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Health Marketing Initiative in Uganda**

**AFFORD II  
HEALTH MARKETING INITIATIVE IN UGANDA**

**Workplan Narrative**

October 1, 2012 – September 30, 2013



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### ENCLOSURE

List of UHMG GLCs by Service Area

## LIST OF ABBREVIATIONS

ACP-UP	- AIDS Control Project of Uganda Police
ACT	- Artemisinin-based Combination Therapy
AFP	- Advance Family Planning
AGM	- Annual General Meeting
ANC	- Ante Natal Care
ART	- Anti-Retroviral Therapy
BCC	- Behavior Change Communication
BOD	- Board Of Directors
CCP	- Center for Communication Programs
CH	- Child Health
CME	- Continuing Medical Education
COC	- Combined Oral Contraceptives
COP	- Chief of Party
CSE	- Small Scale Entrepreneurs
CSO	- Civil Society Organizations
CSW	- Commercial Sex Workers
CV	- Curriculum Vitae
CYP	- Couple Year of Protection
DHO	- District Health Officer
F&I	- Finance & Investments
FBO	- Faith Based Organization
FHI	- Family Health International
FMCG	- Fast Moving Consumer Goods
FP	- Family Planning
FY	- Fiscal Year
GLC	- Good Life Clinic
GLS	- Good Life Show
GOU	- Government of Uganda
GPA	- Group Personal Accident
HCI	- Health Care Improvement
HCT	- HIV Counseling and Testing
HMIS	- Health Management Information System
HR	- Human Resources
HR&A	- Human Resources& Administration
HRD	- Human Resources Development
HRMIS	- Human Resources Management Information System
IDP	- Internally Displaced People
IEC	- Information Education and Communication
IP	- Implementing Partner

IPC	- Inter Personal Communication
IPT	- Intermittent Prophylactic Treatment of Malaria in Pregnancy
IR	- Intermediate Result
IRB	- Internal Review Board
ITN	- Insecticide Treated Net
JHU-CCP	- Johns Hopkins University Center for Communication Programs
KPI	- Key Performance Indicators
KRA	- Key Result Areas
LAN	- Local Area Network
LC	- Local Council
LLIN	- Long-Lasting Insecticide Nets
LQAS	- Lot Quality Assurance Sampling
M&E	- Monitoring & Evaluation
MARCOM	- Marketing and Communication
MARPS	- Most At Risk Population
MCH	- Malaria Control Program
MD	- Managing Director
MEEPP	- The Monitoring and Evaluation Emergency Plan Progress
MLM	- Middle Level Management
MMC	- Medical Male Circumcision
MMM	- Mobile Men with Money
MOH	- Ministry Of Health
MOU	- Memorandum Of Understanding
MSH	- Management Sciences for Health
NBMC	- New Born Mothers Club
NDA	- National Drug Authority
NGO	- Non-government Organization
NMCP	- National Malaria Control Program
NUMAT	- Northern Uganda Malaria AIDS Tuberculosis Program
OI	- Opportunistic Infection
P&S	- Programs & Services
PEPFAR	- President's Emergency Plan for AIDS Relief
PF	- Product Facility
PFP	- Private not For Profit
PLHA	- People Living with HIV/AIDS
PMO	- Product Marketing Officer
PMP	- Performance Monitoring Plan
PMTCT	- Prevention of Mother To Child Transmission
PNFP	- Private Not For Profit
POL	- Popular Opinion Leader
PPDARO	- Partners in Population Development Africa Regional Office
PPP	- Public Private Partnership
PRAU	- Public Relations Association of Uganda

PY	- Program Year
PY	- Program Year
R&E	- Research & Evaluation
RDT	- Rapid Diagnostic Test
RFA	- Request For Application
RFP	- Request For Proposal
RH	- Reproductive Health
RHU	- Reproductive Health Uganda
RM&E	- Research Monitoring & Evaluation
RO	- Result Objective
RTP	- Return To Project
RUTF	- Ready to Use Therapeutic Food
SBU	- Strategic Business Unit
SGHI	- Sprinkles Global Health Initiative
SML	- Senior Management Level
SMS	- Short Message Service
SSE	- Small Scale Entrepreneur
STI	- Sexually Transmitted Infection
TAG	- Technical Advisory Group
TASO	- The AIDS Support Organization
TNA	- Training Needs Assessment
UDHS	- Uganda Demographic and Health Survey
UGX	- Uganda Shillings

## **BACKGROUND**

The vision of the AFFORD Health Marketing Initiative since its inception has been a Uganda in which families and communities are empowered to protect and improve their health; markets for health products and services are vibrant and expanding; and consumer access to affordable health products and services steadily improves and is increasingly sustainable.

Specifically, AFFORD focuses on three Results Objectives (ROs):

**RO1: Increased organizational sustainability of the Uganda Health Marketing Group (UHMG);**

**RO2: Increased availability, affordability of health services and products; and**

**RO3: Enhanced knowledge for self-efficacy and correct use of health services and healthy practices.**

The purpose of this document is to present the AFFORD II Implementation Plan for Fiscal Year 2013, or the period October 1, 2012 to September 30, 2013. This Implementation Plan presents the major strategies, program areas, activities and work schedule by which AFFORD seeks to achieve its Results in FY13.

## **LOOKING AHEAD: PLANS FOR FY13**

In the last year of AFFORD II, the project will continue on-going strategies from the previous workplan year and, in addition, ensure that the foundational structures built in UHMG are further strengthened and capacity further improved in technical, marketing, institutional and financial areas. AFFORD II will begin planning close out activities which will include end of project documentation, reporting and promotional activities.

All specific FY13 activities conducted under UHMG's strategic business units are summarized at the end of this document in Table 1, UHMG FY13 Gantt Chart of Activities.

AFFORD plans for FY2013 are summarized below for each RO:

### **Result 1: Increased organizational sustainability of the Uganda Health Marketing Group (UHMG)**

During FY2013, AFFORD II will continue to focus on:

- Improving UHMG's skills in marketing communication, market research, brands management, programs management, and product facility operations;

- Improving financial management systems at UHMG to effectively manage the operations of UHMG as a whole as well as track financial progress of the two SBUs, the Product Facility division and the Programs & Services division;
- Improving performance management skills at UHMG, especially at the senior management level, strengthening human resource and administrative systems, and enhancing UHMG key personnel's business planning skills to help UHMG improve efficiency, cost-effectiveness and competitiveness;
- Improving strategic planning and implementation skills of the social marketing and Products Facility teams to achieve quarterly and annual targets;
- Consolidating the product mix of the Product Facility to optimize sales revenue and profitability so as to partially cover the operational expenses of the product facility in the future.

The specific strategies that AFFORD will employ for FY13 to increase organizational sustainability are tailored from the approved *UHMG Three-year Capacity Building Plan* and outlined in the Capacity Building for UHMG Sustainability section of this workplan.

The FY13JHU-CCP International Travel Plan for technical assistance is included as Table 4 of this document.

## **Result 2: Increased availability and affordability of health services and products**

During FY13, AFFORD II will focus on:

- Strengthening private sector partnerships with both local (Good Life Clinics [GLCs], Wholesalers, Corporates, NGOs) and international manufacturers of pharmaceutical and allied health care products;
- Increasing its reach of socially marketing products in rural areas of the country through partnerships with other organizations;
- Continue to grow the existing socially-marketed products including the USAID donated products and UHMG brands;
- Strengthen, streamline and sustain UHMG's distribution system;
- Strengthen operations of regional wholesale outlets; and
- Intensify product promotion through demand creation activities both through mass media and through IPC.

## **Result 3: Enhanced knowledge for self-efficacy and correct use of health services and healthy practices.**

During FY13 AFFORD II will:

- Continue to leverage the Good Life platform, including enhancing the brand identity of Good Life Clinics and increasing client demand for GLC services
- Develop and launch campaigns that link and support health practices, products and services among audience segments

- Provide support supervision to UHMG’s networks of clinics to enhance their role and increase knowledge to influence behavior change
- Continue to manage high quality HIV/AIDS, Malaria and MNCH, and FP programming with particular emphasis under AFFORD II placed on:
  - Continue implementation of the HIV/AIDS strategy to solidify UHMG’s position as a leading practitioner of KEY POPULATIONS (MARPS) programming nationally;
  - Continue building capacity in private sector (GLC and sub-grantees) for quality HIV prevention and care services;
  - Build capacity of GLCs to provide PMTCT services;
  - Support medical male circumcision with demand creation activities, build/strengthen referral systems and increasing SMC sites;
  - Support UHMG’s malaria programs to increase access to malaria prevention and case management services with special emphasis on testing, treating and tracking interventions;
  - Scale up current FP campaign promoting informed choice as well as the cafeteria of contraceptives, including emphasis on long-term methods (LTMs);
  - Strengthening the MCH program through the mothers’ clubs and offering integrated MNCH services through GLCs.

## CAPACITY BUILDING FOR UHMG SUSTAINABILITY

AFFORD II’s approved Capacity Building Plan is designed to help UHMG achieve increased financial, institutional and market sustainability. The capacity building focuses on five organizational and management domains:

1. Strengthening *Performance Management* and *Quality Management* systems
2. Improving *data utilization* and *knowledge management* processes
3. Developing *innovative* program, product and service *strategies*
4. Building *business development* systems
5. Strengthening *financial systems*

AFFORD II capacity building activities for UHMG for FY13 are summarized below.

CAPACITY BUILDING OBJECTIVE	EVIDENCE OF ACHIEVEMENT	FY 2013 (Year 3) Priorities
<b>1. PERFORMANCE MANAGEMENT &amp; QUALITY MANAGEMENT</b>		
Establish performance management system for enhanced	Senior Management & supervisors produce clear performance indicators quarterly	<ul style="list-style-type: none"> <li>• MD, Director Finance and Senior Management track contract performance monthly</li> <li>• Performance monitoring tool applied quarterly by all UHMG Divisions</li> </ul>



<b>monitoring and supervision by UHMG and BOD</b>		<ul style="list-style-type: none"> <li>Summary review and documentation of all technical indicators conducted quarterly and reported to Sponsors and BOD</li> </ul>
	Effective, documented quarterly and annual <b>review process</b> is linked to staff motivation, performance and advancement	<ul style="list-style-type: none"> <li>KRA and KPI quarterly and annual review conducted and system documented</li> <li>Managers hold staff accountable for performance to KRAs and KPIs</li> <li>Findings of HR Audit conducted by AFFORD KPMG used to re-calibrate staff KPIs and strengthen staff performance appraisal practices</li> <li>Promotion, salary increases or recognition linked to achievement of KRAs and KPIs (occurs case by case)</li> </ul>
<b>MD, Directors &amp; Operational managers adopt a 'private sector' management practice</b>	UHMG operates as a commercial sector company that makes strategic decisions based on profitability as well as risk-reduction and stewardship of capital assets, including product stocks	<ul style="list-style-type: none"> <li>BOD, MD and staff committed to improved stock management practices in PF, assisted by AFFORD/KPMG</li> <li>Stock-counts conducted routinely according to PF Standards of Practice (SOP); variances reduced. Monthly stock counts involving PF stock management and PF finance teams; quarterly stock counts involving PF Team plus UHMG Auditor.</li> <li>Further improvement in debt recovery for enhanced cash flow</li> <li>New products assessed for profitability, and adopted accordingly</li> <li>Profitability analyses conducted quarterly; Business Plan progress tracked quarterly by BOD</li> </ul>
	All strategies generated by managers are vetted through organizational approval processes  Quarterly Performance Reports (programmatic and financial) submitted to BOD and Sponsors	<ul style="list-style-type: none"> <li>All key strategies developed by Senior Management and operational staff through a consultative process, and vetted by the MD and the BOD; AFFORD KPMG reviews and assists as needed</li> <li>All strategies and their implementation assessed by management and operational staff for effectiveness and cost-efficiency</li> <li>Deliverables produced and quarterly targets achieved, and assessed by BOD and sponsors against UHMG Business Plan and sponsor-supported Annual Workplan</li> <li>BOD, MD and Senior Managers take corrective action within next quarter in the event targets are not being met</li> </ul>
	The product facility operates as a profit center & The programs unit operates as a cost-recoverable consultancy business	<ul style="list-style-type: none"> <li>PF Profitability analysis conducted quarterly; profitability improved over FY2012 (see Financial Systems below).</li> <li>Program Consultancy expands technical strategies and secures at least two new sources of funding for programs (see Business Development below)</li> </ul>
<b>A Quality Management system for enhanced organizational responsiveness conceptualized, implemented and sustained by UHMG staff and Board</b>	High level of compliance with internal systems and external regulations according to compliance and audit reports  Staff implementing mandated protocols and standards  Staff monitored for compliance quarterly	<ul style="list-style-type: none"> <li>External A-133-Type audit conducted</li> <li>Senior Management consistently enforce compliance requirements; Sr. Mgmt identifies and continues remedial actions on audit findings. Internal auditor with Dir. Finance and HR conduct quarterly compliance audit review; AFFORD/KPMG conduct quarterly progress reviews</li> <li>Staff assessment by KPMG continues to lower levels and results in personal development plans</li> </ul>
	Adapt MOH guidelines and protocols for service quality assessment  Products certified by international body (ISO)	<ul style="list-style-type: none"> <li>Staff applying MOH quality assessment protocols in the field (e.g., with Good Life Clinics)</li> <li>ISO process complete.</li> <li>Progress to date: In FY2012, Training, Documentation and Process Review were conducted by ISO Team. 1st Draft ISO Standard Operating Manual was produced by UHMG (similar to AFFORD SOP). During FY 2013, ISO SOP implementation is being monitored and in February/March, the implementation will be audited. And</li> </ul>

		based on performance, ISO Certification will be issued.
<b>Quality Management: Improved internal communication and coordination</b>	Improve internal processes that inhibit or facilitate objective performance	<ul style="list-style-type: none"> <li>• Delegation skills of senior management improved</li> <li>• Marketing and Strategic Information (MSI) and Product facility (PF) coordinate regularly to facilitate distribution</li> <li>• MSI coordinates regularly with Programs Division on budgeting to facilitate local implementation</li> <li>• MSI coordinates closely with finance to facilitate procurement efficiency</li> <li>• Senior Level Management (SLM) has regular and open communication with Managing Director (MD) and Middle Level Management has regular and open communication with SLM for improved vertical organizational communication</li> <li>• The Board of Directors is advancing its vision of UHMG sustainability through unified, rather than project-driven approaches to management, including unified technical strategies, a unified Management Structure (merger of special projects with Programs), and application of unified financial and administrative systems across projects.</li> </ul>
<b>2. DATA UTILIZATION &amp; KNOWLEDGE MANAGEMENT</b>		
<b>Create comprehensive monitoring and evaluation systems to inform and assess organizational strategies</b>	Both strategic business units utilize research data and monitoring tools quarterly to design and evaluate all major product, service and program initiatives	<ul style="list-style-type: none"> <li>• Senior Management use monitoring and evaluation data in all quarterly reviews</li> </ul>
	Tracking tools used by all managers to monitor activities and progress, specifically: product distribution, sales, availability, program implementation, media campaign monitoring, community activities and activities at GLCs	<ul style="list-style-type: none"> <li>• Managers utilize tracking tools to monitor activities on a quarterly basis, such as: sales studies; Retail Audit; Media Reach reporting; formative research for campaigns;</li> <li>• Managers use results of Communication Survey to assess effectiveness of behavior change programs and level of exposure to marketing</li> </ul>
	Work-plan Implemented	<ul style="list-style-type: none"> <li>• Workplan implementation reviewed quarterly by senior and mid-level management</li> <li>• Technical staff use program data and research findings to inform programmatic decisions.</li> </ul>
Improve data dissemination through best practices in knowledge management	Systematic gathering, reporting and sharing of program data among stakeholders through diverse channels (e.g., print publications, web platforms, events)	<ul style="list-style-type: none"> <li>• UHMG staff participate in sharing their program results through organizational knowledge management platforms</li> </ul>
<b>3. INNOVATIVE STRATEGIES</b>		
<b>Ensure mutually beneficial and effective linkages and synergy occurs between UHMG's business units</b>	All Program Division activities link to relevant health products through joint implementation plans and reports	<ul style="list-style-type: none"> <li>• Product &amp; program linkages inform strategic decisions and outputs</li> </ul>
<b>Ensure that all UHMG programs are considered strategic and high quality by donors,</b>	All strategies based on recent data and information obtained from clients and their communities  Increased involvement of clients and	<ul style="list-style-type: none"> <li>• Refined HIV/AIDS programs in place and judged cutting edge by stakeholders: e.g. HIV Strategies for PMTCT, KEY POPULATIONS (MARPS) and Sexual Network campaign scale-up.</li> <li>• Retargeted RH/FP programs operational linking to products and</li> </ul>

<b>clients and staff</b>	communities in UHMG programs	<p>services, e.g., DFID “Smart Choices” Family Planning strategy</p> <ul style="list-style-type: none"> <li>Retargeted malaria programs operational linking to products and services, e.g., further roll-out of “Power of Day One” Malaria test-and-treat campaign</li> <li>Retargeted MCH programs operational linking to products and services and integrating HIV services, products and practices, e.g., Saving Mothers Giving Life (SMGL); Integrated MNCH/FP ‘1000 Days’ Approach</li> </ul>
<b>Ensure that UHMG marketing strategies are evidence-based and achieve stated targets</b>	<p>Marketing strategies developed, documented and implemented</p> <p>Increased market demand for services and products and targets achieved</p>	<ul style="list-style-type: none"> <li>Brand Officers and communication officers create strategies with limited external support, e.g., MNCH/FP ‘1000 Days’ Approach</li> <li>Marketing and Brand Managers routinely identify linkages between products and programs; evidenced in joint MSI-PF meetings and in quarterly reports</li> </ul>
<b>Establish routine communication with customers and suppliers (relationship marketing) and strengthen related management systems</b>	<p>Operational database of key customers used by product and program managers</p> <p>Brand managers develop functional communication strategy with customers</p>	<ul style="list-style-type: none"> <li>MSI &amp; PF routinely use and update database of suppliers and customers</li> <li>Marketing events taking place per Work-plan</li> <li>Sales increases debt collection activities decrease and “closed” distribution system opened slightly</li> </ul>
<b>Ensure that all Product Facility operations are considered sustainable and dependable by donors, clients and UHMG staff</b>	<p>3-month stock supplies on hand and stock expiry at 0%.</p> <p>Spot check reports on compliance of procedures and systems; quarterly stock procurement plans in place</p>	<ul style="list-style-type: none"> <li>No stock-outs or shortages in RTP or UHMG products</li> <li>SOPs followed by Product Facility staff to manage stocks and to develop procurement plan</li> </ul>
<b>Improve systems to track the flow of in-bound and out-bound stocks</b>	A tracking system in place and used to manage logistics supply chain	<ul style="list-style-type: none"> <li>Sr. Product Facility managers and Finance Team review supply chain system quarterly</li> <li>Negative findings addressed within the quarter</li> </ul>
<b>4. BUSINESS DEVELOPMENT</b>		
<b>Increase and diversify sources of revenue for both business units</b>	Substantially increase number of sources and amount of resources generated by both the program and product facility business units.	<ul style="list-style-type: none"> <li>UHMG NICRA approved by USAID and regularly applied by UHMG</li> <li>UHMG resource mobilization strategy, investment plan, resource mobilization team and product list in place and regularly employed.</li> <li>UHMG awarded at least 2 additional non-AFFORD contracts totaling minimum \$2m/year</li> <li>UHMG fully prepared to compete for donor-funded prime awards post-AFFORD II</li> </ul>
	UHMG business practices improved, through BOD support and the assistance of AFFORD (KPMG & Friends Consult)	<ul style="list-style-type: none"> <li>Continued support to BOD to effectively oversee implementation of UHMG Business Plan</li> <li>Continued support on adherence to policies and procedures, inventory, stock management, logistics, procurement systems, IT policies and procedures, salary allocation systems, debt tracking through Tally software, and donor regulations and requirements.</li> <li>Continued refinement of financial management systems, including orientation to reporting requirements of prime awardees</li> <li>Support human resource systems development including improved supervision and management skills of staff, MD mentorship, application of HR audit finding and orientation of staff to change management principles in anticipation of AFFORD II closeout.</li> <li>ISO Process complete</li> </ul>
<b>5. FINANCIAL MANAGEMENT</b>		

<b>Effectively manage and report on staff time and finances across diversified funding sources</b>	Timely financial reports for all sources of funding Improved (accelerated) burn rate Rare non-compliance with donor financial requirements	<ul style="list-style-type: none"> <li>• Finance unit delivers financial reports by due date for all programs</li> <li>• Burn rate across all grants increased to 80% of targets</li> <li>• Finance &amp; HR teams regularly employ staff LOE certification procedures</li> <li>• Financial control procedures monitored, and compliance enforced</li> </ul>
<b>Improve working capital management by the Product Facility</b>	Improved debtor's ratio Improved stock management with no or minimal variances Improved working capital management position	<ul style="list-style-type: none"> <li>• Further reductions in aging debt. Increased reliance on Tally software in debt reduction.</li> <li>• Variances between records and stock on hand reduced.</li> <li>• 75% of PF operating costs covered by revenues generated through PF net margins (excluding Marketing Costs)</li> </ul>
<b>Strengthen financial accountability and compliance</b>	External audits verify that UHMG is following international financial	<ul style="list-style-type: none"> <li>• Finance Team produces documented response to each financial audit finding and recommendation; actions taken on any remaining audit items</li> </ul>

## PRODUCT FACILITY – STRATEGIC BUSINESS UNIT

### Introduction

UHMG's Product Facility Division (PF) has successfully operated for the last three financial years making a clear footprint in the pharmaceutical sector in Uganda. The sales and distribution operations have been fully networked in the country with a recent nationally representative retail audit reporting that key socially-marketed products (pills, injectables and condoms) are available in 60 to 70% of outlets nationwide. Regional pharmacies have also been opened and are in operation. The supply chain has seen increased procurement of commercial products and an increased number of suppliers. In addition, PF has been appointed by the Ministry of Health as an alternative distributor for reproductive health commodities for the private sector for the next five years alongside National Medical Stores.

PF has continued to meet its major goals of improving the distribution of socially marketed brands of both UHMG's USAID donated products.

Operationally, PF has successfully implemented its business plan goals of revenue generation and during the past fiscal year has covered 25% of its operation costs as a test of business viability and sustainability. During fiscal year 2013 (FY13), PF plans cover 75% of operating costs through its product revenues, in preparation to cover 100% of PF operating costs following the close of AFFORD project.

In FY13, the Product Facility will consolidate successes of the previous three years and focus on the following:

- a) Increasing its revenue base by focusing on a product mix that will include high turnover medium profitability and medium turnover high profitability products
- b) Increase turnover and build brand loyalty for some of its own brands that have the potential to become fully cost recoverable

- c) Improve on customer service by ensuring minimal stock outs and prompt delivery of products through strengthening of its procurement storage, and distribution systems
- d) Explore new business avenues through partnerships with development partners NGOs, Hospitals, Corporates, tenders;
- e) Pursue and sign distributorship agreements with International pharmaceutical and health care products suppliers for having distribution rights in Uganda
- f) Provide storage and distribution facilities for health care commodities, including storage for USAID, DFID, USAID IPs and other non-USAID development partners.
- g) Strengthen the operating systems that supports the functioning of all the sectors; where all the distribution and sales points are linked, profits are tracked, financial performance s of the business is tracked and the overall business performances are kept in check

During this project year, the Product Facility will focus on improving efficiencies, growing business unit revenues, and on covering increasing portions (75%) of its operational costs.

#### **Legal Status: Operational Autonomy**

UHMG's earlier plan to convert the Product Facility into an autonomous legal entity has been reconsidered and a more strengthened position as an SBU existing alongside the program SBU has been advised by the board so as to reap the benefits of 'Siamese twins'. However, to undertake certain operations efficiently, PF will be attaining an increasing level of operational autonomy to compete and benchmark for better performances with private sector players. Areas of operational autonomy are expected to include internal HR functions (management of commission-based sales reps) and procurement functions (procurement plans, sourcing and payment functions).. Overall Financial and Human Resource Management will continue to reside with the UHMG's central directorates, as they do today. The long term goal of PF will be to produce surpluses that will be reinvested to contribute to social marketing and product-related program activities of UHMG.

#### **Product Range**

The PF ranges of products have included those pharmaceutical products and other allied health care products sourced locally from importers and manufacturers, international suppliers and through contract manufacturing from local and international manufacturers.

Over the last 2 years, the PF has been marketing a wide range of products in addition to its core set of socially marketed products, and will continue to focus on those with high gross returns. Focus will also be placed on bottom of the pyramid products which appeal to majority of health seekers and volume mover. The current range of PF products distributed in terms of revenue contribution are anti-malarial, mosquito nets, antibiotics, analgesics, IV fluids anti-amoebic, multi vitamins and supplements and sundries like gloves, cotton wool, cannulas disposable syringes, RDTs), de-worming agents, antifungals, anti-allergy and IV fluids.

In the recent past, UHMG achieved appointment as sole distributorship and local technical representative for Naari AG, Athena health care and Adcock Ingram and has entered into

negotiation with 3 other manufacturers for pharmaceutical and sundries. The appointment as first line buyer for AMFm ACTs has repositioned UHMG as a key contender in the private pharmaceutical arena with increased market visibility and recognition and as well improved revenue generation internally from the ACT sold.

In FY13 UHMG plans to introduce sanitary pads and Nutributter (Nutritional supplement), multivitamins and supplements, male circumcision kit consumables (for which UHMG has won a tender) and others that garner good profit margin and meet the need of community and unique market segments. These will be launched during the course of this coming year. Having exclusive distribution arrangements will enable UHMG to command the supply chain and the profit margin, in cases where the PF has product exclusivity and can differentiate it from other products on the market. Thus, the PF will remain competitive on the market and also generate adequate revenues to sustain its operations.

Among locally procured supplies, the product mix has remained very dynamic and will continue to be driven by gaps and customer needs identified. However, the PF will only continue to procure products locally as long as there is a decent profit margin within the terms of the procurement.

PF also plans to increase the UHMG brands by introducing amoxi-clav combination, de-worming tablets, and carrying out active promotion of Sprinkles. By distributing USAID and MOH commodities, PF has gained accessibility to unique segments and as well experience in the management of the supply chains in the not-for-profit sub sector in Uganda.

### **Customer Base**

The last 3 years have set a firm foundation for the Product Facility to run a moderately strong business operation. UHMG's market presence both as a supplier and customer for various health commodities is clear to the majority of pharmaceutical business stakeholders.

The PF Division has been able to create awareness about its business of sales and distribution of health care products to an expanding customer base. Though the penetration into the public sector as main supplier of Zinkid through National Medical Stores was not renewed due to a competitor winning the tender, increased presence and share in the private sector pharmaceutical trade wholesalers, Hospitals and clinics with our brands have greatly improved. New government tenders are being pursued. USAID implementing partners were also among the major customers of UHMG's brands, mainly Cotramox, AquaSafe and protector condoms. UHMG will further consolidate its business relationships with these existing customers/partners as well as expand its customers to include more implementing partners in areas like nutrition and maternal child health products.

### **Procurement**

Over the past three years the PF has gained invaluable experiences in studying the consumption pattern of products marketed by the PF, thus helping to determine the range and quantity of products to be stocked. The sales trends have also helped the procurement department at the

PF to forecast the demand and stock products in a timely manner to avoid stock outs. However erratic market patterns in the past year have led to some stock outs of certain key brands such as 'O' and Lumartem. Procurement tracking by use of Tally system was also realized and in FY13, PF Procurement will seek to improve planning efficiencies and minimize stock outs through the use of TALLY software.

In order to maintain reasonable stock levels at all times, UHMG will follow a procurement plan developed based on past performance, next year's forecasts, and lead time for procurement whereas will continue to operate a just in time procurement plan for the locally sourced items.

### **Sales and Distribution**

PF appointed 14 distributors who are situated in different locations of the country, two of which are own regional distribution outlets. In the year also, credit committee was appointed and the credit control procedure took shape. A sub-team of sales commission agents have also been included in the main sales force and have proven very helpful in closing sales and collecting debts.

The regional pharmacies were opened and are in operation. This has enabled a further reach of distribution to different corners of the country. Furthermore, the distribution strategy will continue to focus on strengthening and utilizing existing networks including the Good Life Clinics (GLCs), Good Life Shops (GLS) and UHMG Brand Promotion sites to provide products to all levels of the distribution chain in a sustainable way, thus linking products to programs. The challenge, though, is to strike the balance between the commercial and social distribution for every range of products.

The PF will further solidify linkages with national distributors such as NATIONAL Medical Stores and Joint Medical Stores (JMS) that procure large quantities of health products for Uganda's mission hospitals and NGOs. Opportunities to participate in tenders will also be explored.

The PF will also improve its rural distribution by re-introducing the Small Scale Entrepreneur (SSE) model by reviewing the partnership with existing partners who have the reach in rural regions of the country. At times, non-conventional sales field sales force will be deployed to help close certain community distribution gaps that may e needed to accomplish social objectives.

### **New Business Development**

During the past year fiscal year, the PF team conducted a business development trip to India to negotiate for new products and new suppliers. The achievement has been that a new contract has been attained with Athena Drugs delivery (India) and a number of products have been suggested to be launched from the existing contracts: from Hexagon Nutrition India for supply of Pentasure (nutraceuticals) and Sprinkles, Naari AG for Women reproductive products, FDC the current supplier of RESTORS, Cipla and Medreich.

Activities in FY13 will concentrate on consolidating the relationship with different suppliers of UHMG branded products as well as commercial product suppliers. Continued electronic communication with suppliers will be pursued to keep abreast of changing market conditions as well as to negotiate terms and profit margins.

The PF has actively started offering storage facilities of health care commodities for a fee to MOH as in the 5 year MOU and has continued with the same for other development partners whose contract are running. The warehouse at Bugolobi was moved to Ntinda and there are plans to construct an extension to answer to the current space challenges given the running contracts of third party storage and distribution.

### Financial Systems

The utilization of the Tally Accounting system has been strengthened in the past year to improve the reporting, inventory management and invoicing activities of the Product Facility. The system has also been installed in the regional pharmacies providing real time data for reporting and tracking stocks and sales. A PF finance manager was recruited and installed and this has improved PF work-flow and professionalism in the accounting, book-keeping and reporting functions of the department. PF Staff will continue to be trained on the TALLY implementation to improve efficiencies and utilize the Tally software to generate MIS reports. Financial systems and human resources capacity will be strengthened to manage debtors, and assess the sales team’s performance through tracking of personal order booking (POB) in the systems.

### Product Facility performance table FY13:

#### Activity 1: PF strategies and business development

Activity Description	Targets/Outputs	Q1	Q2	Q3	Comments
<input type="checkbox"/> Carry out market surveys to reveal gaps, potentials and opportunities of entry with bottom of the pyramid and new volume movers brand	<input type="checkbox"/> New products: Nutrition range, Analgesics, Anti biotic and test kits.		X	X	
<input type="checkbox"/> Solicit for local product sourcing arrangement for sub distributorship with LTRs of multinationals <input type="checkbox"/> Limit local purchase to only confirmed orders from the customers	<input type="checkbox"/> Number of local contracts signed <input type="checkbox"/> Number of local purchase orders placed after confirmation	X	X	X	
<input type="checkbox"/> Supplier search to achieve sources of highly reputable and quality products, with the Directorate staff of the facility taking visits to suppliers both local and International.	<input type="checkbox"/> Increase in the profitability of the product facility <input type="checkbox"/> Increased product range of commercial brands with detailers fully paid for by manufacturers <input type="checkbox"/> 2 more suppliers to be signed	X	X	X	
<input type="checkbox"/> Collect and analyze information on logistics and customer demand forecast from both the public and private sector target customers	<input type="checkbox"/> Knowledge of the market and demand trends/survey reports <input type="checkbox"/> Quarterly rolling forecasts tool developed.	X	X		
<input type="checkbox"/> Update the current marketing tools used to promote the product facility to reflect the new products that have been introduced.	<input type="checkbox"/> PF Website link developed; price lists, FAQ, and order form uploaded to facilitate online transaction and	X	X		



These include the UHMG website and SMS platform.	information sharing				
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Activity Manager: Philip Okello Apira

Linkages within UHMG:

- Marketing and Strategic Information for the website link;
- Marketing and Strategic Information will help in creating awareness of the products;
- Programs and Services will help in identification of the product gaps in their areas of interventions and as well forming a channel through which consumers have access to products.

## Activity 2: Strengthening Product Facility operations

Activity Description	Targets/Outputs	Q1	Q2	Q3	
<input type="checkbox"/> Strengthening of PF and regional pharmacy operations	<ul style="list-style-type: none"> <li>▪ Ease of processing reports e.g. consolidated sales reports, debtors.</li> </ul>	X			
<ul style="list-style-type: none"> <li><input type="checkbox"/> PF attains increased operational autonomy</li> <li><input type="checkbox"/> Train warehouse staff to improve their skills in stock and warehouse management</li> <li><input type="checkbox"/> Regularly review SOM for further revision and follow up of implementation</li> <li><input type="checkbox"/> Construct another 600sqm warehouse on UHMG land</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Clear operational status</li> <li><input type="checkbox"/> ISO certification attained</li> <li><input type="checkbox"/> Warehouse staff trained and oriented to the new challenges</li> <li><input type="checkbox"/> Sales force empowered to make a difference in their activities and contribute to achieving overall sales objectives</li> </ul>	X	X	X	
<p>Capacity of warehouse staff</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A team of professional, proactive members of staff developed</li> <li><input type="checkbox"/> Warehouse adhering consistently to stock management practices in Standard Operating Manual</li> <li><input type="checkbox"/> Sales force empowered to make a difference in their activities and contribute to achieving overall sales objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Warehouse staff adherence; variances reduced</li> </ul>	X	X		
<p>Warehouse Management</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Warehouse management improved resulting in reduced variances</li> <li><input type="checkbox"/> Regularly review SOM for further revision and follow up of implementation</li> <li><input type="checkbox"/> Extend the warehouse capacity through constructing an extension from the existing warehouse structure</li> <li><input type="checkbox"/> Consult on business portfolio management</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Variances reduced</li> <li><input type="checkbox"/> Warehouse staff oriented to any new SOM amendments</li> <li><input type="checkbox"/></li> </ul>	X			
<p>ISO Certification</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Finalize implementation and auditing for certification within the year</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> ISO certification attained</li> </ul>	X	X		
<p>Other activities</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Link and use the networked of data sharing links between the warehouses and the main warehouses</li> <li><input type="checkbox"/> Institute a performance management system as in line with the private sector approaches to managing performances</li> </ul>	<ul style="list-style-type: none"> <li>• Performance management system in place</li> </ul>	X	X		

Activity Manager: Philip Okello Apira

Linkages within UHMG:

- HR/Admin
- Finance

### Activity 3: Strengthening management and financial systems

Activity Description	Targets/Outputs	Q1	Q2	Q3	
<p>Financial management</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Streamline ledgers in the system and structure of the Tally system</li> <li><input type="checkbox"/> Train users in tally as needed to optimize use of its functionalities</li> <li><input type="checkbox"/> Establish and implement working guidelines for the credit policy in place</li> <li><input type="checkbox"/> Install the commission remuneration to the sales force to enforce the management of cash flow strategies</li> <li><input type="checkbox"/> Develop cost drivers and cost absorption strategies to show growth in capacity</li> <li><input type="checkbox"/> Recruit or appoint existing staff as credit controller in PF</li> <li><input type="checkbox"/> Management of the product streams as business portfolio to allow for commensurate remuneration of the performance while tracking the profitability of the products</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff producing all needed PF reports</li> <li><input type="checkbox"/> Sound financial management and reporting (both cash and inventory) regularly disseminated</li> <li><input type="checkbox"/> Debt management procedures in place</li> <li><input type="checkbox"/> Debt recovery up to 60% within the sales period</li> <li><input type="checkbox"/> Credit ceiling by aging analysis and debtor days</li> <li><input type="checkbox"/> Building Dollar bank balance for over sea supplies payment</li> <li><input type="checkbox"/> Renegotiate supplies payment terms</li> <li><input type="checkbox"/> Monthly stock counts and variance management</li> <li><input type="checkbox"/> Recruit a credit controller</li> <li><input type="checkbox"/> Product profitability tracking</li> </ul>	X	X	X	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Good relationships with customers and suppliers perceived resulting from accurate and timely statements</li> </ul>	<ul style="list-style-type: none"> <li>• Accurate and timely statements for customers and suppliers</li> </ul>	X	X	X	Monthly statements will be issued
<p>Working Capital management</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Debt management procedures in place</li> <li><input type="checkbox"/> Debt recovery up to 80% within the sales period</li> <li><input type="checkbox"/> Credit ceiling by aging analysis and control</li> <li><input type="checkbox"/> Daily banking of cash and cash equivalent</li> <li><input type="checkbox"/> Selling and invoicing in US Dollars</li> <li><input type="checkbox"/> Building Dollar bank balance for overseas supplies payment</li> <li><input type="checkbox"/> Renegotiate supplies payment terms</li> <li><input type="checkbox"/> Monthly stock counts and variance management</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Debt management procedures in place</li> <li><input type="checkbox"/> Daily banking of cash and cash equivalent</li> <li><input type="checkbox"/> Monthly stock counts and variance management</li> </ul>	X	X	X	Work in progress

Activity Manager: Moses Kafeero

Linkages:

- IT skills from UHMG HR/Admin;
- Systems audit by internal auditors/external auditors
- Finance and Investment Department/Product Facility Operations

### Activity 4: Sales and distribution

Activity Description	Targets/Outputs	Q1	Q2	Q3	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Market segmentation will be strengthened, where</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A customer relationship</li> </ul>	X	X	X	

the client relationship activities will focus on relationship selling among all key customers. Emphasis will be placed on IPs, Institutions, NGO's and corporate organizations as these contribute a significant portion of the sales	officers allocated to Client portfolio <input type="checkbox"/> Presence and percentage of the sales revenue from key account sales grow to 20% of overall sales achieved				
<input type="checkbox"/> Continued Medical Education (CME's) and round table conferences will be a to focus on especially the new product ranges development	<input type="checkbox"/> At least one of each per month.	X	X	X	
<input type="checkbox"/> Empower the regional pharmacies in Arua and Mbale to operate as fully fledged sub distributor for the product facility	<input type="checkbox"/> PF to expedite the sourcing for the regional Pharmacies.	X	X		
<input type="checkbox"/> To extend the distribution reach to cover for all project commodity distribution in the project districts <input type="checkbox"/> To carry out social distribution mainly among the Good Life Clinics where an officer will be assigned to take care of the channel	<input type="checkbox"/> Based on success of existing regional pharmacies, consideration will be given to opening another Pharmacy in Gulu.  <input type="checkbox"/> GLC coordinator assigned the roles	X	X		
<input type="checkbox"/> Support and evaluate the distributors to improve efficiency in distribution and relationships	<input type="checkbox"/> Continuously evaluate the distributors on a quarterly basis. <input type="checkbox"/> Frequent business meetings	X	X	X	
<input type="checkbox"/> Market survey for outlet audits and gaps identification in market share and reach for commercial division	<input type="checkbox"/> Market survey for outlet audits conducted	X			
<input type="checkbox"/> Sales targets	<input type="checkbox"/> 70% of targeted outlets stocking products distributed by Commercial Division <input type="checkbox"/> Annual Sales target of 6.0 Billion UGX achieved excluding USAID brands <input type="checkbox"/> Gross Margins of at least 30% for UHMG brands and 20% for commercial brands <input type="checkbox"/> Three skills trainings for the sales force <input type="checkbox"/> Retain at least 95% Customers	X	X	X	A product Budget developed and revised to 6.0 billion excluding USAID brands.

Activity Manager: Paul Kagumire

Linkages:

- Link with brand and research teams for better synergies in demand creation and market intelligence
- Human Resource department for staff recruitment and motivation
- Link with programs department for uptake of products
- Link with public relations activities for relationship building and networking
- Link with finance team for financing activities

### Activity 5: Supply chain management

Activity Description	Targets/Outputs	Q1	Q2	Q3	
<input type="checkbox"/> Prepare a dynamic procurement plan for all products	<input type="checkbox"/> CPT memo sent to and	X	X	X	

	<ul style="list-style-type: none"> <li>approved by USAID</li> <li>▪ Running contracts in place for key suppliers</li> </ul>				
<input type="checkbox"/> Monitor procurement on a weekly basis by entering consumption and receipts data	<ul style="list-style-type: none"> <li>▪ Up to date procurement plan available for discussion at the end of each month</li> </ul>		X	X	X
<input type="checkbox"/> Procure packaging materials and instruction products for generic products <input type="checkbox"/> Put in place a secondary packaging contract with Kampala Pharmaceutical Industries	<ul style="list-style-type: none"> <li>▪ Finished products available for sale</li> <li>▪ Buffer stock of three months in place for Protector, Pilplan Plus, and Injectaplan</li> </ul>		X	X	X
<input type="checkbox"/> Procure products according to performance of the procurement plan	<ul style="list-style-type: none"> <li>▪ No stock outs of any product due to poor performance</li> <li>▪ No over stock due to bad procurement practices</li> </ul>		X	X	X

Activity Manager: Rachel Apio (with R. Kitonsa for regulatory atters)

Linkages:

- Accurate consumption data from Finance team
- Timely payments to suppliers by the Finance team
- Accurate stock status reports from the warehouse team
- Sales forecasts from MSI department and PF sales team
- Pre-alert shipping information from JSI/USAID

## PROGRAMS AND SERVICES - STRATEGIC BUSINESS UNIT

### Programs Overview

Through AFFORD II project, UHMG will attain the capacity for sustainable delivery of services to deliver the organisations vision of a good life for all Ugandans. Key AFFORD II result areas are:

1. Increase access to quality services and products in key intervention sectors for the targeted beneficiaries.
2. Consolidate communities' high self efficacy on health matters, with appropriate health reinforcing behaviours that includes services demand and utilisation, as a result of UHMG innovative health communication behaviour change programs.
3. Attain organisations capacity with regard to deliver these services on a sustainable basis.

This program year is AFFORD II last implementation work plan. Over the previous 2 program years, UHMG programs implementation have relied from key organisations strategy documents; Strategic plan 2010-13 and UHMG business plan 2010-14. For sustainable delivery of supported services, UHMG capacity is support is derived from organisations capacity building plan.

This final work plan will be a period for consolidation of all AFFORD II initiatives, to ensure attainment of all the 3 result areas which are epitomised by UHMG business plan targets attainment, in addition to AFFORD II PMP results framework. Finally, this work plan will rely on lessons learnt over the 2 years implementation, emerging best practices in country and worldwide and current evidence on priority focus interventions. The Uganda Health and Demographic Survey (UHDS) 2011, AIDS Indicator survey (AIS) 2011, and current sector national strategic plan documents provide guiding principles from which this work plan is derived.

### **Scope of Programs support**

Programs interventions will be directed at the consolidation of focus sectors. UHMG AFFORD II focus intervention sectors are:

1. HIV prevention, care and treatment services;
2. Malaria control interventions – prevention and case management;
3. Maternal/newborn and child health (MN/CH), and
4. Family Planning (FP) services, with special emphasis on long-term methods through the DFID-supported component of the AFFORD II program. Operational strategies continue to focus on private sector support through good life clinics (GLC), delivery of affordable high quality services and products through social marketing, and demand generation for services and adoption of health reinforcing behaviours.

### **Fiscal Year 2013 (FY13) Activities Focus**

This program year, activities focus will be directed to addressing gaps in the previous program years, documentation and learning best practices for dissemination to stakeholders for national scale up. This year will be a phase for overall consolidation. Continuous monitoring and evaluation of AFFORD II project interventions will be carried out, and program results will be documented and disseminated by the end of the project to share successful creative and cost effective models and approaches. The following sections provide work plan details, arranged according to intervention sectors, including UHMG model concepts programs; model villages, good life promoters (GLP), mothers clubs, hero couples, condom education HIV information and counselling (CHIC) centres.

## **MALARIA**

### **Overview**

UHMG malaria programs support focus on increasing access to malaria prevention and case management services. Programs strategic approaches include working through the private

sector providers, the good life clinics (GLC) and shops. In the last 2 program years, focus of malaria interventions were in 11 districts of Eastern and northern Uganda, starting with 6 (Soroti, Katakwi, Kumi, Apac, Ngora and Serere) in PY1, with 5 (Kaberamido, Lira, Amolatar, Dokolo, Pallisa) additional districts in PY2. In addition, malaria services support is integrated in GLC supported services across AFFORD II 45 districts.

**Key implementation approaches to deliver support for malaria interventions include:**

- Building the district capacity to manage malaria interventions at the district level malaria intervention services. Malaria district task forces; 5 officials comprising of 3 members of district health teams (DHT) and 2 master trainers were trained to build capacity of service providers.
- Use of district learning centres, as a cost effective strategy to build skills of service providers in malaria control services through the private sector.
- Use of district master trainers, a team of district experienced officials to build the capacity of service providers, through learning centres.
- Conduct regular support supervision, through clinical audits done by district task forces, with support from Ministry of Health (MoH) national malaria control program (NMCP) officials, in partnership with UHMG program team.
- Increase malaria control services awareness, demand generation for their increased utilisation, through innovative behaviour change communication channels.
- Health system strengthening activities; support to private sector regulation through selection of clinics and drug shops for branding as GLC and shops; support malaria services data management, in line with national HMIS system; support drug shops to improve on their dispensing practices, access to quality affordable health products and services data documentation and reporting through district drug shop associations.

**Key interventions supported over the 2 years were:**

- Case management through building skills of service providers, by district master trainers, conducted through selected district learning centres.
- Provision of RDT and ACT subsidized products, in addition to social marketing of other UHMG health products at the GLC and shops.
- Mentoring of health workers at GLC and shops through routine clinical audits
- Demand generation for malaria services utilisation, both through multimedia and interpersonal approaches at the community level
- Health systems strengthening through selection and branding of GLC and support to district drug shop associations.

**Key Achievements**

A summary of Key program accomplishments is presented in the table below.

<b>AFFORD II Malaria Interventions Progressive Results</b>						
Program Year	2011			2012		
Intervention Area	Target	Actual	%	Target	Actual (9/12)	%
No. HCWs trained by Master Trainers	780	467	60%	250	286	114%
Suspected Malaria cases seen in GLC	300,000	406,386	135%	300,000	210,313	70%
Malaria lab tests done in GLCs	250,000	368,399	147%	432,000	268,186	62%
Radio spots aired	400	3,698	925%	2,000	2,420	121%
Radio talk shows aired	30	31	103%	50	32	64%

### **Lessons Learnt**

Over the last 2 program years, key lessons have been learnt, providing an asset that will be utilised in consolidation of AFFORD II achievements in this final year of the project.

- i. Private health sector providers, well trained and stocked with malaria control commodities provides a sustainable approach for malaria control services, at the peripheral level of health care system (drug shops and clinics), and helps to avoid malaria infection complications.
- ii. Health workers regular mentoring, using clinical audits at facility level provides a cost effective strategy for services quality assurance, on a sustainable basis.
- iii. Provision of malaria intervention services subsidy (RDT, ACT and LLIN), helps to widen access and utilisation to marginalized population sections of the community.
- iv. Malaria services demand generation through innovative health communication to promote appropriate behaviour change is essential for increases utilisation of services. This was demonstrated through power of day – a strategy to promote timely malaria case definitive diagnosis and treatment.

### **Malaria FY13 Work Plan**

#### **Approaches**

Malaria programs support is based on the current roll back malaria (RBM) global strategy of 3Ts; test treat and track, as the cornerstone for malaria control strategy. Support will be provided to consolidate achievements made over the 2 years of programs support. Message strategies and interventions will be coordinated with partners to reflect the latest available evidence-based approaches. Evaluation of provided interventions will be carried out, to document lessons learnt and best practices for scale up.

#### **Key activities for 2012/13**

#### **Malaria case management**

Malaria interventions will be scaled up to cover all the districts through support to 560 GLC, across the country. Supported activities will include;

- i. Orientation of service providers on malaria diagnosis using RDT and microscopy
- ii. Provision of malaria case management job aids
- iii. Provision of malaria RDT subsidy
- iv. Distribution of ACT and other UHMG health products through social marketing

In the 11 PMI project focus districts, achievements over the 2 project years will be consolidated; support district task force to conduct clinical audits, support district drug shop associations in malaria services quality services through pharmaceutical dispensing audits, orientation on RDT testing, malaria commodity access through social marketing and services data documentation and reporting.

### **Malaria in Pregnancy**

Malaria in pregnancy control services will be integrated in Maternal/newborn and child health programs. A summary of activities that will be supported include;

- i. Orientation of HW on malaria in pregnancy services, integrated in focussed antenatal care.
- ii. Provision of IPTp commodities (Fansider, water treatment tabs (AquaSafe), clean water storage vessels and dispensing cups to all facilities with ANC services
- iii. Provision LLIN nets and other UHMG health products through social marketing
- iv. Integrated support supervision

### **Cross cutting Activities**

Cross cutting activities supported through malaria program interventions will contribute to overall private health sector strengthening and demand generation for supported services at the community level. Support will be channelled to:

- i. Support malaria services data documentation and reporting through HMIS
- ii. Integrate support supervision and mentoring of health workers through clinical audits
- iii. Updating and scale-up of demand for malaria timely testing and treatment campaign – Power of Day 1—through multimedia and interpersonal approaches carried out under model village auspices.

### **Performance Indicators**

Performance indicators and targets are presented in the table below.

<b>MALARIA PY 2012-2013 WORK PLAN MATRIX</b>		<b>TARGETS</b>			
<b>Activity</b>	<b>Indicator</b>	<b>Annual</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
<b>1: Malaria Case Management</b>					
Training of new health workers on case management across all GLC	Number of health workers trained	1,000	500	500	



Reorientation of drug shops management and pre referral treatment for complicated malaria for drug shop association members	Number of drug shop operators trained	300	200	100	0
Procurement and distribution of subsidized RDT	Number of RDT sold through social marketing	150000	50000	50000	50000
Procurement and distribution of subsidized ACT	Number of ACT doses sold through social marketing	300000	100000	100000	100000
Production and distribution of malaria case management job aids - PMI districts	Number of job aids reproduced and distributed	3000	3000	0	0
Support supervision of service providers and data collection from clinics and drug shops - PMI districts	Number of GLC supported	560	560	560	560
<b>2: Malaria In Pregnancy</b>					
Training of new health workers on MIP integrated in ANC for GLC with ANC	Number of health workers trained	150	150	0	0
Printing and distribution of integrated RH registers	Number of registers produced	500	500	0	0
Distribution of Water vessels, AquaSafe and water cups, & SP through subsidy	Number of Facilities supported	150	150	150	150
Distribution of subsidized ITN through ANC	Number of LLIN sold	6000	2000	2000	2000
<b>3: Demand generation activities</b>					
Produce and distribute malaria posters	Number of posters distributed	1,000	600	400	0
Support radio spots & talk for malaria prevention	Number of radio spots aired	400	200	200	
	Number of radio talk shows held	40	20	20	0
Support supervision of BCC activities by MOH	Number of support visits	3	1	1	1
<b>4: Support supervision</b>					
Quarterly malaria services integrated support supervision visits for GLC & shops	Number of service providers supported	560	560	560	560

## MATERNAL NEWBORN & CHILD HEALTH (MNCH)

### Introduction

UHMG supports MNCH interventions both at the health facility and at the community levels. Facility level interventions are implemented through a network of Good life clinics through strengthening their capacity to provide quality ANC, delivery, post natal care, new born and

child health services including growth monitoring and management of common childhood illnesses.

In addition, UHMG supports interventions for community engagement, through the model village approach. In the model villages, community teams (Good Life Promoters – GLP)) are engaged in sensitizing households on how to adopt risk reduction behaviors needed to reduce maternal, neonatal and child morbidity and mortality in the communities. The GLCs monitor and coordinate the model village activities.

## **Summary of Achievements for 2011/2012**

### ***Capacity building of service providers in Good Life Clinics:***

**Maternal and Newborn Health:** 42 health workers from 42 GLCs were trained in Goal oriented Antenatal care and Basic Emergency Obstetric Care. In addition, 50 CME sessions on short term and medium term family planning methods were conducted for 199 health workers from 50 GLCs.

Basic MNCH equipment and supplies were procured and supplied to 50 Good life clinics. These include blood pressure machines, stethoscopes, fetoscopes, bulb syringes, aprons, and surgical gloves. Support supervision was done as well as distribution of MCH job aids, IEC materials and data tools to the GLCs.

**Child Health:** With regard to child health services delivery, capacity was strengthened through training of 188 health providers on nutrition, growth monitoring, assessment and management of malnutrition (Integrated management of Childhood Illnesses-IMCI) In addition, the program produced and distributed out Patient Registers to 184 Good Life clinics.

### ***Community sensitization:***

Community sensitization and demand creation activities by Good Life Promoters (GLP) were carried out in the five established model villages in the districts of Mukono(Kasawo), Mbale(Bushikori and Kolonyi), Lira(Adekwok) and Serere(Pingire). Two more model villages were established in the districts of Kabarole (Kasenda) and Kyenjojo(Nyantungo) bringing the number to 7. Two mothers clubs were established in Kabarole and Kyenjojo.

In these model villages, demand generation for pregnancy care and delivery in health units by skilled health workers using interpersonal approach, working with GLP was done. This approach sought to increase the number of mothers seeking ANC and delivery services from Good life clinics and other health facilities. Community sensitization on prevention of diarrhea in the under fives, through treatment of drinking water, good hygiene and sanitation practices (washing and proper waste disposal) was carried out. Prevention of malaria through promotion of LLITN use and a need to refer to the health facility within 24 hours was also emphasized. The

GLCs were supported to conduct 63 integrated outreaches for hard to reach communities where over 7000 individuals received a number of services.

### **Safe Child Birth, Mother New Born Health Campaign**

Through the Saving Mothers Giving Life program implemented by USG partners and MoH, UHMG pioneered its “Deliver at a Health Facility” campaign in the districts of Kyenjojo, Kamwenge, Kibale and Kabarole aimed at promoting increased awareness, changes in attitudes, values and behaviors relating to child birth and improve health practices that include utilization of health services. UHMG in partnership with US government funded projects designed a communication campaign emphasizing the need for pregnant mothers, their partners and the community to prepare for delivery at a health facility. This campaign was designed and implemented through a multichannel approaches (mass media and interpersonal approaches).

### **Implementation challenges and lessons learnt**

Supporting the GLCs with basic MNCH equipment and supplies boosts their capacity to provide quality services. Basic essential MNCH supplies such as surgical gloves, mama kits, MUAC tapes, and delivery sets are crucial in services quality improvements.

Some GLCs are understaffed and this affects their general performance as well as participation in community activities such as outreaches. Understaffing is often coupled with a high turnover of trained staff in the private sector in general and GLC in particular. Thus, there is a need to continuously train the health workers that are newly brought on board.

The community interventions through model village approaches, is an effective strategy to ensure services at GLC are optimally utilized.

### **Focus of Year 2012/2013**

UHMG MNCH support for 2012/13 program year shall consolidate interventions in 50 GLCs providing comprehensive MNCH services, to build their capacity to offer quality MNCH services. The MNCH GLCs will be selected from among the set of UHMG GLCs offering MCH services (GLC list with MCH services submitted as an enclosure to this document). The MCH GLCs are being assessed for selection to conduct focused MCH interventions during Qtr1 2013. Particular attention will be paid to interventions aimed at ensuring the safety of the mother and child during the “1000 days journey” (from the time of conception up to the time when the child is 2 years old). In addition, community sensitization and demand creation activities through the UHMG model village concept will be scaled up. The Saving mothers Giving Life (SMGL) campaign will be scaled up to other regions in the country to support maternal and child health through increased demand generation campaigns for health services utilization.

### **Goal**

To contribute to the national goal of reducing maternal mortality from 435 to 131 per 100,000 live births by 2015 and child mortality by 2/3 by 2015.

### **Strategic Objectives**

- i. To increase the availability, accessibility and utilization of quality skilled care for maternal, neonatal and child health services in the Good Life clinics.
- ii. To improve appropriate and timely health care seeking behaviour for maternal, newborn and child health services at community level
- iii. To increase knowledge, access and correct utilisation of appropriate maternal, newborn and child health services and health products.

### **Activities**

#### **Capacity building of Good Life clinics to provide quality and integrated MCH services**

- a. Conduct 4 trainings for 100 service providers (of 25 individuals each for three days) from the 50 GLCs on Goal oriented Antenatal care and Basic EMONC. These will be organized regionally. This activity will incorporate malaria in pregnancy control services.
- b. Post training follow-up of 188 IMCI trainees at their workplaces. They will be followed up at their places of work establish if they are applying the knowledge obtained to practice. They will be supported by the MOH trainers to strengthen their IMCI skills.
- c. Procure and distribute basic MCH supplies to 50 GLCs: These will include MUAC tapes, Mama Kits, delivery sets and sterile gloves.
- d. Conduct bi- annual Continuous Medical Education sessions with the 50 Good Life clinics on selected topics.
- e. Conduct integrated community outreaches by the 50 GLCs (1 each per MNCH GLC during FY2013, totaling 50). The GLCs will be facilitated to provide services in the hard to reach areas in an integrated manner. The services will include; HCT, ANC, health education and communication disease prevention measures, family planning, immunization, growth monitoring and treatment of common ailments. We shall involve other sectors at UHMG in this activity. Outreaches will be supplemented by GLC Promoters, or linkage facilitators associated with the GLCs.
- f. Distribute IEC materials, provider services job aids and data collection tools and conduct monthly support supervision and mentoring visits to Good Life clinics, integrated with other UHMG services.

#### **Community sensitization and demand creation for MNCH services**

- a. Facilitate formation of mothers' clubs in 50 GLCs: A total of 50 newborn mothers' clubs will be formed and coordinated by the GLCs. They will be facilitated to hold monthly meetings at the GLCs. Information about pregnancy care, PMTCT, newborn care, including early breast feeding initiation family planning, immunization, Infant and Young Child feeding, malaria and diarrhea prevention, as well as birth preparedness will be shared during these meetings. Five mother mentors per club will be trained and facilitated to mobilize the

mothers to join the clubs as well as conducting follow up visits for interpersonal communication basic post natal care.

- b. Conduct 150 community dialogue meetings with women and men of reproductive age group to identify barriers to utilization of MCH services and discuss a way forward( one meeting per village/quarter)
- c. Scaling up the “Saving Mothers Giving Life Campaign”. This campaign to promote maternal and newborn health and reduce risks associated with childbirth will be supported to reach other regions, through multichannel approaches.

### Key outcome Indicators

A summary of key services delivery outcome indicators are presented in the table below.

MONITORING MNCH INDICATORS	
<b>MATERNAL HEALTH</b>	
Number of mothers attending the first ANC visit at the GLC	40,000
Number of mothers attending the 4 <sup>th</sup> ANC visit at the GLC	25,000
Number of mothers who received IPT 1 at the GLC	35,000
Number of mothers who received IPT 2 at the GLC	30,000
Pregnant women counseled, tested and received HIV results at GLC	30,000
Number of mothers delivering at GLC by skilled HW	28,000
N of women receiving post natal services	20,000
<b>CHILD HEALTH</b>	
Number of children who receive growth promotion services; monitoring; immunization, deforming and nutritional counseling	400,000
Children under 5 years treated for malaria & other common childhood illness	200,000
Children under 5 years managed at GLC with severe malnutrition	1,000

### MNCH Performance Indicators

Performance indicators are summarized in the table below.

MATERNAL NEWBORN & CHILD HEALTH 2012/13 PERFORMANCE		TARGETS			
Activity	Key Indicators	Annual	Q1	Q2	Q3
<b>1: Capacity building of Good Life clinics to provide quality and integrated MNCH services</b>					
Conduct trainings for 50 service providers from the 50 GLCs on Goal oriented Antenatal care and Emergency Obstetric and newborn care	No of health workers trained	100 (2/GLC)		50	

Post training follow up of 188 IMCI trainees at their workplaces	No of health workers mentored on a quarterly basis	188	100	50	50
Procure and distribute basic MCH supplies (MUAC tapes, Mama kits, delivery sets, basic resuscitation equipment, misoprositol and Sterile gloves)to 50 GLCs	No. of GLCs equipped with basic MCH supplies	50			
Conduct quarterly Continuous Medical Education sessions with the 50 Good Life clinics on selected topics in partnership with MOH	No. of health workers reached through CME sessions	100	40	30	30
Conduct community outreaches by the 50 GLCs (1 each per GLC)	No. of integrated community outreaches supported, ANC 1 &ANC 2 attendance, children<5 seen, post natal attendance	50	10	20	20
<b>2: Community sensitization and demand creation for MNCH services</b>					
Formation of 50 mothers' clubs and support monthly mothers' clubs activities in 50 GLCs	Number of mothers clubs oriented who are actively engaged in community MNCH services demand generation and submit timely monthly reports	50	50	50	50
Conduct community dialogue meetings to increase demand for MNCH services and promote health of target clients	No of pregnant women, new mothers reached through community dialogue meetings.	5000	3000	1000	1000
<b>3: Scaling up the Safe Deliveries and Newborn Care through Health Facility Delivery Campaign</b>					
Radio programs	Number of radio spots aired	1000	500	300	200
	Number of talk shows aired	100	50	30	20
TV ads - 1 TV station( 1spot buy package on NTV)	Number of TV adds	100	50	30	20
Bill boards - 13 bill boards (block figure)	No. of bill boards	40	20	20	
Printing Promotional materials, IECs and Job Aids( lump sum)	pieces of IEC, job aids printed	1000	500	500	
Utilise UHMG SMS to coordinate activities					

## FAMILY PLANNING

### Introduction

UHMG AFFORD project, with additional funding from DFID, continues to expand the implementation of family planning services from the short term range to include long term FP methods. This scale up aims at increasing the availability and demand for reproductive health services and products, especially the long term methods. Activities are focused on increasing reproductive health commodities security in the private sector, especially for most rural and remote locations. Supported activities focus on capacity building of the private health sector service providers in all methods for FP services provision, logistics and stock management, distribution and demand generation for increased services utilization, on a sustainable basis.

FP programs support a range of methods to provide choice from a comprehensive FP mix; long acting FP ;IUD & Implants and short term FP methods; combined oral contraceptive pills (COC) - NewFem<sup>®</sup> and Pilplan<sup>®</sup>; Progesterone only pill (POP) - Softsure<sup>®</sup>, Injctaplan<sup>®</sup> (Depo-Provera); condoms Protector<sup>®</sup> and 'Condom O'<sup>®</sup>; and Standard Days Method MoonBeads<sup>®</sup>. UHMG currently distributes its products through the private sector franchise network called the Good Life Clinics (GLC) Network. UHMG is expanding the choice of methods to include long term FP methods into the current GLC and in additional 45 districts, targeting 560 clinics in total, by the end of the program year.

### **Program result areas**

1. Increased availability, affordability of quality FP services and products
  - a) Increase the number of GLC facilities offering IUDs and implants from 41 currently supported to 300 by the end of the 12 months.
  - b) Build the capacity of 300 GLC service providers in IUD and implant quality service provision.
  - c) Support Family Planning Commodities security to all of GLC franchised providers (560) and limit any stock outs of essential Modern Family Services, including IUD and implant supplies.
2. Increased knowledge on healthy behaviors and lifestyles among individuals of reproductive age through demand generation interventions that promote utilization of FP services to targeted population, especially in rural and hard to reach regions. Demand generation for modern family planning services for increased utilization of the services will be supported through several approaches.
  - a) Interpersonal communication strategies
  - b) Mass media campaigns

### **Summary of 2012 Achievements**

The following highlights summarize inputs and outputs realized so far (Oct-June 2012-3 quarters)

- Conducted a mapping exercise to identify addition service providers in 45 additional districts. So far 41 districts have been mapped, 138 facilities selected for accreditation, as GLC and MOU signed with 100 of the identified facilities.

- Trained 41 service providers from central, western, eastern regions in long term FP methods, logistics, data and stock management.
- Signed supply agreements with Bayer and MSD to increase UHMG FP commodities range.
- Establishment of 2 regional wholesale pharmacies to increase distribution of products in hard to reach regions of Northern and Eastern Uganda.
- Provided implants and IUCD insertion equipment, contraceptives and other FP logistics to the 41 health facilities, in central Uganda.
- Continued distribution of FP products nationally through 14 regional distributors, through social marketing.
- Developed demand generation for FP services campaign - the SMART choices campaign – to increase awareness and more utilization of FP services, on a sustainable basis.

<b>AFFORD/UHMG - DFID</b>						
<b>FY12 CYP Achievements Versus Annual Targets</b>						
<b>Method</b>	<b>FY12 Target: All UHMG Product Sales</b>	<b>Product CYP Conversion</b>	<b>FY12 Target: CYP</b>	<b>FY 12 Actual: Sales Volume of all methods in category minus sales to other IPs*</b>	<b>FY12 Actual: CYPs derived by excluding sales to IPs*</b>	<b>%</b>
Condoms	23,100,040	/120	192,500	<b>16,521,195</b>	<b>137,677</b>	<b>71.5 %</b>
Oral Contraceptives	2,462,000	/15	164,133	2,173,050 (33,090)* <b>2,139,960</b>	144,870 (2,206)* <b>142,664</b>	<b>86.9 %</b>
Injectables	4,350,000	/4	1,087,500	1,640,980 (13,900)* <b>1,627,080</b>	410,245 (3,475)* <b>406,770</b>	<b>37.4 %</b>
MoonBeads	3,600	x1.5	5,400	<b>3,435</b>	<b>5,152</b>	<b>95.4 %</b>
IUD	0*	x3.3	0	<b>4,351</b>	<b>14,358</b>	<b>1403.5 %</b>
Implant	0*	x3.8	0	<b>703</b>	<b>2,671</b>	<b>175.7 %</b>
<b>Totals</b>			<b>1,449,533</b>		<b>709,292</b>	<b>48.9 %</b>

NOTE: No annual targets due to non-receipt of products 6mo before end of Fiscal Year

### **Lessons learnt/Implementation Obstacles**

UHMG is now achieving 48.8% of its combined AFFORD and DFID targets and the following reasons may be contributing to the CYP shortfall. Injectable use is lower than targeted, having a significant impact on reduction of CYPs. This has been a problem throughout FY2012, due in part to negative press received earlier in the year about increased HIV susceptibility associated with the use of injectables. UHMG is countering this through intensive promotion of injectables through the Smart Choices campaign, coupled with radio talk shows designed to counter rumors and misconceptions.



Additionally, demand for private sector products is dampened by the introduction and use of free products in private sector pharmacies, drug shops and family planning clinics. Finally, an initial Accelerating the Rise of Contraceptive Prevalence (ARC) project assumption that short-term-method CYPs would increase proportionally with the geographic expansion of LTM-delivering service facilities may need to be re-examined. UHMG's short-term methods reached private sector outlets throughout Uganda via commercial distribution channels even when UHMG GLCs covered 40 districts. (For example, an independent Retail Audit of health facilities conducted in September 2012, midway into the ARC Project clinic expansion, finds that Protector reaches 83% of outlets nationwide, PilplanPlus, 74%, and Injectaplan, 70%. The national retail coverage is driven through commercial wholesale distribution rather than clinic expansion.) While product sales and CYPs are expected to increase with national demand creation campaigns and the expansion of specialized FP service facilities, CYP targets may still need to be adjusted.

### **2013 Activity Highlights**

**Increase availability, affordability of services and products especially short, mid and long term FP products.** The number of GLC franchises supported to offer IUDs and implants will be increased from 41 to 300 by the end of the 12 months through a series of activities.

1. Train 300 health workers, to cover the entire country. The training will last two weeks (5 days of classroom training and another five days of apprenticeship through facility mentoring). The trainings will focus on comprehensive family planning counseling, the promotion of IUDs and implants; infection prevention practices; IUD and implant insertion and removal techniques. During the practical sessions at least five insertions will be supervised. These Trainings will be led by the MOH as a requirement by the manufacturers of Implants and IUCDs (Bayer and Merck respectively).
2. In addition to initial trainings, UHMG will conduct six refresher trainings for existing franchise providers, one for each region. The refresher training will be a three day, hands-on for the GLCs providers to address quality assurance concerns identified during regular supportive supervision visits made by UHMG staff/ hired consultants.
3. UHMG will support GLCs through quarterly support supervision to provide on-the-job support to providers.
4. Using GLCs as the focal point of community services, UHMG will conduct outreach in the catchment areas using VHT facilitators/GLC Promoters managed by the GLC with UHMG assistance. Such outreaches in the GLC catchment areas will increase demand for LTM and other family planning services among local underserved, under privileged populations.
5. UHMG will sell IUDs and implants at a subsidized price to both the GLC providers and other clinics in the 90 targeted districts. These products will be delivered to the end mile by the UHMG team. Long acting Family Planning Methods (LAFPM) are fully supported through ARC project. A total of 150 GLC will be supported to mobilize communities for more family planning services utilisation (especially LAFPM), with the support of trained

GLP. This includes the 50 GLC selected for MNCH services under the previous program year.

**Increase demand for FP services through promotion of healthy behaviors and lifestyles among individuals of reproductive age especially rural and hard to reach populations.**

Demand generation activities will be supported through several approaches.

- 1. Interpersonal communication strategies;** Interpersonal communications will focus on the catchment areas around Good life clinics. A total of 600 GLC promoters (2 GLC promoters per clinic) will be trained using the Ministry of Health VHT training manual; this will help to establish a linkage between the community and the GLC. The GLCs promoters will be tasked with increasing positive perception of the community on modern family planning method choices, principally IUCD and Implant and facilitate referral of community members to health facilities. Key activities supported by GLC will include:
  - a. Promoters will conduct home visits and organize group meetings where women who need further discussion about IUCDs and implants can be helped.
  - b. In addition, these promoters will serve as the first point of call in the community for clients who have recently received an IUCD or implant and may have concerns or questions related to side effects, thus increasing positive beliefs and attitudes about IUCDs and their utilization. GLC promoters (GLP) will be facilitated with a small stipend about (30,000/=) for lunch and transport refund monthly. This is programs contribution to mobilize communities to increase family planning services delivery through the GLC. To ensure sustainability of the FP services at the GLCs, the GLP will be trained in conducting sales of FP products acceptable by MOH such as pills and condoms so as to make a small profit off these products sold to them at a subsidized price by UHMG, through GLC outlets. Margins saved off the sales in the community will help to sustain the GLP involvement in FP mobilisation and linkages to GLC for quality services.
  
- 2. Mass media campaign:** Roll out of UHMG Family Planning Campaign, the SMART CHOICES campaign will be done through multimedia approaches; TVs, bill boards plus intensive radio campaign. The campaign will feature radio spots promoting family planning at GLC clinics as safe, convenient and affordable. Recorded testimonials from women who are satisfied with their IUCD or implant and radio talk shows by community leaders and satisfied users will be conducted. UHMG will produce promotional materials for GLC promoters and providers to distribute to targeted clients. Advocacy activities will be integrated in communication campaigns and meetings with all stakeholders. For mass media activity details, refer to MSI communication section.

**Family Planning Performance**

Family Planning Performance is summarized in the following tables

FAMILY PLANNING WORKPLAN 2012-2013	TARGETS
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Activity Description	Indicator	Annual	Q1	Q2	Q3
<b>Result 2: Increased availability, affordability of services and products</b>					
<b>Build the capacity of GLC in delivery of modern family planning services</b>					
Training service providers in IUCDs and implant insertion	# service providers trained on LTFPM	300	200	100	
Post Training mentoring and support supervision visits	# service providers retrained on LTFPM	300	150	300	
Conduct clinic support days & outreaches	300 clinic support days supported	300	100	100	100
Strengthening infection control in newly enrolled GLC clinics and hospitals	# of clinics that received infection prevention logistics, disinfectants, injection boxes	300	200	100	
Strengthening quality improvement activities for mid and long term methods for participating clinics	# of clinics that received the IUD kits # of IUCD kits/ equipments distributed	300	200	100	
The job aides include MOH Flip charts for health workers and MOH flip charts for community health workers. Other job aides include the WHO eligibility wheel for screening clients and MOH policy guidelines on reproductive health.	# of guidelines disseminated # of job aids disseminated # of clinics that have received job aides and guidelines. # of clinics that have received and making good use of job aids and guidelines	300	300		
Hold bi annual meetings with GLCs & GLC promoters on how to improve the partnership/work relationships		2	1		1
Sales, procurement and Distribution of FP commodities	Conduct medical detailing visits and sales for FP products, as well as distribution				
	Procurement of IUD, infection prevention Equipment, logistics and supplies				
<b>Result 3: increased knowledge and Healthy behaviors</b>					
Recruit and train Good life clinic promoters	# GLC promoters recruited and trained on LTFPM	600	300	300	
Facilitate GLC promoters and satisfied users to penetrate rural communities with short term and long term FP products	# GLC promoters facilitated monthly # of new users identified in rural areas by the GLC promoters	600	300	300	
Support joint District coordination and technical reviews of FP activities (quarterly)	4 quarterly review meetings conducted per district	4	1	1	1
Conduct Mass Media Campaign	Radio talk shows 8 radio stations	89			

	Radio Spots	4123			
	TV spots	132			
	Road-stars	63			
	Branding of GLC facilities	100			
	Production and distribution of IEC, job aids and promotional materials	70,000			
	Utilise UHMG SMS platform for infn on availability of commodities				
<b>Monitoring and Evaluation</b>					
	# of data tools printed # of GLC report using the data collection tools	1000	600	400	
Adapt and print data collection tools					
Monthly collection of data from the outlets	4 quarterly reports generated # of GLC reporting monthly # of quarterly reports generated	4	1		
Conduct mystery clients quarterly	4 quarterly medical audits # of mystery clients interviewed per quarter. <ul style="list-style-type: none"> <li>Extent to which issues identified in mystery client interviews addressed</li> </ul>	300	200	100	
Conduct quarterly client exit interviews	# of client exit interviews conducted Extent to which issues identified inclient exitinterviews addressed	300	200	100	

## HIV/AIDS

### Introduction

UHMG HIV/AIDS interventions and services contribute to the National HIV Strategic Plan (NSP) aim of reducing the incidence of HIV and AIDS by 30%, expanding social support and scaling up access to interventions for prevention, care and treatment by 80% under the revised 2011/12-2014/15 HIV NSP. UHMG HIV control programs focus is on combination prevention as well as comprehensive care and treatment services provision. By integrating HIV services into all other supported program areas, including family planning, malaria maternal/newborn and child health, UHMG ensures cost effective use of resources and greater impact. In PY 2012-13,

UHMG will consolidate program interventions by focusing on the critical behavioral, biomedical, and structural needs in order to provide sustainable comprehensive HIV prevention, care and treatment programs.

UHMG AFFORD project has made tremendous achievements that constructively contributed towards the national goal of reducing HIV infection, and increasing access to HIV care and prevention products and services. This was achieved through working with the private health sector and sub grantees to implement innovative interventions for: HIV testing and counseling (HTC), HIV prevention especially for Most at Risk Populations (Key populations (MARPs)), and Care for people living with HIV/AIDS (PHAs).

### Program achievements

The table below summaries HIV interventions, key result areas over the last 2 years

AFFORD II HIV AIDS PROGRESSIVE RESULTS							
Program Year	2011			2012			2013
Intervention Area	Target	Actual	%	Target	Actual (9 months)	%	Target 2013
HCT- Tested and Received results	120,000	123,245	103%	132,000	86,575	66%	338,145
Couples (A&B) – IPC	75,000	71,235	95%	150,000	91,393	61%	200,000
CSWs – IPC	5,000	1,481	30%	1,000	834	83%	3,000
Truckers – IPC	3,000	2,710	90%	3,500	1,333	38%	3,850
Fisher folk – IPC	17,000	18,575	109%	19,000	14,124	74%	40,000
Care & Positive Prevention	12,000	8,924	74%	12,500	6,417	51%	19,000

**Strengthen HCT Services in Private Clinics:**UHMG continued to support GLCs to provide HCT through the health facilities and outreaches conducted in the community. Data collection tools, technical support supervision and HCT kits and laboratory consumables were provided to support GLCs to provide HCT services.

**Healthcare Waste Management:**UHMG continued to support GLCs in health care waste management through distribution of safety boxes for disposal of used/contaminated needles and syringes. In total, 696 safety boxes were distributed to 174 GLCs.

**Sexual and Other Behavioral Risk Prevention – KEY POPULATIONS (MARPS):** UHMG targets truckers, fisher folk and CSWs as key MARPS populations. Truckers’ interventions are supported in west Nile and Kasese transit hot spots. Fish folk activities focus on Kalangala islands, and landing sites in Masaka, Mpigi, and Wakiso districts. CSW are supported across all the KEY POPULATIONS (MARPS) program interventions. Interventions for truckers follow the Condom HIV Information Centers (CHIC) model. Key trucker interventions include outreaches, moonlight HCT camps and behavior change to truckers through interpersonal communication (IPC) by park yard volunteers (PYV) at various hot spots where large number of truckers station to rest from

their long journeys or await border point clearances. Programs for fisher folk and CSWs are delivered through operations of safe sailing boat project. Peer educators in partnerships with the beach management units, district offices and other implementing partners combine to raise awareness and demand generation for HIV prevention, care and treatment services, including linkages and referrals to health facility base services.

**Sexual and Other Prevention-married and discordant Couples:** UHMG HIV prevention interventions among couples have been expanded over time, reaching eight districts this 2012 program year. Supported interventions focus on strengthening the capacity of communities to respond to the HIV/AIDS epidemic; promoting behavior change to popularize and sustain their commitment to fidelity.

**Sexual and Other Behavioral Risk Prevention –Youth:** UHMG supports youth programs through bodaboda peer educators and youth clubs. UHMG's program focuses on promoting utilization of youth friendly reproductive health services, uptake of safe male circumcision, correct and consistent condom use, early detection and treatment of STIs, family planning and prevention teenage pregnancies.

**HIV Care and Positive Prevention:** UHMG supported peer educators collaborate with 65 health workers from the GLCs to provide positive prevention (PP) services to PHAs in the communities served by the GLCs. Service provision was guided by the MOH minimum requirement of emphasizing partner disclosure and testing, safe sex, safe pregnancy, family planning, adherence to cotrimoxazole, treatment of STIs and linkage to support groups for psychosocial support. HIV care services are targeted to clients who tested HIV positive at HCT. Support provided includes care starter pack and referrals to nearby health facilities for CD4 testing. Care and treatment services are being expanded, in collaboration with MoH to provide ART services in selected private sector health facilities. Pre accreditation assessments, training of health workers were successfully completed.

**PMTCT Services;** As a partner to national efforts towards virtual elimination of vertical transmission of pediatric HIV, UHMG in partnership with MOH provided support to expand services in the private sector. Facility assessment was concluded. Follow up activities include training of health workers and equipping them with medicines and other logistics for services delivery.

### **Lessons learnt**

Key lessons were learnt over the previous project years.

- Proper and consistent use of condoms was demonstrated to be a highly effective tool for HIV prevention by Key populations (MARPs), as part of combination prevention
- High demand for SMC among sexually active population has been a result of demand creation activities. There is urgent need to provide the SMC services, through the private clinics.

- Working in collaboration with the district and other implementing partners has enabled services coordination, linkages and provided synergies for greater HIV/AIDS control program impact.

## **Challenges**

The private health sector has continued experiencing high staff turnover. High staff attrition, especially among those trained in various program areas increases risks of decline in quality of service delivery in GLCs. There is therefore need to continually train service providers, to ensure sustained provision of quality services.

## **Plans for program Year 2012/2013**

UHMG will scale up HIV prevention services to reach more individuals with comprehensive combination prevention. Linkages and partnerships with district-based implementing partners will be strengthened as a way to increase coverage. More efforts and strategies to improve program implementation will be directed to renewed condom promotion efforts, clinical care and ART services in selected facilities, positive prevention, injection safety, health care waste management, and sexual prevention among commercial sex workers. In addition to current endeavors, UHMG will pilot provision of PMTCT and continue demand generation and service delivery in selected health facilities for MMC services in line with the national needs, and MOH and PEPFAR recommendations.

HIV/AIDS support will be used:

- To scale-up provision & utilization of comprehensive HIV prevention & care services among selected target populations
- To build the capacity of service providers and sub-grantees to improve the quality of services they provide to target populations
- To increase accessibility and utilization of UHMG promoted products for HIV prevention & care among targeted populations
- To improve knowledge, attitudes and generate demand for HIV prevention lifestyles and behaviors and utilization of prevention, care and treatment services.

## **HIV/AIDS Program Strategy**

**Develop a continuum of response.** UHMG will pursue in its HIV/AIDS programming a “continuum of response” that follows clients through the entire chain of engagement from referral, to testing, and where appropriate to care and treatment, so that nobody passing through GLC’s is lost to follow up. This includes, where appropriate, providing care and treatment to children, particularly children of those who are tested through the PMTCT drive. The emphasis on the continuum of response includes an emphasis on approaches that improve treatment adherence, including interpersonal communication and counseling skills for providers and the community-based programs described below.

Service-linkages and referrals will be coordinated through close collaboration of GLCs and the community. Telephone airtime will be provided to health workers to help track referrals for specific services critical such as CD4 count tests, ART and EMTCT. This will work through GLCs sending names of referred clients to the referral site after which confirmation is sent by sms for any referred clients who receive the recommended service for referral. Discordant couples tested at the GLCs will be referred to discordant clubs supported by the DBTAs or UHMG couple support clubs for psychosocial support and support to encourage them to adhere to facility based services such as PMTCT and VMMC. This will be achieved through partnership with district based programs, and identifying a health workers at each referral point who will also provide support supervision for HIV care in the referring GLC.

The Key populations (MARPs) programs will utilize current structures such as the CHIC centers for the trucker program to track referrals. The counselor at the 5 existing CHIC center will work closely with a given GLC to follow up referrals for services supported by park yard volunteers.

**Strengthen collaboration and partnerships:**With competencies gained previously in mobilizing the private health sector; product distribution, logistics management, and innovative behavior change communication, UHMG will collaborate with other implementing partners (IPs) especially at the district level to provide synergies that impact on supported services. UHMG will utilize proven strategies to aid increasing utilization of prevention services, bringing to national scale the sexual network campaign, expand interventions for key population especially among the KEY POPULATIONS (MARPS), in collaboration with district based USG funded projects

**Linkages and integration between community and facility based interventions:**Over the past years of program implementation, UHMG has learnt the importance of strengthened linkages between facility and community-based interventions. Linkages will thus be strengthened between GLCs and other service providers through the community structures under the model village approach. 50 model villages from among the list MCH GLCs enclosed with this Workplan will be supported to generate demand for HIV prevention, care and treatment services, coordinated under the auspices of GLC in the catchment area.

These approaches allow UHMG to increase services referrals and linkages for clients and increase adherence to positive prevention and treatment, working with community support structures (PHA networks) and linkages to health facility based services.

UHMG will continue to support this strategy through currently-used community structures such as GL clubs, PHA networks, and mother's clubs under model villages. Through community interventions and support, the psychosocial needs of PHAs will be addressed and adherence to recommended health services, products and behaviors increased. Linkages and referral will also increase demand for services provided at the GLCs in the community as well increase adherence to recommended practices, services and products.



Given UHMG's emphasis on KEY POPULATIONS (MARPS) through its HIV/AIDS programming, we will explore this PY whether we can **link model village interventions to hot spots for KEY POPULATIONS (MARPS)**. This may be difficult with fisherfolk interventions as there may not be strong GLC's in those areas, and it may also be difficult with CSW interventions, given that their surrounding areas do not lend themselves to the model village approach. However we do anticipate that it will be possible to link the two approaches through our truckers programs, as we likely will be able to identify GLCs near those transport corridor hot spots.

**Capacity building of private health services providers and sub-grantees:**GLCs are privately owned and independently run health facilities that do not have the same level of capacity or range of services, thus creating a need to provide capacity-building to improve the quality of the integrated services provided. UHMG has currently mapped the existing 200 and new GLCs as a way to meet this year's program targets and also identify capacity gaps and establish the reference points for measuring quality improvement for program year 2013. Capacity gaps identified are related to services quality adherence, in line with different policy guidelines. The approach used to address these gaps is through on-job mentorships. UHMG will continue building the capacity of health workers in GLCs through quality improvement coaching/mentorships adopted from the health care improvement project approach designed for the public sector. These mentorships will also help GLCs conform to national guidelines and policies of service delivery and reporting through the district HMIS.. UHMG will thus build the capacity of GLCs based on service delivery capacity needs identified during quarterly support supervision in the GLCs. For instance, UHMG recently selected 14 ART sites and 33 PMTCT sites whose health workers will be trained in partnership with MOH in order to provide the required services according to the national polices and guidelines.

The capacity of health providers to deliver quality HIV prevention and care services in GLCs will be improved through trainings and clinical audits which are health facility based mentoring approaches for health workers. This will be done in partnership with MOH trainers. Quarterly support supervision will remain an approach to provide technical support in program implementation, monitoring and documentation, and financial management.

Support supervision will be provided to both sub grantees and health workers in Good Life Clinics involved in HIV prevention and care services provision, to address identified gaps in quality of services delivery.

### **Capacity building implementation for private GLC and sub-grantees**

Sub-grantees will be supported in capacity gaps through mentorships during field visits to project sites and during performance review meetings as a way to support them conform to the emerging needs such as strengthened linkages and tracking for clients referred for the desired continuum of care. A summary of areas that require mentorships for improvement in program implementation and reporting are summarized in the table below:

<b>Capacity building needs</b>	<b>Implementation Strategies</b>
Monitoring, evaluation, and quality assurance	On job mentorships will be conducted to fill gaps in formal trainings previously conducted and provide new skills, depending on emerging best practices. Catch up formal trainings will also be conducted.
Institutional capacity development, sustainability, resource mobilization and finance management.	UHMG will train CSOs on the importance of sustainability of HIV prevention interventions implemented as well as their organizations as a whole. This will involve training on resource mobilization through strategies such as networking with potential funders, and writing solicited and un-solicited proposals. CSOs will also be oriented on donor requirements for procurement, logistics management and financial management.
Strengthening capacity of sub-grantees to monitor programming and utilize data to improve programming.	M&E as part of continuum of response will guide UHMG to document evidence based impact of innovative approaches for improved health outcomes and be able to make recommendations for use by UHMG and others. UHMG will segregate data to local area and qualitatively analyze to guide programming. Data utilization as part of UHMG's capacity building plan will involve providing support partners (sub-grantees and GLCs) to design and evaluate their intervention using routinely collected service delivery and research data, and monitoring tools.

#### **Specific capacity building needs of current sub-grantees**

<b>Name of CSO</b>	<b>Capacity building gaps</b>
ASDE-U	<ul style="list-style-type: none"> <li>• Financial management</li> <li>• Online reporting</li> <li>• Branding</li> <li>• Data collection</li> </ul>
Health Alert Uganda	<ul style="list-style-type: none"> <li>• Social marketing</li> <li>• Report writing</li> <li>• Documentation</li> <li>• On line reporting and data collection</li> </ul>
Humanitarian Care Uganda	<ul style="list-style-type: none"> <li>• IEC/BCCmaterial development</li> <li>• Online reporting and data collection</li> <li>• Financial management</li> <li>• Social Marketing</li> </ul>
NAYODE	<ul style="list-style-type: none"> <li>• Reporting</li> <li>• Online reporting and data computing</li> <li>• IEC/BCC material development</li> <li>• Branding</li> <li>• Documentation-success stories</li> </ul>
SSECODA	<ul style="list-style-type: none"> <li>• Social Marketing</li> </ul>

	<ul style="list-style-type: none"> <li>• Documentation</li> <li>• Report writing -quarterly and annual report</li> <li>• IEC/BCC material development</li> <li>• Branding</li> <li>• Financial management</li> </ul>
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**Intervention Areas**

UHMG focuses HIV prevention among population groups that are vulnerable to HIV infection, based on findings from the modes of transmission survey, the 2010 Epidemiological Surveillance report, and various studies conducted both locally in Uganda and outside Uganda. For example, the timing of the release of **AIDS Indicator Survey (AIS)** data at the beginning of Y13 provides UHMG with the opportunity to conduct a comprehensive data-based review of its HIV/AIDS programming. This review will help ensure, for example, that community mobilization efforts are targeted to Districts where prevalence is high and key risk behaviors such as MCP are more prevalent.

**Condom Promotion: FY13 will see a renewed emphasis on condom promotion in UHMG’s programming.** The AIS data indicate that condom use continues to be very low in rural areas and among those in multiple-concurrent partnerships. Given Uganda’s traditionally rather timid approach to condom promotion, **UHMG will take an “aggressive” approach to promoting both the general category of condoms as well as our own brands this year.** This will be done through every aspect of programming, including emphasizing condom use through the mass media, maximizing condom outlets in rural areas, and linking condom sales more directly to all KEY POPULATIONS (MARPS) programming sites. Another Strategy being used is to obtain key endorsement of known celebrities. In this regard, Kiprotich has been enrolled to be the brand promoter for protector in particular, and condom use in general. UNFPA is currently rolling out a national campaign in partnership with MOH to promote condoms for dual protection. UHMG will augment this initiative by continuing to support DBTAs to promote condoms among Key populations (MARPs). UHMG will work towards complementing the UNFPA campaign and scaling up condom use among the general population especially people in multiple concurrent sexual relationships. UHMG will have advocacy dialogue with the national condom committee at MOH to seek their support and commitment in conducting a national condom promotion campaign to de-stigmatize condoms. This campaign will also aim at making condoms more accessible, available and used in rural and high-risk geographical locations nationally.

**HCT:** HCT continues to be an entry point to HIV prevention and care. The recent epidemiological surveillance report found that individuals who are unaware of their HIV status or never had HCT were more likely to engage in risky behavior, and also had higher HIV prevalence rates than the general population. In Fiscal Year 2012 (FY12) UHMG emphasized couple where services uptake was noticed to be higher during community outreaches. Community interventions for demand generation, such as the couple fidelity programs helped create significant demand for couples HCT.

UHMG AFFORD project supports private health providers – the Good LifeClinics (GLC) to provide HCT services. At the moment, the project supports GLC in 36 districts for HCT services. The total population served is 5,399,200. This program year UHMG intends to test 338,148 people based on the projected district based HCT gaps. The annual positivity rate for GLCs for PY2012 was 6.3%. In this regard, UHMG anticipates that of those who will be tested and received results, 21,303 will be positive. HCT services are mainly provided for 15 to 49 age bracket but with special focus on the age group of 35-39 years which the UAIS indicated as the age group with the highest HIV prevalence. UHMG's HCT program will be targeted to provide services to populations groups that help to identify a higher proportion of individuals who are positive. Previously, UHMG supported capacity building for services delivery, including training of HW in HCT and CHTC, medical waste management, and procurement and distribution of HCT logistics (test kits and consumables). This support will be expanded in the current program year through both facility based and HCT outreach services among Key populations (MARPs). UHMG will also work with CPHL and the department of quality assurance to monitor the quality of HCT in the supported private health sector facilities. There will be two areas of emphasis for our HCT programming in FY13:

- Ensuring that GLC's follow **provider initiated testing** practices at GLCs through training health workers using the MOH curriculum, on-job mentorships and job aides to equip them with skills to test their patients, partners and attendants in hospital visits.
- Developing new strategies to provide **targeted** emphasis on provision of HCT to two particular groups: pregnant women and KEY POPULATIONS (MARPS). The index client approach will also be used as a way to test partners of clients as well as their children.

HCT will serve as the entry point to the recommended continuum of care. All individuals who test negative will be counseled on behavioral HIV prevention and provided with information on other biomedical services such as VMMC. This will include the negative partner in discordant couples tested. All individuals who test positive will be initiated on cotrimoxazole and provided with positive health, dignity and prevention (PHDP) such as family planning and psychosocial support to increase adherence and retention. Because not all 200 GLCs provide ART and related services, UHMG will strengthen linkages and tracking mechanisms to support clients in accessing services not available at GLCs. This will include:

- Signing MOUs with referral service points
- Follow up by linkage facilitators (Good Life promoters) at referral points and home visits in the community
- Use of triplicate referral forms
- SMS for follow ups

### **Sexual and other prevention**

**Key populations (MARPs):** UHMG's Key populations (MARPs) program this year will continue targeting vulnerable groups previously supported; truckers, fisher folk and CSWs. Service provision for MARP groups to address the underlying factors for HIV transmission such as gender inequalities, sexual and gender-based violence, socio-cultural norms etc, will be supported. The 2010/11 to 2014/15 national HIV Strategic Plan and PEPFAR Country Operational Plan (COP) support combination prevention strategy, including comprehensive sex education, condom distribution and other biomedical interventions as the most effective way to prevent HIV. These strategies include: Provision of a minimum package on HIV prevention services including risk reduction counseling and increasing risk perception, safe sex practices such as consistent correct condom use promotion, STI assessment and referral for treatment, counseling and referral for VMMC, and receiving counseling, testing and receiving HCT results and their clients.

In addition to KEY POPULATIONS (MARPS) interventions, surrounding communities will be reached with HIV prevention messages. Partnerships with health facility based providers will be enhanced for HCT, MMC and STI management through services linkages and referrals. Services will be expanded to reach more fisher folks through establishment of services at new landing sites. HIV prevention efforts will be scaled up to reach of the affected population for adoption of HIV transmission risk reduction behaviors, including utilization of biomedical interventions (condoms, VMMC). HIV prevention for CSWs and their clients will be integrated in those for fisher folk and truckers who are their main clients and sexual partners. Specifics on landing sites will depend on which sub-grantees are approved; however, details of proposed targeted populations for fisher folk and truckers targeted are summarized in the table below.

**Table showing the population of fisher folk targeted beneficiaries in existing landing sties**

District	Sub Counties	Fisher folks population (MEEPP study 2011)	People to be reached through the project
Kalangala	Bujumba	3,944	2,500
Kalangala	Town Council	1,117	700
Kalangala	Mugoye	8,000	7,000
Masaka	Buwunga	3,000	2,000
Wakiso	Katabi	15,000	10,000
Mpigi	Nkozi	2,000	1,200
<b>TOTAL</b>		<b>33,061</b>	<b>24,400</b>
<i>Source: Projected population based on Population and housing census of Uganda 2001 and MEEPP survey 2011</i>			

**List of current Fishing boat landing sites**

District	Subcounty	Parish	Fishing boat landing sites
Kalangala	Mugoye	Kayunga	Njoga
Kalangala	Kugoye	Kayunga	Bbanga

Kalangala	Mugoye	Kayunga	Kasenyi
Kalangala	Mugoye	Kayunga	Bumangi
Kalangala	Mugoye	Bbeta	Mutambala
Kalangala	Mugoye	Bbeta	Kasekulo
Kalangala	Mugoye	Bbeta	Senero
Kalangala	Mugoye	Kagulube	Kibanga
Kalangala	Mugoye	Kagulube	Bugoma
Kalangala	Town council	Town council	Lutoboka
Kalangala	Town council	Town council	Mwena
Kalangala	Bujjumba	Mulabana	Mulabana
Kalangala	Bujjumba	Mulabana	Nakatiba
Kalangala	Bujjumba	Bwendero	Lwabalega
Kalangala	Bujjumba	Bwendero	Kasamba
Kalangala	Bujjumba	Bwendero	Bwendero
Mpigi	Nkozi	Golo	Golo landing site
Mpigi	Nkozi	Golo	Golo landing site
Mpigi	Nkozi	Golo	Golo landing site
Wakiso	Katabi	Nkumba	Kasenyi
Wakiso	Katabi	Nkumba	Lwanjaba
Masaka	Buwunga	Bukakata	Bukakata
Masaka	Buwunga	Bukakata	Lambu

**Table showing truckers to be reached in Kasese district in FY2013**

Sub-county	Number of truckers (source –URA 2011)	Target for the population project[est.3per truck]	Coverage in %
Mpondwe	2,040	1500	74%
Hima	2550	1500	59%
Total	4590	3000	66%

UHMG estimates number of truckers based on number of trucks plying a region as registered by URA in 2011. It is estimated that each truck is run by about three people who are considered for interventions for HIV prevention among truckers. These targeted beneficiaries include: the truck driver, turn-boy and mechanic. UHMG records the number plates of trucks whose truckers are reached as a way to prevent double counting.

**Couples:** This year, UHMG will continue working with couples through the couple clubs using trained hero couples in 8 districts; Kabale, Kanungu, Wakiso, Lira districts, Kabarole, Kyenjojo, Mbale, Kamuli and Mukono. UHMG targets 150,000 couples for this program year details are summarized in the table below. These couples will be identified in the community by hero couples who are representatives of each parish in each of the sub-county couple support clubs. Hero couples are identified with the help of civic and religious leaders during advocacy

meetings which have been serving as the entry point of the FAITH project into communities. This selection approached allows religious, cultural and tribal mix of the team of hero couples to be representative of the community and hence improving program outcomes.

**Project coverage and target population in targeted districts:**

A. District	B. Sub counties	C. Total population of the targeted population (UBOS Est. 2012)	D. No of people to be reached	E. Coverage in Percentage (E=D/Cx100)%
Kabale	Kaharo	5474	4,024	74%
	Maziba	5,502	4,024	73%
	Bukinda	5,893	4,024	68%
	Kyanamira	5,865	4,024	69%
	Bubaare	13,574	9,787	72%
	Northern Div	3,296	3,024	92%
Wakiso	Nansana TC	12,576	9,048	72%
	Wakiso T/C	6145	4,024	65%
	Kakiri TC	6,298	4,024	64%
	Kakiri S/C	6,298	4,024	64%
	Namayumba	10,976	8,488	77%
	Gombe	16,814	13,407	80%
Lira	Adekokwok	6,927	6,048	87%
	Barr	12,513	9,048	72%
	Ngetta	6,647	4,024	61%
Kanungu	Kyantorogo	5,726	4,024	70%
	Kanungu TC	4,441	3,824	86%
	Rugyeyo	5,343	3,824	72%
	Kirima	4,860	4,024	83%
Kamuli	Kitayunjwa	16,702	13,351	80%
Mbale	Wanale Division	3,966	3,024	76%
	Northern Div	5,390	3,924	73%
Kyenjojo	Kyenjojo TC	6,033	5,024	83%
Kabarole	Ruteete S/C	7,541	6,024	80%
Mukono	Central Division	16,870	12,435	74%
		201,670	150,520	

Overall Percentage	74.64%
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Key issues that will be addressed include couple HCT counseling, HIV discordance counseling and support, structural issues such as sexual gender based violence and alcoholism; condom negotiations. UHMG will continue to link HCT community outreaches conducted by GLCs to couple support clubs. Individuals who test positive will be initiated on cotrimoxazole and referred to GLCs for assessment for ART eligibility. Those who test negative will be linked to couple support clubs for continuous support in HIV prevention. Discordant couples will be linked to discordant couple clubs currently supported by the DBTAs. UHMG will work with existing couple master trainers and the district based STARS projects to scale up services to address issue of discordant couples and other critical emerging issues that need to be addressed (sexual gender based violence, couple discordance, alcoholism, and family planning among PHAs) to combat HIV infection among couples. UHMG will review the Districts of hero couple program operation to ensure (as mentioned above) that they focus on Districts with high HIV prevalence and high rates of at risk behaviors such as MCP. In those that are found to be non-priority Districts according to the latest AIS, UHMG will explore handing over those programs to the appropriate STAR project.

In order to increase access to the continuum of care, UHMG will continue supporting couple support clubs to increase access to wrap around among couples. This will involve strengthening existing structures such as the successful SACCO that was formed by the couple club in Kakiri. Efforts will be put in place to link couples to other services not currently supported by UHMG such as nutrition programs. UHMG will also work with mother’s unions, faith based organizations and SACCOS to identify couples and also bring services (e.g. HCT, VMMC, and family planning) closer to the beneficiaries during their gatherings such as conventions.

Materials on discordant couples will be developed as an appendix of the current couple workbook that has been adopted by most implementing partners providing HIV prevention services. Couple clubs will reinforce messages on risk reduction and emphasize fidelity as studies shows that infection in sero-negative partner is usually from outside the marriage. Couple clubs will also continue to provide psychosocial support to discordant couples, link and refer them to service outlets, where their positive prevention needs such condoms, FP, PMTCT will be addressed.

**Young people:** UHMG realizes the great potential that the youth can have in quick adoption of health promoted behaviors in communities. In this regard, UHMG focuses most of its behavioral change interventions on young adults who are out of school, as a strategy to bring about long lasting sustainable change in communities. For this program year, UHMG targets 50,000 young adults aged 15-24 years in Arua, Nebbi, Koboko, Moyo, Jinja, and Mbale districts for boda boda cyclists; and Amuru, Oyam and Nwoya districts for young adults.

Strategies which will be consolidated in this project year include:



1. Support youth clubs and provide them with a platform to acquire life skills, information on HIV prevention, healthy living and positive living among the young positives. Demand generation for evidence-based biomedical and behavioral interventions to meet the specific needs of youth such as medical male circumcision, HIV counseling and testing, abstinence and consistent condom use for combination prevention will be supported. These clubs provides for an opportunity to have repeated interface with unique individuals as required for effective behavioral change.

Table showing annual targets for FY2013

Project Mid-year population 2013	Male	Female	Total	15-19	out of school	20-24	Out of School	Total out of school	FY2013 target	Coverage
AMURU DISTRICT	114,600	118,200	232,800	25,608	5889	20952	15923	21812		
Amuru Sub County	19,000	19,200	38,200	4202	966	3438	2612	3578	1,825	51
Atiak Sub County	17,500	18,100	35,600	3916	901	3204	2435	3336	1,701	51
Lamogi Sub County	24,500	25,000	49,500	5445	1252	4455	3385	4637	2,365	51
Pabbo Sub County	27,000	28,500	55,500	6105	1404	4995	3796	5200	2,860	55
NWOYA DISTRICT	26,600	27,400	54,000	5,940	1366	4860	3693	5059		
Alero Sub County	8,300	9,100	17,400	1914	440	1566	1190	1630	848	52
Anaka Sub County	8,000	8,500	16,500	1815	417	1485	1128	1545	927	60
Purongo Sub County	4,400	4,400	8,800	968	222	792	601	823	428	52
Koch Goma Sub County	5,900	5,400	11,300	1243	285	1017	772	1057	550	52
OYAM DISTRICT	186,300	192,600	378,900	41,679	9586	34101	25916	35502		
Aber Sub County	35,500	37,400	72,900	8019	1844	6561	4986	6830	3,757	55
Acaba Sub County	21,200	22,500	43,700	4807	1105	3933	2989	4094	2,252	55
Iceme Sub County	22,400	22,900	45,300	4983	1146	4077	3098	4244	2,546	60
Loro Sub County	27,900	29,400	57,300	6303	1449	5157	3919	5368	3,221	60
Minakulu Sub County	28,600	28,700	57,300	6303	1449	5157	3919	5368	2,952	55
Ngai Sub County	24,700	24,800	49,500	5445	1252	4455	3385	4637	2,458	53
Otwal Sub County	26,000	26,900	52,900	5819	1338	4761	3618	4956	2,627	53

31,31

5

2. HIV control services among motorcycle taxis (boda boda riders), as a special group with high risk of HIV transmission. UHMG is committed to finding innovative ways to contribute to the reduction of HIV/AIDS among bodaboda riders in Uganda, in addressing to addressing service operators road safety needs. Provision of riders with branded of helmets and shades, UHMG will enable operators to have comprehensive HIV prevention

package in addition to expanding the market of condom use by increasing accessibility and directly interfacing with the target population, HCT outreaches, FP interventions and referrals for STI treatment, including both motorcycle taxis and their customers. Motorcycle taxis will continue running small-scale sales as well as become moving billboards, advertising Protector Condoms throughout the major towns of Uganda. These interventions will continue to be supported in West Nile, Jinja and Mbale districts, while, as with “hero couple” interventions, reflecting on whether these are priority Districts given the latest AIS findings.

### **UHMG Linkage facilitators**

In FY2013, UHMG will continue working with linkage facilitators in order to support health workers from GLCs to track referred clients, follow up clients in the community through home visits as well as link clients in services from the community to the GLCs as part of efforts in delivering the recommended continuum of care. All scheduled trainings and review meetings will have a component on strengthening referral, linkage and tracing for clients, and proper record keeping. Details on each linkage facilitator group are summarized below by intervention area or key population group that they serve.

**Table showing linkage facilitator by group and proposed approach for trainings**

<b>Key population group/intervention area</b>	<b>Location (in partnership GLCs in districts of operation)</b>	<b>Linkage facilitators (These will be trained on referral, linkages and tracking clients referred)</b>	<b>Approach</b>
Fisher folk and CSWs	Kalangala, wakiso, Masaka	306 peer educators for 22 fishing boat landing sites	Mentorships and orientations during review meetings in partnership with management of fishing boat landing sites.
Truckers and CSWs	Kasese, Arua, Nebbi and Koboko	145 peer educators trained in FY 2012 in communication, counseling, and mobilization.	Mentorships and orientations during review meetings
Motor cycle taxis	Arua, Moyo, Koboko, Nebbi, Jinja and Mbale	99 previously trained peer educators.	Mentorships and orientations during review meetings
Young adults	Amuru, Oyam and Nwoya	Youth champions	Mentorships and orientations during review meetings
Couples	Kabale, Kanungu, Wakiso, Lira districts, Kabarole, Kyenjojo, Mbale, Kamuli and Mukono	408 Hero couples previously trained on counseling. They will also be trained on counseling discordant couples	Mentorships and orientations during review meetings

HIV care and PHDP	All GLCs	200 Good life promoters will be trained to support health workers in providing psychosocial support and tracking referred clients	3 day work shop trainings
eMTCT	Attached to 32 GLCs selected for accreditation	100 mentor mothers to be trained in community eMTCT to support beneficiaries in adherence and keeping appointments as well as providing support for retention	3 day workshop trainings

**PMTCT/ EMTCT:**According to the 2010 epidemiological surveillance report, the HIV prevalence is at 7% in ANC, and of the 92% of women who get tested HIV +, only 34 percent of their babies received antiretroviral drugs for PMTCT. Lost to follow-up has been cited as the main reason for this low coverage. The Ministry of Health recently embarked on working towards zero vertical transmission of HIV in children.

In line with the WHO 2010-2015 strategic Vision for PMTCT and the newly developed **MOH EMTCT Communication Strategy**, UHMG will take the leadership in designing an EMTCT Communication Plan and interventions to be shared among implementing partners to roll out in MOH-designated regions. The EMTCT campaign will be launched and implemented at scale by UHMG and will support integration of HIV prevention and care services within maternal, newborn and child and reproductive health/family planning programs. UHMG will also utilize already existent community-based and facility-based structures to increase community participation including male partners and community health workers (WHO 2010).

**Table showing list of eMTCT sites by region and district**

No.	DISTRICT NAME	SUB-COUNTY	NAME OF GOOD LFE CLINIC	OWNERSHIP	
				PNFP	PFP
<b>North Central</b>					
1	APAC	Aduku	Aduku catholic mission HC II	√	
2	LIRA	Adekokwok	Boroboro HC III	√	
3	LIRA	Municipality	Lira Medical Centre		√
4	OYAM	Iceme	Iceme HC III	√	
5	GULU	Pece	Mola Medical Centre		√
<b>West Nile</b>					
6	ARUA	Uleppi	St. Jude Ulepi Parish Dispensary HC III	√	

7	ARUA	Uleppi	St. Luke Katiyi HC III	√	
<b>SOUTH WEST</b>					
8	ISINGIRO	Kakoma	Kakoma Health Centre	√	
9	KABALE	Bukinda	Kakatunda Health Centre III	√	
10	KABALE	Kashambya	Kitanga HCIII	√	
11	KABALE	Kabale Northern Div.	Rugarama Hospital	√	
12	KANUNGU	Kanungu TC	Nyakatare maternal and child H/C	√	
13	MBARARA	Rubaya	St. Francisca Makonje HC III	√	
14	MBARARA	Rubindi	St. Joseph's Rubindi HC III	√	
15	KASESE		Bishop Masereka	√	
<b>EAST CENTRAL</b>					
16	JINJA	Central Division	Jinja Islamic Health centre	√	
<b>RWENZORI</b>					
17	KABAROLE	Ruteete	Iruhuura HC III	√	
18	KABAROLE	Ruteete	Nkuruba HC III	√	
19	KABAROLE	Kibiito	Yerya HC III	√	
20	KASESE	Kasese TC	Bishop Masereka Medical Centre		√
<b>EAST</b>					
21	KABERAMAIDO	Kaberamaido TC	Kaberamaido Mission Health Centre III	√	
22	MBALE	Bungokho	Bushikori Christian HC III	√	
23	MBALE	Nakaloke	Kolonyi Health Center III (Salem Brotherhood)	√	
24	SERERE	Atiira	Atiira medical centre		√
25	SERERE	Olio	St. Martins Amakio		√
26	SERERE	Pingire	Kidetok HC III	√	
<b>CENTRAL</b>					
27	KAMPALA	MakindyeDiv	Hope clinic Lukuli		√
28	MASAKA	Butenga	St Mary's Maternity and NH		√
29	MUKONO	Najja	Kingdom Life health centre		√
30	MUKONO	Najja	Makonge community health centre	√	
31	KAMPALA	Kawempe	Kawempe COU Clinic	√	
32	KAMPLA	Kawempe	Community Health Plan Uganda	√	
<b>Notes: GLCs selected by team of MOH PMTCT experts as PMTCT sites ready for accreditation will follow capacity building of HWs and on-job mentorship</b>					

In PY2012, UHMG in partnership with MOH identified 32 GLCs that met the eligibility criteria for eMTCT service delivery as part of the national plan for scale up of eMTCT option B+ using the family centered approach which will allow for provision of ART to eligible partners and children of HIV recipients of eMTCT services. Non-eligible family members will be provided with the rest of the relevant services for care and support such as PHDP, and CD4 tests. UHMG will follow the national scale up plan of starting services in central 1 & 2 regions and subsequently scaling up to the rest of the GLCs by March 2013. All eMTCT sites will be strengthened to provide pediatric HIV treatment and the two programs strongly linked. ARV supply will be through JMS while CD4+ count tests will be done at regional hubs established through the guidance of MOH and JCRC. eMTCT services will be provided as an integral part of currently provided MCH services in the GLCs. Family planning will also be a strong component of the program to prevent recipients of eMTCT from subsequently having unwanted/unplanned pregnancies.

GLCs that are already providing eMTCT will continue doing it privately with technical guidance for conformity to the national policy and guidelines. UHMG will support GLCs with capacity building through the current MOH 1 week training, on-job mentorships, job aides and support for patient follow up for retention, and transportation of patient samples to regional hubs. The national quality improvement approach of quality improvement teams and facility based development of facility specific solutions to identified gaps. UHMG will work with district quality improvement committees to effect this.

Through the mothers clubs, UHMG will engage mother mentors and family support groups to provide psychosocial support to mothers in need of or already using PMTCT services, and enhance adherence and client program retention. Linkages between the community with health facilities already providing the service and collaboration with district-based partners will be strengthened in order to increase utilization of PMTCT services and develop the “continuum of care” mentioned above to reduce those that are lost to follow up. As part of PHDP, eMTCT clients will be supported with the basic care package currently distributed by PACE. Specifically, UHMG will continue supporting the scale up of PMTCT comprehensive package through several interventions:

- Build the capacity of 64 health workers from 32 PMTCT sites to provide PMTCT services and counseling
- Financially and technical support 32 facility based mother’s clubs to pilot large scale utilization of mentor mothers to follow-up PMTCT beneficiaries and reduce loss to follow-up and encourage male involvement
- Train 32 mother mentors to follow up and provide psychosocial support to PMTCT beneficiaries, increase retention and adherence to treatment
- Provide basic care packages to HIV pregnant women and their infants
- Link PMTCT demand generation to UHMG’s mass media ANC promotion efforts

**Voluntary Medical Male Circumcision:** Voluntary Male medical circumcision (VMMC) is one of the biomedical interventions that reduces risk of HIV infection. The current MOH MMC strategy provides a framework for increasing access and use of safe and sustainable male circumcision services as an integral part of HIV prevention strategy. UHMG undertook baseline studies on attitudes towards VMMC which established that current demand exceeds available services. UHMG will continue focusing on demand creation and service delivery of VMMC through social mobilization and partnering with district-based partners and institutions such as regional hospitals, Walter Reed and Rakai project to build the capacity for VMMC services through GLC and outreaches. In its interpersonal communication about VMMC, at the GLC's and in the community, UHMG will emphasize that VMMC is not a "magic bullet", and that clients must wait to have sex the appropriate time after the procedure and continue to practice behaviors that reduce risk.

Demand for VMMC is notably high compared to service. In addition to demand generation activities, UHMG will support MOH to make use of the VMMC campaign materials designed by the Health Communication Partnership (HCP). UHMG will focus the VMMC campaign on the post surgical care component including wound care, adherence to recommended sexual practices such as abstinence and no masturbations for 6 weeks post-surgery. Campaign channels will include mass media, print, sms media, and interpersonal communication by linkage facilitators and health workers. This will help promote proper wound healing and increase adherence to recommended continuous safe sex practices for HIV prevention.

**HIV Care and Positive Prevention:** UHMG has been providing comprehensive general HIV Care to People Living with HIV/AIDS (PHAs) through GLC in order to improve their quality of life, and delay the need for Antiretroviral Therapy (ART). The main entry point to care has been through HCT provided at these clinics.

In program year 2011-2012, PHAs received a minimum of one clinical service from the 200 existing GLCs. PEPFAR emphasizes that the goal of care should be to provide services in each of 5 domains described in PEPFAR care and support guidance (clinical, psychological, spiritual, social, and prevention) and to provide these services using a holistic approach, from the time of HIV diagnosis. (PEPFAR Next generation indicators Uganda Version 2009)

This program year, UHMG will implement activities to improve the quality of HIV care provided to PHAs through the private health sector. These interventions will include: ongoing mentoring of health workers on management of common opportunistic infections and provision of family planning; provision of data collection tools, job aides and MOH policy guidelines for HIV care, positive living profiling, positive living and on-site support supervision.

In PY 2011-2012, 32 GLC (out of targeted 50) were selected and accredited as PMTCT sites. UHMG will work with the private public partnership at MOH and learnt from HIPS project that has been proving ART through the private health sector. ART provision will be piloted in 14 of these 32 sites that are already proofing ART privately and meet the MOH eligibility criteria of ART accreditation in these sites as part of the family centered approach of the option B+

eMTCTnational scale up program. In addition to the pregnant HIV positive mother, ART and PHDP services will also be provided to HIV positive partners and children of option B+ recipients who are eligible. ARV supply will be part of the national plan through the JMS while regional hubs will be utilized for CD4T tests and EID for pediatric HIV testing. GLCs will be supported to cover transportation costs of samples to these labs and return of results to clients through appointments facilitated by remainders using mobile phones.

Scale up in the delivery of positive health, dignity and prevention (PHDP) services using the capacity will be consolidated this program year. Community support Agents and the GL clubs will be supported to provide positive prevention services. All community-based volunteers trained will support PLHAs to utilize positive prevention services that include; condom use, OI prophylaxis, family planning, nutrition, hygiene, promotion of safe water supported by UHMG. In this way the health needs of PHAs will continue to be addressed, in a comprehensive manner. These community support agents will also help address issues of adherence and increase patient retention through follow up and home visits.

### **Cross cutting**

**BCC Activities:** In addition to the intensive Condom Promotion and EMTCT Communication Campaigns discussed in the previous sections, UHMG will continue to support its Get off the Sexual Network campaign. Last program year UHMG carried out phase 4 of the Get off the Sexual Network campaign. In a bid to link the campaign directly with program work, UHMG plans to coordinate this series of the campaign with a national demand creation campaign for MMC and UHMG's community work in support for PMTCT services uptake in partnership with MOH. This campaign will continue with its next phase running through this program year. The campaign will be closely linked with the couple programs where interpersonal communications will be done by hero couples to emphasize the key messages of couple testing, disclosure and addressing discordance as well as demand for PMTCT services that involves male partners and the entire family. As successfully done with STAR EC and SPEAR in FY2012, UHMG will continue utilize materials from all phases of the Sexual Network campaign including coordinating use of material with DBTAs including NuHites. In addition, UHMG will meet with IRCU to discuss how to work with religious leaders.

The campaign will support demand for uptake of more than one recommended HIV prevention behavior, including service or product. UHMG will also conduct community dialogues in districts with high positivity rates, in partnership with DBTA to utilize our expertise in creating demand and utilization for the various health commodities such as condoms, supplied through UHMG. UHMG will make use of materials and tool kits developed by HCP to design and execute these campaigns.

**Research, Monitoring & Evaluation:** UHMG realizes the importance of creating impact in all its programming for HIV prevention and care. To share successful models with other implementing partners, UHMG will ascertain and document program outcome and share findings with stakeholders. Such areas include but are not limited to the couples' program, and truckers

program. In addition, UHMG’s national contribution will be assessed in order to establish the contribution in the various areas of HIV prevention and care.

UHMG will continue to explore opportunities for publications, oral and posters presentations. The HIV prevention and care team may participate in local and international conferences such as the 2013 International AIDS conference.

### Performance Indicators

Key performance indicators are presented in the following table.

HIV FY 2012-2013 WORK PLAN MATRIX				TARGETS	
Activity	Indicator	Annual	Q1	Q2	Q3
<b>1: Strengthen HCT Services in Private Clinics</b>					
Distribute test kits to GLCs accessed through JMS	Number of test kits procures: determine, statpak and unigold	500,000	200000	200,000	100,000
Support GLCs to provide HCT	Number GLCs providing HCT	174	174	174	174
Support GLCs to conduct out integrated reaches	Number of outreaches conducted by GLCs	60	20	20	20
	# of people tested @ outreaches	600	200	200	200
	# of people tested @ PICT	120	40	40	40
	# of people tested through index family member in @ outreach	75	25	25	25
Provide data collection tools and conduct support supervision	Number of tools distributed	174	174	174	174
Integrated Quarterly support supervision to GLCs	Number of visits conducted	174	174	174	174
Mentor counselors on HCT service provision	Number of counselors trained	200	100	100	0
<b>2: Healthcare Waste management</b>					
Distribute safety boxes to new GLC enrolled for HTC services.	Number of safety boxes distributed	2400	800	800	800
<b>3: Sexual and Other Risk Prevention-Truckers</b>					
Reach truckers with IPC	Number of truckers reached with with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	3,850	1500	1500	850
	# of truckers oriented on condom use	1,500	500	800	200
	# of truckers referred for STI	500	100	200	200



	treatment # of truckers referred by type of service	500	100	200	200
HCT outreaches (subset of HCT)	Number tested and received results through moonlight HCT camps at park yards	3,000	1000	1000	1000
Reach CSWs with IPC	Number of CSWs reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	2000	1000	500	500
	# of CSW using FP	500	100	300	500
	# of CSW oriented on condom use	1000	250	500	250
	# of CSW treated with STI	300	100	100	100
	# of CSW referred by type of service	500	100	300	100
Social market condoms	Number of condoms sold	300,000	100,000	100,000	100,000
<b>4: Sexual and Other Behavioral Risk Prevention – Fisher Folk</b>					
Reach fisher folk with IPC	Number of fisher folk reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	20,900	6968	6966	6966
	# of fisher folk oriented on condom use	5000	1000	3000	1000
	# of fisher folk referred for STI treatment	2000	500	1000	500
	# of fisher folk referred by type of service	2000	500	1000	500
Conduct HCT outreaches for Fisher folk	Number tested and received results	5,000	2,000	2,000	1000
Reach CSWs with IPC	Number of CSWs reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	1000	500	300	200
	# of CSW using FP	250	100	100	50

	# of CSW oriented on condom use	500	100	200	200
	# of CSW treated with STI	150	50	50	50
	# of CSW referred by type of service	250	100	100	50
Promote condoms	Number of condoms sold	300,000	100,000	100,000	100,000
<b>5: Sexual and Other Behavioral Risk Prevention – Married couples and discordant couples</b>					
Conduct IPC activities on HIV prevention	Number of the targeted population reached with individual and/or small group level HIV prevention intervention that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards and requirements	150,000	50,000	50,000	50,000
Conduct CHCT outreaches	Number of individuals tested as couples tested	45,000	15,000	15,000	15,000
Integrate FP in HIV prevention among couples	Number of new FP acceptors	5000	1668	1666	1666
<b>6: Sexual and Other Behavioral Risk Prevention – Youth</b>					
Conduct IPC activities on HIV prevention among youth	Number of youth reached	50000	30000	10000	10000
Carry out HCT outreach targeting youths.	Number of youth tested	5000	3000	1000	1000
<b>7: Sexual and Other Behavioral Risk Prevention – BodaBoda Cyclists (motorcycle taxi riders) as a subset of youth</b>					
Carry out Interpersonal Communication activities among bodaboda cyclists	Number of bodaboda reached	6000	3,000	2,000	1,000
Conduct HCT outreaches for bodaboda	Number tested and received results	3,000	1,000	1,000	1,000
Condom sales	Number of condoms sold	300,000	100,000	100,000	100,000
<b>8: HIV Care &amp; Positive prevention Services</b>					
Provide PHAs with HIV care services	Number of PHA reached with at least i clinical care service	19,000	7000	7000	5000
Provide PHAs with positive prevention services	Number of PHAs supported with PP services	19,000	7000	7000	5000
Conduct quarterly visits to GL clubs and clinics to enhance linkage between facility and community interventions	Number of visits conducted	3	1	1	1

<b>9: PMTCT</b>					
Train HWs on PMTCT from 50 GLCs to provide ANC	Number HWs trained on PMTCT	74	74	0	0
Provide HWs with on-job mentorship	Number of HWs provided with on-job mentorship	74	74	0	0
Reproduce and disseminate data collection tools for HWs and mother mentors	Number of data collection tools reproduced and disseminated	200	200	0	0
Reproduce and disseminate job aides and relevant PMTCT policies and guidelines	Number of MOH policy and guidelines and Job aides disseminated to 50 GLCs	200	200	0	0
Train mother mentors on PMTCT from 50 GLCs	Number of mother mentors trained	50	50	0	0
<b>10: HIV campaigns</b>					
Design and conduct PMTCT/EMTCT campaign	Campaign designed and implemented	1	1	1	0
Design and conduct Condom Promotion BCC campaign	Campaign designed and implemented	1	1	1	
<b>11: Support VMMC services</b>					
Demand generation & referral with sub-grantees	Number of men mobilized for MMC	81100	3000	5000	1100

## **RESEARCH MONITORING & EVALUATION (RM&E)**

The Research, Monitoring and Evaluation (RM&E) section will continue to provide the necessary data/information for decision making and planning. The activities for FY13 will involve review of relevant publications, secondary re-analysis of data collected by UHMG or other organizations, conducting research where there are data/information gaps. Efforts will be geared to strengthen record keeping, data collection and reporting on activities implemented by the organization at the primary data collection stage. As the monitoring arm of the organization, the section will coordinate the implementation of results in the Performance Monitoring Plan (PMPs).

The following types of activities are planned for FY13.

### **Monitoring and Evaluation**

### **Re-aligning of the UHMG RM&E Plan**

The RM&E unit will develop UHMG RM&E tools to monitor activity outputs and evaluate outcomes of the different projects being implemented. The UHMG database will be enhanced to cater for data generated by the special projects.

### **Process Evaluation**

The unit will embark on process evaluation of all programs and activities implemented by UHMG. The unit will monitor all interventions activities in Malaria, HIV/AIDS and MCH. Additionally, they will track activities in the Good Life Clinics (GLCs) to assess the service uptake in UHMG focal communities. UHMG will use Ministry of Health (MOH) record keeping tools to collect data on the people tested for HIV in the Good Life clinics. Standardized instruments designed by the UHMG research.

**Training of Service Providers:** In Malaria the unit will monitor the trainings in the New Anti-malarial drug policy, use of RDT's and IPTp and diagnosis and treatment. In HIV/AIDS it will HIV Counseling and testing in the GLC's, HIV prevention through small groups and interpersonal communication and also look at the integrated approach to Maternal and child health. The GLC staff will be trained in HMIS and advised to compile monthly reports to the districts.

**Media Reach Analysis:** UHMG will monitor exposure of campaign messages through the media using the specialized services of IPSOS/ Synovate. This tracking will provide data on the estimated number of media users who are exposed to UHMG's messages during specific times. A media monitoring firm will be hired for this activity. We will assess the viewership for TV exposures and listenership for radio exposures.

The unit will also actively track the **distribution of IEC materials including in rural and areas,** and billboards used in the interventions. This tracking will use standardized tool developed the RM&E team. Tracked IEC materials will include posters, flyers, brochures on malaria, HIV/AIDS, maternal and child health, and family planning.

**Monitoring of the Sub-grantees:** UHMG implements most of its program activities through sub grantees. The department will build the capacity of the sub grantees in data management and reporting, data utilization. It will also carry out data quality control checks, sample and visit implementation sites. Data quality assessment will be carried for the sub grantees at least once a year. Using the on-line reporting system, partners will be required to submit data on Family planning, malaria, and child health prevention.

**Reporting:** The RM&E unit will ensure timely collection of data on all activities being implemented by UHMG. Periodic quantitative reports which will compare achievements against targets will be generated and disseminated to the implementing staff. The online reporting system for sub grantees which did not operate during the period 2010/11 because of the website re-development work which took place will be reactivated. This will ensure timely reporting and will also minimize the transcription errors introduced at different levels of data capture.

Quarterly internal meetings will be held to review process of activity implementation and guide planning for future interventions. Quarterly reporting to UMEMS and bi-annual reporting to MEEPP will be carried out.

## **Research**

### **Formative and outcome Evaluation of Communication Campaigns**

The RM&E unit will conduct evaluations of specific message/intervention channels. All program intervention areas that have a communication component will have to undergo the following processes:

Formative research: Concept testing and Pretesting: Qualitative methods will be used to test concepts at the initial stage in message development for a communication intervention. New communication materials, such as in EMTCT and new language versions of existing materials, will be pre-tested before final production.

AFFORD II End of Project Communication Survey: A Wave 2 of the BCC Survey will be conducted to provide posttest data that can be compared to Wave 1 BCC Survey data. All program and brand communications will be evaluated through the survey. All of the mechanisms, including CHR are in place for the post-test survey which can be conducted efficiently and economically. The post-test is of particular importance because it will provide the definitive results for UHMG BCC campaigns which would by April of 2013 have been running for a period sufficient to show behavioral results. These campaigns include specifically FP Smart Choices, Protector Condoms, EMTCT, Zinkid Restors, Power of Day One, and SMGL's Deliver at a Health Facility. Without this post-test research there will be no record of communication impact of these campaigns. In-depth analysis will provide evidence for the impact of campaigns on the behavioral outcomes that the program is seeking to address in HIV, FP, MCH and Malaria. This data will be made available to USAID for its own analysis and evaluation purposes.

### **Intermediate assessment of on-going program interventions**

The unit will conduct on-going assessments of UHMG programs and services using monitoring data supplemented occasionally by collection of specific additional data. Such assessments will focus on areas such as GLCs and the surrounding Model Village interventions, UHMG work with MARPS, the utilization of MCH/ FP services within the 1000-day strategic framework, and the uptake of Malaria 'test and treat' services. This will help to inform programs on a regular basis.

## **Other research Activities**

**Market Research:** Both the Programs/Consultancy and Commercial business units of UHMG will be guided by information on the current market situation. The RM&E section will conduct market research activities to provide the necessary data. Market research will be more specific in nature to assess specific products' performance, identify new potential markets and inform

innovative implementation strategies for UHMG brands. Some of the market research activities will include:

- Willingness to pay assessments: Due to the ever-changing economic situation and plans to introduce new products in the market, UHMG/AFFORD will look at the consumer response to particular prices.
- Retail audits: The unit will continue with quarterly retail audits to assess penetration of the UHMG and competitor brands in the market. These audits will use both quantitative and qualitative methodologies to collect information on complimentary and competing products. Using the results from the exercise, the product facility will seek to strengthen distribution systems and ensure outlet coverage at all levels.
- Secondary Data Analysis: The end of AFFORD one evaluation study was carried out in 2011 and will be analyzed in depth. Secondary analysis of the UDHS 2011 will be carried out to explore indicators relating specifically to communication exposure and effects.

**Capacity building of UHMG RM&E staff:**

Continuous capacity enhancement of newly inducted RM&E staff to meet the data/information demands of the organization will be carried out mainly through mentoring. Support will be received from CCP and locally in the area of research, monitoring and evaluation. Special emphasis will be put on the designing of evaluation strategies, the use of HMIS and service data linking it to client exposure to communications, among others. They will also participate in USAID-supported courses organized to enhance capacity for reporting in the MEEPP, UMEMS and other USAID reporting frameworks.

**Documentation:**

The Unit will embark on documentation as a means of both preserving evidence of activities implemented, and learning of strategies that worked and may have not worked during the entire year. Documentation will also include process capturing of possible replication areas in programming, research, monitoring and evaluation.

**RM&E activities for FY13:**

<b>Monitoring and Evaluation</b>	Q1			Q2			Q3		
Collection of Data from GLCs	■	■	■	■	■	■	■	■	■
Initial planning meeting with district Bio-statisticians	■								
Conduct monitoring activities	■	■	■	■	■	■	■	■	■
Training of GLCs staff in HMIS	■	■							
Reproduction of data management tools	■	■							
Designing of online reporting system for GLCs	■								

Quarterly Review meetings Staff, Sub-grantees									
Quarterly feedback to districts and GLCs									
Capacity building of M & E staff									
AFFORD II end of project evaluation									
Retail Audit									
Media Reach Analysis									

## CROSSING CUTTING ACTIVITIES

### MARKETING AND STRATEGIC INFORMATON

#### HIV/AIDS

##### **O Condom**

**Focus: Market penetration, building trade & consumer loyalty.**

OCondom has market share of about 50%. Retail penetration is at about 45% across. It registered a steady sales growth that was attributed to consistent media support, and bar promotions. There were a few stocking challenges when demand surpassed supply and additional stocks were procured. During the FY2013, a consumer and trade promotion will be conducted to further strengthen this brand, build loyalty and to increase usage and sales with an aim of arresting the increasing HIV/AIDS prevalence rate. Other promotional activities will include installation of vending machines at 50 major outlets and participation in events to showcase the brand.



For promotional goals, intermediate results will include expansion and strengthening of distribution networks for AFFORD/UHMG promoted products and services, increasing products and services availability while increasing the sustainability of UHMG. For the FY 2013, O promotions will aim at achieving 125,000 in CYP, a sales target of **1,500,000** while increasing market penetration, visibility at outlets, awareness and media reach.

##### **Protector Condom**

**Focus: Engage opinion leaders to advocate for condom usage amongst targeted communities.**

Protector is still the most preferred condom on the market with a market share of about 56% in Kampala, 77%- North Central, 61% (North Eastern & S. Western), 84% in North Western and 54% in South Eastern. For the FY 2013, the sales target set is **16,000,000** pieces to achieve an estimated CYP of **133,333**. Promotional efforts will aim at



Increasing Protector access and distribution in 100% of targeted retail outlets while increasing protector visibility/presence at existing point of sale. Protector will be supported by mass media on regional radio stations, complimented by exhibitions and sponsorships of community events. Opinion leaders will be used to further advocate condom usage amongst KEY POPULATIONS (MARPS).

### **Cotramox**

**Focus: Direct marketing to GLC's & institutions serving PHLA's.**

Cotramox achieved its sales target and has been largely supported by institutions like RHU, IRCUICOB, STAR SW and JCRC. Efforts will continue to maintain networks with targeted institutions, detailing, merchandizing for visibility and distribution of brand support materials.



## **CHILD HEALTH**

### **Restors + Zinkid**

**Focus: Implement an integrated campaign to increase uptake of the combination.**

An expert endorsed media campaign was launched and will continue running to promote combination uptake. Zinkid has a wider market with one competing brand so far whereas the ORS market is saturated. The media campaign will be complimented by merchandizing of outlets with combination display racks, POS materials, detailing to providers and distribution of brand support materials. In FY 2013 the sales target for Restors is **2,000,000** sachets while **7,500,000 tablets** of Zinkid are targeted. Participation in diarrhea consultative workshops steered by MoH and CHAI will also continue to acquire expert opinion on how the campaign can be scaled up.

### **AquaSafe**

**Focus: Accelerate adaptability through advocacy, sales promotions & community networks.**

During the FY 2010/11, more schools were oriented through community workshops and neighborhood outlets were stocked. Premium outlets were also opened in Kampala to increase penetration in urban households and to support demand created by mass media. These included, Nakumatt, Tusky's, Uchumi and Capital Shoppers. To increase adaptability, focus will be on recruiting more champions to advocate for the brand in communities. The school campaign will be energized by a go back to school promotion scheduled in partnership with major outlets. Follow ups for oriented schools will continue, complimented with engagement of corporate organizations to purchase bulk for CSR. Sales Targets: **5,000,000 tablets**

Community activations will be implemented through Special Projects, Sub-grantees, GLCs and Plantation health fairs in partnership with AAR & IAA. Public Relations & Communication Activities include World Water Day (22<sup>nd</sup> March) and World Water Week (September). Support materials: T-shirts -3000, Fliers -20,000 & AquaSafe drums; and media: Radio & TV, Suburb signs and Billboards.



## **FAMILY PLANNING**

### **Injectaplan**

**Focus: Implement an integrated FP Smart Choices campaign with GLC's as major outlets.**

During the FY 2011/12, Injectaplan was challenged with alarming press associating the Injectable with increased susceptibility to contracting HIV/AIDs. Following a WHO statement clearing the Injectable, marketing focus has been on promoting benefits, and educating users and providers on the management of likely side effects. The main Communication channels have been radio interactive shows with popular gynecologists, CME's, exhibitions opportunities and detailing to health providers. These will continue to achieve targeted sales of **4,500,000** vials and CYP's of **1,125,000**. Injectaplan will also be aggressively promoted with the Smart Choices campaign. Distribution will also be strengthened prioritizing the GLC's.

### **Pilplanplus**

**Focus: Build the affinity of the brand leveraging on the heritage of Pilplan.**

Pilplan was re-launched as Pilplanplus. The market has been receptive of the new pill leading to positive sales which surpassed targets during FY 11/12. However, there has been no attachment to the brand and users were just purchasing Microgynon. Next year, the focus will be on building the Pilplanplus brand to maintain this sales trend, and strengthening channel relationships. A heritage mass media Campaign riding on the popularity of "Pilplan" will be launched. Pilplanplus ads will also be incorporated in the "Smart Choices" campaigns. GLC's will be major outlets for dispensing of Pilplanplus. Target sales of Pilplanplus: **2,549,995** Cycles to achieve **177,466** CYP.

### **MoonBeads**

**Focus: Strengthen relationships with CBO's & FBO's that are buying bulk and supporting their audience orientations.**

Activities for FYI 2012/2013 will be on extensive training of the use and benefits of MoonBeads among young women and families. Activities will include Training to FBOs, institutions, GLCs and health providers, Promote MoonBeads as a guiding tool to know your cycle among young women, detailing to HCPs, participate at events/ exhibitions for showcasing & information dissemination opportunities, Print MoonBead POS and visibility material for retail outlets. Target sales of MoonBeads: **3600** to achieve **4500** CYP.

### **NewFem**

**Focus: Maintain mass media & presence in premium outlets.**

NewFem is a COC targeting the urban middle class. It is not subsidised and is a cost recoverable product hence it's market price is higher than Pilplanplus. NewFem's sales have been lower than anticipated partly because at outlets it's displayed along- side low cost alternatives like Pilplanplus. During the FY 2013, the focus will be on building the brand name in high end private hospitals/clinics through direct marketing. There will be direct marketing to corporate and middle working class women across the country with a 70% focus on the central region- urban through mass media, exhibitions, targeting the health providers that serve this bracket.

Target sales of NewFem: **40,000** cycles to achieve CYP **2,666**.

### Softsure

**Focus: Create consistent demand through GLC's, hospital new mothers clubs and ANC influencers**

During FY 2013, direct marketing efforts targeting Gynecologists, Midwives, nurses, Pharmacy dispensers will continue in the private sector health facilities in order to ensure availability of Softsure and endorsement at points of sale. There will also be demand generation activities in ANCs and maternity centers to reach mothers and motivate them to use Softsure while help them understand more about good quality child care and the need for family planning. Detailing, activations at Maternity and antenatal centres as well as CMEs will be key activities. Target sales of Softsure: **72,000** cycles and CYP **4,800**.

### IUDs and Implants

**Focus: Work with Good Life promoters to create awareness of LAPM at GLC's in communities.**

This range of long term methods makes the UHMG FP portfolio complete. The point of sale and distribution will be at the facility level unlike some of the above that can be acquired in drug shops or pharmacies. A plethora of demand creation activities will be deployed to support this range. At community level Good Life promoters will create awareness and create demand of FP services at the GLC's. Provider brochures will be made available and Smart Choices multi media campaign has been launched to increase acceptance of Long terms methods.

### MSI – Brands Performance Monitoring Tables (2012-2013)

BRAND	ACTIVITIES/TARGETS/OUTPUTS			
	Activity	Q1	Q2	Q3
O Jeanne Marie	Mass media campaign – trade and consumer promotion (TV, Radio)	4,061	4,061	0
	Maintain linkages with at least (8) institutions	TV-2 Radio-10	TV-2 Radio-10	TV-2 Radio-10
	Procurement of Giveaways for the trade and consumer promotion	2	2	1
	Participation in Concerts/events	2,707	2,707	2,707
	Distribution/merchandizing in existing outlets			
	P.O.S Materials production (Polo T-Shirts, Light boxes for select bars, Racks, Posters, Stickers)	250,000	250,000	250,000
	Sales (Sales (1,500,000pcs)	500,000	500,000	500,000

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BRAND	ACTIVITIES/TARGETS/OUTPUTS	Q1	Q2	Q3
Protector  Jeanne Marie	Mass media campaign(Radio 10, TV 2)	Radio-10 TV-2	Radio-10 TV-2	Radio-10 TV-2
	Distribution and merchandizing – Retail outlets, NGOs, plantations	100%	100%	100%
	Linkages with KEY POPULATIONS (MARPS) programs	4	2	2
	Sales -(16,000,000 pcs + 6,249,960 DFID)	7,416,653	7,416,653	7,416,653

BRAND	ACTIVITIES/TARGETS/OUTPUTS	Q1	Q2	Q3
Cotramox-  Esther Atuuse	Activity			
	Orientations meeting(s) –1 major meeting and other 3 regional meetings	1 meeting	2 meetings	1 meeting
	Maintain linkages with at least (8) institutions through institution visits – help from senior management will be sought	20 institution visits	20 institution visits	20 institution visits
	Detailing to health providers/pharmacies Target: 8,640 provider calls made	2880 provider calls	2880 provider calls	2880 provider calls
	Distribution through 8 existing client institutions	3 Institutions	3 Institutions	2 Institutions
	P.O.S Materials production (Brochures, Posters, T-Shirts & other feminine items)			

	Sales target ( 7,900,000)			
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BRAND	ACTIVITIES/TARGETS/OUTPUTS	Q1	Q2	Q3
Restors + Zinkid	Mass media (Radio , TV, Outdoor)	TV, Radio, outdoor	Radio, outdoor	Out door
	Detailing to health providers on the combination use; Target: 12,960 provider calls	4,320 calls	4,320 calls	4,320 calls
Esther Atuuse	Facility based CMEs & trainings (27 facilities)	10	10	7
	Institution visits to maintain rapport with buying institutions and bring more buyers on board			
	P.O.S Materials production (Brochures, prescription pads, Posters, T-Shirts & flyers)			
	Participate in diarrhea management meetings in partnership with M.O.H			
	Integration with program activities			
	Advocacy with MOH & CHAI and other partners			
	Sales drive to improve distribution in the trade	3	3	3
	Restors Sales- 2,000,000 Sachets	666,666	666,666	666,666
Zinkid Sales-7,500,000 tablets	2,500,000	2,500,000	2,500,000	

BRAND	ACTIVITIES/TARGETS/OUTPUTS	Q1	Q2	Q3
	Mass media campaign (TV 2, Radio 8, Outdoor 8)	TV-2 Radio-8 Outdoor-8	TV-2 Radio-8 Outdoor-8	TV-2 Radio-8 Outdoor-8
	Community activations, Linkages with institutions/plantations for	3	3	2

<b>Aquasafe</b>  <b>Jeanne Marie</b>	partnerships – 4			
	School promotion – competition within existing Aquasafe database - 150 schools	50	50	50
	Major Outlet strengthening – 4 supermarkets	2	1	1
	P.O.S Materials production (T-shirts and posters)			
	P.R – World water day/week, Day of the African Child.	0	1	1
	Sales (Sales (5,400,000 tablets)	1,800,000	1,800,000	1,800,000

	Activity	Q1	Q2	Q3
<b>Pilplanplus</b>  <b>Paul Lemi</b>	<b>Mass media campaign</b> (Radio 10, TV - 2, Outdoor 6, P.R – Print write ups) Use testimonies on radio and Print	Radio, TV	Radio, TV	
	<b>Regional and Facility based CMEs</b> (1 per region and 20 facilities countrywide – 10 GLCs)	2	3	3
	<b>Detailing/merchandizing</b>	2,880	2,880	2,880
	<b>Community mobilization/activations in partnership with programs -</b>	1	1	1
	<b>Participation in FP related forums and conferences (6)</b>	2	2	2
	<b>P.O.S Materials production (Posters, Pens, Prescription pads)</b> Posters-5000, Aprons-500,ABS boards-1000 Provider brochures-5,000,Consumer brochures-			

	5,000,Prescription pads-1000			
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BRAND	ACTIVITIES/TARGETS/OUTPUTS	Q1	Q2	Q3	
Moonbeads  Paul & Barbra	<b>Activity</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	
	<b>Training of FBOs &amp; Institutions (2 targeting 100 institutions)</b>	3	3	3	
	<b>Provider training prioritizing GLCs - 50</b>	20	15	15	
	<b>Detailing/merchandizing</b>	2,880	2,880	2,880	
	<b>P.O.S Materials production (Brochures, ABS Boards, T-shirts)</b>	T-shirts 1000 ABS boards-200 Consumer brochures-2000 Provider brochures-5000			
	<b>Linkages with MCH Team – community activations</b>	1	1	1	
	<b>Sales (3600 pieces + 2350 Long term methods)</b>	1,984	1,983	1,983	

BRAND	ACTIVITIES/TARGETS/OUTPUTS	Q1	Q2	Q3
Injectaplan  Paul Lemi	<b>Mass media campaign</b> Leading radio stations and community stations) - 8 Use testimonies to push	Radio	Radio	
	<b>Facility based CMEs – 20 &amp; 10 GLCs</b>	7	6	6
	<b>Detailing/merchandizing</b>	2,880	2,880	2,880

	<b>Participation in FP related forums and conferences (6)</b>	2	2	2
	<b>P.O.S Materials production</b> (Provider and consumer brochures Posters, Prescription pads/pens T-shirts)	Aprons-500 Prescription pads- 1000 Provider brochures- 5000 Consumer brochures- 3000 ABS boards-1000		
	<b>Provider training at GLCs and other health facilities with Programs</b>	15	15	
	<b>Sales (2,800,000 cycles + 1,700,000 Long term methods)</b>	1,500,000	1,500,000	1,500,000
<b>BRAND</b>	<b>ACTIVITIES/TARGETS/OUTPUTS</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
<b>Softsure Paul &amp; Barbra</b>	<b>Mass media (Mass media</b> Radio stations – 8 ,P.R – print write ups in female magazines )	Radio -	Radio	
	<b>Facility based CMEs &amp; training at GLCs and large hospitals – 20</b>	8	8	4
	<b>Participation in FP Related exhibitions/ forums and conferences</b>	2	2	2
	<b>Detailing/merchandizing</b>	3	3	2
	<b>Antenatal/maternity Hospital activations – 10 facilities and GLCs included.</b>	Hospital activations 5	Hospital activations 5	
	<b>P.O.S Materials production</b> (Consumer brochures, Posters, t- shirts, posters)	T-shirts 500 Provider Brochures – 5000 Consumer brochures - 1000		
	<b>Sales (72,000 cycles)</b>	24,000	24,000	24,000

BRAND	ACTIVITIES/TARGETS/OUTPUTS	Q1	Q2	Q3	
NewFem Paul	<b>Mass media (Mass media</b> Radio (6) , TV (1), P.R (3) – print write ups in magazines)	Radio, TV, Print	Radio, TV, Print	Radio, print	
	<b>Participation in FP Related forums and conferences -6</b>	2	2	2	
	<b>Detailing/merchandizing</b>	2,880	2,880	2,880	
	<b>Corporate activations</b>	3	3	3	
	<b>P.O.S Materials production</b> (Brochures, Posters, T-Shirts & other feminine items)	Posters (1,000) T-Shirts (800) Provider brochures (2,000) Consumer brochures (2,000) Pocket note books (1000)			
	<b>Sales (40,000 cycles)</b>	13,333	13,333	13,333	



## **CORPORATE AND EXTERNAL RELATIONS**

### **Background**

UHMG intends to strengthen the Good Life platform as a marketing pod for UHMG products & services. A strong Good Life positioning will offer added credibility to new product launches and interventions. The ultimate benefit is that the umbrella brand helps bring credibility and faster acceptance of behavior and products being promoted. External & Corporate Relations functions are executed closely with communications, programs, brands and the PF teams, and activities will focus on strengthening audience associations between the Good Life and health while creating awareness of UHMG as the *“Home of the Good Life”*.

The Corporate and External Relations function has also established working synergies with various organizations to increase penetration and advance the Good Life agenda in communities. Some of these include; Uganda Paediatric Association, Uganda Rugby Union, Uganda Medical Private Practitioners, Uganda Gynecology & Obstetrics Association, SNV-Netherlands, Water aid, Vision media Group, Central Broadcasting FM station, Barclays bank, Centenary Bank, Mengo Hospital, Nakasero Hospital, AAR, IAA and other commercial links.

### **Documentation and Knowledge Management**

The documentation & knowledge management function will be strengthened to profile and market UHMG’s strategic business units. (Product Facility, Programs and Services Consulting division). The closing of AFFORD II is an opportunity to capture, collect, store and share AFFORD as well as documenting UHMG best practices, public health technical expertise, supply chain management capabilities, programs services, innovative behavior change campaigns, social franchising (Good life Clinics), social marketing approaches and private sector partnerships. By the end of FY 2012-2013, UHMG should have achieved the following:

- a) Review and improve physical and electronic file sharing, storage and filing for both UHMG and AFFORD.
- b) Review and enhance the UHMG website to ensure that it is complete, effective and optimized.
- c) Review and update existing PR materials, such as the UHMG profile and project documents, as well as create materials to fill PR gaps.
- d) Document UHMG/AFFORD achievements and lessons learned, including lessons in capacity-strengthening. Documentation is expected to include a written document and a video documentary, both of which will be launched at an event that will serve as both an AFFORD II close out and showcase of UHMG sustainability.

### **Corporate & External Relations - Performance Monitoring Table**

<b>Activity description</b>	<ul style="list-style-type: none"> <li>• Community Health fairs</li> <li>• CSR proposals with the Private to increase product uptake</li> <li>• Documentation of UHMG implementation &amp; dissemination to key audiences.</li> <li>• Establish effective filing systems including a storage unit.</li> <li>• Develop and publish communication materials to profile UHMG strategic business units.</li> <li>• Develop educational &amp; information materials for events that enhance the UHMG and Good Life brands.</li> </ul>
<b>Key corporate communications strategies</b>	<ul style="list-style-type: none"> <li>• Advocacy- Use of popular opinion leaders to endorse health campaigns and products.</li> <li>• Internal communication tools (Newsletters, Intranet, informal happy hour meetings)</li> <li>• IPC (Staff meetings, internal e-mails, Notice board, Intranet)</li> <li>• Mass-media (Press-releases, interviews, &amp; documentaries)</li> <li>• Use of technology internet (SMS, Website, face-book &amp; web pages)</li> <li>• Document public relations activities and use them to pitch for more collaboration</li> </ul>
<b>Key Outputs</b>	<ul style="list-style-type: none"> <li>• Corporate relations materials produced</li> <li>• Newsletters, annual reports produced</li> <li>• Website constantly updated and functional</li> <li>• Corporate promotional materials developed and produced</li> <li>• Corporate apparel produced</li> <li>• Press releases &amp; editorial coverage</li> <li>• Documentary of UHMG and its business units' activities</li> <li>• Health focus program produced and documented</li> <li>• CSR proposals written and sponsored by the private sector</li> <li>• UHMG products sold through private sector collaboration</li> </ul>

## FINANCE AND INVESTMENT (F&I)

### Introduction

Since its inception five years ago, UHMG has been established as a reputable indigenous organisation with systems and policies in place. Finance and Investment (F&I) will focus on quality deliverables in financial reporting and strengthening UHMG's investments portfolio (warehousing business, property management among others). The function has been integrated across the organization with the product facility finance team reporting to the finance director technically. F&I is a cross-cutting function of UHMG with a vision to build UHMG's financial capacity and sustainability through maintenance of high standards in financial and asset management.

F&I has identified three main objectives that will enable UHMG achieve its financial management capacity and sustainability by end of the year Sept 2012 - Oct 2013:

- maintain sound, professional and timely **financial management systems**
- strengthen and maintain **good internal control systems**
- **Improve the investment portfolio** through identifying less risky and yet profitable investments. This would create **a reserve fund** that will cover at least 35% of operational costs i.e. cost leveraging.
- **Institute a risk management framework to improve ensure UHMG mitigates its risks ahead of time**

### Key Strategies

The objectives shall be achieved through: good budgeting and budget tracking, realistic cost allocation across profit centres, timely and quality reporting, timely accountability, reliable financial policies and procedures, operational finance efficiency, having an approved Indirect Cost Rate (IDCR), good working capital management (cash, stock, debtors and creditors management) and Conduct appraisal and market intelligence.

### Key Activities for FY13

	ACTIVITIES/TARGETS /OUTPUTS	Indicator	Status		
			Q1	Q2	Q3
<b>Objective 1: Strengthen Financial Management Systems</b>					
1. Strengthening working capital management (Cash counts, stock counts, debtors/advance analysis)	<ul style="list-style-type: none"> <li>• Improved stock turnover – 4 times.</li> <li>• Improved debtor's turnover to 85%.</li> <li>• Improved liquidity and cash management</li> </ul>				

2. Support staff in tally training and other financial management components	<ul style="list-style-type: none"> <li>New PF Finance staff trained in use of Tally; Tally reports disseminated quarterly by Finance Division for management review and decision-making.</li> </ul>			
3. Update funding grid monthly to guide payroll preparation	<ul style="list-style-type: none"> <li>Monthly updated funding grid</li> </ul>			
4. Continue Identifying major cost centers and strict cost allocation per revenue	<ul style="list-style-type: none"> <li>Improved cost leveraging from 195 to 390m by end of 2013.</li> </ul>			
5. Operationalize tally at regional pharmacies	<ul style="list-style-type: none"> <li>Improved financial reports from the field</li> </ul>			
<b>Objective 2: Strengthen Internal controls within UHMG</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
1. Engage Audit firms for external and quarterly Internal audits	<ul style="list-style-type: none"> <li>UHMG compliant with donor/government regulation.</li> <li>Audit recommendations implemented</li> </ul>			
2. Continue sharing policies in a participatory manner	<ul style="list-style-type: none"> <li>Staff adhere to Finance management and risk policies</li> </ul>			
3. Carry out Sub-grantee field support visits and capacity building in financial management	<ul style="list-style-type: none"> <li>Field support reports in place and sub grantees supported</li> </ul>			
4. Operationalize the risk management policy and the risk committee	<ul style="list-style-type: none"> <li>Risk policy in place and in use</li> <li>Risk committee active</li> </ul>			
5. Monitor monthly debt collection	<ul style="list-style-type: none"> <li>45 Debtors days attained</li> </ul>			
<b>Objective 3: Strengthen the investment portfolio</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
1. Produce and seek approval of the investment policy	Approved investment policy			
2. Operationalize identified investments (Warehousing, rentals etc.)	UHMG' s net worth and improved to 19 billion from 1.73 billion			
3. Seek training and mentorship in investment management	<ul style="list-style-type: none"> <li>Functional number of business and type of investments on board.</li> <li>Staff trained and mentored</li> </ul>			

## **HUMAN RESOURCES& ADMINISTRATION**

### **Introduction**

One of UHMG's organizational strategies is to achieve independent financial and organizational stability by 2014, as stated in UHMG's Strategic Plan, Objective (SOB4), "to build and maintain a competitive and sustainable organization", and in UHMG's Performance Monitoring Plan (PMP) (SOB4), "to build and maintain a competitive and sustainable organisation." In addition, AFFORD II's program objective 1 is to "further develop UHMG's systems and capacity to support technical, financial, institutional, and market sustainability."

During FY2011-2012, UHMG has continued to transform from a single donor-funded organization to a viable independent self-sufficient entity through the acquisition of additional funds from other sources external to AFFORD II and in conformity with the strategic direction outlined in UHMG's Business Plan which guides UHMG to "transform from a donor dependent not-for-profit organization into a competitive and self-sustaining business entity in health products marketing." Human Resources capacities have been enhanced in seeking and managing multiple funds, and policies and systems further improved through capacity building, internal audit reviews, and pre-award project assessments. All these interventions have been geared towards solidifying UHMG, and making this organization an example of integrity and accountability, and a testimony that local/indigenous organizations can be professional, efficient, effective, and sustainable.

UHMG has grown rapidly from a staff size of 60 to over 90 employees, with some based in regions outside Kampala, i.e. Koboko, Arua, Mbale, and Mbarara, implementing the various projects that UHMG has won during the year. In line with the AFFORD Performance Monitoring Plan (PMP) Intermediate Result (IR) 3.1.2 "Percentage of staff positions in the organizational structure that are filled with qualified staff," vacant positions arising from new projects have either been filled with existing multi-skilled staff or new employees hired to ensure that UHMG is staffed with qualified local employees with technical expertise and experience, able to achieve program results, and that UHMG is sustainable in its ability to independently manage, implement, and monitor additional grants, partnerships, and contracts won.

Institutional systems in governance, cost accounting, and internal control systems have been further strengthened and, at institutional level, the UHMG Board of Directors is fully constituted with functional committees that have continued to work closely with management on a regular basis to provide support and advice in governance-related issues, as well as strategies for achieving our business plan milestones. Organizational decisions at various levels are being made in a transparent and objective manner, following the agreed-upon procedures and policies.

During the FY2011-2012, the Resident Management Advisor provided additional support in the development of quarterly and annual reports, and the regular monitoring of planned activities,

specific results, and institutional milestones achieved during the quarter, with reference to performance tables rather than activity sheets previously used. For the first time in UHMG's history, UHMG staff, led by the Managing Director, and without Technical Assistance from JHU, independently developed the annual work plan for the FY2012-2013, with narratives describing strategies, activities, interventions, timeframes, budgets, and procurement plans required to meet the desired outputs, .

To effectively manage the growth of UHMG, and the demands of the Strategic Business Units (SBUs), UHMG is currently undergoing a Human Resources Capacity assessment with KPMG. The organizational structure, job descriptions, and key result areas/performance indicators of staff are being reviewed to orient them to meet the growth of the organisation.

During FY12, capacity building of UHMG staff in areas where there are competence gaps has been crucial as UHMG continues to grow in operational sustainability. The HRA Division has continued to strengthen management systems and build capacities of staff to better manage their new roles. This will continue in FY13.

#### **Further achievements during the year ending September 2012**

- Training on Corporate Governance held for the Board, Senior, and Middle-level management staff in October and December 2011; Quarterly Board and Board Committee meetings and the Annual General Meeting held as scheduled.
- All-staff meetings held every two months on staff welfare issues, personal and professional development, as well as policy compliance requirements, and adherence to our core values; the all-staff team building retreat held in October 2011, and End-Of-Year event in December 2011
- A staff satisfaction survey carried out on current work conditions, pay, and benefits
- A Fire safety/drill orientation held for all staff by officials from security firms
- Staff birthdays recognized; Individual and organizational achievements celebrated
- Annual employee recognition event held, this time with a wider scope to identify departmental and core value champions
- New performance evaluation / appraisal tools introduced and utilized
- Detailed user specifications for the HRMIS software compiled and finalized based on the organization's set up and requirements
- Internet service delivery improved to fibre optics from WiMAX (2Mbps from 1Mbps); Local Area Network infrastructure improved, core network switches upgraded; server room power back-up system upgraded; and new file server procured
- New PABX procured with voice conferencing facility; office intercom system improved and telephone call tracking system set up to track staff calls and generate usage reports
- Security gadgets and guard dog acquired to reinforce security checks; CCTV Security System integrated onto the Local Area Network to enable 24-hour surveillance

- Two new double cabins pick-ups procured, registered, and branded; donated vehicle re-registered; Vehicles and office signage re-branded as per USAID and other donor branding guidelines
- ‘Insider Buying’ between UHMG’s two strategic business units - Product Facility (PF) and the Programs Health Consulting (PHC) approved by the Board as one of the avenues to promote UHMG ‘s sustainability
- Training in Annual Procurement Planning held with directorates, and plans instituted
- UHMG’s NGO Permit and Certificate renewed for 3 years, from 31 March 2012 to 30<sup>th</sup> March 2015, to allow the organization implement program activities country-wide

### **Key Strategies for FY13**

In FY13, the Human Resources and Administration will consolidate successes of the previous two years, and focus on the following strategies in line with AFFORD II’s Result Objective 1: “Increased organizational sustainability of the Uganda Health Marketing Group (UHMG)”:

- Strengthen human Resources planning, orientation, mentorship, management, job rotation, deployment, and development of staff, and succession plans in order to ensure they have the multiple technical and integration skills required to implement existing and new projects in both product sales and service delivery under UHMG’s core program/thematic areas.
- Rigorously improve UHMG’s proposal writing skills required to write “winning proposals” for growing the organization’s funding base beyond AFFORD II.
- Develop a framework (HRD) for investing and regularly developing UHMG staff. In line with the capacity building plan, identify and prioritize staff training needs based on a training schedule, and seek local/regional training providers that are cost effective.
- Through the HR Capacity assessment exercise with KPMG, continue to identify skills gaps and improve performance management skills of staff and enable them understand their contribution to UHMG’s overall strategy and the specific strategic objective(s) that they are aligned and contribute to. Facilitate paradigm shift of staff moving from specialized skills to multi-skilled staff that contribute to more than one strategic objective.
- Strengthen organizational structure, human Resources and administrative systems, and performance measurements tools, and enhance key personnel’s HR strategic leadership competencies, and business planning and implementation skills to help UHMG further improve in efficiency, cost-effectiveness, and competitiveness.
- Regularly use the performance tools to assess the performance of the Board and Staff of UHMG, and the relevant skills necessary for achieving individual and departmental set targets.
- Report quarterly to USAID on how the Board is managing UHMG. These may include such matters as whether Board and Management roles and responsibilities are very clear, Board policies are streamlined and responsive to UHMG as a growing

organization, and how the Board is assisting UHMG to raise funds from corporate social responsibility or through private sector companies.

- Implement an HR & Admin effective and comprehensive risk and compliance management framework amongst staff, and that internal controls and procedures are continually strengthened and reinforced to match the growth and changes in UHMG's business, and that they are well documented, and updates shared with staff. Recruit internal auditor to oversee risk management and compliance.
- Set up the HRMIS software database to handle increasing volumes of information and data more efficiently, improve electronic linkages with directorates, and high level information to management in a timely and accurate form for quick decision-making. Operationalize the ICT Policy for better data and systems management.
- Strengthen the procurement function to manage the ever-increasing demands of projects by instituting a procurement unit.
- Y8 will also focus on further improving UHMG's procurement systems, policies and compliance. The adherence to annual procurement plans will be emphasized to ensure to ensure improvements in coordination, and timely procurement of supplies and services
- Improve staff pay and fringe benefits to match market rates and retain competent staff, and schedule team building activities to link the directorates and promote staff bonding.
- Arrange regular security awareness trainings to enable staff keep abreast with the ever-changing global trends and security risks in the environment.
- Finalize reviews of the board operations manual and memos in order to have final instruments of governance for the Board of Directors. Hire a Company Secretary.
- Have a clear project phase-out plan and exit strategy to gradually transition staff out of AFFORD II project with effect from March 2013, after the AFFORD Evaluation exercise. Hold change management/transition workshops to equip staff with resilience skills required to embrace change.
- In April 2012, initiate the development of the new 2014 - 2019 Strategic Plan to incorporate the business focus of the growing UHM, and ride on the gaps in Uganda's health sector to expand the scope and breadth of UHMG's health products and services delivery, as well as health sector consulting. This will also focus on strengthening the strategic business units that are the key to UHMG's long-term sustainability, enhancing the UHMG staff's technical and business development skills, and diversifying UHMG's funding base to include other donors and partners.

All activities described in this work plan are designed to contribute to the achievement of specific indicators and outputs supporting RO1 of the AFFORD II Apr 2011 – Sep 2013 **Performance Monitoring Plan (PMP)**, SOB4 of UHMG's **2010-2014 Performance Monitoring Plan (PMP)**, and activities outlined in the **2010-2014 Building Plan** and the **2010-2013 Capacity Building Plan**, all geared towards strengthening total quality management systems, improving performance management practices, strengthening data utilization processes, developing



innovative program, product and service strategies, building business development systems, and strengthening financial management systems for UHMG’s sustainability.

**PERFORMANCE TABLE – FY13**

Objectives	Evidence of Achievement	Activities	October 2012 June 2013			Responsible person
			Qtr 1	Qtr 2	Qtr 3	
<b>1. Performance Management</b>						
Establish a systematic performance management system for UHMG staff and Board	<p>All staff and operating units have documented KPI’s and KRA’s</p> <p>New performance tools in place and staff and board oriented on their use</p> <p>Monthly and Quarterly targets set and assessed for staff</p> <p>Timely performance appraisals done for both staff and board</p>	<ul style="list-style-type: none"> <li>- Revise job descriptions to include Key Result Areas (KRAs) and Key Performance Indicators (KPIs)</li> <li>- Conduct timely quarterly and annual staff appraisals in relation to KRA’s and KPI’s</li> <li>- Develop systems to recognize strong employee and unit performance and punish negative performance</li> <li>- Annual board performance appraisals conducted by Founder Members</li> </ul>				<p>Director HR &amp; Admin</p> <p>All supervisors</p> <p>Board Chairman</p>
Increase Institutional Sustainability of UHMG	<p>Percentage Staff positions in the organizational structure that are filled with qualified staff</p> <p>(AFFORD II PMP, IR 1.2.1)</p>	<ul style="list-style-type: none"> <li>- Carry out HR Capacity assessment to check positions staffed by employees meeting the job roles and required qualifications (person specifications)</li> <li>- Recruit qualified staff or rotate existing multi-skilled staff</li> <li>- Train staff in technical</li> </ul>				<p>Director HR &amp; Admin</p> <p>Directors and Managers</p>

		areas to enhance skills				
	Proportion of staff with demonstrated capacity to manage a program and/or attract new business initiatives and opportunities (AFFORD II PMP, IR 1.2.2)	<ul style="list-style-type: none"> <li>- Conduct regular reviews to assess achievement of set targets</li> <li>- Assess staff ability to accomplish key management tasks, undertake new initiatives or create new business opportunities/prospects for the organization with minimal or no technical support</li> <li>- Assess supervisors on mentorship and coaching skills</li> </ul>				Directors and Managers
Increase Technical Capacity of UHMG	Number of staff trained in their technical areas (AFFORD II PMP, IR 1.4.2)	<ul style="list-style-type: none"> <li>- Identify and schedule short-term trainings to enhance technical skills (e.g. proposal writing, strategic financial management, budgeting, debt management, inventory management, risk management, sales and customer care, fund raising, etc)</li> </ul>				Directors and Managers

## **TABLES**

- 1. UHMG GANTT CHART OF ACTIVITIES - IMPLEMENTATION SCHEDULE FY13**
- 2. PRODUCT FACILITY SALES PERFORMANCE FY12 AND PROJECTIONS FY13**
- 3. UHMG INTERNATIONAL TRAVEL PLAN FY13**
- 4. CCP INTERNATIONAL TRAVEL PLAN FY13**
- 5. UHMG EQUIPMENT PURCHASE FY13**

# 1. UHMG FY13 GANTT CHART OF ACTIVITIES

## Implementation Schedule

		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
Activity	<b>PRODUCT FACILITY</b>										
	<b>Business Development and Strategies</b>										
	Business development and International Travel										Philip Apira
	Research on current Market trends on pharmaceutical products (corporate consultancy)										Philip Apira
	Specific product research for new products										Philip Apira
	<b>DISTRIBUTION</b>										
	Regional representatives (travel)										Paul Kagumire
	PF management field trips										Paul Kagumire
	Weekly sales trips to monitor clients(40litres per week)										Paul Kagumire
	PF driver to the field to deliver products										Paul Kagumire
	<b>Expand &amp; Strengthen The Distribution System</b>										
	Distributors networking and best distributor awards workshop										Paul Kagumire
	Operationalize the regional pharmacies in Arua and Mbale										Paul Kagumire
	<b>Procurement of Products including NDA verification fees and post shipment testing</b>										
	Procurement of RestORS										Rachel Apio
	Procurement of Zinkid										R. Apio
	Procurement of Condom O										R. Apio
	Procurement Softsure										R. Apio
	Procurement of AquaSafe										R. Apio
	Procurement of Commercial Products										R. Apio
	Post shipment testing of Protector, post analysis report received from NDA										R. Apio
	Procurement of other commercial brands for resale										
	<b>Procurement of Direct Materials</b>										

		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
	Protector packaging material										R. Apio
	Pilplanplus packaging Material										R. Apio
	Injectaplan packaging Material										R. Apio
	AquaSafe packaging Material										R. Apio
	<b>Procurement of Director Labor</b>										
	Secondary packaging of Condoms										R Apio/R Kitonsa
	Secondary packaging of Pills										R Apio/R Kitonsa
	Secondary packaging of Injectables										R Apio/R Kitonsa
	Secondary packaging of Water purification tablets										R Apio/R Kitonsa
Activity	<b>PROGRAMS</b>										
	<b>Malaria</b>										
	<b>Malaria Case Management</b>										
	Training of new health workers on case management across all GLC										Julian/TBD
	Procurement and distribution of subsidized RDT										Julian/TBD
	Reorientation of drug shops on ICCM management and prereferral treatment for complicated malaria for drug shop association members										Julian/TBD
	Procurement and distribution of subsidized ACT										Julian/TBD
	Production and distribution of malaria case management job aids - PMI districts										
	Support supervision of service providers and data collection from clinics and drug shops - PMI districts										
	<b>Malaria In Pregnancy</b>										
	Training of new health workers on MiP integrated in ANC for GLC with ANC										Julian/TBD
	Distribution of Water vessels, AquaSafe and water cups, & SP through subsidy										Julian/TBD
	Printing and distribution of integrated RH registers										Julian/TBD

		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
	Distribution of subsidized ITN through ANC	■			■			■			Julian/TBD
	<b>Demand generation activities</b>										
	Produce and distribute malaria posters	■	■	■							Julian/TBD
	Support radio spots & talk for malaria prevention	■	■	■	■	■	■				Julian/TBD
	Support supervision of BCC activities by MOH	■			■			■			Julian/TBD
	<b>Support supervision</b>										
	Quarterly support quarterly malaria services integrated support supervision visits in PMI districts for GLC & shops			■			■			■	Julian/TBD
<b>MATERNAL NEWBORN AND CHILD HEALTH</b>											
	<b>Capacity building of Good Life clinics to provide quality and integrated MNCH services</b>										
	Conduct trainings for 50 service providers from the 50 GLCs on Goal oriented Antenatal care and Emergency Obstetric and newborn care	■	■	■	■	■	■	■			Victor
	Post training follow up of 188 IMCI trainees at their workplaces	■	■	■	■	■	■				Victor
	Procure and distribute basic MCH supplies (MUAC tapes, Mama kits, delivery sets, basic resuscitation equipment, misoprositol and Sterile gloves)to 50 GLCs	■	■	■	■	■	■	■			Victor
	Conduct community outreaches in 50 GLCs	■	■	■	■	■	■				Victor
	Conduct quarterly Continuous Medical Education sessions with the 50 Good Life clinics on selected topics in partnership with MOH	■	■	■	■	■	■	■			Victor
	<b>Community sensitization and demand creation for MNCH services</b>										
	Formation of 50 mothers' clubs and support monthly mothers' clubs activities in 50 GLCs	■	■	■	■	■	■	■	■		Victor
	Conduct community dialogue meetings to increase demand for MNCH services	■	■	■	■	■	■	■	■		Victor

		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
	and promote health of target clients										
	<b>Scaling up the Safe Deliveries and Newborn Care through Health Facility Delivery Campaign</b>										Victor
	Radio programs(1000 radio spots aired)										Victor
	Radio programs(100 talkshows aired)										Victor
	TV ads - 1 TV station( 1spot buy package on NTV)										Victor
	Bill boards										Victor
	Printing Promotional materials, IECs and Job Aids( lumpsome)										Victor
	Utilise UHMG SMS to coordinate activities										
	<b>HIV/AIDS</b>										
	<b>Activity 1: Strengthen HCT Services in Private Clinics</b>										
	Train counselors in couple HCT and counseling in discordant relationships										Julian Atim/Beatrice Adong
	Establish 5 additional Good Life clubs										Julian Atim/Beatrice Adong
	Procure and distribute HIV testkits										Julian Atim/Beatrice Adong
	Support Good Life clinics carry out hard-to-reach-community outreaches for HCT services										Julian Atim/Beatrice Adong
	Provide data collection tools to GLCs										Julian Atim/Beatrice Adong
	Carry out quarterly support supervision to GLCs										Julian Atim/Beatrice Adong
	<b>Activity 2: Healthcare Waste management</b>										
	Distribute safety boxes										J Julian Atim/Beatrice Adong
	<b>Activity 3: Sexual and Other Risk Prevention-Truckers</b>										
	Reach truckers with IPC										Julian Atim/Beatrice Adong
	HCT outreaches (subset of HCT)										Julian Atim/Beatrice Adong
	Reach CSWs with IPC										Julian Atim/Beatrice Adong

		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
	Social market condoms										Julian Atim/Beatrice Adong
	<b>Activity 4: Sexual and Other Behavioural Risk Prevention – Fisher Folk</b>										
	Reach fisher folk with IPC										Julian Atim/Beatrice Adong
	Conduct HCT outreaches for Fisher folk										J Julian Atim/Beatrice Adong
	Reach CSWs with IPC										Julian Atim/Beatrice Adong
	Promote condoms										Julian Atim/Beatrice Adong
	<b>Activity 5: Sexual and Other Behavioural Risk Prevention – Married couples and discordant couples</b>										
	Conduct IPC activities on HIV prevention										Julian Atim/Beatrice Adong
	Conduct CHCT outreaches										Julian Atim/Beatrice Adong
	Integrate FP in HIV prevention among couples										Julian Atim/Beatrice Adong
	<b>Activity 7: Sexual and Other Behavioural Risk Prevention – Youth</b>										
	Conduct IPC activities on HIV prevention among youth										Julian Atim/Beatrice Adong
	Carry out HCT outreach targeting youths.										Julian Atim/Beatrice Adong
	<b>Activity 8: Sexual and Other Behavioural Risk Prevention – BodaBoda Cyclists</b>										
	Carry out Interpersonal Communication activities among bodaboda cyclists										Julian Atim/Beatrice Adong
	Conduct HCT outreaches for bodaboda										Julian Atim/Beatrice Adong
	Condom sales										Julian Atim/Beatrice Adong
	<b>Activity 9: HIV Care &amp; Positive prevention Services</b>										
	Provide PHAs with HIV care services										Julian Atim/Beatrice Adong



		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
	Provide PHAs with positive prevention services										Julian Atim/Beatrice Adong
	Conduct quarterly visits to GL clubs and clinics to enhance linkage between facility and community interventions										Julian Atim/Beatrice Adong
	Provide ART services to eligible PHA; provide job aids & policy guidelines for care; support community visit for treatment adherence svcs										Julian Atim/Beatrice Adong
	<b>Activity 10: PMTCT</b>										
	Train HWs on PMTCT from 50 GLCs to provide ANC										Julian Atim/Beatrice Adong
	Provide HWs with on-job mentorship										Julian Atim/Beatrice Adong
	Reproduce and disseminate data collection tools for HWs and mother mentors										Julian Atim/Beatrice Adong
	Train mother mentors on PMTCT from 50 GLCs										Julian Atim/Beatrice Adong
	Reproduce and disseminate job aids & PMTCT policies and guidelines										Julian Atim/Beatrice Adong
	<b>Activity 11: HIV campaigns</b>										
	Design and conduct PMTCT campaign										Julian Atim/Beatrice Adong
	<b>Activity 12: Support MMC services</b>										
	Demand generation & referral										Julian Atim/Beatrice Adong
	Support selected GLC to carry out MMC										Julian Atim/Beatrice Adong
	Conduct MMC Outreaches										Julian Atim/Beatrice Adong
	Procure and distribute surgical supplies and consumables										Julian Atim/Beatrice Adong
<b>FAMILY PLANNING</b>											
	<b>Result 2: Increased availability, affordability of services and products</b>										

		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
	Training service providers in IUCDs and implant insertion										Margaret Elang
	Refresher training of service providers										Margaret Elang
	Conduction of Clinic support days										Margaret Elang
	Support GLCs to conduct outreaches										Margaret Elang
	Strengthening infection control in clinics and hospitals										Margaret Elang
	Strengthening quality improvement activities for mid and long term methods for participating clinics										Margaret Elang
	Support supervision of health workers and participating										Margaret Elang
	Disseminate MOH guidelines and job aids for quality standards to network providers										Margaret Elang
	Hold bi annual meetings with GLCs & GLC promoters on how to improve the partnership/work relationships										Margaret Elang
	<b>Result 3: Increased knowledge and Healthy behaviours</b>										
	Recruit and train Good life clinic promoters										Margaret Elang
	Facilitate GLC promoters to penetrate rural communities with short term and long term FP products										Margaret Elang
	Conduct interpersonal communication										Margaret Elang
	Recruit satisfied users and deploy them to influence other users positively										Margaret Elang
	Support joint District coordination of FP activities (quarterly)										Margaret Elang
	Support district technical review meetings										Margaret Elang
	<b>Mass Media Campaign</b>										
	Radio talk shows 8 radio stations										Margaret Elang
	TV shows - 1 TV station										Margaret Elang
	Bill boards - Hire from an ad agency										Margaret Elang
	Branding of GLC facilities										Margaret Elang
	Production and distribution of IEC, job										Margaret Elang

		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
	aids and promotional materials										
	Utilise UHMG SMS platform for info on availability of commodities										Margaret Elang
	<b>Sales, procurement and Distribution of FP commodities</b>										
	Conduct medical detailing visits and sales for FP products, as well as distribution										Margaret Elang
	Procurement of IUD, infection prevention Equipment, logistics and supplies										Margaret Elang
	<b>Result 4 Monitoring and Evaluation</b>										
	Adapt and print data collection tools										Margaret Elang
	Monthly collection of data from the outlets										Margaret Elang
	Conduct mystery clients quarterly										Margaret Elang
	Conduct quarterly client exit interviews										Margaret Elang
	<b>Monitoring and Evaluation</b>										
	Collection of Data from GLCs										Samuel Zirimenya
	Initial planning meeting with district Bio-statisticians										Samuel Zirimenya
	Conduct monitoring activities										Samuel Zirimenya
	Training of GLCs staff in HMIS										Samuel Zirimenya
	Reproduction of data management tools										Samuel Zirimenya
	Designing of online reporting system for GLCs										Samuel Zirimenya
	Quarterly Review meetings Staff, Sub-grantees										Samuel Zirimenya
	Quarterly feedback to districts and GLCs										Samuel Zirimenya
	Capacity building of M & E staff										Samuel Zirimenya
	AFFORD II end of Project evaluation										Samuel Zirimenya
	Retail Audit										Evelyn

		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
	Other Market Surveys										Evelyn
Activity	<b>MARKETING AND STRATEGIC INFORMATION</b>										
	<b>Brands</b>										
	Pilplanplus Promotion										Paul Lemi
	Injectaplan Promotion										Paul Lemi
	Softsure Promotion										Paul Lemi
	NewFem Promotion										Paul Lemi
	MoonBeads Promotion										Paul Lemi
	Restors - Zinkid Promotion										Esther
	Cotramox Promotion										Esther
	Condom "O" Promotion										Jeanne
	Protector Promotion										Jeanne
	AquaSafe Promotion										Jeanne
	IUDs and Implants promotion										Paul Lemi
	<b>CORPORATE AND EXTERNAL RELATIONS</b>										
	Donor Health Marketing Conferences										Evelyn
	Health fair /Community activations with private sector										Evelyn
	Printing and distribution of PR Corporate kit										Evelyn
	Brochures										Evelyn
	Annual Reports										Evelyn
	UHMG Documentary										Evelyn
	Fact sheets										Evelyn
	UHMG Folders										Evelyn
	Calendars										Evelyn
	Diaries										Evelyn
	Promotional Tee-Shirts										Evelyn
	Pull-up banners										Evelyn
	Pens										Evelyn
	Bags										Evelyn
	Caps										Evelyn
	Publication of best practices to be										Evelyn

		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
	disseminated										
	Website Reconstruction, Update and Maintenance for 6 months										Evelyn
	A comprehensive Documentation of UHMG BESTPRACTICES (Online animated documentary)										Evelyn
	Stock Photography										Evelyn
	Procurement of camera & camcorder										Evelyn
<b>Total Publications of best practices</b>											
	UHMG branding including office spaces that reflect the GOODLIFE theme specific to departments										Evelyn
	A comprehensive Documentation of UHMG BESTPRACTICES (Online animated documentary)										Evelyn
	IGLC Booklet										Evelyn
	PR Agency										Evelyn
<b>FINANCE AND INVESTMENTS</b>											
	Engage a professional internal audit firm to conduct quarterly internal Audits and field monitoring										Joyce Tamale
	Hire a professional external Audit firm to conduct annual audits and A-133										Joyce Tamale
	Travel costs for training of UHMG Finance and Investment staff for exposures										Joyce Tamale
	Travel costs for the Finance Team during monitoring of CSOs and sub-grantees										Joyce Tamale
	Attend short term courses in taxation, investment, program audit management, accounting, fraud etc										Joyce Tamale
	Finance management training on sustainability by MANGO by the PF FM										Joyce Tamale
	Management of UHMG bank accounts efficiently										Joyce Tamale
	Continue monitoring of stock and debtors management - facilitation										Joyce Tamale
	Maintain membership with professional accounting bodies										Joyce Tamale

		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
	Renewal of Tally license and Maintenance										Joyce Tamale
	Continue upgrading in Tally skills by all staff responsible										Joyce Tamale
	Implement the Risk management framework										Joyce Tamale
	Appraisal of investments and continue identifying new one plus the policy operationalization										Joyce Tamale
<b>HUMAN RESOURCES AND ADMINISTRATION</b>											
	Revise job descriptions to include Key Result Areas (KRAs) and Key Performance Indicators (KPIs)										Director HR & Administration - Valerie Mitala
	Conduct timely quarterly and annual staff appraisals in relation to KRA's and KPI's										Director HR & Administration - Valerie Mitala
	Develop systems to recognize strong employee and unit performance and punish negative performance										Director HR & Administration - Valerie Mitala
	Conduct timely annual board performance appraisals										Director HR & Administration - Valerie Mitala
	Carry out HR Capacity assessment to check positions staffed by employees meeting the job roles and required qualifications (person specifications										Director HR & Administration - Valerie Mitala
	Recruit qualified staff or rotate existing multi-skilled staff										Director HR & Administration - Valerie Mitala
	Train staff in technical areas to enhance skills										Director HR & Administration - Valerie Mitala
	Conduct regular reviews to assess achievement of set targets										Director HR & Administration - Valerie Mitala
	Assess staff ability to accomplish key management tasks, undertake new initiatives or create new business opportunities/prospects for the organization with minimal or no technical support										Director HR & Administration - Valerie Mitala
	Assess supervisors on mentorship and coaching skills										Director HR & Administration - Valerie Mitala
	Identify and schedule short-term trainings to enhance technical skills (e.g.										Director HR & Administration - Valerie Mitala

		Q1			Q2			Q3			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	STAFF
	proposal writing, strategic financial management, budgeting, debt management, inventory management, risk management, sales and customer care, fund raising, etc)										

## 2. PRODUCT FACILITY SALES PERFORMANCE FY12 AND SALES TARGETS FY13

### UHMG BRANDS – FY11-FY12 SALES AND FY13 TARGETS

<b>Products</b>	<b>2010/2011</b>	<b>2011/2012</b>	<b>2012/13</b>	<b>2012/13</b>	<b>2012/13</b>
	<b>Actual Quantity</b>	<b>Actual Quantity</b>	<b>Targets Qty - AFFORD</b>	<b>Targets Qty - DFID</b>	<b>Targets Total Sales</b>
Condom O	1,033,360	1,283,703	1,500,000		1,500,000
Protector	6,291,270	15,237,492	16,000,000	6,250,000	22,250,000
Aquasafe	4,903,040	3,270,720	5,400,000		5,400,000
RestORS	1,340,550	770,945	2,000,000		2,000,000
Zinkid	5,299,858	7,990,300	10,000,000		10,000,000
Cotramox	6,867,450	8,775,360	7,900,000		7,900,000
PilplanPlus	405,253	2,123,190	1,600,000	950,000	2,550,000
Injectaplan	2,021,653	1,640,980	2,800,000	1,700,000	4,500,000
Softsure	31,000	33,980	72,000		72,000
Newfem		15,880	40,000		40,000
Moonbeads	2,255	3,435	3,600	2,350	5,950
IUD		4,351		1,286	1,286
Implants		703		2,286	2,286



### 3. UHMG INTERNATIONAL TRAVEL PLAN – FY13

Course/Trip	Country and duration of course/trip	Person(s) proposed	Proposed dates of travel	Budgeted costs	Reason
JHU-CCP Leadership Meeting	USA/Baltimore	Managing Director  and  Director Finance and Investment	June 2013	Air fare - \$ 3,990 Visas - \$ 210 Travel Insurance - \$ 350 Per-diem- \$ 3,500 M&IE - \$ 2,100 Accommodation - \$ 4,200 Total- \$ 7,250	The MD and DF&I will attend the JHU-CCP Leadership Meeting in Baltimore. This will enhance their leadership and management skills, and will mentor other directors and staff for enhancing UHMG's sustainability.

### 4. JHU-CCP INTERNATIONAL TRAVEL PLAN – FY13

Traveler	# Trips	Airfare	Total Duration	Proposed Dates	Total Per Diem	Total Cost US\$	Purpose
Research Specialist	1	3,750	14	Oct-2012	4,340	8,090	Principal Investigator (PI) oversight on Health Behv and Comm survey to comply with JHU IRB requirements and assist with AFFORD results analysis
JHU Senior Leadership- Glass, Bill	2	7,500	28	Dec-2012 Sep-2013	8,680	9,430	Oversight on ensuring UHMG capacity sustainability with leadership and BOD; AFFORD end of project presentation activities
Heck, Judy	1	3,750	14	TBD	4,340	8,090	Assist with end of project activities and reports
Hess, Ron	1	3,750	8	Jun-2013	1,720	5,478	Attend CCP bi-annual leadership meeting in Baltimore
Research Specialist – Esther Kaggwa (Local transport only)	1	250	14	Dec-2012	3024	3024	Conduct intensive data analysis of BCC Wave 1 Survey in Baltimore

### 5. UHMG EQUIPMENT PURCHASE – FY13

Equipment	Cost	Reason
Walk-Through Metal Security Detectors	\$12,000	For the upper and lower gates to strengthen security surveillance
Solar Lighting Equipment	\$15,000	One-off cost for set of equipment to minimize generator usage and related expenses (fuel and maintenance)
Wireless access point	\$1,200	Provide wireless access within UHMG building to UHMG LAN

**END OF WORKPLAN**