medical/laboratory equipment and supplies.

Following the assessments, trainings for staffs at partner sites in areas such the use of ARVs in resource limited settings, TB in HIV management and Palliative care were organized and offered through Mildmay Uganda.

During the 4th Quarter, the project continued to assess needs for facilities including Usuk HC III, Adok HC II and Lol HC II under the Nile Breweries/HIPS/OGAC partnership for medical and laboratory supplies needs. The Project also responded to requests from partners including KCCL for ITNs and Community Health Plan Clinic for both ART and SMC support.

1.1.5. Strengthen prevention of mother-to-child transmission (PMTCT) services partner facilities through regular follow up and on job mentoring, provision of supplies and Mama Kits and intermittent preventive treatment (IPT) services (work plan no. Q1.5)

In Year 5, HIPS supported activities to strengthen service delivery with focus on PMTCT and pediatric care among the 55 HIPS partner ART sites through couple counseling and testing services, provider initiated counseling and testing, RH/FP service provision, IEC and promotion of safer sex, safe motherhood services with provision of infant feeding options and ART.

HIPS has been requested by MOH/USAID to take the lead role in the scale up of PMTCT services in the private sector. Following the adoption of the PMTCT Option B+, the project worked with the MOH AIDS Control Program to supervise and disseminate the new guidelines on PMTCT with a view

to gradually migrate partners programs to the PMTCT Option B+ approach, currently advocated by MOH. During this activity, emphasis was laid on setting population targets, prevention of pregnancies among HIV positives, provision of antenatal care (ANC) and delivery services as well as assessing the drug supply needs of partners. The Project has also been involved in activities led by the Ministry of Health to ensure partner readiness to scale up ART and roll out Option B+.

During the 4th Quarter, HIPS participated in meetings at the Ministry of Health for updates on the rollout and implementation of this new program. Per MOH guidelines, HIPS will support implementation at facility level using TOTs beginning with the central region.

1.1.6. Procure start up and basic equipment for SMC (work plan no. Q1.6)

In Year 5, HIPS procured SMC kits and theater equipment to support implementation of the program. This enabled the project to conduct at least 3 surgical camps per week. 12 partner companies received equipment from the HIPS project after training of the surgical team and subsequently to provide routine SMC services. This brings a total of 29 partner companies providing routine SMC services. Partner's contribution for SMC greatly improved during Year 5 as reflected in contributions like hire of tents, fuel for generator, transport for community members traveling from far communities, surgeons transport and clinical supplies during SMC camps.

During the 4th Quarter, HIPS received a total of 13,000 disposable kits from USAID through JMS, which allowed for more efficient SMC camps. SMC procedures totaled 5,882 in the 4th quarter of which 2,002 were contributed by static health facilities There is registered steady increase in SMC client load at the health facilities indicating increased awareness of work place employees and community members about the services.

1.2 ACTIVITY Q2: STRENGTHEN SUPPORT SUPERVISION AT MOH-ACCREDITED CLINICS

HIPS with support of the Ministry of Health, District Health Teams and other USAID IPs, conducted support supervision to all (112) accredited HIPS partner private clinics aimed at ensuring improved increased service utilization, use of current guidelines and reporting for better program coordination and quality health services. Each partner facility was visited at least twice in the year. HIPS is now supporting USAID/SDS efforts that ensure coordination of district programs and avoid duplication through participation in district planning meetings. The Project is a co-signatory to district operational plans in areas of its coverage.

The Project developed behavior change communication (BCC) quality assurance guidelines which were disseminated to partners through FUE and /UMA to conduct onsite performance improvement visits for prevention services.

1.2.1. In partnership with the local district, conduct support supervision of accredited clinics (work plan no. Q2.1)

In Year 5, HIPS supported visits focused on quality delivery of services at the health facilities. These visits have also fostered collaboration and strengthened a working relationship between the private and public sectors. For all the rural company sites visited, the MOH and the district local persons took the lead in ensuring quality delivery of services through drawing clear action plans and following up on the key issues.

During the 4th Quarter, HIPS in partnership with the Ministry of Health conducted support supervision visits to 17 partner health facilities. The objective was to enhance coordination, collaboration and partnership between public and private sector for health service delivery of HIV services (HCT, PMTCT, ART, EID and SMC etc) respective to the targets in HSSP III. The visit was also used to highlight good practices and challenges for health service delivery in the private sector.

1.2.2. Update support supervision tool and disseminate BCC quality assurance guidelines to partner sites (work plan no. Q2.2)

During Year 5, FUE/UMA spear headed all BCC technical support activities to the partners who have demonstrated high confidence in their ability to support them. They supported all the partner

community based health education activities that include health fairs, peer education trainings and commemoration of national health days and fairs.

During the 4th Quarter, FUE/UMA disseminated Behavior Change Communication (BCC) quality assurance guidelines and tools to 21 partner companies during support supervision visits and peer education trainings.

1.2.3. FUE/UMA to conduct support supervision of all prevention programs, including GLAS program. This activity will be financially supported by both HIPS and partner companies (work plan no. Q2.3)

During Year 5, integrated support supervision visits were conducted by FUE/UMA for all HIV prevention activities at work place, communities and schools supported by partners. During peer educators' refresher trainings, teachers' trainings and community health fairs, FUE/UMA facilitators mentored the peer educators through demonstration skits to improve quality of performance.

Overall, competences have been greatly enhanced among partner companies for implementing HIV prevention and other health communication approaches as indicated by increased utilization of services which originally were attracting very few clients. Such services include; Long term methods of FP, safe male circumcision, couple testing and use of Long Lasting Insectide Treated mosquito nets among others.

Planned support supervision visits were completed in quarter 2. However, technical support continued to be provided whenever UMA/FUE staff visited partner sites for peer education trainings and related activities.

1.2.4. Link the GLAS program to interested stakeholders in the community, including district education teams and CBO/NGOs for sustainability (work plan no. Q2.4)

During Year 5, HIPS support to the school program was focused on working with the partners to identify effective mechanisms for sustaining the program. Identified mechanisms include, the training of district trainers in HIV prevention communication and life skills to ensure continued training of teachers to replace those transferred or who leave service. This activity was supported by HIPS. Two of the districts namely Kakira Sugar and Kasese district have 10 master trainers each. The trainers include district staff and teachers from some of the schools.

In the efforts to enhance sustainability of the program, district coordination committees were formed for Jinja, Mayuge, Iganga and Kasese districts for the school HIV prevention program. The coordination committee members are supposed to develop joint support action plans so that each stake holder knows the contribution of the others in the supported schools and to conduct joint support supervision activities to the schools.

During the 4th Quarter, five partner companies continued to implement the Good Life At School (GLAS) program with minimal support from HIPS. Some of the partners particularly Kakira Sugar, integrated the school HIV prevention activities into their existing OVC program supported by KORD. For the schools in Kasese district implementation with technical support from the trained teachers and FUE was done. The Kasese District Education department officially recognized the program and encouraged other NGOS implementing school programs to emulate the GLAS example. The district education office supported the drama component of the program while NACWOLA an NGO supported care programs for PHA students in those schools. The district HIV/AIDS focal office also committed to providing HIV education related materials to the schools.

1.3. ACTIVITY Q3: IMPROVING QUALITY OF HIV/TB SERVICES

In Year 5, HIPS worked with the National Tuberculosis and Leprosy Program (NTLP) to scale up service delivery and quality of TB services at facility level with focus on improving TB case detection and treatment success. The project supported activities on TB case finding and follow up in the community surrounding partner sites as well as training of staff on TB case management and logistics under the following main activities:

1.3.1. Provision of clinic and laboratory equipment to selected clinics. (work plan no. Q3.1)

In Year 5, HIPS supported procurement and distribution of laboratory equipment such as microscopes for the new Uganda Baati clinic and for McLeod Russell's Tea Estate clinic at Muzizi in Kibale District to increase TB case detection. HIPS procured and distributed to 21 partner sites medical and laboratory supplies including HIV test kits, syphilis testing kit, TB diagnostic reagents, disinfectants and sundries among others. The Project also supported availability TB drugs for partner sites including Kinyara Sugar, SAS Foundation, Case Clinic and SCOUL.

During the 4th Quarter, the Project supported selected 10 sites with both laboratory and medical supplies for HIV, malaria diagnosis and cross cutting services such as general infection control.

1.3.2. The project will disseminate and provide on job training on the correct use of the TB intensified case finding tool (ICF). (work plan no. Q3.2)

In Year 5, HIPS supported on job training on use of and dissemination of the ICF tool at 39 facilities that offer TB diagnostic services at the different points of service delivery in order to increase opportunities for TB case finding among patients seeking care.

The facilities were provided with copies of the tools to be used at all service delivery points for client screening with emphasis on active screening for TB among clients in the HIV/AIDS care.

During the 4th Quarter, HIPS continued to support facilities with the ICF forms and mentorship in their use through the on job training activities conducted by the staffs of NTLP and ToTs in 10 partner private sector sites.

1.3.3. Support to TB active case finding and follow up in community (work plan no. Q3.3)

In Year 5, HIPS worked with NTLP to improve TB patient follow up with 17 private health units that treat TB patients within the Kampala area. Partners received support in contact tracing, sputum checks and validation and linked to the National Medical Stores for TB drugs.

HIPS worked with NTLP and partner facilities offering TB treatment to strengthen patient follow up and enroll additional patients at 16 TB accredited partner sites. It was noted that due to the TB drug shortage in the country, many patients had not been enrolled onto treatment.

HIPS supported activities for follow up of patients on TB treatment among 10 partner company sites and clinics. This was aimed at ensuring continuation of treatment at a time when the country was experiencing TB drug shortages.

HIPS with the assistance of NTLP conducted a TB drugs and logistics redistribution exercise to 5 partner clinics at Case Clinic, Kinyara Sugar, SAS Foundation Clinic, SCOUL and Wagagai to obtain TB drugs from Mulago Hospital and other TB treatment Health Units.This was in response to requests from these facilities following stock outs experienced in the country related to management changes at the National TB and Leprosy Control Program.

During the 4th Quarter, HIPS supported follow up of 120 TB clients that had received treatment at 12 partner facilities to establish their condition and care challenge. It was observed that 20% of the patients diagnosed at the facilities had to be referred to other centres as a result of inadequate drugs.

1.3.4. Collaboration with the District and NTLP for training of staff on TB case management and logistics (work plan no. Q3.4)

It is estimated that a large proportion of TB cases in the country are within Kampala District.

In Year 5, the HIPS project in collaboration with the NTLP engaged in a series of activities to ensure that the accredited private TB diagnosis and treatment facilities within the district are able to access TB drugs from the National Medical Stores. HIPS and the NTLP Kampala Regional Coordinator supported the training of 20 TB focal persons on TB logistics and case management. As a result, the number of clients on TB DOTS increased beyond the target for the year.

During the 4th Quarter, the project provided on job support to partner facilities such as SAS Foundation, Case Clinic, SCOUL, Kinyara Sugar, with processing TB drugs requests from NTLP.

1.3.5. Work with the partner facilities, DTLS and the NTLP to carry out bi-annual TB slides quality assurance and validation (work plan no. Q3.5)

In Year 5, HIPS in collaboration with Kampala City Authority and NTLP carried out TB slides quality assessment and validation at selected partner facilities. The onsite activity involved collection of sample TB slides for external TB slides quality assurance among nine partner sites in the central region Districts of Kampala, Wakiso, Mpigi, Rakai and Buikwe. Results from the 37 slide sample revealed a high correlation of 95% with only 5% having minor errors of grading for positivity.

During the 4th Quarter, HIPS supported implementation TB slide quality validation for 10 partner facilities the results of which are expected from the National TB Reference Laboratory.

1.3.6. Conduct an evaluation of the TB and HIV treatment program on outcomes and effectiveness of care (work plan no. Q3.6)

As part of establishing the quality and effectiveness TB and HIV treatment programs, the HIPS project participates in evaluations using cohorts for assessing performance on outcome indicators such as the TB Treatment Success Rate as provided for in the PMP.

In Year 5, HIPS working with USAID database experts updated the facility data collection tool on HIPS performance indicators to conform to the Ministry of Health monitoring and evaluation schedule. These forms were disseminated to all partner facilities from which data was obtained to generate the provisional quarterly treatment outcomes, such as the rates for TB treatment success and retention in ART shown in the PMP.

At the end of the year 2012, the project will be able to evaluate the substantive outcome rates for both the HIV and TB treatment cohorts for comparison with the MOH.

1.4. ACTIVITY Q4: SUPPORT ON THE JOB MENTORSHIP

1.4.1. Conduct mentorship and on the job training of 100 health workers to strengthen ART service delivery and cohort analysis (adult, pediatric and PMTCT) (work plan no. Q4.1)

In Year 5, HIPS supported activities to improve quality of services through provision of basic equipment and supplies, on job mentorship programs, training of staffs in partnership with Mildmay Uganda and support supervision. As a result, facilities have been able to enroll more eligible clients on ART in order to increase performance on set target for ART-new initiators.

During the 4th Quarter, HIPS was requested by USAID to link additional private clinics to JMS to access free ARVs. Three previously accredited clinics were added to the ARV private sector master list. In addition, the project supported teams from MOH to visit 10 private clinics to review partner program and ensure adherence to standards and quality. All HIPS partner sites received at least one technical visit in the areas of ART, PMTCT, VCT, Palliative Care or SMC. The sites were provided with new guidelines on ART, prepared them for a policy change on EMTCT and assessed them for capacity needs including training on voluntary safe male circumcision.

1.4.2. Conduct mentorship and on the job training of 100 health workers in clinical care management and home based care (work plan no. Q4.2)

In Year 5, HIPS mainly emphasized onsite trainings and mentorship of staffs through use of expert mentors and trainers so as to reduce the time clinic staff spent away from their workplace. During the year HIPS facilitated on the job mentoring of 50 ART and ANC staff at 20 partner sites during the support supervision visits. This was aimed at strengthening ART and PMTCT service provision.

The project facilitated on job technical support towards strengthening management of clients on HIV clinical care and the use of the MOH registers for proper records management at 35 partners ART sites. An additional 52 health workers received on site training and mentorship in Provider Initiated HIV Counseling and Testing services.

During the 4th Quarter, HIPS engaged the Ministry of Health to roll out the training of ANC staff at HIPS partner private facilities in implementation of PMTCT Option B+. HIPS would facilitate trainers to do the on job training and mentorship for the selected facilties.

1.4.2.1. Conduct mentorship and on the job training of 30 health workers in RH/FP (work plan no. Q4.2.1)

In year 5, HIPS in partnership with Reproductive Health consultants, conducted on-job mentorship at 39 partner sites with emphasis on safe delivery, PMTCT, FP counseling, goal oriented antenatal, FP data quality as well as ensuring proper documentation of client data. A total of 66 staff benefited from this support. The staffs were also informed of the plan by Ministry of Health to shift from PMTCT Option A to B+, inclusion of at-risk groups (HIV positive adolescents) in FP service provision as well as LTPM.

During the 4th Quarter, 29 health workers comprising of midwives and clinical officers especially in the 4 SMGL districts in western Uganda were trained in Emergency Obstetric Care (EmOC) with emphasis on management of complications of labor, use of appropriate MOH protocols in management of labor, goal oriented ANC and care of the new born as part of HIPS contribution to the program.

1.4.2.2. Conduct mentorship and on the job training for 60 health workers in safe motherhood (work plan no. Q4.2.2)

During Year 5, HIPS in partnership with RH consultants and MCH district facilitators trained 72 partner health workers in save motherhood concepts and practices. Training was focused on management of obstetric emergencies, screening for cancer of the cervix, management of HIV/AIDS during pregnancy. Follow on support was conducted to assess participants' ability to screen mothers for various RH services in order to reduce maternal and neonatal morbidity.

1.4.2.3. Conduct on the job training and mentorship of 40 health workers in IPT and malaria control programs (work plan no. Q4.2.3)

In Year 5, HIPS supported on the job training for 55 ANC staff for partner private sector facilities in IPTp program implementation and monitoring to ensure proper coverage and reporting outcomes. The support included mentorship on ways of ensuring care and follow up of pregnant women in the community in order to improve uptake of IPT2 and delivery at health facilities.

During the 4th Quarter, HIPS facilitated follow up of 35 ANC staffs at 11 partner private sector facilities to assess performance on program activities and to ensure follow up of pregnant women on IPT.

1.4.2.4. Conduct mentorship on the job training of 90 health workers in TB/HIV management (work plan no. Q4.2.4)

In Year 5, HIPS supported training of 86 clinical staff on TB and HIV management through both Mildmay Uganda facility based training, file placements and on job mentorship. The trainings emphasized issues of quality improvement in diagnostics, infection control and OI care, adherence to treatment and follow up. The on job mentorship also helped in orienting staff on current issues regarding TB prevalence/notification rates, estimation of population targets and logistics management systems

1.4.2.5. Conduct mentorship on the job training of 75 health workers in SMC (work plan no. Q4.2.5)

During Year 5, a total of 114 partner staff were trained in SMC services by Water Reed and Rakai Health services project. Follow-up training was also conducted with support of Water Reed and Rakai Health services to 12 partner sites to ensure full grasp of service concepts and skills. With trained staff, more partner companies started to provide routine, outreach and mobile camp based SMC services to employees and surrounding companies.

During the 4th Quarter, HIPS supported training of 27 partner health facility staff in SMC by Rakai health services project.

1.4.2.6. UMA and FUE training of trainers (TOT), refreshers and new peer educators for partners targeting 1,500 peer educators (work plan no. Q4.2.6)

During Year 5 all peer education trainings were conducted by UMA and FUE. The achievement of set targets 1,568 demonstrates confidence gained from partners about UMA/FUE competences

in BCC technical support. Important to note is the fact that companies paid for the partner peer educator training services rendered by UMA and FUE. Through TOTs, UMA/FUE have developed the capacity of some of the partner companies to conduct peer education trainings on their own. Among those companies are; McLeod Russel, Tullow Oil, Kakira Sugar, KCCL, Hima Cement and Touch Namuwongo.

During the 4th Quarter, FUE and UMA supported training of 114 peer educators making a total of 1,568 peer educators trained during Year 5 (demand was beyond the annual target of 1,500 peer educators).

1.4.2.7. Support training of district master trainers in school based peer education (work plan no. Q4.2.7)

During Year 5, Master trainers were trained for the four of the 6 of the districts hosting the school HIV prevention program (GLAS). The district trainers have already conducted a training of teachers in the supported schools to replace those who left on transfer or retired. They also conducted two district integrated support supervision visits in quarter one and two. These people are an important resource for sustaining HIV prevention initiatives in the schools.

1.5. Activity Q5: Develop a costed training package for partners

In Year 5 and to ensure that partners continue to access training opportunities, HIPS and Mildmay designed a costed training package for the private sector. This package contains all available training courses that are tailored to private practitioners, their dates and the associated costs.

1.5.1. Develop a costed training package for private sector facilities (work plan no. Q5.1)

In Year 5, Mildmay Uganda developed a brochure containing the different short and long term courses offered throughout the year at certificate, diploma and degree level with costs ranging between USD 500 – USD 3,000. Short courses included counseling for ART and pediatric clinical care.

During the 4rd Quarter, HIPS also initiated negotiations for the training of staff from partner sites that desired to have more teams in SMC at Rakai and the Walter Reed Project. The Rakai team has agreed to take up staff of Wagagai for the next training.

1.5.2. Market the training package to HIPS partners and other private facilities (work plan no. Q5.2)

During Year 5, HIPS disseminated information on availability of training for facility staffs at partner companies and clinics through the partner's conference, during site visits and mail in order to create demand. Following this, HIPS was able to negotiate for training on cervical cancer screening for staffs at Wagagai Flowers Ltd at a subsidized fee.

During the 4rd Quarter, HIPS continued to support partners such as Rwenzori Commodities and McLeod Russel's Tea to negotiate for trainings that are tailored for staffs within their estates. These will enable them to reduce time spent by staffs outside the facilities while attending trainings.

1.6. Activity Q6: Negotiate reasonable costs for services and ensure that commodities provided free by government and PEPFAR are provided at no cost to clients

The project has enabled accredited clinics to access free or subsidized drugs and supplies from MOH, PEPFAR and other sources. HIPS is conducting wide discussions with partners on the cost of services provided at their outlets to ensure wider access to services, especially for the poor communities.

1.6.1. Develop and negotiate with partners a standard consultation cost/fee for service for selected services like HCT, FP, SMC and ART (work plan no. Q6.1)

In Year 5, HIPS negotiated for a free or highly subsidized cost for SMC and ART services at all partner clinics. All the partners that conducted SMC camps during the year at no fee charged to the clients which facilitated the rapid scale up of the program. HIPS held discussions with partners on the standard fee to be levied for key services where they agreed not to charge for ART and TB services

when drugs are received free from government or PEPFAR although the clinics charge reasonable fees for laboratory investigations and drugs obtained from the open market.

During the 4th Quarter, as a result of the high demand for SMC and high cost of SMC supplies such as bupivacaine and surgical gloves, HIPS agreed with some partners clinics such as SIM's Medical Centre to have SMC clients pay a minimal fees of Shs.20,000/=(approximately $8) for cost of additional supplies to per SMC kit used during routine service delivery. However, if kits are received free from USAID clinics would not charge for supplies.

1.6.2. Design appropriate posters and billboards that display services available at accredited clinics and associated charges (work plan no. Q6.2)

During Year 5, HIPS project developed, through a consultative process, disseminated posters and billboards that display services available at accredited clinics. For the sites which receive PEPFAR drugs (ART and TB), the signposts indicate that they are provided free to all legible patients. This was done in the efforts to support partner companies to ensure transparency and accountability for PEPFAR support.

1.7. ACTIVITY Q7: STRENGTHEN INFECTION CONTROL PRACTICES AT ALL SITES

During Year 5, the project conducted a review of infection control practices and in particular hand washing services at partner sites. The aim was to determine the support to be provided to these sites to strengthen the quality of services provided. Overall, 85% of sites visited had onsite running tap water with wash basins and soap in place, while the rest (15%) of sites had improvised water containers with soap. There is however need to increase the locations within partner clinics to cover all consultation rooms and outpatient services. In addition, community outreach posts that regularly run clinics need to be supported with hand washing facilities.

HIPS partnered with Unilever to support infection control practices at partner sites. The partnership created awareness on and promote hand washing among health service providers and clients of the health facilities. Unilever provided Lifebuoy soap and antiseptics for all the HIPS partner sites, thereby making a contribution of USD 4,000 towards the program. HIPS procured an assortment of materials that included JIK, hand washing basins, alcohol hand gel and alcohol swabs; color coded bins and bin liners; safety boxes, heavy duty gloves, respirators, instrument trays, gallipots and kidney dishes.

1.7.1. Support selected sites with infection control materials and guidelines on their use. These guidelines will be adopted from the revised MOH infection control guidelines (also includes infection control for TB transmission particularly in HIV setting) (work plan no. Q7.1)

In Year 5, the Project, with support from the MOH, conducted on the job mentoring and coaching of health workers in infection prevention and control as one of the priority activities for improving infection control practice in health care settings. This activity provided an opportunity for assessing infection control practices in the private sector and supporting health facilities to plan and implement infection control interventions. The activity was implemented on a regional basis where teams comprising of 3 technical officers travelled to 47 HIPS sites in the Northern, Eastern, Western and Central regions. While at the sites, the technical officers spent 1-2 days assessing infection control practices, identified poor practices and corrected them. The new national guidelines on infection control and infection control materials were distributed to all the sites visited.

During the 4th Quarter, HIPS continued to distribute hand washing facilities to partner clinics. These comprised of a stand with a Can, hand washing basin and a bucket as well as soap and disinfectants received through a partnership with Unilever. Over 90% of supported partner health facilities have received these supplies from HIPS.

1.7.2. Provide technical specifications on the construction of placenta pits, refuse pits, and incinerators (work plan no. Q7.2)

In Year 5, HIPS in partnership with MOH and DHO technical officers supported four companies with specifications and guidance on the construction of placenta pits, refuse pits and incinerators with emphasis on proper waste management, protective wear for staff and specifications according to MOH approved standard guidelines. Companies were also encouraged to carry out supervisions on their staff to ensure safety of both staff and clients including the surrounding communities.

During the 4th Quarter, supervision and technical support was offered to nine facilities in Western Uganda for the SMGL project districts to ensure safe and proper waste management by staff carrying delivery of mothers. Facilities without placenta pits were encouraged to construct them; for example, Macleod Russel expanded the maternity wing at Mwenge and Ankole Health centres.

1.8. ACTIVITY Q8: IN PARTNERSHIP WITH MOH, PROVIDE SUPPORT TO A PPP REFERENCE LABORATORY FOR ACCREDITED CLINICS

The private health sector in Uganda lacks formal access to specialized HIV laboratory services, and where access is available, the cost is prohibitive. Many ART-accredited private clinics, located mainly in urban centers, are not able to carry out ART laboratory monitoring tests, and they use commercial laboratories with inadequate or questionable quality assurance and quality control capabilities.

A concept paper was prepared by HIPS in Year 5 that provided an overview of the partners, the PPP concept, and the steps required to establish and operationalize the partnership. The paper also presented a set of recommendations to guide the implementation of the reference laboratory as well as concrete actions the partners needed to take to establish and operationalize the HIV reference laboratory.

1.8.1. Support the design and establishment of a private sector reference laboratory for ART (work plan no. Q8.1)

During Year 5, the HIPS project, in partnership with SIMS Medical Centre, conducted a feasibility study on provision of HIV reference laboratory services among accredited private sector HIV/ART clinics in Uganda. The purpose of the feasibility study was to gain an understanding of the overall operating environment of HIV laboratory services and assess the business viability of establishing and providing HIV reference laboratory services to accredited private sector HIV/ART clinics in Uganda.

During the 4th Quarter, the project issued a request for quotations (RFQ) to several firms to solicit proposals for the supply of equipment for the reference laboratory. Three firms have been shortlisted to supply medical equipment to the PPP Laboratory. This equipment includes: Roche Diagnostic Gmbh, Cobas Taqman 48 HIV PCR analyzer, BD CD4 FACS Count System, Pipettes and Pipette stands, Centrifuge, Microfuge, Block Heater with heating block, Refrigerator, Incubator, Generator, UPS 5KVA Power Ware, Air Conditioner. Future support to the laboratory will focus on reagents, furniture, consumables, electrical installations and burglary protection.

1.8.2. Provide support in mobilizing the private sector to utilize services and in structuring the Management Advisory Board, which will include both public and private representation (work plan no. Q8.2)

During Year 5, a management advisory board was constituted that comprises of MOH and CPHL staff, private sector clinicians, laboratory experts and a lawyer. This board was inaugurated in April 2012 and members were assigned specific tasks related to the functionality of the Laboratory. These included formation of the bylaws for the board, support with identification of necessary equipment for the lab and expansion of the board to include other stakeholders. The next meeting will take place during the month of December 2012 after the required equipment has been procured.

1.8.3. Partner with the MOH to support the national reference laboratory for ART (work plan no. Q8.3)

During Year 5, HIPS held meetings with the Ministry of Health, ACP/CPHL, to follow up on activities for the establishment of the national ART reference laboratory. The meetings reviewed the list of laboratory equipment and materials expected to be placed at the facility. The laboratory has

received overwhelming support from all stakeholders. CPHL agreed to collaborate with SIMS medical centre in the development of the PPP reference Laboratory. CPHL has well established human resource with a training unit, experience in sample referrals from across the country and a leadership role for private laboratories. In this partnership, SIMS would benefit from referral of samples for quality control, training of staff and research.

Also during the year, the HIPS/SIMS team met with the International Finance Corporation (IFC) officials in Kampala to discuss the concept and identify potential sources of funding for the Laboratory. The IFC team invited HIPS/SIMS to submit a concept note on the laboratory with an indication of areas where further support is required-feedback on this is awaited.

1.9. Activity Q9: Improve HMIS and national reporting

The HIPS project continued to support the harmonization process of the Health Management Information System (HMIS) revised tools among private sector partners. The reports from partners have continuously improved reflecting adherence to the reporting formats and procedures.

1.9.1. Print and distribute the revised HMIS forms (work plan no. Q9.1)

During Year 5, revised HIMS data collection and reporting formats were printed and disseminated to all partner health facilities. Through on job training, partner health facility staff were oriented on the formats as part of the efforts to strengthen national reporting.

1.9.2. Conduct on the job training on HMIS and strengthen national reporting (work plan no. Q9.2)

During the 4th Quarter, the project supported selected partner sites in understanding MOH/USAID HMIS tools. Emphasis was on sites that had either lost a staff member or a new person responsible for data had come on board.

1.10. Activity Q10: Launch Access.Mobile to improve accuracy, efficiency, cost effectiveness in USAID/HIPS reporting

In Year 5, HIPS established a collaborative relationship with a US-based partner company called Access.Mobile, a social enterprise, which has developed a range of technology solutions using mobile phones for health to drive efficiency and accuracy in data collection, analysis and also commodities tracking. HIPS opted to implement a mobile data collection platform to address their challenges around data collection, analysis, and reporting. At the outset of the project, each quarter HIPS headquarters faced a number of logistical challenges in gathering data for monitoring andevaluation purposes. HIPS has over 100 partner clinics across 60 districts that are in urban, peri-urban and rural areas, in which less than 30% had reliable internet access.

1.10.1. Define data requirements and detailed work plan for roll out of Access.Mobile smart phones (work plan no. Q10.1)

Prior to the technology deployment, Access.Mobile and HIPS worked closely and collaboratively to customize amHealth and amSupply to meet HIPS' data and reporting needs. HIPS needed over 150 indicators across several paper-based forms for health data and ARV tracking converted for mobile use. amHealth was customized to track HIPS clinical data indicators, while amSupply was customized to track ARV supply chain indicators. For clinical data collection, HIPS and Access.Mobile created 9 structured Java-based forms to track indicators related to: HIV, TB, malaria and pregnancy, male circumcision, family planning and HIV testing and counseling. A similar set of 6 structured forms was created to track ARV pediatric and adult ARV drug regimen stocks. In order to mitigate any confusion for clinic data managers, forms were designed to mimic HIPS' paper-based reporting data collection processes almost identically; thus, wording and placement of indicators on the Java-based forms remained the same as much as possible. The forms were composed of a mixture of free data entry fields, drop-down menus and radiobuttons to enable simple and efficient data entry.

1.10.2. Introduce smart phones to HIPS partners and provide training (work plan no. Q10.2)

70 HIPS sites received smart phones and training on data capture and reporting. HIPS/Access.Mobile is providing ongoing support to this program to ensure proper usage of the system. Access.Mobile and HIPS developed a user-training curriculum designed to cover use of the devices and system, as well as to explain any changes made to the forms in the technology development process. Users were trained in small groups of 12-15 people and provided with a User Support Manual.

1.10.3. Pilot use of smart phones among select HIPS partners (work plan no. Q10.3)

HIPS and Access.Mobile deployed the mobile technology in two phases beginning in January 2012. By April 2012, the mobile data collection system was live nationwide and clinic data managers from all 70 sites were trained in how to use the system.

1.10.4. Launch smart phones with all HIPS partners (work plan no. Q10.4)

In Year 5, the launch of the smart phones took place and the devices have been used to enter data for reporting during the third and fourth quarter. 70 partner companies received and are using the system to report to HIPS.

1.10.5. First quarter of data collected using smart phones; address challenges, monitor and evaluate success/challenges of the new technology (work plan no. Q10.5)

During the 4th Quarter, electronic data was successfully collected from HIPS partners but challenges remained to be addressed to ensure data quality. One of the challenges of data collection to the service providers at partner sites is that they had to maintain the old system to report to the districts and also use the access mobile to report to HIPS. This in essence created increased work load given their busy schedules. The other challenge is that the access mobile system could not be adequately integrated into the SURE Project reporting system that was recommended by USAID for drug logistics due to differences in program formatting thereby demanding separate ART logistics systems. This is being addressed by both HIPS and AM through a series of meetings.

1.11. Activity Q11: Involve the private sector in the standardization of care and establishment of self regulation mechanisms (work plan nos. Q11.1-11.4)

Improving the quality of care in the private sector is an urgent need as the private sector's contribution to the overall sector performance is crucial in attaining the Health Sector Strategic Investment Plan performance targets and the Millenium Development Goals.

UHF with the support of HIPS has initiated a process to improve the Standards and Regulations for the private non-state health sector on a voluntary self regulatory basis. UHF and HIPS are working in partnership with the government to build sound policy, regulatory and institutional framework, while increasing the quality of healthcare services in the private non-state health sector.

In the development of this system UHF has ensured that consensus is obtained and maintained from all key stakeholders. These include: MoH, Professional Councils, Professional Associations, private sector provider and umbrella bodies, LGs and clients. A working group was established to review quality standards and recommend a list for adoption and implementation.

In the 4th Quarter, UHF held a meeting on 14th September 2012 with various stakeholders from the public and private health sector, to provide an update on the quality of care standards working group recommendations and to present next step for adoption of the standards and self regulation.

1.12. Activity Q12: Support Uganda Health Care Federation to facilitate Cohesion and Credibility in the Private Health Sector (work plan nos. Q12.1-Q12.4)

UHF in the past two years has experienced substantial growth rate, both in organisation membership and reach. UHF hosted the inaugural East Africa Healthcare Federation in Uganda, which has further propelled its reach in the private health sector, not only nationally but regionally. Activities on a local and regional basis include:

- Facilitated in partnership with Ministry of Health, HIPS and IFC an Association of Associations forum, with guests from Kenya Healthcare Federation (KHF) and Association of Private Health Facilities in Tanzania (APHTA). UHF was fully endorsed by the ministry of health and private sector partners as the best organisation to lead the private health sector February 2012.
- Participation and attendance of a KHF board meeting, forming new partnerships and picking up lessons on how to propel UHF further in February 2012.
- East Africa Health Federation (EAHF) launch and inaugural conference held in Uganda hosted by UHF in May 2012.
- Participation at the PPP GIZ conference in Tanzania in May 2012.
- Facilitating and assisting partners from other East African countries, such as CHMI (Centre for Health Marketing Innovations) when they host forums in Uganda
- Concluded the strategic training session in Kenya sponsored by IFC, which helped UHF map its sustainability plan going forward October 2012.
- Participated in a regional stakeholders workshop in Arusha Tanzania which successfully formed a regional health platform with a steering committee of 9 representatives from the private health sector, civil society organizations and the pharmaceutical society. Through GIZ EAHF secured sponsorship of secretariat support and office space in the EABC (East Africa Business Council) offices in October 2012
- UHF has established various working groups to improve standards and quality in the private health sector. Through the strategic plan, UHF has formed 6 hub committees with one solely dedicated to Standards and Regulations. The other hub committees all interface in various forms with standards and regulations and feed into this particular committee.
- UHF has been represented on the PIRT (Presidential Investor's Round Table) and continues to have sustained and direct communication path with top level government officials in the ministry of health.
- UHF is working very closely with the PSFU (Private Sector Foundation Uganda) and has established a project in partnership with JHU (Johns Hopkins University) the PSHCF (Private Sector Health Common Fund), a common fund in the private sector, contributed to by corporate organizations that would address urgent health needs in the country. UHF participated in the golf course fundraising tournament in July 2012, raising funds/reserves in the PSHCF.
- UHF chairman and secretariat will be sponsored by IFC to participate in the South-South Knowledge Exchange Collaborative Meeting in Maseru, Lesotho in November 2012 for three days, to exchange ideas on health public-private partnerships, share lessons and challenges and to increase skills and knowledge of PPP implementation and management.

Other key programs implemented by UHF included:

Conduct private sector dialogue meetings geared towards ownership (workplan no. Q11.1)

An Association of Associations forum was conducted in February 2012 sponsored by HIPS in partnership with the MOH and International Finance Cooperation. UHF was fully endorsed by the private non-state key stake holders and ministry of health as the appropriate body to lead as an umbrella organization in the private health sector.

Hold consensus building workshops in collaboration with professional councils to harmonize standards of practice in the private sector (Workplan No. Q11.2)

A series of meetings and workshops have been conducted through UHF with key stakeholders. These include: MoH, Professional Councils, Professional Associations, private sector providers and umbrella bodies, Local Groups and clients. UHF ensured consensus was obtained and maintained with all key stakeholders.

Provide technical assistance to develop a comprehensive graduated quality of care and self regulatory control system for private practice (Workplan No. Q11.3)

UHF through HIPS contracted a consultancy firm to conduct the pilot project on a voluntary self regulatory basis in Standards and Quality in the private health sector. The consultancy firm and UHF are working in partnership with the government to build sound policy, regulatory and institutional framework while increasing the quality of healthcare services and also services that are supportive of increased productive investment and private sector led growth.

Pilot the self regulatory quality of care control system (Workplan No. Q11.4)

In November 2012 the self regulatory quality of care control system will be launched sponsored by HIPS through UHF. All relevant stakeholders have been informed and will be invited at the launch, with the aim of rolling out the pilot in the following month.

1.13. Activity Q13: Conduct operational research on costs and outcomes of ART in Uganda

In Year 5, in partnership with BU CGHD and MOH, HIPS began the second phase of the *Costs and Outcomes of Delivering Second and Third Year Antiretroviral Therapy (ART) in the Private and Public Sectors in Uganda* study. Using a costing model developed by Boston University (BU) Center for Global Health and Development (CGHD), HIPS and BU CGHD conducted an evaluation of ART costs and outcomes in public facilities and private/employer clinics supported by HIPS MOH accredited clinics. The study examined cost and outcome for patients during the first 12-36 months of ART. The study is conducted at a convenience sample of six treatment sites in Uganda, the same sites used in the previous study conducted in 2011. The latter looked at patients in their first year (12 months) of treatment.

1.13.1. HIPS and BU will utilize the same methodology and data entrants to repeat the cost/outcomes study during Quarter 2 and 3 of Year 5 (work plan no. Q13.1)

Data entry for the study has been completed and analysis of the data is taking place. The study lasted longer than expected as research teams had to conduct an unlinked, retrospective medical record review for 36 months with majority of partners still using paper files for data storage that were often in poor shape. Final report is expected in December 2012.

1.13.2. Final report will examine and compare data from first and second study (work plan no. Q13.2)

Preliminary data analysis from one site at Kakira showed that at 36 months, 88% of patients were still in care and responding, 20% showed sufficient CD4 change and 68% had no stage III/IV condition. 12% of clients had stopped attending. This initial data clearly shows worse patient outcomes compared to the first year of treatment and as patients moved into their second and third year of treatment there was increased loss to follow up for both private and public sites.

Quality of Services: Challenges

- The HIPS project supported scaling up of SMC partner services in order to meet the high demand but SMC kits were not received from USAID until the second quarter. This constrained project resources through expenses incurred in procuring equipment and supplies. Furthermore, stock outs were encountered during the third quarter thereby affecting annual targets.
- Limited SMC training institutions stalled commencement of SMC services at some partner sites because of the long training queues.
- Staff changes at NTLP regarding procurements of TB drugs in the country led to wide spread TB drugs stock outs affecting program implementation.
- During the third quarter, the project was faced with difficulties and delays in accessing ARVs through the Joint Medical stores by some of the accredited HIPS partner facilities.
- The Access.Mobile program was faced with the challenge of not being able to meet partner company reporting expectations from the districts. This means that they had to use the manual

method to report to the districts and Access.Mobile to report to HIPS. This was perceived as added workload to the service providers some of whom continued to use the old method.

- UHF has gained great momentum and visibility, but with HIPS winding up, members and general public are concerned about UHF sustainability post HIPS/USAID funding.
- Changes at NTLP and MOH/ACP regarding procurements of TB and AIDS drugs in the country led to wide spread drugs stock outs and increased patient drop out from treatment.

Quality of Services: Recommendations

- HIPS will develop mechanism for partner companies to make early forecasts of required SMC kits and supplies. Since HIPS has received these from USAID, they will be promptly distributed to the partner sites.
- HIPS will utilize the opportunity of the IDI regional training sites to be established in the regions to encourage partners to book early. Partners companies with expert surgeons will also be encouraged to share surgical teams especially during SMC camps for those who will not have trained their staff.
- HIPS is working with the MOH and the NTLP to improve TB drug stocks at partner sites. HIPS with support from NTLP was able to assist some partner sites such as Case Clinic and Kinyara in obtaining TB drugs from other sites in the country for their clients.
- HIPS will support partner companies to continue using the manual reporting methods until the electronic MOH district reporting system is institutionalized. Access.Mobile also will be phased out due to incompatibility to newly introduced USAID SURE guidelines, which could not have been anticipated when Access.Mobile was introduced.

Quality of Services: Key activities for next quarter

- Develop and disseminate SMC kits and supplies demand forecast methodology for partner companies to make prompt requests to HIPS bearing in mind that these have been made available to HIPS. Distribute SMC kits and supplies from USAID to partners to ensure high quality service delivery
- Put arrangements in place for coordinating and supporting partner SMC regional trainings with IDI and other training institutions like Water Reed and Rakai health services project.
- HIPS will continue to work with MOH and the NTLP to improve TB drug stocks at partner sites.
- HIPS will continue to support partner companies through mentorship and training to sustain quality of care in the delivery of health care services.
- Implementation of the voluntary and self regulatory standards and qualities pilot project in the private health sector, through UHF as the umbrella body working in partnership with the regulatory councils and private non-state health sector.
- Develop an accreditation system in the voluntary and self regulatory standards and qualities systems through UHF.
- UHF chairman and secretariat will be sponsored by IFC to participate in the South-South Knowledge Exchange Collaborative Meeting in Maseru, Lesotho in November 2012 for three days, to exchange ideas on health public-private partnerships, share lessons and challenges and to increase skills and knowledge of PPP implementation and management.
- UHF will engage in a case study PPP project on a health centre level four unit in Kisugu, Kampala showcasing how PPP's in health can actually be implemented. The pilot project will include Kampala City Council Authority, UHF and International Medical Foundation.
- UHF will participate in the 2nd EAHF conference to be hosted in Tanzania by Association of Private Health Facilities in Tanzania on 27th and 28th February 2013.

- UHF will work closely with IFC and MoH to help establish a PPP-UH (Public Private Partnership-Uganda Health) model, that encompasses public, private, non-state and faith based organizations that deal in the health. This model is successfully running in Kenya and aim to emulate it in Uganda. A retreat for the TWG health group, which currently comprises all these sectors will take place in January 2013 to commence on this work.
- Procure equipment for the reference laboratory.

II. INTEGRATION OF SERVICES

Task 1: Expand and strengthen access to and utilization of health and HIV/AIDS services in the private sector

During Year 5 the HIPS project continued to support partner companies to strengthen integration of services and thereby provide a comprehensive health care package to their clients. Focus was placed on supporting partners to integrate SMC, Long term methods of family planning, safe delivery (For those providing deliveries) among others. As a result of the support, the number of partner sites offering SMC services increased from 21 to 44 by the end of the program. Other partner companies, who were not able to conduct services because their staff had not been trained, organized mobile camps with HIPS support and utilized trained surgical teams from nearby partner sites.

With support from USAID, the project has been able to ensure that partner facilities receive adequate supplies of Family planning commodities to be provided free of charge to clients attending care at all the 88 partner private sector facilities. The FP products included both long and short-term commodities such as Jadelle, Implanon, Pilplan and condoms. This has greatly helped the Project to achieve high on couple years of protection (CYP) [43,868 versus the annual target of 35,000] an indicator used to measure performance on Family Planning services utilization.

The HIPS project continued to strengthen support for the other partners to continue providing integrated health care services to their clients. Over 80% of the supported health facilities are providing an integrated health care package for HIV/AIDS, TB, malaria, and RH/FP. In districts like Masindi, a partner health facility acts as referral hospital for HIV positive clients in need of CD 4 count tests before they are enrolled on ART.

Through continued collaboration between USAID and the Ministry of Health, HIPS has been able to ensure that all clients seeking care among HIPS ART accredited private sector facilities have access to the MOH/PEPFAR drugs and related supplies through the Joint Medical Stores. In the same way, HIPS was able to ensure that partner facilities such as MacLeod Russell's Tea Estates in Western Uganda are provided with CD4 count machines and reagents from the Ministry of Health during the distribution program to selected ART sites in the country.

1.1. ACTIVITY I1: STRENGTHEN THE INTEGRATION OF HEALTH COMMUNICATION INTERVENTIONS TO STIMULATE DEMAND FOR SERVICES

The HIPS project emphasizes integrated health outreaches to increase access to services. This approach has enabled vulnerable populations at landing sites and other hard to reach areas access to services such as RH/FP, SMC, HIV/AIDS, ANC and immunization on a scheduled basis. Companies like KCCL, Engari, Lambu, Family Health Resource Centre, New Forest Company and Kinyara have conducted regular outreaches to remote locations.

1.1.1. Conduct integrated health outreach at each participating company (work plan no. I1.1)

During Year 5, HIPS supported 12 companies—KCCL, Lambu, St.Mary's Medical Centre Bukomansimbi, FHRC, RECO Industries, Makonge Health Centre, Double Cure, SCOUL, Engari, Paragon Hospital, Mpanga, Tullow Oil—to carry out integrated outreaches in the remote and hard to reach districts. There was a deliberate effort to integrate the out outreaches with the national immunization days and campaigns to increase government support to the private sector activities.

During the 4th Quarter, HIPS supported 4 partner companies to carry out integrated outreaches at 9 sites in the remote districts and hard to reach areas. There has been an increase in FP uptake, STI screening, couple counseling and mobilization for SMC during this activity, thereby reducing missed opportunities and consequently giving a platform for male involvement in RH.

1.1.2. Equip sites with supplies including FP products, SMC kits, and HCT test kits to ensure full integration of services (work plan no. I1.2)

In Year 5, HIPS supported twelve private sector facilities with basic SMC equipment, free SMC kits, HIV test kits and other supplies to enable them offer SMC as part of the routine services. Ten partner sites within the 4 districts of the Saving Mothers Giving Life (SMGL) program received basic equipment and infection control materials such as weighing scales, BP machines, delivery beds and sets, ward screens and pedal bins to improve maternal and child health services. Family Planning commodities including short term and long term contraceptives were procured through cost sharing for 23 companies while others commodities obtained free from UHMG were distributed to all partner sites.

1.1.3. Facilitate and support company and NGO/CBO partnerships to strengthen palliative care and home based service delivery to HIV-positive cases (work plan no. I1.3)

During Year 5, HIPS conducted support visits to all partners who implement palliative care services for People Living with HIV/AIDS (PHAS). The partnerships are aimed at improving access to psychosocial support, HIV counseling and testing, CD4 count tests, strengthen social support, capacity for improved food and nutrition, income generating activities and village savings and loan associations (VSLA) as well as functional referral.

1.1.4. Support SMC camps and integrated men-only seminars at 20 partner sites (work plan no. I1.4)

During Year 5, 20,178 SMC procedures were conducted making 80.7% of the total targets. Less achievement of the targets can be contributed to stock outs of SMC kits experienced during the months of April and part of May 2012. Overall utilization of SMC services greatly increased from an estimated 3,000 in Year 4 to 20,178 in Year 5. The annual increase can be attributed to access to SMC kits and partner staff training support from USAID which greatly improved provider efficiency. The mobile camp approach also greatly helped in mobilization of communities and stimulating demand through the social change model. Students under the GLAS program greatly embraced SMC services. 1,250 students underwent the procedure.

In all the service approaches used, combined prevention messages are disseminated. The demand for SMC services continues to increase and in the next planning period, more cost effective approaches will be utilized to maximize reach without compromising quality. One such strategy is to support partner companies with trained teams to conduct regular weekend outreach mini camps which do not require external surgeons. Partners will also be supported to conduct joint SMC camps thereby using bigger surgical teams at a lesser cost.

During the 4th Quarter, HIPS support to partner companies for the SMC program yielded 5,822 procedures through static health facilities and SMC mobile camps. Client load at partner static facilities has progressively increased from an average of 250 a quarter in the previous year to 500 a quarter in the reporting year. During quarter 4, SMC mobile camps yielded 3,820 procedures while static facilities contributed 2,002 procedures.

Table 1: HIV Counseling and Testing Results for Health Fairs and Private Facilities

	<15yrs		+ves		15-49yrs		+ves		>49 years		+ves				
Indicator	M	F	M	F	M	F	M	F	M	F	M	F	Quarterly Total	Cumulative total	Annual Target
Trained													0	52	50
Number of service outlets for VCT													0	100	100
Individuals who receive Testing and Counseling	1068	521	13	10	9135	6226	372	535	292	370	17	15	17,612	90,824	75,000

1.2. ACTIVITY I2: RE-ORIENT AND STRENGTHEN BEHAVIOR CHANGE COMMUNICATION INTERVENTIONS

In Year 5, partner companies have embraced the small group based peer education as reflected by 32 companies currently implementing the strategy and reporting on activities. The strategy has been found to bear many benefits that include; increased client referrals for services, enhanced support for peer adoption of healthy practices like use of Long term methods of FP and SMC among others. On the side of the peer educators, the strategy reduces on the burden of meeting previously perceived high targets of reaching 15 peers per month to reaching only 25 peers in a year (reinforcing messages). This provides opportunities for the peer educators to map out the health profile of their group members, draw a program for reaching them at their convenience. The strategy has also remarkably improved reporting through simplified and summarized formats which even peer educators can prepare without external support. Most of the data remains at the partner site and can be used to inform planning and motivation of active peer educators at the company level.

During the 4th Quarter, through FUE and UMA HIPS continued to support partner peer educators to embrace the revised small group activity based approach to peer education. Through support visits and trainings, peer educators of partner new companies were oriented to the revised reporting formats based on the small groups as well as the quality assurance activities.

1.2.1. Conduct training for 10 FUE/UMA staff in strategic health communication and design skills (work plan no. I2.1)

This activity did not take place as the HCP project as unable to support this activity as proposed, but FUE/UMA received direct support from HIP's BCC team in strategic communication which enhanced their skills in supporting partner companies to design and implement health promotion activities at the work place and in the community. Such supported activities by FUE and UMA include; peer education trainings, use of trigger videos, use of quality assurance manuals to assess BCC activities and development of communication fundable proposals for local funding among others.

1.2.2. Conduct peer educator training and refreshers for1,500 (work plan no. I2.2)

During Year 5, 1,568 peer educators were trained by FUE and UMA. All companies implementing peer education activities have supported the small group activity based peer education approach. The trained peer educators are able to reach out to 19,932 of their peers with communication and education activities for adoption of practices that include; FP, HCT, SMC, condom use and malaria prevention among others. The majority of the trainings (65%) were done for new peer educators from existing and new partner companies.

During the 4th Quarter, FUE and UMA supported training of 114 peer educators.

1.2.3. Support the integration of health messages into school regular activities and programs (work plan no. I2.3)

During Year 5, HIPS support to partner companies targeted 15,000 students in the 32 schools implementing the HIV prevention program commonly known as the Good Life At School (GLAS). The aim was to integrate health messages into regular school activitiesto ensure continuity of

communication on HIV prevention and related issues in schools. Health messages were distributed to schools and integrated in assembly messages, posted on school notice boards and trees in school compounds (Talking compounds). Some of the messages were posted on the school calendars HIPS produced and disseminated to schools. Health messages including HIV risk reduction practices and life skills for effective communication were translated into drama shows staged during national drama competitions for secondary schools. In 21 of the 32 schools in Kasese, Masindi and Jinja districts integrated the peer education small group discussions into the extra curriculum periods.

1.2.4. Conduct joint district implementers and advocacy meetings for integration of school activities (GLAS program) (work plan no. I2.4)

During Year 5, HIPS supported several meetings with district officials, NGOs and partner companies implementing the GLAS program as part of the efforts to lobby for their contribution in maintaining the program, especially after the HIPS project closes. Meetings held in Kasese and Jinja districts yielded good support reflected in district commitment to coordinate and lead the support visits, taking on the school drama activities while partner like UNICEF offered to support IEC/BBC materials production and dissemination. The National NGO in support of PHAS (NACWOLA) pledged and supported follow up and referral of HIV positive students in Kasese district. Hima Cement, one of the partner companies offered to contribute drugs for treating STIs but using a government health facility. KCCL offered drugs for STUS and ART at the government health facilities they use for outreaches.

1.2.5. Utilize the HIPS baseline and study conducted in Year 4, re-evaluate the impact of the BCC program and link to service utilization (work plan no. I2.5)

In Year 5, HIPS project utilized the baseline study formats and conducted FGDS among 9 selected supported schools to assess impact of the school program on students' knowledge on HIV/AIDS prevention and related issues, assess acceptability of the program among school administrators and adoption of HIV prevention practices among students.

FGD results among students indicated a very high level of acceptance as majority of students in the selected schools highlighted GLAS as their number one preference among the extra curriculum activities at their schools. It was also evident among teachers and school administrators that the program is given priority given that 7 of the schools under study had incorporated the program as a key extra curriculum activity and given an afternoon once or twice every week. This is strong indicators that activities can be sustained beyond the HIPS project. The level of awareness regarding HIV/AIDS, STIS and benefits of HCT was found to be relatively higher as compared to the baseline study. 8,071 male students (40% of all the SMC procedures in Year 5) had embraced SMC where camps had been held near the schools. In Kasese, Kinyara and Kumi, schools requested for exclusive student camps. This to some extent implies increased levels of risk perception regarding HIV/AIDS among students.

Table 2: 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)	8519	3,196	11,715	50,220	50,000

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

	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	475	603	1,078	10,008	10,000
Peer educators trained	68	46	114	1,568	1,500

1.3. ACTIVITY I3: SCALING UP OF SAFE MALE CIRCUMCISION IN PRIVATE SECTOR COMPANIES

During Year 5, HIPS supported scale up of SMC services provided by partner companies through routine static services, community outreaches and SMC camps. A total of 83 SMC camps were conducted by 23 partner companies during the year. 28 partner static health facilities provided routine SMC services. Trained surgical teams in most of the partner sites have gained expertise in the delivery of the service reflected in increased efficiency and quality as reflected by supervising doctors' reports of the SMC camp services. With more supplies and SMC kits from USAID, partner companies will be able to meet the high demand for services.

During the 4th Quarter, HIPS continued to support partner companies to scale up SMC services. The support includes training of partner health workers and provision of SMC kits. A total of 5,822 SMC procedures were conducted making a total of 20,178 procedures conducted during the year. With more health workers trained (141) partner companies will be able to meet the consistent high demand that has been created.

1.3.1. Advocacy meetings, sensitizations and promotion of SMC (work plan no. I3.1)

In Year 5, HIPS continued to support partner companies to utilize men only seminars, small group peer discussions and community video shows on SMC to advocate for and promote SMC among partner employees and community members. Special target groups for SMC include; fishermen, Long distance truck drivers and young people in partner supported schools. 16 men only seminars were conducted among 12 partner companies just before the SMC camps started as a method of mobilization.

1.3.2. Support for training of 75 staff at selected partner facilities, through Rakai training center (work plan no. I3.2)

During Year 5, 141 partner health facility workers were trained in SMC service delivery from 28 partner sites 12 of which were integrating SMC for the first time . This led to an increase of partner sites providing SMC services.

During the 4th Quarter, HIPS supported training of 27 health workers at partner sites in SMC service delivery. The partners whose staff were trained are; Mcleod Russel (Mwenge), Philomena, Makonge, Tullow Oil (Bullisa), Rwenzori Commodities, Uganda Baati, Kinyara Sugar, ABC and Old Kampala hospital.

1.3.3. Procurement and distribution of basic SMC kits to selected partner facilities (work plan no. I3.3)

During Year 5, the HIPS project scaled up partner support for delivery of SMC services. However, at the beginning of the scale up efforts the project had not received equipment, supplies or SMC kits. This greatly constrained project resources for the first half of the year. When the project received

13,000 kits in the second and fourth quarter, the program as scaled up again. It is evidently clear that demand for SMC continues to be high at the work place and in the communities.

1.3.4. Support for integrated SMC activities including surgical camps (work plan no. I3.4)

During Year 5, a total of 20,178 SMC procedures were conducted, of which 14,846 were through SMC camps and 5,332 from static clinics.

During the 4th Quarter, HIPS supported 27 partner companies to conduct SMC procedures through the health facilities yielding 2,002 cases. Through mobile camps, 3,820 SMC procedures were conducted. Making a total of 5,822 procedures conducted during the quarter.

Table 4: Safe Male Circumcision

Indicator	< 5 Years	5-17 Years	18+ Years	Quarterly Total	Cumulative Total	Annual Target
Number of locations for SMC					44	35
Total number of males circumcised as part of the minimum package of MC for HIV prevention service	167	549	5,106	5,822	20,178	25,000
Number of health workers trained in SMC				27	141	75

1.4. Activity I4: Strengthenlinkages with functional social support networks for People living with HIV/AIDS (PHAs)

1.4.1. Support selected facilities and community caregivers with kits and basic supplies for palliative care (work plan no. I4.1)

In Year 5 and on a cost sharing basis, the Project supported selected partner sites with community programs with kits and basic supplies for palliative care. The contents of these kits included gloves, plastic sheets, spirit, gauze and other materials necessary for care of patients. Partners are now expected to take up full responsibility for the procurement of these materials for their clients.

1.4.2. Establish collaboration mechanisms between clinical facilities/companies with local CBOs and NGOs providing palliative care services to facilitate support and referral (work plan no. I4.2)

In Year 5, HIPS partners continued to provide palliative care services to the employees and the community. The trained CHWs provided psychological and emotional support, drug adherence support and material support to PHAs. This enabled PHAs and their households to cope and adapt to HIV, adhere to drug regimens thus contributing to the overall wellbeing of PHAs and their households. The collaboration also facilitated timely access to care, functional and timely referral as well as access to drugs and adherence to drug regimens.

1.4.3. Introduce PHAs to the VSLA approach in order to assist in increasing household incomes (work plan no. I4.3)

In Year 5, HIPS continued to train PHA groups in VSLA. Notable among these were PHA groups from Double cure Medical Center in Mpigi, Buikwe supported by Makonge Health Center and PHA groups supported by St. Francis Health care services in Njeru. 42 leaders of PHA groups were trained to the VSLA approach. The participants mentioned that the training had enabled them to gain knowledge on how they can improve their household incomes and overall wellbeing. The training focused on how to start a VSLA group and maintain it, group dynamics, the benefits of VSLA to individuals and the community and how to identify viable income generating projects.

1.5. Supporting integration of TB and HIV services at partner facilities

In Year 5, HIPS is supporting activities that enable integration of TB and HIV services at facility and community level. The project is working with partner facilities to ensure HIV and TB control activity coordination such as setting up of joint HIV/TB clinics or synchronizing client TB and HIV appointment dates. The project has been involved in ensuring coordination and collaboration among

staff in outpatient clinics, laboratories and dispensaries for better client centered service delivery and information flow.

1.5.1. On the job mentoring of staff in HIV/TB services (work plan no. I5.1)

In Year 5, HIPS supported mentoring of 86clinical staff at 42 facilities on integration of TB and HIV services to ensure coordination and collaboration among staff in outpatients, clinics, laboratories and dispensaries for efficiency in serving clients with emphasis on reduction in client waiting time, improving information flow, reduced clinic visits and ultimately reducing staff work load. The mentorship program emphasized holistic HIV/TB patients care in resource limited settings.

During the 4th Quarter, the Project has continued to follow up staffs implementing HIV/TB integrated services at 10 partner sites through joint supervision with the Ministry of Health.

1.5.2. Accreditation of selected facilities in HIV and TB treatment (work plan no. I5.2)

In Year 5, HIPS facilitated NTLP to carry out inspection of 20 selected partner private sector facilities to be inspected for suitability to offer TB treatment. During the year, HIPS received approval for TB accreditation for a total of 5 private sector facilities which included Gwatiro Nursing Home, New Forest Clinic Luwunga, St. Mary's Clinic-Serere, Nsambya General Clinic and Galilee Hospital. The rest of clinics inspected but not recommended for accreditation require improvement in areas including; recruitment of laboratory staff staffs that had recently left, improvement of infection control practices and proper recording of TB smear results in the TB registers.

1.5.3. Support for joint HIV/TB supervision (work plan no. I5.3)

In Year 5, HIPS worked withpartners including the Ministry of Health to implement joint support supervision activities on HIV/AIDS care and support, TB diagnosis and treatment; Reproductive Health and Family planning services.

During the 4th Quarter, HIPS participated in joint supervision activities in Western and Central regions during which 40 partner sites were reached and supported to increase service delivery.

1.5.4. Support training in HIV and TB logistics management in partnership with SURE and MOH. (work plan no. I5.4)

In Year 5, HIPS was to work with the Ministry of Health and the SURE Project in ensuring that staffs at the private sector get training in HIV and TB Logistics management. The training was to ensure accurate and timely requisitions and reporting for ART and TB drugs, supplies through the National and Joint Medical stores monitored by the Ministry of Health and the SURE Project

During the 4th Quarter, HIPS participated in a training of trainers (TOT) course in Web Based ARV ordering and reporting system under the Ministry of Health. Though on job support, the HIPS trained staff trained 25 partner facilities in learning how to use the online ordering and reporting form. The facilities are thus expected to use it to send their drugs and supplies requests to the Joint Medical Stores in time in order to reduce stock outs.

Table 5: Clinical Care Services

Indicator	Male	Female	Total	Annual Target
Number of Service outlets			70	88
Clients receiving at least one HIV clinical care and support service (cumulative)	3870	5392	9262*	35,000

*Clinics have experienced massive stock outs of Septrin and have referred most of the clinical care patients to other ART centers maintaining only the clients in need of ARVs.

Table 6: HIV/AIDS and Palliative Care Training

Indicator	Male	Female	Qtr Total	Cumulative Total	Annual Target
Clinical placement in palliative care	0	0	0		
The use of ART in resource limited settings	0	0	0		
On job training in HIV/TB services	0	0	0		
On job mentorship in pediatric care and PMTCT	0	0	0	328	200

Table 7: Clients Receiving ART from Clinics Supported by USAID/HIPS

Program Areas	Number of Clients Served											
	Children							Adults				
	<1 Years		1-4 Years		5-17 Years			18+				
	Female	Male	Female	Male	Female	Pregnant Female	Male	Female	Pregnant Female	Male	Total	Annual Target
Current clients	7	5	33	30	32	0	46	3,294	50	2,469	5,916	6,000
New clients receiving ART	6	3	7	4	2	0	7	609	50	399	1,037*	1,500
Cumulative clients	17	12	55	49	59	0	76	4,477		3,465	8,210	9,200

*HIPS did not meet target for new initiators. A few clinics that faced stock outs of ARVs last year are still hesitant to restart program or recruit new patients.

Table 8: 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						50	50
Number of workplace healthcare providers trained in PPM DOTS with USAID funding	0	0	0	44	42	86	90
Number of TB cases reported to NTLP by USAID–assisted private workplace providers	149	117	266	922	715	1,637	1,200
Number of new smear -positive cases diagnosed by non–NTLP providers	34	26	60	244	149	393	500
Number of new smear positive cases who receive DOTS from non–NTLP providers	34	26	60	225	122	347	300

1.6. Activity I6: Integrate and strengthen prevention of malaria in pregnancy among partner companies and clinics

During the quarter, the project supported the following activities:

1.6.1. Procurement and distribution of Fansidar, cups and safe water supplies (work plan no. I6.1)

In Year 5, HIPS procured 80,000 tablets of Fansidar, 4,100 packets of disposable cups and 2000 mama kits. These have helped to ensure directly observed therapy (DOTS) for prevention of malaria in pregnancythrough the use if Intermittent Presumptive Treatment (IPT) program under the US Presidential Malaria Initiative (PMI).

During the 4th Quarter, HIPS distributed 19,788 SP tablets and 1,004 packets of disposable cups were distributed to 26 partner ANC facilities to support prevention of malaria in pregnancy.

1.6.2. Procurement and distribution of free ITNs to pregnant women (work plan no. I.6.2)

In Year 5, HIPS received 10,000 ITNs from PMI for free ANC distribution for prevention of malaria in pregnancy among the 50 partner private sector facilities supported by the Project. During the year, HIPS distributed 19,410 free ITNs at all the partner ANC facilities implementing the IPT program. During the year, several facilities such as of McLeod Russell's Tea Company were on their own able to procure ITNs that supplemented the free ITNs received from HIPS.

During the 4th Quarter, HIPS distributed 8,859 ITNs to 29 partner facilities implementing the IPT program for free distribution to the pregnant women attending ANC at their facilities.

1.6.3. Support for community sensitization and follow up of pregnant women (work plan no. I.6.3)

In Year 5, HIPS supported the activity involving VHT members and community peer educators in meetings at 11 partner sites to mobilize them to be able to identify and follow up pregnant women within their localities for use of ANC services in collaboration with the staffs at their local health facilities. The participants were sensitized on integrated health issues particularly on prevention and control of malaria at household and community level. Participants comprising mostly of peer educators and selected VHT members discussed their roles in linking community members to the health facilities for malaria prevention, diagnosis and treatment services. HIPS also supported activities to follow up the prevention of malaria in pregnancy program among 51partner private sector facilities.

During the 4th Quarter, the project facilitated on job mentorship of staffs at 11 partner ANC sites on Malaria prevention in pregnancy using IPT and LLINs; the roles and responsibilities of VHTs; identification of TB suspects and follow up of patients on treatment; PMTCT and family planning.

1.7 Activity I7: Ensuring quality of malaria diagnosis and treatment through use of Rapid Diagnostic Tests (RDTs)

Since the Ministry of Health approved the use of RDTs in the diagnosis for malaria treatment in Uganda, HIPS, with support from PMI, started to disseminate the use of RDTs for diagnosis of malaria among partner private sector companies and clinics. The aim was to ensure improvement in malaria case management through use of fast and non- laboratory based diagnostic tools to rule out malaria among the many fever cases registered. This would reduce presumptive and unnecessary anti-malarial treatments.

During Year 5, HIPS continued with provision of RDTs to partner private sector facilities by 50% as per the annual budget while the partners had to procure for themselves the other tests needed as well as anti-malaria treatment for the patients under their care. The project also supported on job training of new staffs in the use of RDTs and followed up those that were already using them.

1.7.1. Procurement and distribution of subsidized RDTs to private sector companies (work plan no. I7.1)

In Year 5, HIPS procured 14,000 RDTs and distributed them to 46 private sector facilitiesto help in improving in diagnosis and treatment of malaria among patients seeking care at the partner private sector facilities. The project also linked these facilities to the Community Pharmacy (AAM) network to purchase the low cost antimalarials under the affordable medicines facility of the Global Fund for the private sector

During the 4th Quarter, HIPS assisted in linking 5 private sector facilities namely Royal Van Zanten Flowers Ltd, Family Health Clinic, St. Mary's Maternity Home, Hope Clinic Lukuli and Mbaba to purchase RDTs for their clinics after using up those obtained from HIPS

1.7.2. Support for training of staff on use of RDTs at selected facilities (work plan no. I7.2)

In Year 5, the project continued to advocate for use of RDTs at partner private sector companies through training and support supervision. HIPS facilitated on the job training of 45 laboratory and

clinical staffs from 15 partner sites in the use of RDTs. The trainees were provided with startup kits for use and expected to be followed through the district laboratory focal persons.

During the 4th Quarter, HIPS through integrated activities during follow up using expert trainers and supervisors was involved in on job mentorship on using RDTs for malaria diagnosis at 11 ANC sites. The Project worked with other partners to plan for the scaling the use of RDTs to the 10 HIPS partners in the SMGL Districts of Western Uganda.

Table 9: Performance Indicators for Malaria

Indicator	Quarterly Achievement	Cumulative Total	Annual Target
Number of SP tablets purchased	0	70,000	75,000
Number of women receiving IPT2 doses at existing and new workplace sites	3,205	13,452	20,000
Number of health facilities with water vessels and cups for IPTp DOTS	1	51	50
Number of ANC health workers trained in IPTp, IPTp3	0	55	40
Number of people reached with prevention messages on malaria	5059	100,734	100,000
Number of subsidized LLIN distributed to pregnant women	8,859	17,986	20,000

1.8. Activity I8: Scaling up integrated reproductive health and family planning services

In Year 5, HIPS focused on the integration of services, supporting outreaches and creating linkages to NGOs, districts and the MOH for RH programs into HIV and AIDS care, and malaria though antenatal visits. Under cost sharing arrangements with companies, the Project procured and distributed RH and FP commodities including condoms, oral contraceptives and Injector Plan (Depo-Provera) for short term methods as well as Implants and moon beads for the long term methods. HIPS was also able to obtain additional FP products from UHMG that were distributed free of charge to the partner sites. This has raised the level of FP utilization especially long term methods (Jadelle implants) by company employees and community members surrounding partner sites.

1.8.1. Support 88 partner companies and clinics with FP commodities (work plan no. I8.1)

During Year 5, HIPS continued to support all partners with FP commodities and create linkages with the MOH through the District health office, UHMG, Marie Stopes and AAM to access low cost FP commodities. The linkages will enable companies minimize stock outs and improve service delivery in the private sector.

During the 4th Quarter, In partnership with MOH, USAID, HIPS supported 88 facilities with Misoprostol tablets, Injectaplan, Oral contraceptives, condoms, IUDs,Implanon, Jadelles and condoms; thereby minimizing stock outs. This has enabled clients to have a variety of methods to choose from and increased clientele.

1.8.2. Support integrated sensitization and services outreaches (work plan no. I8.2)

During Year 5, HIPS supported 12 companies to carry out integrated outreaches in remote and hard to reach districts. There was a deliberate effort to integrate the out outreaches with the national immunization days and campaigns to increase government support to the private sector activities. There was increased demand for services and FP uptake as seen in the indicator table.

During the 4th Quarter, HIPS supported 4 partner companies to carry out integrated outreaches at 9 sites in the remote districts and hard to reach areas. There has been an increase in FP uptake, STI screening, couple counseling and mobilization for SMC during this activity, thereby reducing on missed opportunities and consequently giving a platform for male involvement in RH.

1.8.3. Support training, follow up of 90 partner companies' staff on LTPM and (work plan no. I8.3)

In Year 5, HIPS, supported the training of professional health workers at 90 partner companies on long term and permanent methods through on job mentorship to ensure quality of service delivery and

integration of FP into routine clinic activities. The follow up emphasized Cancer of Cervix screening, inclusion of at risk groups and use of Option B + for PMTCT.

During the 4th Quarter, HIPS continued to conduct on job training of health workers at 9 partner sites whose staff had left the facility. This has enabled the project to build the capacity of critical staff in the provision of long term and permanent methods of Family planning with a resultant high CYP as indicated in the indicator table.

1.8.4. Support procurement of basic equipment and supplies for safe motherhood (work plan no. I8.4)

In Year 5, HIPS supported 20 facilities including those in the 4 districts of saving mothers giving life project(SMGL) with basic MCH equipment and infection control materials such as weighing scales, BP machines, Delivery beds and sets, screens,pedal bins to improve maternal child health partner at sites. Infection control materials were also provided to all facilities offering delivery of mothers in order to improve infection control at the work place.

1.8.5. Conduct support supervision on safe motherhood and infection control (work plan no. I8.5)

During Year 5, HIPS in partnership with the DHO's offices conducted on-job mentorship at 88 partner sites with emphasis on safe delivery, HMIS, safe motherhood protocols, use of the partogram FP counseling, goal oriented antenatal, FP data quality as well as ensuring proper documentation of client data. Infection control IEC materials were also distributed to these facilities including charts.

During the 4th Quarter, HIPS continued to carry out support supervisions at 88 partner companies supported facilities and to provide safe motherhood IEC related materials to ensure quality of services. The project has supported 50 partner sites to integrate the new policies including Option B + for the elimination of mother to child transmission of HIV and AIDS.

Table 10: Family Planning and Reproductive Health Indicators

Indicator	Male	Female	Quarterly Total	Cumulative Total	Annual Target
Peer educators trained				1,718	1,500
Number of health workers trained in FP/HR	0	0	0	97	90
Number of new acceptors	811	2490	3301	12137	10,000
Number of counseling visits	1482	5142	6624	35270	26,000
Regularity of contraceptive supply				92%	90
Number of community outreach activities	225		225	760	700
CYPs				43,868	30,000
Number of USG-assisted service delivery points providing FP counseling or services	3		3	88	100
The number of clients using FP/RP services	7797			48133	40,000

1.9 Activity I9: FUE and UMA to promote integration of health services within company clients/members

During Year 5, FUE and UMA continued to provide technical support to partner companies to integrate health communication messages in service delivery at the health facilities and community outreaches. Through trainings and support supervision, they supported partner peer educators to integrate more health issues into their activities. They provided IEC materials and guidelines on practices that include FP, SMC, couple testing and ART among others. They conducted advocacy meetings with partner company management teams on the integration of peer education activities into the health and safety budgets.

A number of partners including ESCOM, Tullow Oil, McLeod Russel, Hima and Wagagi have already included peer education trainings in their budgets.

1.9.1. Support 55 existing and new workplace sites to offer integrated health services in HIV, RH/FP, SMC, TB or malaria (work plan no. I9.1)

During Year 5, 55 existing and new work place sites were supported to offer integrated health services in HIV, RH/FP, SMC, TB and malaria. For the malaria program, technical support was given through support supervision and dissemination of service delivery guidelines. In SMC, training of health workers outside and on site, equipment of health facilities and distribution of supplies was done. For other program areas, integration was supported through technical site visits, on site staff mentoring and continued dissemination of guidelines and IEC materials.

1.10. Activity 10: Coordinate with MOH (AIDS Control Program, NTLP, Malaria Control Program), MGLSD, Ministry of Education, donors, and NGOs for improved quality and integration of services in Uganda

1.10.1. Initiate meetings with ministries to increase support to the private sector for inclusion in the delivery of critical services, such as HIV, TB, malaria and RH/FP (work plan no. I10.1)

In Year 5, HIPS was involved in several USAID sponsored joint care and review meetings with a programming and receiving updates from the Office of the Global AIDS Coordinator (OGAC) on priorities for Country Operational Plan FY12. HIPS and other implementing partners with support from USAID have been constantly reviewing program implementation and sharing experiences particularly HIV Prevention including SMC, scale up PMTCT Option B+.

HIPS has also been participating in the Saving Mothers Giving Life (SMGL) in the 4 districts of Western Uganda.

During the 4th Quarter, HIPS continued to participate in meetings, field support supervisions and coordination activities with all USAID implementing partners in Western Uganda.

1.10.2. Support the roll out of new MOH policies and protocols in the private sector, specifically the new ACP HIV treatment protocols and the new malaria protocols (work plan no. I10.2)

In **Year 5,** HIPS has supported the Ministry of Health led preparation for the roll out of new policy guidelines for HIV Prevention of Mother to Child Transmission of HIV using Option B+ instead of the current mix where different options are used depending on level and availability of drugs.

HIPS will support the Ministry of Health to roll out PMTCT Option B+ starting with the facilities in the central region

1.10.3. Expand networks with line ministries, donors and NGOs to strengthen collaboration between the public and private health sectors for improved service delivery (work plan no. I10.3)

In Year 5, HIPS implemented activities with support from NGOs such as PACE, UHMG to ensure HIPS partner private sector facilities have access to commodities and supplies. In the same way, working with the Walter Reed and Rakai Projects HIPS has been able to carry out trainings, on job support and supervision

Integration of Services: Challenges

- Change of policy on use of Option B+ for PMTCT by Ministry of Health and delays in rolling it out has limited implementation at partner sites
- Change in ART and TB drugs supply from National Medical Stores and NTLP require all partner sites to travel to Kampala where JMS is located to obtain them.
- The cost of RDTs for malaria diagnosis has led to low utilization by partner private sector facilities.
- High cost of Jadelle (5 year implant) in the country reduced FP method specific availability at sites as it was only available in the 4th quarter.There has been adequate supply of all the short term methods and Implanon on the market (3 year FP method).

- There has been a stock out of TB drugs in the country affecting several partner sites.
- Lack of low cost antimalarials in the country affected offering treatment as an integrated package at partner sites (Affordable Medicines Facility – AMFM is no longer available).
- Stock outs of SMC kits affected service access especially after stimulating demand for services in the partner surrounding communities.
- Continuous revisions in the service delivery guidelines pose difficulties for health facility staff as it impacts changes in data collection and reporting tools as well as necessitating continuous orientation of staff on the new guidelines.

Integration of Services: Recommendations

- HIPS to continue supporting on job orientation of partner health workers on the use of Option B+ for PMTCT by Ministry of Health and delays in rolling it out has limited implementation at partner sites
- HIPS to continue sending reminders to partner companies to make early forecasts of required ART and TB drugs and make early requests for them at JMS.
- Given the current availability of SMC kits and supplies, HIP will utilize information on estimated demand for SMC services and make early preparations for distribution to partner sites.
- HIPS will continue to encourage partner companies to collaborate with district medical services and explore possibilities of benefiting from the RDT commodities and reagents through the Ministry of Health.
- Continue to carry out joint support supervision and on job mentoring programs, HIPS will ensure orientation of management and staff of partner companies on service integration to efficiently manage the differing needs of clients and maximize limited resources.
- Continue to lobby companies support integrated outreaches in the surrounding communities using the available resources so as to take services nearer to the people.

Integration of Services: Key activities for next quarter

- Support more partners to establish and or conduct SMC mini camps.
- Continue to support accredited partner sites to provide integrated health care services.
- Continued support for SMC services through training of partner health workers, distribution of SMC kits and supplies.
- HIPS to encourage companies to allocate more funds for integration of services.
- HIPS will in collaboration with the Ministry of Health continue to support on job training of staff at partner facilities in clinical care.
- Continue through collaboration with UHMG distribute FP products to partner sites.
- The HIPS Project will continue to work with the Ministry of Health ACP and NTLP to ensure that accredited private sector sites access free anti TB drugs and other needed supplies.
- Follow up PHA groups trained in VSLA.
- Continue to provide technical support and carry out joint support supervisions at all company partner facilities for sustainability.
- Continue to procure and distribution of free ITNs and Fansidar for pregnant women.
- Support for joint HIV/TB supervision.
- Support on job training and mentorship of staffs at partner sites in implementation of new policies on PMTCT and other services.

III. SUSTAINABILITY OF SERVICES AND EXIT STRATEGY FOR HIPS PARTNERSHIP ACTIVITIES

During Year 5, the HIPS project's overarching goal has been to position our private sector partners to sustain integrated quality health services beyond the life of the project. Efforts have focused around accreditation and joint support supervision of clinics to ensure integration of HIV/TB, malaria FP/RH and quality services. Capacity building has been targeted towards of FUE and UMA to provide workplace health services and trainings to companies and to Mildmay to develop mentoring and training package.

HIPS has focused on ensuring supply chains are linked to our partners, such as, JMS, AAM, and UHMG to increase access to affordable quality products and reduce stockouts of critical medicines. HIPS has led the way in launching key private sector support mechanisms, such as the UHF in creating a cohesive voice that advocates for the private sector and addresses key issues such as quality standards, reference laboratory to provide quality lab services to the private sector and the DCA to provide access to capital to the private sector.

Task 1: Expand and strengthen access to and utilization of health and HIV/AIDS services in the private sector

1.1. ACTIVITY S1: FACILITATE ACCESS TO QUALITY COMMODITIES AND RELIABLE, CONSISTENT COMMODITY SUPPLIERS IN THE PRIVATE SECTOR

1.1.1. Map out lowest cost quality commodities available and share information with partners (work plan no. S1.1)

During Year 5, HIPS continued to support and link its partner companies and clinics to low cost high quality health commodities for example the low cost but effectual anti malaria drugs through Africa Affordable Medicines, HIPS also worked with other suppliers like JMS, Medical Access and UHMG to improve on-time delivery of quality commodities and continued to monitor supply changes. Some of the partners that purchase the low cost anti malaria drugs include Kyotera Medical center, Kinyara Sugar and Mcleod Russell tea estates.

1.1.2. Facilitate relationships between buyers and suppliers, including negotiation of purchase terms (work plan no. S1.2)

During Year 5, HIPS aided relationships between its partners and AAM when it obtained a price list of medical commodities and distributed it to all partner clinics and companies which paved the way for these partners to go ahead and negotiate procurement terms with the pharmacy franchise. HIPS later also obtained price lists from other suppliers: PACE, UHMG, JMS and Medical access; for distribution to all partners in a bid to strengthen access to quality and reliable health commodities.

1.2. ACTIVITY S2: CREATE AND SUPPORT AN EARLY WARNING AND RESPONSE SYSTEM TO ADDRESS IRREGULARITY OF COMMODITY SUPPLIES

1.2.1. Develop an early warning system by creating "alarm bells" that can be activated by HIPS' network of partners to notify of potential supply issues. Access.Mobile smart phone technology may be utilized to send out "early warnings" (handheld devices utilizing "texting" to send notifications) (work plan no. S2.1)

The Access.Mobile inventory systems was rolled out to 70 HIPS clinic partners through this mobile technology, health clinics can inform HIPS of health commodity stock levels to help prevent stock outs and also provides an effective way to capture data relevant for health commodity forecasting. A push notification system is used to remind users to enter data using the phone-based forms. However, this system is being replaced by the USAID SURE program for reporting and tracking of commodities.

1.2.2 Develop a "cascade of responses" to include quick assessment, identification of alternative supplies unblocking logistical issues and group purchasing (work plan no. S2.2)

During Year 5, although HIPS was able to roll out the Access.Mobile inventory system and identify alternative sources of supply with organizations like JMS and AAM (which was able to expand and open branches in other regions of the country), the cascade of responses was not established as the system would have conflicted with that of another USAID project: Securing Ugandans' Right to Establish Medicines (SURE). The activity therefore did not take place pending harmonization of the systems.

1.2.3 Identify and select the best "host/manager" for the early warning system (work plan no. S2.3)

During Year 5, this activity did not take place due to the fact that the early warning system was not established.

1.3. Activity S3: Increase private sector leverage for ARVs and explore options for buffer fund

1.3.1. Analyze a company's ability and willingness to purchase ARVs for a percentage of clients (i.e. employees/dependents) (work plan no. S3.1)

In Year 5, HIPS surveyed partner companies to understand the frequency of stock outs and how company clinics are dealing with the irregularity of ARV drugs. Out of the companies surveyed:

- 13.3% have indicated that they have never experienced stock outs.
- 50% have borrowed drugs from neighboring hospitals or government health centers when stocks are low. These clinics also refer clients to government health centers.
- 28.5% have purchased drugs during stock outs from 2010 to date amounting to a total of UGX 18,292,376.

The majority of the clinics stated that they handle the employees and community members equally, in that planning for provision during stock out periods includes the needs of all clients.

With the rationalization of the ARV drug supply expected to be complete this year, it is anticipated that the situation with ARVs in the private sector will improve.

1.3.2. Encourage private clinics to offer a "managed care product for ART services," based on HIPS Case Rate Analysis. SIMS Medical Center, IAA and Case Clinic have already developed ART products for paying clients (work plan no. S3.2)

Through regular visits and meetings with partners, the project is building on lessons from the Case Rate study to encourage other partners to offer a fixed cost for HIV treatment or a managed care product amongst their beneficiaries. The unstable ARV supply has affected full scale roll out of this product.

1.3.3. Explore establishment of a "Buffer Fund" by the private sector (with support from HIPS) (work plan no. S3.3)

This activity was cancelled.

1.4. Activity S4: Support the MOH public private partnerships in health Policy

1.4.1. Support joint planning and implementation of district joint plans in 8 districts (work plan no. S4.1)

In Year 5, HIPS supported joint planning between the public and private sectors and the implementation of district joint plans in the SDS supported districts in Bushenyi, Kasese and Bugiri. The implementation of this activity is dependent on SDS grant Bs and grant Cs being awarded.

1.4.2. Provide technical assistance in implementing the joint public-private work plan activities in 8 districts (work plan no. S4.2)

In Year 5, the project is working with UHF and the MOH to ensure wide dissemination of the PPPH policy. The East African Healthcare Federation (EAHF) Conference, led by the UHF and hosted in Kampala, through the guest of honor the minister of Health Dr. Christine Ondoa presented the PPPH policy at the conference. The PPPH policy was later officially launched at the 18th Joint Review Meeting by the ministry of health. 20,000 copies of the PPPH policy have been printed through IFC sponsorship and UHF will work in close partnership with the ministry of health to disseminate these to the wider public and private health sector in Uganda.

1.4.3. Monitor the performance of PPPH activities at the district level in 8 HIPS-supported districts (work plan no. S4.3)

HIPS will continue to work with the UHF and SDS project to monitor and support national PPPH rollout and activities at the district level.

Task 2: Expand the number of Global Development Alliance (GDA) partnerships

In Year 5, HIPS continued building alliances with the private sector in collaboration with its local partners FUE and UMA taking lead in brokering these alliances. Focus was put on developing partnerships that would be sustainable and would have the most impact. The project signed new GDA partnerships with 10 companies, bringing the cumulative total of GDA partners that have worked with HIPS to 55. HIPS and company GDA contributions increased in FY2012 reaching the US$2.96 million mark, leveraging USD1,908,809 in private sector contributions compared to HIPS investment of USD 1,059,231, almost a 2:1 ratio (See Annex 3).

To date, HIPS has active partnerships with 111 companies, out of which 70 partner companies were migrated to FUE and UMA (HIPS has worked with a total of 124 companies to implement work place and community based health programs since 2007). 55 GDAs have been developed over the life of the project, however only 46 are currently active and have invested the minimum requirement of USD 5000 in the last 12 months.

Table 11: Indicators for Global Development Partnerships

Indicator	Quarterly Achievement	Cumulative Total	Annual Target
Number of workplace sites collaborating with USAID to offer expanded HIV/AIDS (treatment) services to include the community	0	55	60
Number of existing and new workplace sites (clinics) with integrated health services RH/FP, TB or malaria	3	58	58
Number of GDA partnerships developed according to USAID principles	5	46*	50

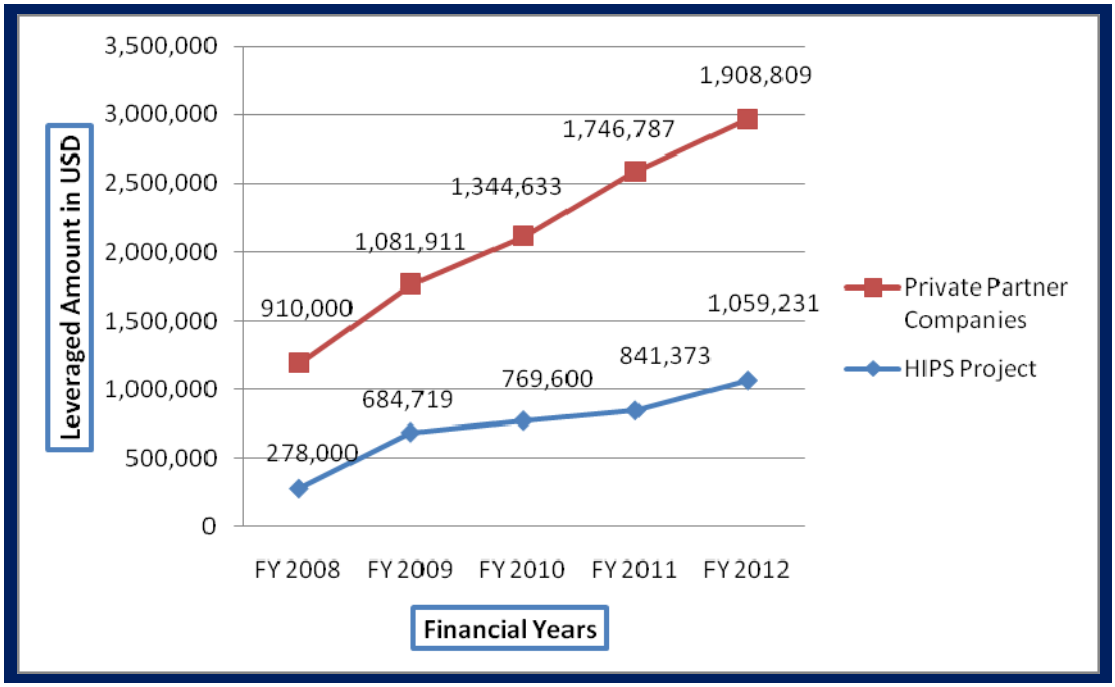
**55 GDAs have been developed over the life of the project, however only 46 are currently active and have invested the minimum requirement of $5000 in the last 12 months.*

During Year 5, HIPS actively supported the migrated partner companies for smooth partnerships with FUE and UMA for workplace program execution management through partnership meetings, support supervision visits and partnership document renewals and modification. All partnership MOUs were reviewedto evaluate how they were operating and to ensure that partners are meeting their commitments after the review process, 9 partnerships with the existing GDAs were renewed. The MOUs were renewed with Kakira Sugar limited, Eskom Uganda, Kinyara Sugar limited, Royal Vanzanten Flowers-Mukono, Uganda Clays Ltd, Wagagai, Hima Cement, Luwero Industries, and Rwenzori Commodities.

Also in Year 5, HIPS continued to perform evaluation exercises on the GDA partnerships to ensure that all the PPPs are meeting each partners expectations and are achieving expected health impacts and that the agreed upon resources are being committed in a timely manner. HIPS will continue re-engaging these companies in the next six months until February 2013.

During the 4th Quarter, HIPS supported its local partners, FUE& UMA as they approached a total of 19 new companies and built partnerships as well as implementing workplace activities with 15 of them including; Global Trotters Ltd, Kigulu Water Supply, NUDIPU, Green Fields Ug. Ltd Entebbe, Uganda Funeral Services Ltd, Serenity Rehabilitation Centre-Entebbe, Uganda National Action of Physical Disability (UNAPD), Uganda Parents of Children with Learning Disabilities (UPACLED), Uganda National Association of The Deaf-(UNAD), Uganda Albino Association (UAA), National Association of The Deaf blind In Uganda (NADBU), Mental Health Uganda-(MHU), Little People of Uganda (LPU), Epilepsy Support Association Uganda (ESAU), Shoprite Uganda Ltd. No company qualified as a new GDA partnership.

GDA Partnerships over the Last 5 Years



2.1. Activity S5: Provide technical assistance to Nile Breweries to scale up PPPs along their supply chain

HIPS through partnership with OGAC is supporting Nile Breweries Uganda limited (NBL) to implement a program aimed at preventing new HIV infections as well as providing access to care and treatment among vulnerable populations along NBL's supply chain. Through this partnership, NBL has been supported to conduct activities that include; Training of peer educators, Training of hospitality workers, HCT health fairs, Home based care HCT and Support for referral services among others.

2.1.1. HIPS, FUE, and UMA will train approximately 600 peer educators via a small group approach to deliver health messages that are reinforced through multiple encounters and linked to referral services (work plan no. S5.1)

During Year 5, a total of 390 community members and partner staff were trained as peer educators. The peer educators trained are reaching out to their communities with health messages and are also be involved in mobilizing the communities to access and use health services. This year 3378 (1088 males and 1075 females) people have been reached with HIV prevention messages and 1215 with messages on other health topics such as family planning, malaria, TB and palliative care, through peer education in the HIPS/ NBL supported communities.

2.1.2. Provide voluntary counseling and testing (VCT) to truck drivers, bar workers and smallholder farmers, with a focus on couples counseling. All HIV positives will be linked to care and treatment services (work plan no. S5.2)

During Year 5, 4,575 truck drivers, bar workers and small holder farmers received VCT/HCT services through health fairs annual target for the HIPS/NBL while 2458 people received the same services through the Home based HCT program in Dokolo.

During the 4th Quarter, HIPS / NBL concentrated on supporting the Home based HIV testing and counseling programme in Adok sub- county Dokolo district. A total of 2458 people were counseled and out of these 2456 were tested through the Adok HBHCT. The 67 people who tested HIV positive were referred to Agwata Health Centre for on- going support care and management. The people who tested also received a LLITN –per homestead as a way of motivating malaria prevention.

2.1.3. Provide care and treatment services along NBL's catchment population, targeting the most vulnerable groups along NBL's supply chain (work plan no. S5.3)

In Year 5, through the collaboration arrangement between St Anne Usuk H/C II and Katakwi hospital, 200 people living with HIV/AIDS are being supported to access ART services through the monthly out reaches.

During the 4th Quarter, clinical assessments were conducted in Katakwi – Usuk Health Centre, Dokolo - Adok Health Centre, Lira – Loro Heath Centre and Amach Health Centre to identify the necessary support to be provided by the HIPS/NBL program, so as to improve service provision for the farmer communities. Support will be given to the earmarked health centres in the next quarter.

2.2. ACTIVITY S6: SUPPORT AIRTEL AND HIPS PARTNER COMPANIES TO ROLL OUT PHONE REFERRAL PROGRAM

HIPS rolled out the phone referral program between September and December 2011 and eight companies successfully launched the program through health fairs.The partnership was aimed at implementing a mobile phone-based information and referral network program that would facilitate critical health information exchange by promoting communication between community-based peer educators, private health clinics, and the National AIDS Treatment Information Center (ATIC) in Kampala on a Closed-User-Group (CUG) platform which allows for zero rated calls for a period of 12 months.

2.2.1. AIRTEL will sponsor a launch event at each company (work plan no. S6.1)

During Year 5, HIPS rolled out the mobile phone referral program and eight companies successfully launched the program through health fairs where various activities were held like blood donation, free VCT, malaria testing and SMC among others. The eight companies that launched the program were: Wagagai, Tullow Oil, Mpanga Tea, Mabale Tea, The New Forests Company, Kinyara Sugar Limted, Kakira Sugar Works and Hima Cement.

2.2.2. Peer educators and company clinics will be trained on how to use the phones (work plan no. S6.2)

During Year 5, a total of 313 peer educators and 16 clinics staff were trained on how to operate the mobile handsets, to make phone calls within and outside the CUG and how to complete the monitoring tools. This enabled the peer educators at each of these companies to communicate with clinical officers at the private clinics and receive critical health information in a timely manner; medical professionals were also able to call and consult with ATIC officials on key HIV/AIDS healthcare questions where necessary.

2.2.3. At six months, a study will be conducted to evaluate and assess performance of the phone referral network (work plan no. S6.3)

In Year 5, six months from when this phone referral program was launched; an evaluation exercise was carried out to assess performance and utilization. The eight companies that launched the phone referral program were visited by HIPS and interviews were held for the clinician, a selection of peer educators and a management representative. Though overall the users agreed that it was a great innovation that strengthened communication and simplified the handling of referrals, the program faced many challenges, such as, inactivated numbers on the CUG, faulty batteries and broken phones.

During the 4th Quarter, HIPS shared the findings from the evaluation exercise with AIRTEL the phone company and held a meeting to discuss the challenges that were network and phone based; AIRTEL shared how they could mitigate the challenges for example, for the companies that need new handsets AIRTEL promised to link them to a provider that can sell them at a subsidized rate. AIRTEL is also said it was better prepared to handle any upcoming queries like faulty phones and the network coverage. Unfortunately, AIRTEL did not prioritize this program and failed to address any of the issues.

2.2.4. AIRTEL, HIPS, and partner companies will conduct ongoing program monitoring and evaluation (work plan no. S6.4)

During the 4th Quarter HIPS, FUE and UMA continued to engage the companies to review program satisfaction and functionality. Unfortunately most companies are unwilling to continue the program as AIRTEL has not been responsive in addressing the challenges. The program was designed in that the first six months of the CUG was financed by HIPS & AIRTEL and the next six months was meant to be financed by the beneficiary companies and AIRTEL but the companies have been reluctant in renewing the program. Although the phone referral program was a good concept, and was piloted with both UTL and AIRTEL, neither Telecommunication Company was a responsive or engaged partner and therefore do not offer the sustainability that HIPS requires in partnerships.

2.3. Activity S7: Support the Africa Affordable Medicines pharmacy franchise network to scale up

HIPS has been working towards linking the AAM franchise network to HIPS partner clinics to improve the quality of services and access to cost effective quality health products/medicines in a timely manner. To ensure success of this partnership, HIPS supported AAM in developing marketing tools, introducing AAM to HIPS's clinical network, supporting training for the staff and launching the partnership through public events. The overall aim of this partnership is to increase access to affordable quality health commodities for the private sector. To date, there are 5 regional pharmacies in Gulu, Kagadi, Naalya, Mukono and Soroti with a Central Franchise Organization in Kampala city centre.

2.3.1. Work with AAM to scale up the franchise model in additional areas. AAM will take the lead in setting up new regional franchise pharmacies (RFPs). At least two franchise facilities will be set up every six months; a total of 10 RFPs will be operational by March 2013 (work plan no. S7.1)

During Year 5, AAM set up and successfully launched a franchise pharmacy in Naalya, a peri-urban centre in Wakiso district. Subsequently, two other sites where visited in Mbarara&Mbale for the possibility of setting up new pharmacies. AAM has had a slower than expected scale up with only 6 pharmacies operational, instead of the target of 10.

2.3.2. Sponsor trainings for pharmacists and clinicians from the franchise network to enable them to provide better services. HIPS will support retail trainings and business trainings for managers of RFPs. AAM will identify and ensure availability of staff for the trainings and will work with HIPS on planning and coordination (work plan no. S7.2)

During Year 5, HIPS worked with AAM to select the institutions that would be contracted to offer the clinical and business trainings for the health personnel and pharmacy managers. Makerere University Business School was selected to deliver the business skills training which was successfully

completed with a three day training for managers, dispensers and pharmacists to help them better manage their regional franchises.

2.3.3. HIPS together with AAM, will conduct support supervision visits to evaluate the progress of the partnership and to ensure that high quality and cost effective services are provided through the RFPs. AAM, with support from HIPS, will design the support supervision tools (work plan no. S7.3)

During Year 5, HIPS supported AAM to finalize development of a support supervision tool and jointly conducted evaluations and support supervision visits to the community pharmacies in Gulu, Soroti, Mukono, kagadi and Naalya. The pharmacies were fully functional though a few challenges were identified; HIPS had follow up meetings with AAM to ensure that challenges identified were addressed. These challenges include: Human resource issues, the fact that the newest pharmacy (Naalya) at the time of support supervision was yet to acquire wet and dry thermometers, as well as display licenses. These issues have since been dealt with accordingly.

HIPS also conducted a support supervision visit for the AAM Naalya pharmacy. The pharmacy was generally found to be operating well although business seems a little slow especially because the mall housing the pharmacy is fairly new but is expected to pick up. A few challenges were identified and HIPS has met with AAM to ensure that these issues are rectified for example display of licenses, acquiring wet & dry thermometers to check the temperature.

AAM is also looking to hire a marketing manager who will closely work with the RFPs branch managers to look for business in the different regions where the pharmacy is operating.

During the 4th Quarter, to increase the pharmacy's visibility and sales in the area, AAM held a malaria testing drive at the Naalya Pharmacy and 138 free malaria tests were carried out with only two positive cases reported.

2.3.4. Market the AAM franchise model nationally and strengthen linkages between AAM and HIPS partners to enable them to access affordable quality drugs and medical supplies beyond the HIPS project (work plan no. S7.4)

During Year 5, HIPS supported AAM in marketing the franchise among its partners nationally through: distributing IEC materials to create awareness about AAM and their product range, inviting AAM to FUE's 2nd CEO testing event where they made a marketing presentation and had an exhibition booth, inviting AAM to participate in the Airtel phone referral health fair launch events, in partnership with UMA, HIPS also supported AAM in holding two launch events at the community pharmacies in Gulu and Kagadi. HIPS partners in these regions were invited to the events as well as community members and these greatly boosted sales at the pharmacies. HIPS has continued to encourage its partners to make use of the AAM pharmacies in their regions for easier access to affordable quality medicines.

2.4. Activity S8: Provide technical assistance to private sector entities in preparation for the Development Credit Authority (DCA) facility

The USAID Development Credit Authority (DCA) guarantee agreement was signed and launched in September 2012 by both USAID and SIDA. HIPS led the ground work, collaborating with implementing partners, potential borrowers and the lender to ensure this initiative has a strong start.

2.4.1. Identify private sector entities interested in accessing credit (work plan no. S8.1)

During Year 5, HIPS conducted a survey among its partners and other USG partners (UHMG and Marie Stopes) to gauge interest for the upcoming loan facility. Together, the three collected a list of 83 potential borrowers that expressed interest in the loan program.

Findings from this survey indicate that these health providers are indeed interested and in need of the loan facility but are cautious of the loan terms and conditions such as interest rates and repayment periods. Potential borrowers expressed an interest to expand their businesses by building and purchasing equipment, additionally to establish a line of credit to stock up on drugs.

2.4.2. Provide direct technical assistance to private entities interested in borrowing to create "bankable" candidates for the DCA (work plan no. S8.2)

During Year 5, HIPS held a half day training workshop on Financial Management for health care providers which was attended by 35 clinic owners, accountants and other medical personnel from the facilities that had expressed interest in the loan program; the workshop emphasized the need for proper financial management and planning as well as the risks and responsibilities of borrowing. Following this workshop, HIPS visited 17 clinics that signed up for extra assistance to assess their 'bankability'.

In the 4th Quarter, HIPS partnered with a local accounting firm to offer onsite Financial Management training to clinics that needed assistance especially in the area of financial record keeping systems, reporting and monitoring. The training has already been offered to five clinics and it entails the importance of financial management and record keeping as well as the different financial reports that are important in financial management. Following the training, the accounting firm supports the clinics to prepare financial statements for the first two months and the clinics are to continue with the new system taught such that at year end they are able to prepare financial statements. All these clinics as is the case with many small private facilities in Uganda simply kept cash registers so to understand the relevance of proper financial records and how it is done was met with excitement. All the clinics had at least two staff go through the training.

2.4.3. Provide technical assistance to lending institutions to deepen their understanding of the health sector and benefits of lending in this sector (work plan no. S8.3)

During Year 5, HIPS held discussions with Centenary bank on how best to assist and work with the bank in ensuring a success out of the DCA for the health sector. This included technical assistance to the bank to better understand the health sector in Uganda, link the bank to the pipeline of potential borrowers and assisting the bank financially in product marketing especially printing of brochures. HIPS also shared a list of 83 potential borrowers with the bank and invited a representative from the bank's commercial credit department to be a part of the UHF board meeting to give them an insight into the activities of the private health sector.

In the 4th Quarter, HIPS held a half day workshop for Centenary Bank lending staff which covered an overview of the health sector, HIPS' work, market trends and value proposition for the banks in the health sector-(data for these was taken from survey's HIPS carried out from a sample of private facilities interested in borrowing and included a selection of small, big, rural and urban clinics as well as some equipment importers).

2.5. ACTIVITY S9: IDENTIFY AND STRENGTHEN MOST PROMISING INNOVATIONS THAT SUSTAIN MOST IMPACT

2.5.1. Evaluate and assess HIPS innovations and identify those that worked well and that can be sustained and replicated (work plan no. S9.1)

During Year 5, HIPS made efforts to identify and strengthen promising innovations which ensure capacity building and sustainability. One of the key innovations includes the partnerships with FUE and UMA. Currently, FUE/UMA can competently support partner companies to design and implement health communication interventions that include peer education, community health fairs, resource mobilization, strategic planning and BCC quality assurance. These partners will continue to provide quality support to companies beyond the HIPS project.

The creation of UHF is a land mark intervention towards continued access to effective health networks for information, resource mobilization, advocacy and technical support. The federation will continue to be an advocate for the collective health private sector beyond the HIPS project life time.

Support to partner companies to implement small group based peer education has proved to be more effective in supporting adoption of healthy practices among peers and has also shown to be more cost effective to the partner companies. At a minimal cost, companies can sustain this workplace program.

The VSLA strategy has been successful in supporting OVC, peer educators, and PHAS lean how to save, lend and generate income to support household needs, particularly in health and education. The

strategy strengthens cohesiveness of the groups and also provide platform for joint response to other issues which affect them.

2.5.2. Document and produce a detailed step-by-step guide to implementation of those innovations that can sustain the most impact, and share this guide with relevant stakeholders (work plan no. S9.2)

During Year 5, HIPS identified some of the innovations that can be sustained and replicated.

In the 4th Quarter, the PPP team put together a guide for all other departments to use in documenting the innovations that worked best, the guide included: giving a description of the innovation indicating examples of areas where it has worked and the target group, produce a step by step guide on how to implement the innovation, document the successes and achievements and describes possible challenges that could be faced in implementing the innovation, suggest possible solutions/advice on how to manage the challenges sited during implementation and explain the lessons learnt from implementing the given innovation. The documentation process of the innovations that worked best is ongoing using the guide aforementioned.

2.5.3. Orient, mentor and train FUE and UMA to promote some of these innovations among partners after the HIPS project ends (work plan no. S9.3)

During Year 5, HIPS started orienting and mentoring their local partners FUE and UMA regarding the innovations consequently, FUE and UMA started promoting some of the programs to their member companies.

When documentation of the step by step guide of these innovations is completed, they will be shared with FUE & UMA to act as a reference guide for replication with new partners.

Task 3: Capacity building to strengthen private sector associations

During Year 5, HIPS placed a lot of emphasis in strengthening the financial capacity of FUE and UMA for sustained implementation of workplace health programs. During the year, both employers associations won grants worth USD 460,317 (UMA 274,217 FUE 186,100) to implement workplace health programs and conduct some co-ordination activities for the private sector. Both associations charge a minimum of 10% as administration costs on the grants won.

Additionally, FUE and UMA earned a total of USD 43,266 (UMA 20,454, FUE 22,802) professional fees from different companies where they conducted workplace health programs. This represents an increase of 37% fromthe fees earned in Year 4. In addition, both associations trained a total 162 of individuals from 24 companies in HIV/AIDS policy.

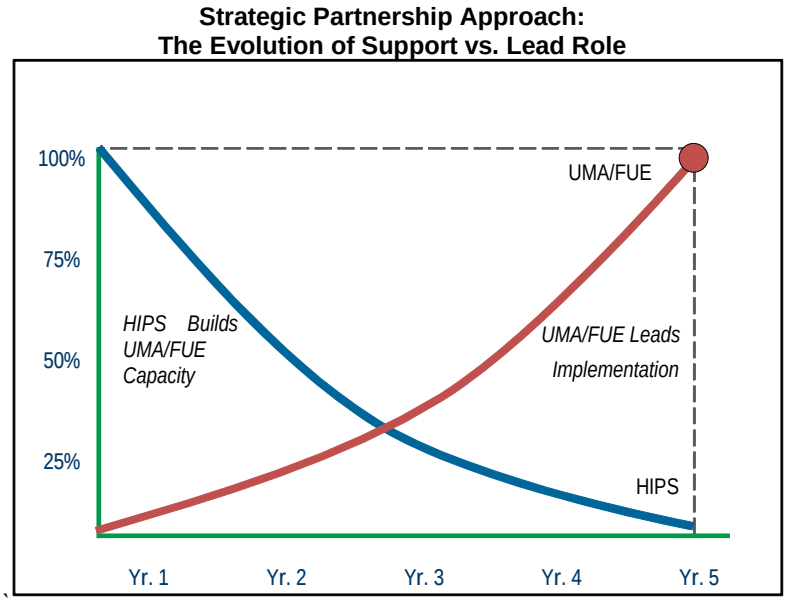


Table showing growth of FUE/UMA contributions technical support for partner health communication interventions.FUE and UMA have achieved the Year 5 goal of leading all health communication workplace activities.

3.1. ACTIVITY S10: FUE AND UMA TO DEVELOP AND IMPLEMENT 5-YEAR STRATEGIC PLAN

During Year 5, emphasis has been on strengthening the capacity of FUE and UMA to run their "health workplace/CSR" units as a business. This will position them as a stronger brand thereby attracting corporate and donor funding. Under the business model, HIPS supported both employers' associations to develop and implement strategic plans.

Additionally, in order to improve the business acumen of the core staff in the workplace/CSR units, they participated in trainings that included resource mobilization, customer care and marketing.

HIPS has supported the associations to respond to requests for applications (RFAs) and engage donors to enhance their visibility.

3.1.1. Support FUE and UMA to develop 5-year strategic plans to determine their viability. These plans will build on those developed in Year 4. (work plan no. S10.1)

During Year 5, HIPS supported FUE and UMA through a strategic planning process. The strategic plans are aimed at building on the business plans that were developed in Year 4 so that both associations develop strategic directions towards sustainability. The strategic plans centered on the following strategies: enhancing the units' visibility, strategic networking and collaboration, improving competitive advantage as the leading provider of workplace health programs that are sustainable and improving their financial sustainability.

3.1.2. Conduct training for FUE and UMA staff in financial planning and management, customer care, and product development. (work plan no. S10.2)

During Year 5, HIPS conducted a three day resource mobilization training for FUE and UMA. It attracted 35 participants, who included staff of the associations as well as members of the associations. The aim of the training was to build the resource mobilization capacity within FUE and UMA so as to enable them sustain implementation of workplace health programs as well as update their existing resource mobilization strategy to a more robust level. The participants were taken through resource mobilization principles, hints and tips in resource mobilization, and developing a resource mobilization strategy plus fundamentals in writing fundable proposals as well as concept

papers. As a result of the training, the associations are increasingly winning grants and earning more income from professional fees.

3.1.3. Support FUE and UMA to conduct a second donor's meeting in order to position them as leading providers of workplace health program providers in Uganda (work plan no. S10.3)

During Year 5, in replacement of a stand alone donors meeting, HIPS supported FUE and UMA to integrate donors meetings in other activities to leverage resources. The aim is to enhance their visibility among the different donors. FUE linked potential donors to the 2nd annual CEO testing that was held in the second quarter, the Northern Uganda regional conference and the Bi-annual employer of the year award. UMA also invited donors for the 4th annual nutrition, safety and health fair. As a result of these interactions, FUE is in talks with ILO for possible funding to conduct some workplace health activities in the flower sector, while UMA is in talks with UNFPA for possible finding to conduct some Family planning activities for communities around selected companies.

3.1.4. Support FUE/UMA to identify and respond to RFAs (work plan no. S10.4)

During Year 5, HIPS assisted FUE and UMA to respond and win grants worth USD 460,317. FUE won grants worth USD 186,100 from ILO, Uganda AIDS Commission and the RESPOND project, while UMA won grants worth USD 274,217 from STRIDDES and RESPOND Project. In addition, FUE won a consultancy worth USD 2,920 to support the National Union of Disabled Persons of Uganda (NUDIPU) and its member association to develop an HIV/AIDS Policy. The grants contributed to FUE's and UMA's income through charging a 10% administration cost from the grants

During the 4th Quarter, FUE won a grant from Uganda AIDS Commission worth USD 32,800. The grant will run from August 2012- June 2013. It is worth noting that this is follow-on to the SHARPS project that ran from, October 2011-July 2012. The follow-on grant will be used to support the private sector to address key challenges of coordination, advocacy and information gaps that hamper the sector from meaningful contribution to the national response and management of the HIV/AIDS pandemic. In addition, UMA responded to an RFA from USAID worth USD 50,000 to manage an internship program in the private sector. The proposal is currently at the third round of the vetting process.

3.2. ACTIVITY S11: HIPS PARTNERS TO BE MIGRATED TO FUE AND UMA MANAGEMENT

3.2.1. Develop a monitoring tool in the first quarter of Year 5 to routinely check on progress of migrated companies and manage the process effectively, conduct quarterly review meetings, address migration-related challenges, and disseminate best practices (work plan no. S11.1 & S11.4)

During Year 5, HIPS supported FUE and UMA to develop a monitoring tool that would enable them to monitor progress of the migrated companies and sort out the challenges in time. Data that was analyzed every quarter, captured indicators that pointed to a successful migration process. The indicators used were workplace health activities conducted by FUE or UMA for the company, amount of professional fees paid by the company, management changes, presence of workplace health activities management committee and activeness of the peer educators.

3.2.2. Through the assessment tool, identify candidate companies for migration and organize meetings with management to facilitate the migration process (work plan no. S11.2)

During Year 5, through the assessment tool, all companies were assessed for migration readiness. Currently, all companies eligible for migration have been migrated. HIPS has 111 active partnerships but has over the project life worked with a total of 124 companies to implement workplace & community based health programs; 70 companies have been migrated to FUE & UMA but some remained under HIPS management because of the specific nature of the partnerships, such as the OVC partners whose operating model is different and FUE/UMA neither have the expertise for this nor the financial capacity to match the grants. All companies migrated pay professional fees to FUE & UMA and cost share on activities that are budget for.

3.2.3. Conduct at least one quarterly review meeting between HIPS and each association to ensure that migration is effective (work plan no. S11.3 & S11.4)

During Year 5, the HIPS partnership team held quarterly review meetings, with the employers associations, as part of ensuring effectiveness of migration, monitor progress of activity implementation and status of income generation. It is through these meetings that companies with migration issues i.e. companies that were hesitant to pay professional fees, upcoming grant bids and potential partnerships were discussed and the next steps discussed.

3.2.4. Disseminate documented best practices to partner companies that have been migrated as a way of encouraging them to work with the FUE and UMA (work plan no. S11.5)

During Year 5, HIPS disseminated the BCC quality assurance guide to the following companies: Kyagalanyi Coffee Limited, Uganda Clays Limited, Nile Breweries, New Forests Company, Rwenzori commodities, Mabale Tea Growers Limited, Mpanga Tea Growers Limited, Reco Industries Limited, Hima Cement, Uganda Clays Limited, SCOUL, Eskom (U) Limited, Nile Breweries Limited, Nytil&Picfare Limited and Kasese Cobalt limited. The companies use the guidelines when implementing BCC activities such as men only seminars, drama group discussions and community health fairs.

3.3. Activity S12: FUE and UMA to achieve 100% sustainability (cost recovery) of health workplace programs

3.3.1. Provide technical assistance to UMA and FUE in continually identifying and approaching potential partners (work plan no. S12.1)

During Year 5, HIPS provided technical assistance to FUE and UMA to approach over 50 companies for possible partnerships. 20% of the companies approached conducted at least one workplace health activity.

Three companies became new GDA's: Royalvanzanten for the newly acquired flower firm, Uga-chick poultry breeders and Mabale Tea Growers Limited , GDA partnerships require a minimum investment from companies of 5000 USD.

During the 4th Quarter, HIPS supported its local partners, FUE& UMA as they approached a total of 19 new companies and built partnerships as well as implementing workplace activities with 15 of them including; Global Trotters Ltd, Kigulu Water Supply, NUDIPU, Green Fields Ug. Ltd Entebbe, Uganda Funeral Services Ltd, Serenity Rehabilitation Centre-Entebbe, Uganda National Action of Physical Disability (UNAPD), Uganda Parents of Children with Learning Disabilities (UPACLED), Uganda National Association of The Deaf-(UNAD), Uganda Albino Association (UAA), National Association of The Deaf blind In Uganda (NADBU), Mental Health Uganda-(MHU), Little People of Uganda (LPU), Epilepsy Support Association Uganda (ESAU), Shoprite Uganda Ltd.

3.3.2. Conduct regional marketing events to showcase partnership success, and encourage both their Membership and new companies to join the associations and to utilize their workplace services (work plan no. S12.2)

During Year 5, HIPS supported the associations to organize regional conferences that were aimed at marketing workplace health programs and recruiting new members. FUE conducted conferences in Northern, Eastern and Western regions and these drew a total of 142 participants. The Northern Uganda regional conference was organized to coincide with the international Labour Day celebration and was held under the theme "Social Dialogue: A tool for National Development."

UMA organized a conference in western Uganda, which drew a total of 22 participants and the central regional conference that coincided with the opening ceremony of the fourth national nutrition, health and safety fair and it was graced by the Vice President of Uganda, Honorable Edward Kiwanuka Ssekandi. During the fair UMA recognized USAID and GIZ for the financial and technical support they have given to the association to implement workplace health programs. The three day safety and health fair attracted over 5,000 show goers, 16 paying exhibitors and this enabled UMA to raise an income worth USD 2400.

3.3.3. Strengthen the capacity of FUE and UMA to develop MOUs, cost sheets and proposals through Mentoring and training sessions conducted at least once every quarter (work plan no. S12.3)

During Year 5, HIPS mentored FUE and UMA business unit staff to develop MOU's and cost sheets. The mentoring also included skills in negotiating and managing partnerships. UMA took lead in negotiating the renewal or developing the following MOU's: Uganda Clays Limited, Eskom Uganda Limited, Uga-chick poultry Breeders, and Mabale Tea Growers Limited. While FUE took lead in developing MOU's and cost sheets for JP Cuttings, Luwero Industries and Ugarose Flowers. Furthermore, the associations are using the skills acquired in developing MOU's and cost sheets with companies they will be working with using grants from the RESPOND and STRIDDES projects. The teams at FUE and UMA have gained a lot of confidence in not only developing MOU's and cost sheets, but also ably negotiating them.

3.3.4. Assist FUE and UMA to win at least one long-term grant to sustain workplace health programs (work plan no. S12.4)

During Year 5, FUE and UMA won various grants to sustain work place health activities.

FUE and UMA were awarded grants by the RESPOND project to implement a one year project titled "Private Sector Disease Outbreak Training." The grants are worth USD 141,000 and 139,000 respectively. With these grants, the employers' associations are tasked to conduct a number of trainings and communication activities for ten selected companies in the mining and extractive industry sectors.

In addition, UMA was awarded a grant worth USD 131,200 to implement the second phase of the STRIDES project. In the second phase, the number of companies increased from three to five and the scope of activities was expanded to cover ANC and other child survival services. The renewal of the grant is a big vote of confidence in UMA's capacity to implement workplace health activities.

During the year, FUE was awarded funding worth USD 39,200 by the Uganda AIDS Commission (UAC) to coordinate HIV/AIDS activities in the private sector. This was in response to a successful RFA submission under the title "Scaling up HIV/AIDS response in the private sector" (SHARPS) project. The grant that ran from, October 2011-July 2012 was followed by another grant worth USD 32,800 to run from August 2012- June 2013.The follow-on grant will be used to support the private sector in addressing key challenges of coordination, advocacy and information gaps that hamper the sector from meaningful contribution to the national response and management of the HIV/AIDS pandemic.

3.4. ACTIVITY S13: STRENGTHEN FUE/UMA PARTNERSHIP PERFORMANCE MANAGEMENT

In Year 5, HIPS took more of an advisory role, while FUE and UMA took the lead in managing their partnerships with the private companies. HIPS will support FUE and UMA to: conducting partnership review meetings; establishing information flow & exchange systems (adapt/design data tools/systems –particularly for partnership performance management); facilitating partnerships between FUE/UMA and media houses; and conducting regional partnership symposiums to share experiences and best practices in marketing workplace health programs.

3.4.1. Provide technical assistance to FUE and UMA to develop performance management tools and mechanisms aimed at addressing key partnership challenges (work plan no. S13.1)

During Year 5, HIPS provided technical assistance to UMA and FUE to develop performance management tools and mechanisms. The tool was used to capture the following performance management data: income generated; number and amount of running grants; technical staff and volunteers on the workplace health team; and skills they have gathered over time. The data collected will be analyzed on a quarterly basis to make informed decisions. Some of the identified areas were; the need to identify other development partners other than depending on only USAID so as to diversify partnerships for workplace health programs, the need to compete and win longer term grants (currently, most of the grants are not more than one year), and the need to bring more paying companies on board so as to get a healthy mix of income from development partners and professional fees.

Another critical area identified was the need to step-up advocacy efforts and positioning of both FUE and UMA as leading providers of workplace health programs. As result of this analysis, the associations have resolved to invite more development partners to key functions as a way of showcasing possible areas of partnerships and step up efforts to market workplace health programs.

3.4.2. Support FUE and UMA to conduct quarterly regional breakfast meetings targeting senior management (work plan no. S13.2)

This activity was pursued in concert with work plan number S12.2.

3.4.3. Facilitate 8 exchange visits between FUE/UMA and their partners. This has been requested by companies in Year 4 and been very beneficial for sharing best practices and innovations (work plan no. S13.3)

During Year 5, HIPS supported FUE and UMA organize exchange visits for 13 companies as part of efforts to improve sharing of best practices, innovations and workplace health programs implementation strategies. During these visits, participants from the visiting companies were able to interact with the clinic personnel, members of the communities surrounding the company, peer educators, co-ordinators of workplace health programs and seniors managers in the company that influence funding and management of workplace health programs. Some of the best practices and strategies that were picked up by the visiting participants included: The need for a company to have an HIV/AIDS policy that clearly spells out the company's stand on HIV, simple and company grown strategies that the company can use to motivate peer educators such as posting of a picture on the peer educator of the month on all company notice boards, having a committee to manage the implementation of workplace health programs as opposed to having only one person and the need to have a work plan and budget for workplace health programs as opposed to implementation on adhoc basis. The model companies that were used for the exchange visits because of the range of services they offer for their staff, dependants and community were: Nile Breweries, Royalvanzanten and Wagagai.

UMA organized an exchange visit for 8 companies to visit Nile Breweries. The companies that participated in the visit were: Eskom, National Water and Sewerage Corporation, Uganda National Road Authority, Kengrow (U) Limited, Cable Corporation Limited, Spa packaging and Leather Industries of Uganda. During the visit, the participants held meetings with the Nile Breweries clinic staff, peer educators and the Human resource management team. The following issues were discussed: starting and managing workplace health programs, instituting monitoring mechanisms for peer education and other workplace health programs, peer education motivation and the link between peer education & clinic activities. As a result of the visit, Eskom has improved peer education reporting, instituted some of the peer education monitoring initiatives they found at Nile Breweries such as the monthly meetings and educational talks.

3.5. ACTIVITY S14: CONDUCT PARTNERSHIP SYMPOSIUM LED BY UMA AND FUE

3.5.1. Support FUE and UMA to conduct the second annual partnership symposium and networking event (work plan no. S14.1)

Owing to the time left before the end of the project, the partnership symposium will be combined with the end of project conference.

Table 12: Policy Systems Strengthening Indicators

Indicators	Quarterly Achievement	Cumulative Total	Annual Target
Number of local organizations provided with technical assistance by USAID for HIV related policy development	12	27	50
Number of individuals trained in HIV related policy development	50	192	100
Number of local organizations provided with technical assistance by USAID for HIV related institutional capacity building	1	5	5

Number of individuals trained in HIV related institutional capacity building	3	32	30
Number of companies paying professional fees to FUE/UMA for workplace activities	9	30	30
Percent of FUE/UMA health workplace implementing team costs covered by professional fees	UMA 65% FUE 70%		75% 75%
Amount of money generated as revenue from workplace health activities by FUE and UMA(USD)	UMA 6,639 FUE 6,373	20,454 22,802	30,000 20,000
Amount of grant/project funds (USD) accessed & utilized by FUE & UMA for workplace/community health activities.	FUE- 32,800 UMA- 135,217	FUE- 186,100 UMA-274,217	
No. of workplace & community health grants/project proposals awarded to FUE & UMA through TA by USAID	FUE-1 UMA-1	FUE-4 UMA-2	FUE-1 UMA-1
Functional District based PPP Offices supporting collaboration between sectors	0	5	8

Task 4: Develop innovative and proven approaches to support orphans and other vulnerable children

4.1. Activity S15: Scale up OVC partnerships in selected companies

During Year 5, HIPS enabled 3,310 OVC and their households to access education, health care, psychosocial support, food and nutrition support and information, child protection, care and support and socio-economic security. Of the 3,310 OVC supported, 1,617 were male, while 1,693 were female OVC.

4.1.1. Assess OVC grants and identify the most promising practices and encourage/facilitate scale-up (work plan no. S15.1)

During Year 5, HIPS carried out an assessment of OVC matching grants with companies and found that education, health services and the village savings and loan associations were the most successful and sustainable interventions. Most noteable was that VSLA groups gave birth to other groups, introducing the idea of saving and lending to other community members, increased access to finances and household well-being as well as increased access to health care services including psychosocial and HIV/AIDS treatment and care for HIV positive orphans.

4.1.2. Meet with corporate sponsors to demonstrate impact of their OVC support (workplan no. S15.2)
The project is working through FUE and UMA to engage companies and corporate sponsors to support OVC programs. OVC success stories have been developed by the project and are used to market the success of the program.

4.1.3. Secure corporate commitment to continue support for OVC programs (workplan no. S15.3)
A few of the partners have agreed to continue supporting OVC programs even after the project has closed. The project will use the remaining few months to continue lobbying for support for OVC programs.

4.1.3. Secure corporate commitment to continue support for OVC programs once HIPS ends. Ensure strong ties between companies and implementing CBOs/NGOs (work plan no. S15.3)

Through support supervision visits to partners, the project continues to link companies to CBOs/NGOs supporting these programs. Other USAID IPs have been invited to collaborate in these programs and some partners have already identified other sources of funding.

4.2. STRENGTHEN AND REPLICATE THE VILLAGE SAVINGS & LOANS ASSOCIATIONS (VSLA) INITIATIVES

4.2.1. Support formation of more VSLAs among partners that are currently supporting this initiative and support formation of new ones among other OVC implementing partners (work plan no. S16.1)

During Year 5, HIPS partners continued to support OVC caretakers to form VSLA groups namely KORD, Kinyara, Farmers' Center (U) Ltd, JOMO Fruit Processing, EVOCKOM, Caring Hands, Buikwe Diary Development and Mpongo Fishing Company supported OVC caretakers to replicate the VSLA approach in their community, giving birth to thirteen new groups. The VSLA approach has also been replicated among PHA groups in Mpongo/ Lambu, and Kyotera to enable PHAs to access income and engage in gainful employment. To date, there are 42 VSLA groups supported during the project period. Through this initiatives, VSLA groups have been able to save a total of 18, 68,600

4.2.2. Providing entrepreneurship skills training to all members of VSLAs that are interested in initiating or are running IGAs (work plan no. S16.2)

During Year 5, HIPS continued to build the capacity of OVC caretakers in VSLA groups in enterpreneurship skills. HIPS built the capacity of caretakers in enterpreneurship skills. Three leaders were selected from each of the VSLA groups and trained in entrepreneurship and income generation for three days. The 159 caretakers trained in entrepreneurship skills were selected from Buikwe Diary Development, KORD, JOMO Fruit Processing, EVOCKOM, Kinyara and Farmers' Center (U) Ltd. The training focused on identification of viable income generating projects in the caretakers' community, how to start and maintain a business, maintaining records and group dynamics.

4.2.3. Carry out consistent evaluation of VSLAs to check their progress. A tool will be developed and continually updated (work plan no. S16.3)

During Year 5, a tool to assess progress of VSLA groups was developed and shared with OVC implementing partners. The tool is being used to assess progress of VSLA groups, identify challenges and areas for further improvement.

During Year 5, HIPS continued to monitor and assess progress of VSLA groups among eight partners namely KORD, Kinyara, Farmers' Center (U) Ltd, JOMO Fruit Processing, EVOCKOM, Caring Hands, Buikwe Diary Development and Mpongo Fishing Company. The assessment indicates that the OVC caretakers have embraced the VSLA approach and they are actively engaged in saving and loaning each other. VSLA groups have set up gardens for cabbage, carrots, green paper, watermelon, onions and eggplants. These groups expect to sale produce for income as well as for home consumption. They have also used the income raised to invest further in simple income generation ventures like procurement of sewing machines, chicken raring and improved farming with fertlizers. In addition, some have been able to meet education requirements of the children with raised incomes.

Outstanding challenges included group dynamics and record keeping among the VSLA members largely emanating from low education levels in the community.

4.2.4. Replicate the VSLA concept among community peer educators (work plan no. S16.4)

During Year 5, HIPS trained 40 peer educators in VSLA at Buliisa and Kaiso Tonya and conducted support supervision to trained peer educator groups. The activities carried out during the reviewincluded an examination of the groups record keeping practices, saving and loan procedures, how to identify viable income generating projects and group dynamics.

4.3. STRENGTHEN CAPACITY OF CBOS/NGOS IN SUPPORTING OVC HOUSEHOLDS

During Year 5, HIPS built the capacity of NGOs/CBOs in care for orphans. To this effect, CBOs supported their communities to form child protection committees which have been instrumental in identification and reporting of cases of child abuse. Through child protection committees, an increase in reporting cases of child abuse to the police and through the meetings has been realized. Dissemination of information about child rights has also been done. From the psychosocial point of view, use of games among children has helped them to cope with stress and challenges and influenced

positive behavior and self esteem. Group discussions and debates have too improved their communication skills and self esteem. Child participation has also improved and teachers are increasingly getting involved in OVC care and support at school and community level.

4.4. BUILD CAPACITY OF LOCAL ORGANIZATIONS IN HUMAN RESOURCE MANAGEMENT, GOVERNANCE, FINANCIAL MANAGEMENT AND MONITORING AND EVALUATION

During Year 5, HIPS focused on equiping the teachers who spend most of the time with adolescents with basic skills on communicating sexual and reporuductive health issues, HIV and AIDS, decision making and self-esteem, and built the capacity of 40 teachers in behavioural change communication for Caring Hands. HIPS also built the capacity of 30 OVC managers from KORD, Kinyara, Farmers' Center (U) Ltd, JOMO Fruit Processing, EVOCKOM, Caring Hands, Buikwe Diary Development and Mpongo Fishing Companyin governance, human resource and financial management. The 5 days training focused on the relevance of the management functions to community based organizations, the importance of strategic management to the sustainability of CBOs, appreciation of the roles and functions of management and financial management approaches to strategic management. Outstanding training outcomes included the participants appreciation of the importance of team work and consultation in the design of project proposals, demonstrated the importance of effective project tasks and objectives in service delivery, the role of effective reporting in meeting stakeholder needs and were able to identify some of the gaps existing in their organizations. Participants formed three groups, and in these groups they were able to develop community project proposals, present them before two evaluation boards and successfully incorporate recommendations from the evaluation boards.

OVC Success story

Paul Kimbowa 18 Years Old (Jinja District, Buyengo Sub-county Buyengo village Uganda)

Paul is a double orphan who was identified by KORD on the OVC program in 2008.

Kimbowa was supported by KORD to attain apprenticeship skills in motor vehicle mechanics at St. Joseph Kamuli. In addition, Paul was supported with poultry, rain water harvest tank and setting a banana garden inter cropped with vegetables. Paul sold some eggs and hens and used the money to establish a one hectare of sugar cane garden at Nawanigi, during drought Paul uses the water from his storage rain water harvest tank to water the banana garden from which he expects average income of 80,000shs per month in five months' time for August 2012. Using the attained skills and tools provided to him by KORD, Paul says he is able to earn 170,000shs on average per month which has helped him to buy more tools that he was lacking, bought beddings and other personal basic needs and also improving on the house that he stays in.

Paul appreciates the support form KORD-HIPS partnership which has changed his life to day.

Nursery garden at Kimbowa and the banana garden with paw paws after 4 months

Table 13: OVC indicators

Indicator	Year 1	Year 2	Year 3	Year 4	Year 5	Year 5 Target
Number of OVC served disaggregated by gender (New)	1,468	154	920	522	246	3,200
Total	1,468	1,622	2,542	3,064	3,310	3,200
Number of providers/ caretakers trained in caring for OVC (New)	143	315	290	433	465	300
Total	143	458	748	1,181	1,646	300

4.5. Activity S18: Conduct exit conference

4.5.1. Conduct end of project conference (work plan no. S18.1)

Discussions regarding this anticipated conference will soon be underway and per the HIPS work plan the conference will take place in early 2013.

Sustainability of Services: Challenges

- Though both associations are increasingly winning grants, most of the grants won are short term, with an implementation period lasting between six months and one year. This affects the flow of funds and income earned from the administrative fees charged on these grants.
- It has been difficult for FUE and UMA to negotiate and develop comprehensive, longer term partnerships with most of the new partner companies. Most of the new partners prefer to offer one-off activities such as workplace policy or a health fair, instead of a full package of community mobilization, peer education, support supervision, etc. This affects income generation and realization of maximum impact from workplace health programs.
- Due to the fact that HIPS is in its final months of operation, the signing on of new GDA partnerships and the uptake of new activities by existing partnerships has scaled down.
- AAM scale up has gone slower than anticipated. There have been a few challenges with timely implementation of some agreed upon activities.
- The OGAC funded HIPS/NBL program is on track to achieve 75% of its 3 year targets by the end of the project, a period under 18 months since inception. NBL has however been slow to make their cash contribution to the project and there are serious concerns on the continuity of the program after the closure of HIPS.

Sustainability of Services: Recommendations

- FUE and UMA will continuously apply and search for long term grants.
- In a bid to encourage companies to take up comprehensive package of workplace health programs, the associations will develop a tier system of fees structures. In this case, the amount of professional fees paid by the company will depend on the amount of workplace health activities a company will be consuming. This will be backed up with a comprehensive marketing strategy.
- HIPS together with local partners FUE and UMA will continue to help managers of GDA partner companies and potential GDAs appreciate the importance of these workplace programs/ improved access to better health care services to their employees and the larger community. In the bigger picture, all parties stand to gain from these health activities embedded in the partnerships.
- The HIPS project has met the NBL team and agreed to develop a plan for the continuity of the program after the project closure. HIPS will maintain NBL staff (project coordinator and intern) on the HIPS project staff team until February 2013 while NBL is having internal discussions keeping these staff and maintaining the programs after March 2013.

Sustainability of Services Key activities planned for next quarter

- Continue to support FUE and UMA to identify other long term grant opportunities.
- Continued support to partners FUE and UMA to strengthen existing partner activities.
- Support FUE to organize the 3rd annual CEO testing event.
- Conduct follow up for VSLA activities.
- Continue to support and follow up the Home based care program in Adok.
- Continued support to partners FUE and UMA as they broker new partnerships and strengthen existing ones.
- HIPS will continue to engage Centenary Bank in charting out some marketing activities and material like brochures, link the bank to potential borrowers as well as engage other partners working with private health entities to market the program to the facilities and health employees.
- HIPS will involve Centenary Bank in health association/groups meetings and continue to offer technical assistance to private health entities interested in borrowing as well as technical assistance to the bank.
- HIPS will complete documentation of some key innovations that can be replicated and sustained and share these with major stakeholders.

ANNEX 1: SMC SUCCESS STORY

During Year 5, the HIPS project supported partner companies to scale up SMC services as part of the efforts to address high demand among employees and surrounding communities. The scale up efforts included among others, training of partner staff in SMC service provision, provision of SMC equipment including kits, supporting them to implement SMC mobile camps and routine services, as well as follow up visits to ensure quality of service.

Men only seminars were utilized to conduct discussions among the men prior to the mobile camps. Discussions were centered on combined prevention (mutual sexual faithfulness, condom use, early treatment of sexually transmitted infections, reduction of concurrent multiple sexual partnerships, Safe Male Circumcision and couple testing) among others. This and the approach of small group based peer education sessions greatly increased demand for services. An average of 150 men aged 15 and above would sign up for the service before a camp started.

The arrival of the SMC kits greatly improved provider efficiency and so increased the number of people to be serviced in each camp. Trained partner staff were utilized alongside experienced surgeons to facilitate transfer of skills and speed during the procedures. This enabled them to serve the remaining clients at the partner facility after a camp. The scale up boosted partner static site quarterly totals from 729 in Quarter 1, to 775 in Quarter 2, 1,329 in Quarter 3 and 2002 in the last quarter. This makes a total of 4,835 SMC procedures conducted during Year 5 as compared to 1516 the previous year. Despite stock outs of SMC kits experienced during half of the second quarter, HIPS was able to achieve a total of 20,178 SMC procedures during Year 5.

Planned actions for the remaining project period are: to continue training more partner staff so that they can also integrate SMC in their package; distribute USAID SMC kits and supplies to partners to ensure sustained supply; and to provide follow up technical support in order to ensure quality of services.

Overall achievements include enhanced partner worker and site technical capacity to provide quality SMC services; increased number of partners (32) offering SMC services as part of the comprehensive health care package; increased community confidence in partner SMC services; as well as increased access to quality health SMC and related services among communities surrounding partner sites.

An HIV prevention discussion session and an SMC procedure being done at one of the mobile camps.

ANNEX 2: SUCCESS STORY : DEVELOPMENT CREDIT AUTHORITY

During the year HIPS undertook a number of activities to aid the start up and smooth progress of the DCA; in January 2012 HIPS held a workshop on Financial Management & Modeling for healthcare providers which was attended by 35 HIPS clinics represented by clinic owners, accountants and finance officers. The training sought to give the participants a deeper understanding on financial management and an insight on lending from the bank's perspective. Furthermore, in September 2012 another workshop was held for Centenary Bank's lending staff. The bank has been chosen to administer the loans on behalf of the DCA; the purpose of the training was to give the lending staff a better understanding of the health sector and point out benefits of health sector lending to enable the bank to view the private health sector in Uganda as a viable and potential business partner. On 12th October 2012, the DCA agreement was officially launched in a ceremony attended by SIDA, USAID and Centenary Bank officials.

In August 2012, HIPS together with an accounting firm (Finsys Consult) offered training in Financial Management to partner clinics to improve their financial record keeping systems.
The training outcome is that the accounting firm supports the clinics to restructure and guide their financial recording system. The clinic continues keeping records according to the training received such that at year end they are able to prepare financial statements.

Staff of Musoke Domiciliary in a training session

All the clinic owners were eager to have this training done so as to strengthen their systems and controls and at the end agreed that it had been helpful in understanding the importance of financial information. As a result of the trainings, technical capacities of participating clinics have been strengthened as reflected in improved financial decision making and management skills. They are in a better position now to control their finances and manage their cash flows effectively.

ANNEX 3: LEVERAGE TABLE

HIPS 2012 COMPANY LEVERAGE

No	Company	Trade	Direct Employees	Indirect employees/ Beneficiarie	Catchment Population		MOU (1 = Yes)	HIPS' contribution	Company's contribution	Leverage ratio
					By Parish	By Sub county				
1	Africa Affordable Medicine	Medical Services	40	-	5,500	31,200	1	101,278		1:3
2	Tullow Oil	Oil exploration	200	50	56,400	109,900	1	40,000		1:7
3	McLeod Russel (James Finlays Tea)	Tea	5,000	0	60,900	249,000	1	30,025		1:3
4	Hima Cement	Cement	1,742	700	39,000	39,000	1	12,009		1:3
5	The New Forests Company	Tree plantation	1,900	700	9,600	75,600	1	32,135		1:4
6	Kakira Sugar Works Limited	Sugar production	10,000	25,000	32,500	32,500	1	38,443		1:2
7	Nile Breweries Limited	Brewery	9,640	9,240	151,100	531,300	1	290,466		1:1
8	Kinyara Sugar Works Limited	Sugar	9,000	3,000	54,800	54,800	1	48,316		1:2
9	Bead for Life	NGO	467	810	5,600	*	1	15,713		1:1
10	Kasese Cobalt Company Limited	Mining	400	-	8,500	38,100	1	23,662		1:3
11	Wagagai Flowers	Flower export	1,700	-	14,900	42,500	1	13,139		1:2
12	Mpongo Company Limited	Fisheries	456	200	16,700	22,400	1	23,317		1:1
13	Toro and Mityana Tea Company	Tea	4,108	108	20,540	25,700	1	20,519		1:2
14	EVOCKOM/Ngora Development Association	Services	150	-	2,400	*	1	19,580		1:1
15	Farmers Center Uganda Limited/FACE	NGO	246	10,000	32,900	*	1	23,438		1:1
16	Caring Hands	NGO	171	154	7,600	*	1	17,566		1:1
17	BM Group of Companies	Manufacturing	300	-	26,600	41,400	1	8,122		1:4
18	Cornerstone Development Ltd	NGO	597	577	23,600		1	16,091		1:1
19	MLISADA/MTN	NGO	179	180	10,100	-	1	15,942		1:1
20	Buikwe Dairy Dev't Authority	Dairy farming	165	200	8,000	*	1	21,973		1:1
21	Sugar Corporation of Uganda Limited	Sugar	6,000	-	35,500	-	1	15,941		1:2
22	Jomo Fruit Processing Company	Fruit Proccessors	162		3,700	*	1	19,935		1:1
23	Eskom Uganda	Power generation	200	-	-	-	1	5,018		1:1
24	Airtel Uganda	Telecom Company	400	-	3,500	-	1	15,393		1:1
25	Luwero Industries Ltd	Manufacturing	400	-	6,700	6,700	1	15,081		1:1
26	Fiduga Flowers Limited	Flower Farm	626	0	3,130	4,300	1	13,607		1:1
27	Uganda Baati	Manufacturing	400	-	11,900	-	1	10,040		1:2
28	Mpanga Tea Limited	Tea	1,285	700	25,700	7,500	1	6,662		1:2
29	RoyalVanZanten Flowers Limited-Mukono	Flower export	500	-	6,900	47,300	1	10,248		1:2
30	Tororo Cement	Cement	4,000	3,500	42,100	42,100	1	9,302		1:1
31	Shell Uganda	Petroleum products	120	-	-	-	1	7,886		1:1
32	Rwenzori Commodities Limited	Tea	2,007	7	21,300	55,400	1	6,921		1:1
33	Liberty Development Trust clinic	Health services	36	-	3,800	380,600	1	9,719		1:1
34	Southern Range Nyanza Limited	Textile & Stationery	1,806	806	35,700	61,300	1	5,591		1:2
35	Xclusive Cuttings	Flower export	200	-	10,000	74,000	1	9,099		1:1
36	Dominion Uganda	Oil exploration	110	0	1,700	29,300	1	9,124		1:1
37	Uganda Crane Creameries Cooperative Union	Dairy farming	13,688	13,600	64,100	-	1	5,640		1:2
38	Uganda Clays	Brick Laying	800	-	19,200	180,900	1	7,633		1:1
39	Rakai Community Health Dev. Project	Health services	12	-	5,600	8,600	1	6,276		1:1
40	Regional Lorry Drivers and Transporters Assns.	Transport Services	446	-	9,400	-	1	5,848		1:1
41	Reco Industries	Food Processing	150	-	12,900	-	1	5,892		1:1
42	RoyalVanZanten Flowers Limited-Wakiso	Flower export	450	-	-	-	1	14,519		1:2
43	Ugarose Flowers	Flower export	400	-	22,800	80,000	1	11,973		1:1
44	Ugachick Poultry Feeds	Poultry	450	10,000			1	5,839		1:1
45	Mabale Tea Growers	Tea	300	-	5,500	33,700	1	7,144		1:1
46	JP Cuttings	Vegetables	208	-	-	-	1	7,167		1:1
TOTAL			**81,617**	**79,532**	**938,370**	**2,305,100**	**46**	**1,059,231**	**1,908,809**	**1:2**

* OVC only partner companies – employee numbers represent OVC served. Also catchment population figures in OVC partner companies are adjusted to include only parish catchment rather - Helps avoid double counting as some partners exist/serve the same catchment.

ANNEX 4: OVC MARCHING GRANTS 2012

		Grant period	Grant amount (HIPS contribution)	Company Contribution
1	KORD	June 2011- June 2012	Ug.shs. 39,539,000	
2	Kinyara Sugar	July 2011- June 2012	Ug.shs. 46,775,600	
3	Mpongo Fishing	September 2011- August 2012	Ug.shs. 55,960,000	
4	MLISADA	June 2011- May 2012	Ug.shs. 45,501,000	
5	EVOCKOM	April 2012- March 2013	Ug.shs. 46,991,000	
6	Jomo Fruit	January 2012- December 2012	Ug.shs. 48,441,400	
7	Caring Hands	June 2011- May 2012	Ug.shs42,158,000	
8	Bead for Life	October 2011- September 2012	Ug.shs. 43,996,000	
9	Buikwe Diary Development	April 2012- March 2013	Ug.shs. 48,438,000	
10	Farmers' Center	June 2011- May 2012	Ug.shs. 46,875,000	
TOTAL			464,675,000	505,197,350

ANNEX 5: TABLE SHOWING VSLA GROUP SAVINGS AND LOANS.

	Name of the Group	Number of group members	Savings	Loan
1	*KORD*			
	Kyebaja tobona	*30*	*4,113,550*	*4,113,550*
	Tibakwina	*30*	*1,280,000*	*1,408,000*
	Kibike Kiryamugenzi	*30*	*6,100,000*	*1,408,000*
	Buyengo farmers association	*20*	*1,160,000*	*1,100,000*
	Tuliwala Dev't group	*20*	*700,000*	*650,000*
	Tweyimbe	*20*	*1,000,000*	*800,000*
	Baseke	*30*	*7,000,000*	*7,000,000*
	Ndigakweya	*20*	*4,500,000*	*4,200,000*
	Bidhampola A	*30*	*2,700,000*	*2,100,000*
	Agali awamu (Mayuge)	*30*	*6,800,000*	*5,200,000*
	Bidhampola B	*30*	*700,000*	*550,000*
	Walibo Twegaite Tulwanise Obwavu	*30*	*650,000*	*500,000*
	Wante (Mayuge)	*16*	*200,000*	*150,000*
	Wankole	*12*	*150,000*	*150,000*
	Total		*37,053,550*	*29,329,550*
2	*Caring Hands*			
	God is able	*25*	*4,914,000*	*7,250,000*
	Acholi Quarters	*22*	*240,000*	*150,000*
	Mbuya KST Compound	*22*	*2,320,000*	*2,090,000*
	Hope for the future savings grp	*28*	*5,547,000*	*7,350,000*
	Together we stand	*16*	*980,000*	*990,000*
	Valued identity	*21*	*298,000*	*90,000*
	Oryem Can savings group	*22*	*240,000*	*150,000*
	Total		*14,539,000*	*18,070,000*
3	*Cornerstone Development/ ACM*			
	Sikyomu	*30*	*130,000*	*560,000*
	Kyehindula Bead	*30*	*158,600*	*780,000*
	Kyehindula Pineaple	*22*	*234,500*	*2,450,000*
	Balikudembe	*20*	*66,000*	*950,000*
	Takka Bugaga	*20*	*131,000*	*1,011,000*
	Twekembe	*30*	*58,000*	*1,350,000*
	Ekitibwa Kya Mukama	*20*	*78,000*	*480,000*
	Total		*856,100*	*7,581,000*
4	*Mpongo*			
	Kisuku Bakene	*30*	*550,000*	*450,000*
	Kikonoka Agaliawamu	*30*	*640,000*	*500,000*
	Kaziru Peer Education	*30*	*870,000*	*750000*
	Mamas	*12*	*3,000,000*	*2,300,000*
	Mamas II	*12*	*700,000*	*450,000*

	Name of the Group	Number of group members	Savings	Loan
	Total		*5,760,000*	*4,450,000*
5	*Kinyara Sugar Ltd*			
	Tuhimukiye PHA group	*16*	*155,000*	*250,000*
	Tuyambagane	*15*	*600,000*	*600,000*
	Lacan Pe Nino	*30*	*583,000*	*550,000*
	Twimukyagane	*16*	*350,000*	*250,000*
	Tukore Business	*15*	*500,000*	*480,000*
	Kihoole Village PHA S	*16*	*780,000*	*530,000*
	Tugonzangane	*20*	*250,000*	*180,000*
	Total		*3,218,000*	*2,840,000*
6	*FACE*			
	Abyenek Womens Group	*20*	*1,500,000*	*1,300,000*
	Kong Otem	*30*	*1,600,000*	*1,500,000*
	Ebabang Womens Group	*30*	*2,000,000*	*1,900,000*
	Kica Arwot OVC	*30*	*1,800,000*	*1,500,000*
	Kica Arwot PHA	*30*	*3,500,000*	*3,400,000*
	Ocan Onote	*30*	*2,800,000*	*2,600,000*
	Bed Igen VSLA	*30*	*1,800,000*	*1,600,000*
	Loro Positive Living Club	*20*	*3,200,000*	*3,000,000*
	Kica Arwot United	*30*	*1,900,000*	*1750000*
	Alyech VSLA	*30*	*2,600,000*	*2,500,000*
	Single Mothers & Orphans Mov't	*20*	*1,500,000*	*1,300,000*
	Total		*24,200,000*	*22,350,000*
7	*JOMO*			
	Aloto Akonye	*15*	*1,642,000*	*1,969,500*
	Aipegtoil VSLA	*30*	*6,663,000*	*10,371,000*
	Amorican	*25*	*2,399,000*	*1,035,000*
	Alwaritoi Atutur	*22*	*2,025,000*	*2,000,000*
	Agangat	*22*	*1,257,600*	*1,257,600*
	Aipecitoi	*24*	*1,295,900*	*2,666,900*
	Emorikikinos women group	*17*	*1,352,500*	*1,352,500*
	Atutur Centeral	*20*	*3,330,000*	*3,230,000*
	Asianut Group Abubur	*16*	*1,749,350*	*755,000*
	Einer Aswam Ngora	*30*	*8,201,600*	*8,201,600*
	Okisimo Farmers' Forum	*31*	*1,725,000*	*1,005,500*
	Abarata Kere	*30*	*4,026,000*	*2,700,000*
	Aminanarosi	*16*	*3,320,000*	*550,000*
	Total		*38,986,950*	*37,094,600*
8	*Buikwe*			
	Bridge of hope women' group	*28*	*1,281,400*	*1,201,400*
	Elshadai women' group	*10*	*586,100*	*520,000*
	Buikwe self help youth group	*13*	*136,500*	*100,000*
	Awamu tusobola	*11*	*840,000*	*2,450,000*

	Name of the Group	Number of group members	Savings	Loan
	Kumalirira Women'g roup	*14*	*1,000,000*	*850,000*
	Gulama Development Project	*19*	*1,250,000*	*1,360,000*
	Twezimbe Positive Living grop	*40*	*1,320,000*	*217,200*
	Total		*6,414,000*	*6,698,600*
9	*Evockom*			
	Amin Ikoki Women' association- Ngora New	*30*	*856,000*	*800,000*
	Aciisa	*30*	*564,000*	*510,000*
	Kadok	*30*	*340,000*	*335,000*
	Agu	*30*	*625,000*	*326,000*
	Akarukei	*30*	*507,000*	*391,000*
	Angod	*31*	*1,361,000*	*1,255,000*
	Kobuin	*30*	*838,000*	*765,000*
	Ngora Ts	*31*	*2,126,000*	*2,110,000*
	Omaditok	*26*	*439,000*	*396,000*
	Total		*7,656,000*	*6,888,000*
	Grand Total	1919	138,683,600	135,301,750

ANNEX 6: APPROVED HIPS 18 MONTHS PMP (2012-2013)

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
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	OGAC / EMG/	training records	1500	1,502	2000	2174	2,500	2507	1500	2,387	1,500	1,568	750
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	OGAC/ EMG	peer educator and training records, attendance numbers for outreach events	260,000	174,405	184000	193584	150,000	109,171	60,000	61,407	50,000	50,220	30,000
Number of the targeted population reached with individual and/or	Definition of 'Primarily focused': The messages and content of the activities	OGAC / EMG	peer educator and training records, attendance numbers	0	0		0	50,000	34,655	20,000	12,922	10,000	10,008	7,500

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
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	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		for outreach events											
Number of locations providing MC surgery as part of the minimum care package of MC for HIV prevention services within the reporting period	*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***	OGAC, EMG/ MOH	service outlet and USAID reports; patient records	0	0	5	5	10	15	20	32	35	44	40
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	OGAC/ EMG/ MOH	service outlet and USAID reports; patient records		0	0	0	1,000	1,449	2,000	2,514	25,000	20,178	15,000
Number of health care workers who successfully completed an in-service training in Male Circumcision		OGAC/ EMG/ MOH						15	36	30	42	36	141	18
Number of targeted condom service outlets	Fixed distribution points, mobile units with fixed schedules, Condoms may be free or for sale.	/ EMG/ MOH	USAID reports, site visits	22	22	25	28	50	80	75	81	100	101	100

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
	Measurement is sum													
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.	OGAC/ EMG/ MOH	service outlet and USAID reports		28	88	35	100	77	88	80	88	100	100
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;	OGAC/ EMG/ MOH	registration records, attendance sheets	200	203	250	250	300	309	100	110	100	178	100
Number of HIV-positive adults and children	Clinical Care Services (for HIV positives only):	OGAC/ EMG/	service outlet and ; patient records	2500	2,946	3500	11,756	12,000	28161	25,000	29,669	35,000	9262	35,000

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
receiving a minimum of one clinical service –Subset of Umbrella Care	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	MOH												
Number of HIV-positive persons receiving Cotrimoxazole/ Dapsone prophylaxis – *Subset of Clinical Care Services*	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	OGAC/ EMG/ MOH	service outlet and ; patient records		0	0	0	5000	5611	10,000	25,365	30,000	9249	30,000
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	OGAC/ EMG/ MOH	service outlet and ; patient records		0	0	0	4500	2778	9,000	9,035	28,000	8960	28,000
Percent of HIV-positive patients who were screened for TB in HIV care or treatment settings (Screened for TB at last visit)	Numerator: Number of HIV-positive patients who were screened for TB in HIV care or treatment settings Denominator: Number of HIV-positive adults and children receiving a minimum of one clinical service	OGAC/ EMG/ MOH	service outlet and ; patient records		0	0	0	80	61	80%	52%	96%	97%	96%
Number of HIV positive patients in HIV care or treatment (pre-ART or ART) who started TB		OGAC/ EMG/ MOH	service outlet and ; patient records		0	0	0	150	101	300	335	350	279	175

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
treatment														
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	USAID/ EMG/ MOH	service outlet and ; patient records		0	0	0	5	58	10%	1%	10%	10%	10%
Number of TB patients who had an HIV test result recorded in the TB register		USAID/ EMG/ MOH	service outlet and ; patient records		0	0	0	300	334	600	462	600	660	300
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	USAID/ EMG/ MOH	service outlet and ; patient records		0	0	0	80	63	160	206	175	132	88
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	OGAC/ EMG/ MOH	patient and service site records	2363	3150	3500	4,125	4,500	4,326	4500	5,265	6,000	5,916	4,500

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
Number of naïve 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	OGAC/ EMG/ MOH	patient and service site records	3500	2,931	4000	5,585	6,000	6943	6000	7,731	9,200	8,210	8,450
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. Meaurement sum	OGAC/ EMG/ MOH	patient and service site records	1500	1,371	1500	1,445	1,500	1319	200	1,531	500	1,037	250
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.	OGAC/ EMG/ MOH	patient and service site records	25	28	50	70	100	55	60	52	60	63	60
Number of unique individual health workers trained to deliver ART services according to national	The number includes both certified clinical and lay health workers who contribute to the development and	OGAC/ EMG/ MOH	training records	150	151	200	254	200	254	200	270	100	150	50

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
and/or international standards	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)													
% 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 Denominator: Total number of adults and children who initiated ART 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up	OGAC/ EMG/ MOH	patient and service site records	0	0	0	0	0	94	90%	95%	90%	91%	90%
Number of Service outlets providing Testing and Counseling (T&C) services according to	Number of Service Outlets providing Testing and Counseling services (Excludes Outreaches). They should be fixed	OGAC/ EMG/ MOH	USAID records, site visits for quality assurance	20	29	50	88	100	85	88	80	100	100	100

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
national and international standards working with USAID	locations													
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.	OGAC/ EMG/ MOH	training records	50	51	50	53	50	50	50	83	50	52	25
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.	OGAC/ EMG/ MOH	site records, patient records	2500	11441	2500	41236	45,000	61024	45,000	69,770	60,000	90,824	30,000
Number of SP tablets purchased	Number of SP tablets purchased with USG funds	S08 /PMI EMG/ MOH	Stock cards, procurement delivery notes	15000	15000	15000	19800	15,0000	150100	75,000	80,000	80,000	70,000	40,000
Number of women receiving 2 or more	Measures the number of pregnant women to whom 2 or more doses of IPTp were	S08 /PMI EMG/	ANC register, reports	10000	648	10000	7310	20000	19789	20,000	17,606	20,000	13,452	10,000

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
doses of IPTp	dispensed to as a result of HIPS assistance	MOH												
Proportion of women who received 2 or more doses of IPTp	Proportion of pregnant women who have received 2 or more doses of iptp	S08 /PMI EMG/ MOH	Activity reports review	0	0	73%	100%	100%	98	80%	70%	80%	80%	80%
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	S08 /PMI EMG/ MOH	Activity reports review	3		12	16	25	40	40	50	50	51	50
Number of ANC health workers trained in IPTp, IPTp 3	Measures the number of ANC heath workers trained in intermittent prevention of malaria in pregnancy	S08 /PMI EMG/ MOH	Activity reports review	60		120	128	150	152	40	55	40	55	20
Number of people reached with prevention messages on malaria	Measures the number of individuals who attended community outreach or training activities, organized and sponsored by companies working with the project, that focus on malaria prevention. The indicator may also estimate the number of viewers/listeners/readers reached through various media channels.	S08 /PMI EMG/ MOH	training records, event attendance estimates, circulation/subscription data for publications and printed materials		45450	50000	53748	170000	171,773	100,000	120,734	100,000	100,734	50,000
Number of ITNs procured	Number of ITNs procured using USG funds. Measurement; sum	S08 /PMI EMG/ MOH	procurement documents	5000	685	5000	5500	100000	33,500	20,000	30000	20,000	10,000	10,000
Number of ITNs distributed or sold		S08 /PMI EMG/ MOH	distribution reports	10000	685	10000	9380	100000	19,450	20,000	18,583	20,000	17,986	10,000

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
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.	SO8/ EMG/ MOH	workplace site records (referral logs and patient records	40	62	75	98	90	102	90	101	90	105	45
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.	SO8/ EMG/ MOH	workplace site records (referral logs and patient records)	50	62	100	566	650	1038	1200	1243	1200	1637	600
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.	SO8/ EMG/ MOH	workplace site records and patient records	30	57	75	176	250	423	500	374	500	393	200
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	SO8/ EMG/ MOH	workplace site records and patient records	20	53	65	138	200	265	300	254	300	347	150

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
	skills to support the national program. Received DOT implies the patient was supervised regularly and observed routinely while taking medications, according to national protocol.													
TB treatment Success Rate		SO8/ EMG/ MOH	workplace site records and patient records	0	0	0	0	0	84	85%	86%	85%	82%	85%
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.	SO8/ EMG/ MOH	clinic/health service center records	300	850	2000	3,059	3500	8087	9000	25,088	26,000	35,270	7,500
Number of new acceptors to family planning registered at health service sites supported by USAID.	New acceptors are defined as individuals who have not used family planning methods in the past three years. Modern family planning methods include: hormonal pills, injectaplan, condoms, moon beads, IUD, norplant, and permanent methods (vasectomy and tubal ligation).	SO8/ EMG/ MOH	clinic/health service center records, Social Marketing Company (UHMG) reports	500	600	900	2,350	2500	3951	4,000	9,401	10,000	12,137	3,000
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	SO8/ EMG/ MOH	records from sites	120	934	2000	2,703	3,500	11559	13,000	34,730	35,000	43,868	1,500

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
	period.													
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.	SO8/ EMG/ MOH	USAID reports	50	97	120	492	250	350	400	656	700	760	350
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).	SO8/ EMG/ MOH	USAID reports, site visits	90%	80%	90%	90%	90%	90	90%	91%	90%	92%	90%
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	SO8/ EMG/ MOH	Training reports	0	0	0	86	90	90	Dropped 50/ adjusted 100	183	90	97	45

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
	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.													
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.	SO8/ EMG/ MOH	USAID reports, site visits	25	22	30	88	100	88	88	81	100	111	100
Number of clients using FP/RH services										40,000	52,628	40,000	48,133	20,000
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	EMG / USAID / FUE /UMA	MOUs, partner spread sheet	10	13	17	38	30	44	50	55	60	60	63
Number of existing and new workplace sites with integrated health services RH/FP, TB or malaria tailored to	The number includes workplace sites supported by USAID. Integrated health service provision includes the ability to provide more	EMG / USAID / FUE / UMA	health service site and USAID reports	25	28	35	44	45	42	50	53	58	58	61

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
specific company needs, disaggregated by types of services	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.													
Number of GDA partnerships developed according to USAID principles		EMG / USAID / FUE / UMA	MOUs, partner spread sheet	5	9	12	20	35	41	45	51	50	46	50
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.	EMG/ USAID/ FUE UMA	registration forms at FUE/UMA.	20	51	25	30	35	37	40	53	50	36	25
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.	EMG / USAID / FUE / UMA	registration forms at FUE/UMA.	20	107	50	67	70	97	80	140	100	212	50
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.	EMG/ USAID	registration forms at FUE/UMA.	3	3	4	3	4	4	4	5	5	14	3

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
Number of individuals trained in HIV-related institutional capacity building	The training provided by USAID will be based on needs assessment and may cover topics such as development and operationalization of HIV-related policies, cost-benefit analysis, donor policies and best practices in HIV/AIDS programming, facilitation of relationships between public and private sector organizations, health product procurement practices and international procurement mechanisms, among others.	EMG/ USAID	Registration forms at FUE/UMA.	9	9	15	18	20	23	25	27	30	32	15
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	OGAC/ EMG/	site records, patient records	1000	1,468	1500	3,090	4,000	4010	4500	3,273	3,200	3,310	3,200
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	OGAC/ EMG	health service records	50	143	100	458	400	748	500	395	300	465	100

Performance Indicator Title	Indicator Definition and Unit of Measure	Data User	Data Source	Year 2008 Target	Year 2008 Value	2009 Target	2009 Value	2010 Target	2010 Value	2011 Target	2011 Value	2012 Target	2012 Value	2013 Target
	services, education and vocational training, and economic strengthening (per PEPFAR guidelines)													