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Health Marketing Initiative in Uganda

# AFFORD II

SCALING-UP AND SUSTAINING HEALTH SOCIAL MARKETING IN UGANDA

## Workplan Narrative

October 1, 2011 – September 30, 2012



**USAID**  
FROM THE AMERICAN PEOPLE

**AFFORD**  
The Health Marketing Initiative

**UxMG**  
UGANDA HEALTH MARKETING GROUP

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1. AFFORD II Performance Monitoring Plan (FY2011-FY2013)	
2. AFFORD II Capacity Building Plan (FY2011-FY2013)	

## 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 Resource
HR&A	- Human Resource & Administration
HRD	- Human Resource Development
HRMIS	- Human Resource 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
SOMARK	- Social Marketing
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.**

Key Indicators for each Results Objective are outlined in the AFFORD II PMP, attached as Annexure E. The purpose of this document is to present the AFFORD II Implementation Plan for Fiscal Year 2012 (FY12), or the period October 1, 2011 to September 30, 2012. This Implementation Plan presents the major strategies, program areas, activities and work schedule by which AFFORD seeks to achieve its Results in FY12.

## KEY STRATEGIES

AFFORD pursues the following major strategies, organized by Results Areas, to strengthen the role of the private sector in delivering quality services, products and communication interventions to improve health in Uganda:

- **Capacity Building (RO1):** AFFORD seeks to strengthen the Uganda Health Marketing Group (UHMG), an indigenous organization, to accelerate the growth and development of the health market in Uganda. Since its inception, AFFORD has successfully established the necessary organizational structures within UHMG to enable it to implement strategies to meet national health objectives. AFFORD set the stage for UHMG's sustainability by the design and functional organization of its strategic business units (SBUs): the Product Facility (PF), and the Programs, or Consultancy Division (CD).
- **Increased Availability of Health Products and Services (RO2):** AFFORD assists the UHMG Product Facility (PF) to stimulate market expansion for health products and services. Strategies include innovative product development, product procurement, distribution, pricing and promotion based on evidence such as market segmentation and qualitative market research. The PF role is further strengthened through partnerships with private sector pharmaceutical manufacturers and distributors.
- **Strategic Communication (RO3):** AFFORD assists the UHMG Programs Division to conduct effective strategic communication programs. Under the unified *Good Life* integrated communication platform, UHMG conducts specific health campaigns to improve health outcomes in the areas of HIV/AIDS, Maternal and Child Health, Family Planning and Malaria.

- **Linking Products and Programs (Linking RO2 & RO3):** A key AFFORD/UHMG strategy is to link products and programs through the activities of the Product Facility and the Programs Division SBUs. The core strength of the UHMG model, and its source of competitive advantage in the marketplace, lies in the combination of Products and Programs. This synergistic, social marketing model enables UHMG to support its health programs with appropriate products, even as it grows the market for products through its programs. UHMG's ability to leverage both, to advance both marketing and public health goals is a fundamental source of sustainability.

## **ACCOMPLISHMENTS**

Several key AFFORD/UHMG accomplishments of FY2011 act as building blocks and contributors to the success and improved sustainability of UHMG during FY2012. These include:

- Completion of UHMG office and warehouse construction, and relocation of UHMG staff to the new office premises;
- Submission of three-year Business Plan and three-year Capacity Building plan to USAID;
- Completion and submission of the final report on Afford "End of Project" Survey;
- AFFORD Phase I close-out meeting conducted;
- Submission of three year Afford II Performance Monitoring Plan (PMP) for extension period April 2011 – September 2013;
- Development of the Standard Operating Procedure (SOP) for the Product Facility division to strengthen its warehousing and distribution operations;
- USAID approval of request for transfer of revenues of UHMG brands to Product Facility division;
- Approval by Global Fund of UHMG's status as first line buyer of AMFm ACTs;
- Development of new suppliers for procurement of products by the Product facility division on an exclusive distribution arrangement;
- Launch of the malaria communication campaign on "seeking prompt diagnosis and treatment" of malaria, entitled "POWER OF DAY 1."

## **LOOKING AHEAD: PLANS FOR FY12**

Over the final two years of the project, AFFORD's primary goal will be to ensure that the foundational structures built in UHMG are further strengthened and capacity further improved in technical, marketing, institutional and financial areas. AFFORD plans for FY2012 are summarized below:

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

During FY2012, AFFORD II will 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 efficient 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 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 FY12.

The specific strategies that AFFORD will employ to increase organizational sustainability are outlined for FY12 in the **Capacity Building Plan, Enclosure 2**. The FY12 **JHU/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 FY12, 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 organizations like Living Goods and BRAC;
- Continue to grow the existing socially-marketed products including the USAID donated products and UHMG brands;
- Strengthen, streamline and sustain UHMG's distribution system;
- Explore the feasibility of operating 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 FY12 AFFORD II will:

- Continue to leverage the Good Life platform, including enhancing the brand identify 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 drug shops and clinics to enhance their role and increase knowledge to influence behavior change
- Continue to manage high quality HIV/AIDS, Malaria and MCH/FP programming with particular emphasis under AFFORD II placed on:
  - Refining HIV/AIDS strategy to solidify UHMG's position as a leading practitioner of MARPS programming nationally
  - Reorienting UHMG's malaria programming to focus on prevention, diagnosis and treatment of malaria
  - Launching of the FP campaign targeting the youth as the drivers of change and early adopters of family planning
  - Strengthening the MCH program through the mothers' clubs and including nutrition as a vital component of the MCH program, including the launch of Sprinkles, a food fortificant

In summary, during FY12, UHMG will take on increasing leadership not only in implementing project activities but in identifying business and strategic health opportunities to strengthen its two business units. To help UHMG test its systems and improve its efficiency, AFFORD II is planning use a Performance-based contracting approach to fund UHMG program activities. FY12 will be a decisive year in which AFFORD will help UHMG to apply and test its systems for sustainability and success.

All activities described in this workplan are designed to contribute to the achievement of specific indicators identified in AFFORD II Performance Monitoring Plan (PMP) and, collectively, to the achievement of AFFORD RO1, RO2, and RO3. The AFFORD II **Performance Monitoring Plan (PMP)** is submitted as **Enclosure 1** of the current document.

The capacity building outputs supporting RO1 and its FY12 activities are outlined in the **Capacity Building Plan**, submitted as **Enclosure 2** of the current document.

The sections below provide a brief overview of the two Strategic Business Units (SBUs) that contribute directly to AFFORD RO1 and RO2: the Product Facility and the Programs Division. During FY12, a recurring strategy will be to link products to programs to advance the performance targets of both SBUs.

***All specific FY12 activities conducted under these SBUs are summarized in Table 1, UHMG Summary of Activities, and described in separate activity sheets in Annexures A-D.***

# PRODUCT FACILITY – STRATEGIC BUSINESS UNIT

## Introduction

UHMG's Product Facility Division (PF) has been fully operational for the past two years focusing on its core activity of sales and distribution of UHMG's USAID donated products, its own socially marketed range of products as well as a wide range of other health care products. The PF has been set up to become a sustainable business unit of UHMG. During the initial phase the PF operations have been largely supported by USAID funds. This support will be reduced progressively as the PF division builds its capacity to generate a revenue base to sustain its operational costs

In FY12, the Product Facility will consolidate 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.

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

## Legal Status: Operational Autonomy

UHMG's earlier plan to convert the Product Facility into an autonomous legal entity is being reconsidered and a review of the current incorporation status as "Limited by Guarantee" will be undertaken in consultation with legal experts. As this legal review proceeds, operational autonomy of the PF will be incrementally increased in FY 12, thus enabling it to test its systems of operating as an independent profit center of UHMG similar to other private sector pharmaceutical entities. In practical terms, operational autonomy will mean that PF will begin to manage more of its finance, HR and procurement functions internally, thereby covering more of its internal operating costs with PF revenues. This process will enable PF to better analyze its cost-competitiveness in the pharmaceutical sales and distribution market as well as to better analyze the cost contributions of UHMG Programs Division activities, including the social marketing of brands, to PF sales revenues. It is envisaged that in future, surpluses generated by the PF will be reinvested to contribute to social marketing and product-related program activities of UHMG.

## Product Range

The PF sources pharmaceutical products and other allied health care products 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 is in the process of narrowing down to those providing optimal turnover and profitability. Given the market situation in Uganda this

seems to be a dynamic process as price fluctuations are quite erratic and need careful monitoring. The current range of PF products distributed include antimalarials, antibiotics, analgesics, IV fluids antiamebic, and sundries like gloves, cotton wool, cannulas disposable syringes, RDTs), de-worming agents, antifungals, anti-allergy and IV fluids.

UHMG has also been appointed distributor for Vestergaard Frandsen, a leading manufacturer of Long Lasting Insecticide Nets (LLIN). Vestergaard Frandsen's ParmaNet brand and is one of the major revenue contributors to the PF. Furthermore, UHMG has also been approved as the first line buyer for AMFm ACTs and this too will serve as a good revenue earner for the PF. The first consignment is expected to be in country in early October 2011, ready for distribution in quarter 1 of FY12.

In FY12 UHMG will continue to pursue and negotiate for exclusive distributorships. Some of the products being explored for introduction in year 7 include sanitary pads and Nutributter (Nutritional supplement). Based on studies evaluating the potential markets and profitability of these products to be conducted in the coming year, they will be considered for launch. 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.

The locally procured product mix has remained very dynamic, and will continue to be driven by UHMG customer needs. These products are not the high volume builders that may be considered for sourcing from outside the country, but are products for which there is consistent but lower level UHMG customer demand. So as a service to its customers, UHMG will retain such local products as long as the transactions remain financially viable.

In addition during FY 11, USAID approved the transfer of revenues of UHMG brands from the Return to Project (RTP) fund account to the PF. This means that henceforth all revenues generated from the sales of UHMG brands will remain with the PF and will help in the sustainability plan of the PF. RTP funds will be tracked and their contribution to UHMG growth and sustainability reported. The PF division also distributes the USAID donated products to ensure increased accessibility and availability in hard to reach areas. These products include Condoms, Combined Oral Contraceptives (COCs) such as PilplanPlus, and Injectable contraceptives.

### **Customer Base**

The last 2 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. In the past year alone, UHMG penetrated the public sector as main supplier of Zinkid through Joint Medical Stores, increased presence and share in the private sector pharmaceutical trade wholesalers, Hospitals and clinics. USAID implementing partners were also among the major customers of UHMG's brands, mainly Cotramox, Aquasafe and protector condoms. In FY 12, UHMG will 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 two years the PF has enhanced its understanding of 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. In FY12, PF Procurement will seek to improve planning efficiencies and minimize stock outs through the use of TALLY software.

The product facility stocks three categories of products: donated products from USAID; UHMG brands; and commercial products. 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.

### **Sales and Distribution**

In FY12, the sales and distribution policy, as well as credit rating and credit policy will be strictly followed to develop a robust distribution system that will enable UHMG to extend its reach to different corners of the country. Furthermore, the distribution strategy will continue to focus on strengthening and utilizing existing networks including the GLCs, GLS and UHMG Brand Promotion sites to provide products to all levels of the distribution chain in a sustainable way, this linking products to programs. UHMG will strengthen networks by identifying gaps in the supply and distribution chain, by remodeling the system in response to the market changes, by building relationships, and by expanding network reach for better coverage.

The PF will partner with organizations such as Joint Medical Stores (JMS) & National Medical Stores (NMS) 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 partnering with organizations like Living Goods who have the reach in rural regions of the country. The PF will further strengthen its distribution by operationalizing its own regional wholesale distribution outlets in Arua, Mbale and identify another strategic locations in western Uganda to increase its reach.

The PF will also offer its distribution services to UHMG for distributing its products to remote parts of the country as needed at an agreed fee.

### **New Business Development**

In its quest to increase the revenue turnover and profitability, The PF in the past year developed strategic partnerships with the following suppliers:

- Hexagon Nutrition India for supply of Pentasure (nutraceuticals) and Sprinkles
- Naari AG for Women reproductive products
- VestergaardFrandsen Swiss for PermaNet LLINs.
- UHMG was also appointed as a sub-distributor by Cipla/Quality Chemicals Uganda, Alere diagnostics, suppliers of Determine.

Activities in the year will concentrate on consolidating the relationship with different suppliers of UHMG branded products.

The PF has actively started offering storage facilities of health care commodities for a fee to other development partners. This year, the PF provided spaces to Stop Malaria, USAID, and Kampala Pharmaceutical Industries and the PF plans to expand such business in the coming year. The warehouse at Bugolobi will be maintained from the revenue of third party storage.

## **Financial Systems**

The Tally Accounting system installed in the past year has improved the reporting, inventory management, and invoicing activities of the Product Facility. 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 resource capacity will be strengthened to manage debtors, and assess the sales teams' performance through tracking of personal order booking (POB) in the systems.

***For of UHMG Product Facility Sales Performance, please see Table 2 in the Tables Section at the end of this document. For detailed PF Activity Sheets, please see Annexure A.***

## **PROGRAMS CONSULTANCY STRATEGIC BUSINESS UNIT**

### **Overview of Programs Consultancy Strategic Business Unit**

The Programs consultancy is the UHMG's strategic business unit that delivers public health interventions for target populations. Support for the delivery of these services is through AFFORD II project, a USAID funded project. This work plan presents activities that will be undertaken in the second year of AFFORD II project (2011/112).

The goal of programs consultancy is to promote and restore health through health prevention, care and treatment of targeted diseases and conditions. The organization focuses on diseases with the highest burden in the country, to include:

- Malaria prevention and effective case management. Focus is prevention of malaria in pregnancy and malaria case management according to policy guidelines.
- HIV/AIDS prevention and care services. The focus of HIV/AIDS interventions is to scale up prevention based on the current evidence on sources of new infection and the drivers of the epidemic in the country. In addition, care services are supported through appropriate skills transfer and distribution of HIV care and treatment products.
- Maternal and Child Health services supported by the organization focuses on promotion of mother and child health and appropriate management of conditions associated with this population group. Maternal and child health status is poor in the country with high morbidity and mortality, most of which is easily preventable and managed.
- Family planning services provision. The unmet need for Family Planning in the country is very high at 41%. Through the programs consultancy business unit, demand generation and expanding access to modern family planning services is supported.

### **Implementation Approaches for Programs Consultancy Services Delivery**

UHMG supports the private health sector in the delivery of these services. The capacity of service providers is strengthened through appropriate skills transfer, distribution of job aids and health products and medicines under social marketing. In addition, activities to raise awareness and demand for these services among beneficiaries are an area of programs interventions, using innovative communication strategies.

### **Strategies for Leveraging Programs Services Delivery**

UHMG programs are packaged in a manner that increases synergies which helps to increase effectiveness and impact of supported services. The organization has built the capacity over the years to address the different aspects of the Programs Consultancy Unit. Programs

interventions are evidence based through studies conducted by the programs research, monitoring and evaluation team. UHMG services are supported with readily available quality health products and medicines from the organizations products facility business unit which specializes in the procurement and distribution of these products at affordable prices, thus increasing their access and utilization to more people.

This section presents planned activities for the FY12. Achievements realized over previous year, lessons learnt and experiences gained form the basis for this plan, to address priority needs of the target populations. Planned activities are presented under different sub sectors.

# 1. MALARIA

## Introduction

In the first year of AFFORD II, UHMG undertook key activities to strengthen Malaria control through the private health sector. Innovative capacity building and health communication techniques were employed to increase effectiveness and success of the planned activities.

Activities, which were implemented during the year include:

- Design and implementation of Malaria case management awareness through a multi-channel communication campaign.
- Demand creation for Malaria diagnosis and case management in model villages, using interpersonal communication through community dialogue meetings, integrated with other public health interventions for HIV/AIDS, MCH and FP services scale up.
- Capacity building of Malaria case management services through clinical audits and mentoring of health workers at Good Life Clinics and Good Life Shops. This involved orientation of master trainers and supervisors in malaria control services using RDTs and ACTs in case management, pharmaceutical dispensing policies and Malaria in pregnancy services delivery, who in turn transferred these skills through learning centers, good life clinics and drugs shops to reach all services providers, using the innovative clinical and dispensing audits.
- Increased availability, access and use of RDTs and ACTs through the private sector.

## Lessons Learned

- Innovative communication strategies used for community awareness on malaria and demand generation were effective in increasing utilization of malaria prevention and treatment services
- The private health sector (clinics and drug shops) provides a sustainable strategy for malaria control services delivery – prevention and timely case management.
- Integrating all the three programs sub sectors (Malaria, HIV/AIDS, MCH and Family planning) through the model village concept yields greater outputs and reduced operating costs because it is beneficial to the target community and the implementers.
- Integrating provision of LLINs in this program can increase communities uptake of services, and yield better outputs.

## Planned Activities

In the next financial year, services will be expanded to new areas. More innovations for service delivery will be explored. UHMG will continue to focus on Malaria prevention and case management in the private sector. Activities will be implemented in the program year I districts of: Kumi, Ngora, Serere, Soroti, Katakwi and Apac and 5 additional districts of: Kaberamaido, Pallisa, Lira, Dokolo and Amolatar. The key interventions will include:

1. Capacity building to improve malaria case management in the private sector.
2. Promoting intermittent presumptive treatment during pregnancy integrated in the broader malaria in pregnancy and reproductive health services delivery.
3. Mobilizing the private sector to join professional networks and increasing the role of district officials in providing support and supervision and encourage private sector submission of services data reports through district HMIS system..
4. Behavior change communication to promote the above interventions including demand for parasitological diagnosis.

UHMG will align closely to National Malaria Plan and will work in partnership with the National Malaria Control Program (NMCP), National Drug Authority and the district authorities. It will work on a chain of synergy, building on efforts of other partners such as NUMAT, UNICEF, the Stop Malaria Project, the Strides Project and Malaria Consortium in the targeted districts. These partnerships will be continued with the Global Fund Affordable Medicines facility for Malaria (AMFM) Program. In addition, UHMG will implement its work as an integral part of the district health plans. The implementers will work to enter the first plan cycle of the districts so as to reduce duplication, increase consistency in methods and messages, and build capacity for private-public partnerships in the district health structures and programs.

## **IMPLEMENTATION STRATEGIES**

### **Capacity building to improve malaria in pregnancy and case management in the private health sector**

#### Training District Teams/Master Trainers

In year I, UHMG together with national level trainers from MoH, NDA and professional associations (Private Midwives and Medical and Dental Practitioners) trained and oriented district teams to form part of the UHMG master trainers in the 6 PMI districts. In year II, UHMG will orient and train additional master trainers in the new districts. The role of the Master trainers will be to identify, train health workers from private health facilities at learning centers, in malaria case management and malaria in pregnancy services delivery. Furthermore, skills in proper data collection, recording, reporting through the district HMIS system and strengthening of private sector associations will be supported.

#### Clinical audits in health facilities

In year I, UHMG adopted the clinical audit tool from MoH/Stop Malaria Project (SMP) used in the public health sector. The tool was designed to meet the demands of the private sector such as their busy schedules and business mindset. In year II, UHMG intends to continue conducting clinical audits in the existing 6 PMI districts and replicate the model in the new 5 districts.

#### Learning Centers

UHMG will continue utilizing the accredited Good Life Learning Centers and create additional ones for the new districts. These learning centers will be equated to centers of good practice. As training facilities, Learning centers are mentored and supported to have the best standards. Periodically, health workers from the private health facilities will be supported to visit and participate in mentorship at these referral facilities.

Training in use of RDTs will be done through the district laboratory supervisor and subsidized RDTs will be distributed in the health facilities that will have been trained.

### **Malaria in Pregnancy Services Scale up**

In addition to early detection and treatment, UHMG will promote resources for IPTp. The training indicated for treatment will also be done for IPTp. The training will include guidelines on stocking and provision of SP; reviewing ITN use and care issues; understanding IPTp protocols and timing; promoting early ante-natal care; and counseling pregnant women and their partners on the importance of malaria prevention with ITNs and preventive therapy. UHMG will adapt and distribute job aids and informational materials on malaria prevention during pregnancy as well. Using UHMG's strong capacity in social marketing health products and services, UHMG will brand and promote a minimum package

for IPTp which includes SP, safe water using Aqua Safe, LLINs, cups, de-worming tablets, iron and folic acid supplements.

## **Strengthen District Level associations for Malaria Interventions Support**

### *Expanding Professional Networks at the District Level*

In year II, UHMG intends to use its expertise to mobilize and expand the membership of three different professional associations at district level. These associations are: the Uganda Private Medical Practitioners Association, Uganda Private Midwives Association and the Pharmaceutical Society of Uganda. The strengthened associations will provide a forum for professional development, for sharing technical updates and training, for distributing materials, and possibly even volume access to commodities. The networks will also provide a platform for advocacy at the district and national levels for greater participation of the private sector in health delivery (especially around malaria control issues).

The district networks will be linked to the national associations (e.g. associations for private practitioners, pediatricians, midwives) who provide oversight to professional services delivery, mentoring, and technical support. In areas where the national association needs support, UHMG will work with the associations to identify appropriate resources. The associations will benefit from various dialogue forums UHMG organizes, where they can exchange updated information on health products, microfinance, business skills and services for continuous learning. Where membership is small, UHMG will explore the possibility of combining districts. An additional benefit is the usefulness of a peer review mechanism to encourage members to strive to attain the required standards of service provision.

### *Formation of drug shop Associations*

In year I, UHMG supported and facilitated drug shop operators in the 6 PMI districts to form district based Associations and to get registered with the registrar of companies. These associations are seen as viable avenues of promoting access to quality health care through the private sector. In year II, UHMG will support formation of district based drug shop Operators Associations in the five new districts. Once formed, UHMG will support the initial meetings of the district networks and will also support development of coordination guidelines, memorandum and articles of association. The association's task forces will work with the district health officials to ensure adherence to professional conduct in pharmaceuticals dispensing practices. These networks will work with National Drug Authority (NDA) as front line providers to provide a platform for disseminating information on drug regulation and emerging critical issues on drugs. These Associations will also be used as a channel for marketing UHMG promoted products. A simple data collection tool will also be introduced for collecting data from the drug shops.

### *Accreditation of Good Life Facilities*

In year I, UHMG conducted assessment visits to private facilities to identify qualifying clinics for accreditation and recognition as Good Life shops and clinics. 120 health facilities were selected for accreditation as Good Life Shops.

UHMG will continue recognizing facilities that will have attained minimum standards of operation using a set criterion and brand them as Good Life facilities. They will be promoted as providers of quality services and will benefit from UHMG's subsidized products and periodic support supervision. UHMG will also embark on a process for quality assurance in the selected facilities. Those that deviate from the UHMG set standards of operation will be dropped and replaced with more clinics, maternity homes and drug shops. These services outlets provide a great opportunity for the targeted district to enter the continuum of care, and are a good avenue to respond to their care needs of this population. UHMG will use this

platform to extend quality products, accurate health information and services in these hard to reach areas.

#### Behavior Change Communication

In the second year of AFFORD II, UHMG will continue implementing the communication strategy that was developed in year I which is a two pronged comprehensive strategy focusing on the client and the private provider that aims at empowering communities to take action quickly and to ask for the right treatment. It includes community participation and an enabling environment to address specific factors for adopting the anticipated behaviors. The campaign positions private sector providers as a caring, neighborhood safety net, emphasizing qualities such as prompt, accessible service, quality diagnostics (with proper testing of malaria with RDTs or microscopes where available), advice on ANC for pregnant women, and support for treatment adherence, quality care and case management.

In addition, UHMG will look out for areas of synergy with other USAID funded projects such as the Stop Malaria Project to avoid duplication of efforts.

#### Integrated community dialogue meetings and home visits

As part of the BCC strategy, UHMG will continue supporting community dialogue meetings and home visits in the above districts, as part of UHMG supported services integrated delivery approach, through model village concept. The aim of Community dialogue meetings is to create demand for health services. Malaria control will be integrated with UHMG's other program intervention areas of HIV/AIDS, Maternal, Family Planning and Child Health. UHMG has often worked with VHTs and particularly for reach at the community level. These VHTs are community volunteers who engage in various health interventions.

Under dialogue meetings, groups of 20-35 people gather at a common meeting place in the village, normally under big mango trees with the guidance of area VHT where members engage in discussions to identify health issues in the community and come up with solutions to the identified problems. The sessions are participatory and involving. Thereafter, the VHTs visit homes of the people that attended the dialogue meeting and continue addressing challenges that the household could be facing.

#### **Support supervision**

Support supervision visits are necessary to ensure application and continuity of what has been learnt by the private providers in real life settings. The district task forces together with UHMG field staff will consolidate and monitor the effectiveness of all the interventions in the districts. Supervisors will use a standard checklist developed by the UHMG trainers.

***For Malaria Prevention and Treatment Activities and Indicators, please see Annexure B, Programs Division (Consultancy) Activities.***

## **2. MATERNAL AND CHILD HEALTH (MCH)**

### **Introduction**

MCH services supported by UHMG through AFFORD II project include; building the capacity of private health practitioners to provide quality ANC, delivery, post natal care, child care including care of the new born, growth monitoring, management of common childhood illness and conditions (malnutrition, diarrhea, acute respiratory tract infection, malaria, de worming, referral for immunization and micronutrient supplies).

UHMG supports interventions for community engagement through the model village approach in four Pilot sub counties (Kasawo and Namuganga sub counties in Mukono district, Bungokho and Nakaloke sub counties in Mbale district). Community teams (community resource persons) were established in the four sub counties above with an aim of sensitizing households on how to adopt risk reduction behaviors needed to reduce maternal and child morbidity and mortality in the communities. In addition, UHMG works with 50 GoodLife clinics in Apac, Arua, Ibanda, Isingiro, Jinja, Kabale, Kabarole, Kampala, Lira, Maracha, Masaka, Mbale, Mukono, Soroti, Nebbi, Wakiso to reach out to the communities that surround these GoodLife clinics with MCH activities including sensitization sessions with clients that come to the health facilities and community outreaches that take services in the communities

## **Summary of Achievements for 2010/2011**

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

#### Maternal Health:

Services were extended to 90 Good Life clinics. Capacity to provide quality services was carried out through training health workers on Antenatal care (IPTp, detection and prevention of anemia in pregnancy, counseling on individual birth plan, and detection and management danger signs in pregnancy).

#### Child health:

With regard to child health services delivery, capacity was strengthened through training of 130 providers from 130 Good Life clinics on Infant nutrition, assessment and management of malnutrition, diarrhea management following the new ORT policy guidelines and case management of malaria for under fives. In addition, the program produced and distributed out Patient Registers to 184 Good Life clinics.

#### Family planning:

Capacity for quality family planning services provision was established in 100 Good Life clinics. This included; management of family planning services logistics, counseling for FP methods to enable clients to make a choice following the WHO eligibility criteria, management of side effects for hormonal contraceptives and addressing myth and rumors about the hormonal contraceptives. In addition, training on use of standard day method as a modern natural family planning option was provided. Procurement and distribution of data management tools to capture family planning utilization at the health facility level (Family planning registers and client cards) was carried out.

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

Model villages were established in Mukono and Mbale districts as a system that promotes long-term sustainability of health interventions at community level. Through the community structures of Mothers' clubs, Couple groups, we have managed to reach out to around 600 households with messages that addresses the needs of maternal and child health.

#### Maternal Health:

Demand for pregnancy care and deliver in health units by skilled health workers was generated using interpersonal approaches, working with community resource persons, the Village Health Teams (VHT). This approach has increased the number of mothers seeking ANC and delivery services from Good life clinics and other health facilities. Results of these interventions are being evaluated through several approaches. Tracking through the community-health facility referral mechanism is being done: Community resource persons

give referral cards to clients in the communities to visit health facilities and later follow up with these clients to ascertain whether they received the services in the health facilities they were referred to. On a quarterly basis UHMG collects this data from the community resource persons and the participating health facilities

In collaboration with district based programs (funded with USG) that have been carrying out LOAS, UHMG will use this data to help evaluate the impact of these interventions. Also, we will use results from other national studies by credible institutions. Where there are gaps, UHMG/AFFORD will carry out these evolution studies to document the impact of these programs.

Child Health: Prevention of diarrhea in the under fives through treatment of drinking water, good hygiene and sanitation practices including hand washing and proper garbage (both solid and liquid) disposal. Prevention of malaria through LLIN use and a need to refer to the health facility within 4 hour

Family planning: Benefits of a small family size and how family planning can help individuals/couples to achieve a manageable family size. We also disseminated information on short and medium term hormonal methods and how to manage accrued side effects.

**Challenges**

Currently, MCH interventions are spread thin across the Good Life clinics and therefore lack the necessary depth to create the desired service quality impact. In addition, many facilities lack the basic equipment and supplies like anthropometric tools as well as maternity delivery supplies (delivery gloves, bulb syringes, blood pressure machines and protective aprons) to better implement the MCH interventions.

Efforts invested in distributing and promoting UHMG products that align with MCH interventions (Aquasafe, ORS/Zinkid, Lonart, and family planning products) at the targeted Good Life Clinics fell far behind the generated demand.

**Focus of Year 2011/2012**

Year 2011/2012 will concentrate on consolidating and deepening the MCH interventions that were started in Program year 1 of AFFORD II project to create the desired service quality, impact as well as increased coverage to reach the critical mass of the targeted audience. Below are activities which will be the focus of program year 2.

<b>Intervention</b>	<b>Year I Scope</b>	<b>Year II Plan</b>
<b>Maternal Health</b>	<b>At provider level:</b> Antenatal care	Widen year one scope to cover: Management of Safe delivery, Neonatal care and postpartum care. Concentrate in 50 Good Life clinics for maximum impact and provide basic package for the rest of 140 Good Life clinics. Supply data tools including; ANC and Maternity registers, ANC cards, Patographs and basic supplies including; delivery gloves, bulb syringes, and Blood pressure machines, protective aprons.
	<b>At community level:</b> None	Promotion of Antenatal benefits, delivery at health facility, care of the newborn. Promotion of LLINs
<b>Family planning</b>	<b>At provider level:</b> Essentials of family planning methods and management of side	Intensify on management of side effects for short and medium term hormonal contraceptives. Introducing Long-term methods in the Good Life clinics. Promote and distribute UHMG promoted family planning

	effects for short and medium term contraceptives	products. UHMG will work with 50 GLCs, to train service providers on administration of Long acting methods.
	<b>At Community level:</b> Facts about family planning (addressing myth and rumors)	Intensify dissemination of information on family planning facts and management of side effects
<b>Child</b>	<b>At provider level:</b> Child health promotion services; growth monitoring, child feeding and micronutrient supplements. Case management of diarrhea, malaria, ARI and malnutrition	Widen year I scope to cover; integrated management of childhood illnesses (IMCI) and Growth monitoring in children. Supply of Outpatient registers, distribution and promotion of Aquasafe, Restors/Zinkid, Nutripearl
	<b>At community level:</b> Prevention of malaria through LLIN use, and prevention of diarrhea (water treatment & hygiene and sanitation	Widen year I scope to include: prevention of malnutrition-infant nutrition (preparation, administration and storage of infant foods). Promotion of non ethical products like Aquasafe, LLINs and awareness and mobilization and referrals for child health promotion services; immunization, growth monitoring, micronutrient supplementation and de-worming.

### Goal

Contribute to the national goal of reducing maternal mortality from 435 to 131 per 100,000 live births by 2015, child mortality by 2/3 by 2015 and increasing the CPR from 21% to 30%

### Strategic Objectives

1. To increase the availability, accessibility and utilization of quality skilled care for maternal and child health services in the Good Life clinics.
2. To improve appropriate and timely health care seeking behavior for maternal and child health services at community level
3. To increase knowledge, access and correct utilisation of appropriate maternal, child and reproductive health products

### Indicators and targets

Performance monitoring will be based on facility based HMIS data and special studies that will be conducted to generate population based data. Special studies will include LQAS routinely conducted by USG funded district projects. In addition, UHMG will collaborate and benefit from other nationally initiated studies (e.g. DHS) on MCH situational analysis and the impact being realized by various interventions, including those supported through UHMG AFFORD project.

### Maternal health:

#### Facility based data

- a. No. of service providers who are trained to provide skilled care during pregnancy, childbirth and postnatal period. Target is 200 service providers
- b. Number of mothers attending 4 ANC visits

- c. Number of deliveries conducted at selected facilities
- d. No of support supervision visits conducted at GLC to assess quality of services and mentor staff.
- e. Number of women reached with maternal health messages. Target 60,000 women sensitized on maternal health. These activities will be conducted through interpersonal communication messages in the model villages.
- f. Quantity of UHMG promoted family planning products sold.

#### **Population Based data**

- a. Proportion of women who attend and complete all the 4 antenatal visits. *Increase the baseline figure by 20% (**baseline awaiting LQAS**).*
- b. Proportion of pregnant women delivering at a health facility. *Increase the baseline figure by 20% (**baseline awaiting LQAS**).*
- c. Proportion of mothers attending postpartum visits at a health facility (within 60 days after delivery). *Increase the baseline figure by 10% (**baseline awaiting LQAS**).*
- d. Proportion of pregnant women sleeping under LLINs. *Increase the baseline figure by 30% (**baseline awaiting LQAS**).*

*LQAS surveys will be conducted in collaboration and partnership with other USG funded projects in districts where the project is based.*

#### **Family planning:**

##### **Facility based data**

- a. Clients receiving *family planning services disaggregated by method*
- b. *No. of new acceptors for modern family planning methods*
- c. *No. of service providers who trained to provide family planning service. Target is 200 service providers*
- d. *Number of women and men in the reproductive age reached with modern family planning messages. Target is 80,000*
- e. *Quantity of UHMG promoted family planning products sold.*

##### **Population Based data**

- a. *Percentage of women/couples using modern FP methods. Increase the baseline figure by 10% (**baseline awaiting LQAS**).*

*LQAS surveys will be conducted in collaboration and partnership with other USG funded projects in districts where the project is based.*

#### **Child health:**

##### **Facility based data**

- a. *No. of service providers who are competent to provide skilled care for integrated management of childhood illnesses. Target is 500 service providers*
- b. *Number of caretakers for the under fives reached with child health messages. Target: 80,000 caretakers reached*
- c. *Number and proportion of children who are under weight*
- d. *Number of children receiving vitamin A micronutrient supplement*
- e. *Number of children de wormed*
- f. *Number and proportion of children diagnosed with acute malnutrition and treated (nutritional rehabilitation)*
- g. *Number of cases managed disaggregated by the presenting condition (malnutrition, diarrhea, ARI, Malaria)*

- h. No. of school going youth reached with reproductive health messages. Target: 10,000 youth reached.
- i. Quantity of UHMG promoted family planning products sold.

#### **Population based data**

- a. Percentage of children under 5 years diagnosed and treated for malaria according to the policy guidelines. *Increase the baseline figure by 30% (baseline awaiting LQAS).*
- b. Percentage of children who complete the immunization schedule by their first birthday. *Increase the baseline figure by 30% (baseline awaiting LQAS).*
- c. Percentage of diarrhoea cases treated according to the new diarrhoea management policy guidelines. *Increase the baseline figure by 30% (baseline awaiting LQAS).*
- d. Percentage of households who boil or treat their drinking water. *Increase the baseline figure by 35% (baseline awaiting LQAS).*
- e. Percentage of households with hand washing facilities. *Increase the baseline figure by 35% (baseline awaiting LQAS).*
- f. Percentage of households with clean and covered Pit latrines. *Increase the baseline figure by 35% (baseline awaiting LQAS).*
- g. Proportion of children who are underweight. (Target- a reduction of 10%, from the baseline to be conducted through LQAS)

*LQAS surveys will be conducted in collaboration and partnership with other USG funded projects in districts where the project is based.*

***For Maternal and Child Health Activities and Indicators, please see Annexure B, Programs Division (Consultancy) Activities.***

### **3. HIV/AIDS**

#### **Introduction**

The goal of UHMG supported interventions for HIV/AIDS services is to contribute to the national HIV Strategic Plan aim of reducing the incidence of HIV and AIDS by 40%, expanding social support and scaling up access to interventions of care and treatment to 80% of those in need by the year 2012. UHMG acknowledges that there is no magic bullet for HIV prevention programs, thus combination prevention as a strategic approach is highly emphasized for scaling up prevention services.

Last program year (2010-2011), UHMG continued to utilize the combination prevention approach in all HIV prevention interventions supported. As a strategy to leverage on limited resources and provide comprehensive health services, UHMG also begun integrating HIV prevention and care services into all the other supported program areas of maternal and child health, malaria and reproductive health.

UHMG's HIV interventions focus on two broad areas:

- HIV prevention services: Prevention interventions target men and women of reproductive age (15-49) who are sexually active; married couples and people in long term/established relationships to identify discordant couples for enhanced prevention services, youth out of school, and special population groups that are highly vulnerable as most at risk populations (MARPS). This population category includes: commercial sex workers (CSWs) and their partners, fisher folks, and mobile men with money (truckers, bodaboda, etc.).

- Provision of care and support to people living with HIV/AIDS (PHAs). The entry points for this service are post test clubs, district networks of people living with HIV/AIDS and other networks of people living with HIV/AIDS. Selection of PHA networks will be carried out in collaboration with DHO to verify their activities in the district, and funding sources. As part of the selection process, district based implementing partners such as the STARS and NUMAT will be consulted regarding their work with the selected PHA networks, and also their geographical coverage in the district to avoid duplication of efforts, funding and double counting. UHGM will work closely with USG funded district programs to ensure that the two programs complement each other to increase impact of the provided support, leveraging the unique comparative advantages of the two programs. Principally, UHMG will scale up sale of condoms, family planning and HIV care products working with the district based programs. The district USG projects will be called upon to scale up ART services through some of the GLC who meet the accreditation criteria.

In districts where STARS and NUMAT operate, UHMG will increase collaboration with these projects to provide synergies and prospects for greater impact of the supported interventions. Duplication and overlap of supported services through all these players will be avoided through joint planning and monitoring of supported activities. While the STARS and NUMAT mainly operate in public/government health facilities, some of them have interventions in private not for profit health facilities which are a potential area of overlap.

### **Program achievements**

In the first program year of AFFORD II project, UHMG documented tremendous achievements. Highlights of these achievements are presented in this section.

### **HIV counseling and testing (HCT)**

HCT services are provided through a network of private health clinics, the good life clinics. Support involved strengthening the capacity of GLCs to provide quality services. Health workers from GLC were trained in HCT and lab testing algorithms to ensure national protocols are adhered to. Support supervision visits in partnership with MoH were carried out for quality assurance purposes. Total outlets for HCT services provision is currently at 184.

### **HIV prevention**

Focus was on sexual prevention directed at different population groups with specific vulnerabilities (youth out of school, truckers, fisher folk, young people, and couples). PY1 achievements include:

- Condoms and HIV Information Centers (CHIC) and Moonlight Camps were established to provide HIV prevention, HCT and STI treatment services for truckers.
- HIV prevention among couples using fidelity and mutual faithfulness BCC was strengthened working through couple clubs and hero couples.
- HIV prevention among fisher folks was conducted using the innovative safe sailing boat project highlighting BCC programs that included condom use. In addition, HCT was provided through outreaches in collaboration with the DHOs of the respective districts of operation. Referrals were carried out for STI management and MMC.
- Services for commercial sexual workers were strengthened through establishment of user friendly drop in services under Love Mate centers.
- Good Life Clubs for People Living with HIV/AIDS (PHAs) were established, having evolved from post test clubs at GLCs. Currently two clubs are supported.
- Youth support clubs and youth champions for young people were established working in partnership with CSO supported for youth services as sub grantees.

## **Challenges**

The private health sector experienced high staff turnover during PY1, a scenario that is likely to continue during PY2. 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 provision of quality services.

## **Lessons learned**

Previous year experience will provide lessons that will guide follow up activities with focus on activities that are most cost effective and can yield greater impact.

- Integration of HIV prevention activities to include those of the other UHMG core program areas of malaria, maternal and child health and reproductive health created a great opportunity of increasing access to the recommended continuum of care.
- Linkages between the community-based and facility-based interventions increased access to services and utilization among targeted populations.
- Family planning is becoming a key intervention for PHA and positive prevention interventions. Integrating family planning into HIV prevention is critical to future of positive prevention programming.
- Communities surrounding MARPs hot spots (park yards, and drop in centers, landing sites) constitute a key beneficiary to the services targeting MARPs (Truckers, fisher folks and CSW). For examples, communities around park yards and sexually active people in hot spots were provided with HCT, STI management and condoms at the moonlight camps.

## **Plans for program Year 2011/2012**

UHMG will scale up HIV prevention services to reach more individuals with comprehensive packages, through 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 clinical care, 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 for MMC services in line with the national needs, and MOH and PEPFAR recommendations.

The aim of the UHMG PY2 HIV/AIDS work plan will be to scale up quality HIV prevention and care and deepen the program effectiveness in order to realize more Impact.

Specifically, 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 practice about HIV prevention and care promoted lifestyles and behaviors

## **HIV/AIDS Program Strategy**

### **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 partner with other implementing partners (IPs) especially at the district level to provide synergies and impact of supported services. Some of the benefits will include using UHMG

experience to help in the social marketing of UHMG products such as condoms that are purchased by our partners. UHMG will utilize proven strategies to aid increasing utilization of such marketed HIV prevention commodities, bringing to national scale the sexual network campaign, expend interventions for key population especially among the 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-based and community-based interventions. Linkages will thus be strengthened between GLCs and other service providers through the community structures under model village approach - model villages will be set up in six districts of Mbale, Mukono, Soroti, Apac, Lira, and Arua.

These approaches allows UHMG to refer and support clients receive services, ensuring 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 explore 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.

### **Capacity building of private health services providers and sub-grantees**

To improve the quality of services provided in the private health sector, UHMG will streamline its services provided to meet the minimum package for every intervention area as recommended by MOH. Minimum packages for the different intervention areas are outlined in the various sections of this work plan.

The capacity of health providers to provide quality HIV prevention and care services in GLCs will be improved through traditional trainings, in a workshop setting, and clinical audits, which are health facility based in service trainings and mentoring for health workers. Clinical audits were piloted in the last program year through the malaria department with funding from PMI to improve case management of malaria in GLCs. Clinical audits will involve individualized intense mentorships in areas of need. This will be done in partnership with MOH trainers.

Clinical audits are a more practical and innovative strategy of training health care workers that UHMG adopted from the National Malaria Control Program and Stop Malaria program which was designed to meet the needs for the public sector. UHMG modified this training method to meet time constraints and business mindset in the private health sector. Clinical audits will be conducted by UHMG staff and ACP-MOH HIV care experts. This training strategy involves on-job training during off peak times of service delivery. As such, trainees who also have a business mindset have their technical capacity built hence improving the quality of health services delivered without interfering with health service delivery. Clinical audits thus provide private health providers an opportunity to appreciate the positive impact of improving health care service delivery to their patient turn up and believe in their health facilities. This training was piloted last PY in malaria in six districts-Apac, Katakwi, Kumi, Ngora, Serere and Soroti through funding from PMI to improve case management of malaria through Good Life clinics and Good Life drug shops supported by UHMG.

UHMG will use findings from support supervision in the past year to plan and provide capacity building for sub-grantees through trainings and in-service mentorships. Quarterly support supervision will continue this program year to provide technical support in program implementation, monitoring and documentation, and financial management. Support supervision is provided to both sub grantees and health workers in good life clinics involved in HIV prevention and care services provision.

The primary areas in which capacity gaps have been identified among sub-grantees include: monitoring, evaluation and quality assurance on; comprehensive timely reporting; institutional capacity and sustainability/resource mobilization. Gaps vary among sub-grantees; all trainings will target all relevant staff responsible for program implementation, finance and administrative management, and M&E.

### Capacity building implementation for private HCP and sub-grantees

Capacity building needs	Implementation Strategies	Responsible persons
Monitoring, evaluation, and quality assurance	While UHMG always provides a one-day orientation on reporting requirements, there is need for sub-grantees to be trained on current PEPFAR reporting requirements received from MEEPP during the recent training. Data quality assurance assessment has always been done by the M&E team through support supervision and field visits. However, sub-grantees need formal training on the same to equip staff of sub-grantees with the necessary skills. On job mentorships will also be conducted to assess practical application of skills acquired during trainings.	The UHMG M&E Team HIV Prevention Team
Institutional capacity development, sustainability, resource mobilization and finance management.	This will involve training on administrative, human resources management, finance management, and proper internal controls for smooth running of CSOs.  UHMG will also 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 unsolicited proposals. CSOs will also be oriented on donor requirements for procurement, logistics management and financial management.	The UHMG Finance and Investment Team HIV Prevention Team
Operational research and evaluation studies to identify priority problems and effective strategies for scale up in HIV prevention and HIV care services provision.	Using participatory methods, UHMG will support partners to identify current issues that are critical to sustain the HIV/AIDS control services. There are local variations in HIV epidemiological trends, which largely mirror local perceptions and behaviors. In addition there are barriers to services uptake, including structural issues that increase vulnerabilities to particular groups. Some issues including gender, cultural beliefs and poor working women that are likely to be exploited will be examined.	UHMG research team in collaboration with HIV program team

### Intervention Areas and Targets

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.

This program year, AFFORD/UHMG will continue to provide technical support in program implementation, monitoring and documentation, and financial management to all sub-grantees implementing HIV prevention services on behalf of UHMG. In addition, support supervision will be provided to GLC who are involved in health facility and out reaches based HIV prevention and care services.

In the chart below, coverage percentage refers to UHMG's support compared to the overall need for the service among the target population in the geographic area of operation.

#### Key interventions areas in HIV care and prevention and various target groups.

Intervention Area	PEPFAR/MOH Minimum Package	Target population group	Indicators	Annual Target	Denominator	Coverage (%)
Testing and counseling	-Unique individuals tested and counseled on risk reduction (condom promotion; increased risk reduction; partner reduction), partners disclosure and partner HCT. Family planning refer to care services if positive	All	Number of individuals who received counseling and testing for HIV and received their test results, disaggregated by sex.  Number tested as couples	125,000  19,800	2,159,700	5.8%
Positive prevention	-Safer sex counseling and condom provision and promotion, -Partner disclosure and HCT, -PMTCT, -Family planning, -Adherence counseling, -Community psychosocial support groups, -STI treatment, -TB assessment & treatment	PLHIV	Number of People Living with HIV/AIDS (PLHA) reached with a minimum package of prevention with PLHIV (PwP) interventions	2,500	TBD	TBD
Safe Male Circumcision	-Medical male circumcision -HCT -Risk reduction counseling (MCP reduction, condom use, individual risk perception) -Consistent correct condom use education -STI treatment	Male 15-54 years	N/A. UHMG will partner with IPs providing the service and contribute by creating demand for MMC service uptake	N/A		

Intervention Area	PEPFAR/MOH Minimum Package	Target population group	Indicators	Annual Target	Denominator	Coverage (%)
	-Partner reduction					
PMTCT	-HCT in ANC -Identify, counsel and refer those in need of PMTCT to PMTCT service outlets -Attach mother mentors for all PMTCT clients to provide psychosocial support till EID is done	HIV positive pregnant mothers and female PHAs	Number of service outlets (GLC) providing comprehensive PMTCT services – Target – 50  Number of health workers trained on comprehensive PMTCT services  Number of new ANC clients seen at these outlets –  Number of pregnant women identified as HIV positive (known and newly diagnosed)-  Pregnant women receiving ARV for PMTCT – Target 600  Infants from HIV + women receiving ARV prophylaxis – Target - 700	50  50  12,000  760  600  700	90  100  24,000  1536  760  760	55%  50%  50%  50  79%  92%
HIV Care <sup>1</sup>	-Children or adults receiving at least one clinical care service (from facility/ community/home-based)  -Clinical staging -Pain assessment & relief -TB prevention, assessment and treatment or referral -Prevention and treatment of other OIs -STI assessment and treatment or referral -FP -Adherence counseling	PHAs	Number of HIV positive adults and children receiving a minimum of one clinical service	12,500	TBD	TBD

<sup>1</sup>According to the current positivity rates in GLCs of 7%, 8750 individuals will test positive based on the annual target of HCT of 125,000. RM & E will determine denominators and UHMG's contribution to national needs for target groups in all intervention areas.

Intervention Area	PEPFAR/MOH Minimum Package	Target population group	Indicators	Annual Target	Denominator	Coverage (%)
	-Cotrimoxazole prophylaxis -Nutritional rehabilitation for malnourished PLWHA					
Sexual & Other prevention	Combination prevention which addresses: -Structural, biomedical and behavioral needs: fidelity, effective couples communication, GBV, alcoholism, MMC, condoms, FP and ART  Basing on the prevention needs for the respective target groups  For fisher folk, UHMG targets 16 landing sites in Kalangala, Masaka, Mpigi and Wakiso districts. The total fisher folk population in the central region is 55,523; sexually active adult population 27,762 (MEEPP study). UHMG will reach 18,000 fisher folk which are 65% of the total sexually active population.	Couples	Number of individuals reached through community outreach that promotes HIV/AIDS prevention through being faithful	150,000	300,000	50%
		Un-married Young people out of school	Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	50,000	73,300	68%
		Fisher folk	-Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	19,000	27,762	68%
		Truckers	-Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required -Number of MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required	3,500	31,500	11%
		CSWs	Number of MARPs reached with individual and/or small groups level interventions that are based on evidence and/or meet the minimum standards required	1,000	TBD	TBD

**Note:** UHMG plans to continue creating demand for MMC through all intervention areas. UHMG will hold discussions with HCP to agree on ways of complementing their efforts on this campaign. UHMG has already been using materials on MMC such as the national MOH MMC policy and communication policy developed by HCP. PMTCT will also be provided through linkages, referral and strengthening community follow up of mothers in need of or receiving PMTCT. No indicators were set because UHMG will create demand, identify those in need of the service and refer them to service delivery points.

## **Intervention areas**

### **HCT**

UHMG AFFORD project supports private health providers – the good life clinics (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. HCT services are mainly provided for 15 to 50 age bracket, which is 2,159,700. Our target for HCT services in 2012 is 125,000, which will cover 5.8% of the target population, served through private sector outlets. The current coverage for HCT services nationally stands at 18% (from all combined support, private & public, approaches).

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 Program year 2010/2011, UHMG emphasized couple HCT. The uptake of HCT was higher during community outreaches, and more couples were tested compared to HCT achievements conducted in GLCs. Community interventions such as the couple program helped create significant demand for couples HCT.

In dealing with discordance, while couple HCT can reduce new infections in discordant couples, majority of infections among the negative partners has been due to sources outside their marriages. (Gray R. et al)<sup>2</sup> UHMG will focus on risky behavior (concurrent multiple sexual relationships) reduction among couples both within their marriages and outside their marriages. Emphasis will be put on the current HIV prevention strategy that emphasizes risk awareness and risk reduction behaviors including partner reduction, proper and consistent use of condoms, MMC, and HCT services utilization. UHMG will use the couple support clubs, and train couple master trainers for counseling on discordance to continue providing discordant couples with psychosocial support, condoms, adherence counseling for the HIV positive partner, family planning. The couple work book and chapter on counseling on discordance from the "Positive Prevention manual Participants' manual" developed by MOH and TASO with funding from USAID and CDC in 2009. Campaigns to increase couple testing through scale up of HCP campaigns (Go together Know together) will be supported.

## **Sexual and other prevention**

**MARPs:** UHMG's MARPs program targets vulnerable groups such as truckers, fisher folk and CSWs. While working with CSWs, their clients are considered as well in implementation of HIV prevention activities. Using the Know Your Epidemic synthesis<sup>3</sup> in Uganda, UHMG recognizes that there are specific factors that put individuals at risk of HIV infection including having multiple sexual partners, presence of STIs, discordance and lack of male

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<sup>2</sup>Gray R. (2011).The contribution of HIV-discordant relationships to new HIV infections in Rakai, Uganda. AIDS Journal

<sup>3</sup> UGANDA: HIV Prevention Response and Modes of Transmission Analysis At <http://siteresources.worldbank.org/INT/HIVAIDS/Resources/375798-1103037153392/UgandaMoTCountrySynthesisReport7April09.pdf>

circumcision. Service provision for MARP groups addressing the underlying factors for HIV transmission such as gender inequalities, sexual and gender-based violence, socio-cultural norms etc, have not been sufficiently rolled out and their coverage remains sub-optimal. PEPFAR recognizes that a comprehensive prevention strategy, including comprehensive sex education, condom distribution, and harm reduction strategies – is the most effective way to prevent HIV. UHMG will adopt comprehensive prevention strategies to address the specific needs of MARPs to build on the currently used innovative strategies such as the safe sailing boat, Love Mate centers and CHIC centers. 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 MMC, and receiving counseling, testing and receiving HCT results and their clients, mainly truckers.

UHMG has expanded interventions for fisher folks to include their clients, the CSW. In addition surrounding communities will be reached with HIV prevention messages. Partnerships with health facility based providers will be enhanced for HCT, MMC and STI management referrals. In due course services will be expanded to reach more fisher folks through establishment of services at new landing sites. Fisher folks remain one of the population groups with the highest concentration of HIV prevalence in the country. 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, MMC).

**Couples:** This year, UHMG will continue working with couples through the couple clubs and hero couples in 4 districts (Kabale, Kanungu, Wakiso and Lira districts). 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 to couple support clubs. 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 produce materials on discordant couples 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, and link and refer them to service outlets where their positive prevention needs such condoms, FP, PMTCT can be addressed.

Hero couples currently sell UHMG health products such as condoms, Aquasafe and non-ethical family planning products such as MoonBeads. Otherwise, individuals are referred. UHMG will explore working with BRAC and Living Goods Vendors in the four districts of Kabale, Kanungu, Lira and Wakiso where the couple program operates.

**Young people:** UHMG implements activities that target young un-married people out of school who are between 15-24 years. Currently, UHMG operates in Oyam and Nebbi districts. The main program areas focus on HIV prevention, water and sanitation, reproductive health including assessment and treatment of STIs. While UHMG has specific interventions targeting youth, all activities implemented have a component of reaching the youth as part of the various target groups-truckers, fisher folk and CSWs.

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 people as a strategy to bring about long lasting sustainable change in communities. One of the strategies to reach youth will be to work with currently existing young people's clubs, as described below.

Young people's clubs: UHMG works with young un-married people (15-24 years) who are out of school through currently existing youth clubs. These youth clubs provide them with a platform to acquire life skills, information on HIV prevention and healthy living. In particular, UHMG uses these youth clubs to create demand 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. These clubs provides for an opportunity to have repeated interface with unique individuals as required for effective behavioral change.

Bodaboda project: UHMG realizes that bodaboda riders are a special group with high risk of HIV prevention. In this regards, UHMG recently designed a comprehensive HIV prevention program to reach out to bodaboda riders. UHMG is committed to finding innovative ways to not only ensure their work place safety but also contribute to the reduction of HIV/AIDS among bodaboda riders in Uganda. By utilizing bodaboda drivers and supporting road safety through the branding of helmets, UHMG will provide boda riders with a comprehensive HIV prevention package in addition to expanding the market of condom use by increasing accessibility and directly interfacing with the target population, including both boda operators and their customers. Boda drivers will run small-scale sales as well as become moving billboards advertising Protector Condoms throughout the major towns of Uganda.

**PMTCT:** 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, UHMG will promote and support integration of HIV prevention and care services within maternal, newborn and child and reproductive health programs<sup>4</sup>. 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). For instance, through the mothers clubs, UHMG will engage mother mentors to provide psychosocial support to mothers in need of or already using PMTCT services. 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. Specifically, UHMG will support scale up of PMTCT comprehensive package through several interventions:

- Collaboration with MOH, to accredit 50 selected GLCs as PMTCT service outlet
- Build the capacity of health workers to provide PMTCT services
- Financially and technical support 10 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 40 mother mentors to follow up and provide psychosocial support to PMTCT beneficiaries

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<sup>4</sup> PMTCT STRATEGIC VISION 2010–2015: Preventing mother-to-child transmission of HIV to reach the UNGASS and Millennium Development Goals. February 2010

- Partner with MOH and district based USG programs to provide ARVs required for PMTCT

UHMG plans to start supporting the provision of PMTCT in 50 GLCs which represents about 50% of the total potential ANC/maternity service outlets.

Patient volume: The number of ANC clients seen in program year 2011 from 90 GLCs providing ANC services is projected at 24,000. Based on the national HIV+ prevalence rate of 6.4%, UHMG estimates that 1536 HIV positive pregnant women are expected to attend ANC in the 90 GLCs. Through the 50 targeted service outlets, UHMG will reach 760 mothers who need PMTCT services. This is 50% of the overall clients accessing ANC services from the 90 GLCs.

**Medical Male Circumcision:** Male medical circumcision (MMC) is one of the new biomedical interventions that reduce HIV infection. According to a systematic review and meta-analysis that focused on the heterosexual transmission of HIV in Africa, various research studies found male medical circumcision to have partial protection against HIV infection. The current MOH male medical circumcision strategy aims at providing 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 the attitude towards MMC. It was established that current demand exceeds available services. UHMG will focus on demand creation of MMC through social mobilization and partnering with district-based partners and institutions such as regional hospitals, Walter Reed and Rakai project to provide MMC services through GLC and outreaches.

### **HIV Care**

UHMG has been providing comprehensive general HIV Care to People Living with HIV/AIDS (PHAs) through private clinics-Good Life Clinics 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.

According to the Uganda MOH national HIV care guidelines, a non-ART basic HIV Preventive Care package has been defined in Uganda and should be given to all HIV infected patients irrespective of whether they are taking ART or not (MOH 2009). In program year 2009-2011, 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)

Although the GLCs have been providing clinical care services, past support visits to the clinics have showed gaps in quality of care as a result of rapid turnover of staffs in the private sector. This necessitates frequent trainings, regular support visits and dissemination of MOH guidelines and policies in order to maintain the required quality of health care. 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: training 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; and on-site support supervision.

UHMG will not conduct any separate training on HIV care for health workers from GLCs in FY 2012. Training on management of OIs will be incorporated on other trainings planned for

this year such as injection safety and health care waste management that will target 100 HWs from 50 GLCs. HIV care training was conducted in FY 2011, and there will be a brief refresher on it. In addition, refresher trainings will also be conducted practically on-job to address areas of need through clinical audits with MOH in GLCs.

STARS works primarily with government health facilities whose activities mainly targets government health workers. Most UHMG trainings are adopted from the MOH guidelines to be covered in a shorter duration as HWs from GLCs-private clinics cannot stay away from their duty station for more than 5 days. However, UHMG will work closely with the stars and nominate some health workers from GLC to be trained within their program activities. Working jointly some GLC will be selected for accreditation purposes as ART clinics. In return UHMG will promote the sale of HIV prevention and care products through the STARS projects.

### **Positive Prevention**

UHMG recognizes the importance of linking care and positive prevention (PP) in order to provide people living with HIV/AIDS (PLHAs) with the recommended minimum package of PP hence improving their quality of life. UHMG formed post-test clubs (PTCs)-also called Good Life Clubs in June 2009 as a way to provide PP services to PLHAs served by the Good Life Clinics (GLCs). Currently, UHMG is working with two PTCs attached to GLCs providing HIV care services in Mbale (Salem Brotherhood and Bushikoli).

Last program year, UHMG in partnership with Ministry of Health organized training workshops in Positive Prevention to build the capacity of peer educators and community healthcare volunteers in provision of high quality HIV counseling services to PLHAs and their families. Scale up in the delivery of positive prevention services using the capacity built in the third quarter is planned for the fourth quarter. This program year, UHMG will provide financial and technical support to GL clubs to provide positive prevention services.

All community based volunteers trained are PLHAs who are already engaged in other health related activities (such as family planning, nutrition, hygiene, promotion of safe water) supported by UHMG. In this way the health needs of PHAs are addressed in a comprehensive manner.

### **Cross cutting**

**BCC Activities:** Last program year UHMG carried out phase 3 of the Get Off the Sexual Network campaign. In a bid to link the campaign directly with program work, UHMG planned to coordinate this series of the campaign with a demand creation campaign for HCT and UHMG's community work in support for PMTCT. 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 PMTCT as it involves male partners and relates to the entire family. UHMG will utilize material from all phases of the Sexual Network campaign including coordinating use of material with DBTAs. In addition, UHMG will meet with IRCU to discuss how to work with religious leaders.

The campaign will be concluded with a BCC campaign that calls for uptake of more than one recommended HIV prevention behavior, service or product. UHMG will also partner with district based partners to utilize our expertise in creating demand and utilization for the various health commodities IPs procure from UHMG such as condoms.

**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.

Opportunities for publications, oral and posters presentations will be explored. The HIV prevention and care team will participate in local and international conferences such as the 2012 International AIDS conference. UHMG will continue to conduct operational research to guide programming.

**For HIV/AIDS Activities and Indicators, please see Annexure B, Programs Division (Consultancy) Activities.**

## **4. FAMILY PLANNING**

### **Introduction**

The Ministry of Health and its partners embarked on a program to revitalize family planning in Uganda. The communication goal of the MOH is to promote smaller, healthier, more prosperous families. AFFORD/UHMG's strategy continues to feed into the national family planning strategy and complement the efforts made by other agencies working in family planning.

In project year seven, UHMG will focus on attracting new users to family planning through the use of short and medium term products by building confidence among end consumers. We will do this by addressing the myths and misconceptions surrounding the methods and management of side effects at the consumer level. Consumer trust will be enhanced through the integration of information from trusted sources like VHTs, satisfied users/couples (through testimonials) and trusted providers in endorsing the methods and brands. Mass media through radio will supplement this approach. Male involvement will be emphasized as well. In addition, UHMG will improve provider knowledge to handle side effects through detailing and continued medical education, particularly at Good Life Clinics and Shops.

The segmentation strategy for the pills will continue to see NewFem targeted at the middle to upper class woman living in the urban area and Pilplan+ a new combination targeted at the peri-urban woman in the lower middle to lower socio-economic class. Softsure will target breastfeeding and pregnant women in lower middle to upper middle classes, and UHMG will explore the possibility of creating a partnership with a corporation (such as Lever Brothers) that is targeting the same audience with their products, to develop activities that they can fund.

USAID will no longer provide duofem (Pilplan) but a combination that is similar to microgynon (free government brand) and NewFem (UHMG cost recoverable brand) which is also a low dose pill containing 0.15mg Levonogestrel BP and 0.03mg of Ethinylestradiol BP. This new COC will be called Pilplan+. Therefore Pilplan current will be phase out. The new product Pilplan+ will receive more promotional support to strengthen its image as a new and superior product. There will also be extra focus towards initial distribution/availability at the trade level as well as intensification of detailing and CME activities for providers.

The injectable contraceptive, Injectaplan, targeted at all socio-economic classes is a provider-based product. The reach of injectables is widespread among national service delivery sites, and Injectaplan is one of the flagships of the project. UHMG will continue to communicate the safety of the product to both consumers and providers to dispel rumours and misconceptions. UHMG will concentrate on keeping top of mind awareness among providers through detailing and brand reminders. In addition efforts will be made at collaborating further with NGOs carrying out community-based distribution of the injectable method such as FHIa, Save the Children, and Strides.

FY12 will be a year to consolidate all promotional and distributional efforts for all products in a coordinated and systematic way so as to achieve maximum results.

### **Products**

FP products will be promoted to the following socio-economic categories:

- Pilplan+ for low end market segment for COC (C2,D, 18-30yrs) in rural areas
- Injectaplan for cross cutting in the B,C1, C2,D social class aged 30-45 years, living in urban, peri-urban & rural areas. Usage is usually dependant on the life cycle stage
- NewFem as a lifestyle product for working women in high and middle wealth quintile (B, C1 18-28yrs) in urban and peri-urban areas
- Softsure to breastfeeding mothers who can afford to pay for the product (B,C1,C2)
- Moon Beads to consumers (B,C1, C2) who cannot use modern hormonal methods

### **Services**

Family planning services will continue to be an integral part of the Good Life clinics and Good Life Shops. UHMG will organize refresher training will be organized for the service providers to ensure they have the necessary updates and are able to effectively address challenges to family planning, including fear of side effects. We will design these updates so that they form components of integrated updates for other UHMG products and health areas. UHMG will continue to provide services to centres that support PLHA. Support to these centers will include detailing to the providers on FP services and products, provision of informational materials and branding of outlets.

### **Communication and Promotion**

#### **Mass Media - TV and Radio**

UHMG will continue to advertise the brands on radio and TV. Radio talk shows on community radio stations that will be a continuation of the previous campaign upon conducting baseline research on the effectiveness. The radio program will include interactive live call-in talk shows conducted by trusted service providers and mini testimonials of satisfied couples (couples without HIV and PHAs) that are users of UHMG family planning methods and brands, a question and answer session and an interactive call-in segment where listeners can participate. Emphasis of the radio programs will be on management of side effects, dispel of myth and misconceptions about family planning as well as highlighting the benefits of family planning to both people without HIV and PHAs. UHMG will work with the district health offices to identify the trusted service providers that will conduct the radio programs as well as the community groups that will provide satisfied users. In addition, the DHOs/DHEs will have hold particular sessions on radio to enforce the family planning messages. A media plan will cover all the five operational Product Market Officer regions (central, Western, Northern, Eastern and west Nile regions), script development in the local languages and media bookings. A review of the program will be done every quarter to integrate lessons learned. UHMG will also further advertise the brands through print media like New Vision, Monitor and specialized magazines and endorsements during the World Breastfeeding Week of August and during other Family Planning related events.

#### **Print**

Print materials will support the mass media and interpersonal communication and will disseminate correct information on the use of the methods and address barriers to use. Re-prints will be done for provider and consumer brochures, point of sale materials and some promotional giveaways. The brochures will primarily contain information on methods, use, management of side effects, and frequently asked questions along with updated branding. Counseling tips will be included in the provider brochure to ensure that the right counseling techniques are followed.

#### **Outdoor**

Suburb signs on the main roads and large posters at workplace notices, University halls of residence notice boards and Arcade notice boards. This will be supplemented by metal

plates for all brands at hospitals, pharmacies and Good Life clinics and drug shops. The metal plates will help minimize on constant product of materials and they are long lasting.

### **Sponsorship and exhibition at FP related event**

Conduct product exhibitions and sales timed around events that target family planning service providers. Branded banners, pens and t-shirts will be produced to support the events:

- Sponsorship of events/activities that target breast feeding/expectant mothers (Mama Tendo, Comfort Mum, breastfeeding week)
- Pharmaceutical week conference and exhibition – PAU
- International Nurses & midwives day – 5th-10th May
- Safe motherhood day exhibition - Oct
- International women's day exhibitions - 8th March
- World population day exhibitions - 11th July
- Breastfeeding week – August 2011
- Gynecologists and obstetricians conference (presentation & exhibition)
- UPMA monthly meetings (every first week of the month)

### **Mobilization**

Community rural-based activations will be conducted through the MCH Program targeting women. The sensitization sessions that will be conducted amongst community groupings (e.g. women/couple clubs/groups, men only groups, and youth clubs) will address barriers to use of modern methods of family planning, as well as highlight benefits of FP and smaller family size. Male involvement in FP will be emphasized. Satisfied couples who have been on the method will be used as local testimonials in the communities to encourage and instill confidence amongst potential users to start utilizing family planning services. All the activations will be linked to service providers in the area. At the same time hospital based activations will also be undertaken for majorly SoftSure at the maternity wards targeting breastfeeding and pregnant women during antenatal and immunization days in the five major regions of Uganda. In the case of NewFem, corporate company activations and university activations will be used to increase awareness and acceptability of the method.

All these activities are geared to increasing demand and utilization of modern family planning services in order to address the high unmet need of family planning in Uganda (which currently stands at 41%). Intended results of these interventions are to increase use of modern contraception and address high unmet need for family planning.

AFFORD will also participate in MOH reproductive health and FP stakeholder meetings to identify closely with national FP strategies and minimize duplication of work.

### **Research**

AFFORD/UHMG FP product performance will be monitored through the ongoing retail audits. AFFORD will also undertake qualitative and quantitative research among target groups of current and potential hormonal contraceptive users to determine knowledge, attitude/perceptions and practices. This will further address the gaps under all the brands.

***For details of socially marketed family planning brands, see Annexure C, "Marketing and Strategic Information Brand Activities."***

## CROSS CUTTING ACTIVITIES

### CROSS CUTTING ACTIVITIES: MARKETING AND STRATEGIC INFORMATION (MSI)

UHMG's innovative communication campaigns (generic as well as branded) built on the Good Life platform have been the corner stone of its success. Through a strategic marketing drive in years four and five, AFFORD/UHMG created a brand that is recognized as one to be trusted for quality and affordable products, that provides Ugandans with the knowledge—and products—leading to a good life, and with the potential for being the partner of choice. The brand represents a total solution for Ugandans – products, services, and behaviors that, in synergy, lead to ***The Good Life***. All Good Life communication activities in the work plan for FY12 will focus on increasing demand for UHMG products services and healthy life style behaviors.

In FY12, UHMG's communication campaigns will continue to focus on Malaria, HIV/AIDS and Family Planning. The environment for communicating about health has changed significantly. These changes include dramatic increases in the number of communication channels and the number of health issues vying for public attention as well as consumer demands for more and better quality health information, as well as the increased sophistication of marketing and sales techniques, such as internet and SMS. The new and emerging communication trends including the use of mobile phones, Facebook and Internet will play a significant part in UHMG's health communication strategy for its products, services and behavioral practices.

The communication strategy for FY12 will focus on enhancing linkages between the two SBUs to ensure that behavior change interventions are directly linked to the use of products and services. Communication messages will be directed at two levels - the health provider level through detailing, CMEs, SMS and the end consumer level through use of mass media SMS, and IPC.

For FY12 UHMG will roll out the fourth phase of the sexual network campaign to support the various interventions. We shall also design a special interpersonal intervention for the MARPS in conjunction with the STARS.

***For activities, please refer to "Programs and Services Division" communication campaigns in malaria, HIV/AIDS and MCH/FP, as well as Annexure C, "Marketing and Strategic Information - Brand Activities."***

### CROSS CUTTING ACTIVITIES: MSI - CORPORATE AND EXTERNAL RELATIONS

#### Introduction

UHMG positions itself as a cutting edge organization that works through private sector partnerships to provide comprehensive health care solution to all Ugandans. The corporate relations unit will support all the UHMG programs, special projects and commercial division with Public Relations activities.

Through innovative evidence-based communication interventions, UHMG socially markets healthy behaviors and products to its target audiences. The corporate relations unit will manage all the public relations activities of UHMG.

Over the years, UHMG has created a strong brand in the private healthcare sector through innovative communication executions and the corporate relations unit will build on that 'brand equity' to bolster the UHMG brand identity and keep partners and beneficiaries abreast with its operations.

### **Strategy**

The corporate relations unit will roll out its activities with a "*peak season*" approach for each of the program areas. Working closely with programs, division and the product facility division, the corporate relations unit will execute program and brand specific Public Relations activities in targeted districts. These corporate relations activities will be tailored to specific "*peak seasons*" in the year for each program and related brands.

Under HIV/AIDS, the "*peak season*" will be in December because of *World AIDS Day*. During this period UHMG will highlight its HIV/AIDS program activities such as HCT and the UHMG socially marketed brands (Protector, Condom "O", Cotramox and Clovirex). UHMG will engage private sector companies in corporate relations activities such as HCT, and also sell its brands to be donated to their employees/communities as part of their corporate social responsibility.

April through June will be the peak season for Malaria-related interventions. Brands such as Lonart and other products like RDTs and LLINs will also be promoted through the Corporate Social Responsibility (CSR) activities.

Maternal and child health peak season will be in the month of August, which is the world breast-feeding month. The corporate unit will work with brands team at UHMG to execute public relations activities tailored to mother and child health security where private sector companies will purchase UHMG products (SoftSure, Nutripearl, Aquasafe, Restors, Zinkid) and donate them to private health facilities in the selected communities with high population rates and maternal and child mortality and morbidity.

Special public relations activities will be executed to promote UHMG's Programs/Consultancy business unit and the Product facility Division business unit. Public relations materials such as Folders, Newsletters, Corporate ware, radio spots, press releases, web pages and SMS will be designed to create awareness about the business units.

In a nutshell, UHMG will identify opportunities to showcase its core competencies, in social marketing, behavior change programs implementation, commercial marketing and distribution of health care commodities and the pivotal role it is playing in delivering quality health care through the private sector

***For activity sheets under Corporate Relations please refer Annexure D on Cross Cutting activities***

<b>Targets/planned</b>	<b>Accomplished</b>
Routine monitoring of AFFORD activities	<ul style="list-style-type: none"> <li>• Designed an integrated data collection tool for all intervention areas in the GLC's</li> <li>• Enhanced the database to cater for data generated through the integrated tool and generate appropriate reports</li> <li>• Provided mentoring of staff in the GLC's on the Data collection and reporting</li> <li>• Collected summary data from GLCs</li> <li>• Incorporated collected data in UHMG's PMP</li> </ul>
Bi-Annual MEEPP reporting and Quarterly UMEMS reporting	<ul style="list-style-type: none"> <li>• Online reporting for EMEMS and MEEPP</li> </ul>
Orientation of the sub-grantees	<ul style="list-style-type: none"> <li>• Oriented the sub-grantees on the indicator requirements and reporting tools</li> </ul>
Develop AFFORD PMP	<ul style="list-style-type: none"> <li>• Developed AFFORD II PMP</li> <li>• Submitted PMP to USAID</li> </ul>
Updating of the UHMG database with data from the GLC's	<ul style="list-style-type: none"> <li>• UHMG server based database updated to cater for reporting on data from the GLC's and sub-grantees</li> </ul>
<b>Research</b>	
Pre-Tests and other formative studies	<ul style="list-style-type: none"> <li>• Concept test for small families campaign</li> <li>• Concept and pre-tests for malaria "Power of day one" campaign</li> <li>• Concept test for "Get off the sexual network" phase 4</li> <li>• Rapid assessment for one love campaign</li> </ul>
Conduct End Of Project Evaluation (EOP)	<ul style="list-style-type: none"> <li>• Successfully conducted the end of AFFORD 1 survey</li> <li>• Prepared and submitted survey report</li> <li>• Conducted preliminary dissemination of EOP survey results</li> </ul>
Thematic research	<ul style="list-style-type: none"> <li>• Conducted BodaBoda formative survey for HIV intervention in Arua and Jinja</li> <li>• Conducted truckers survey for HIV intervention in West Nile region</li> <li>• Conducted medical male circumcision survey in Mukono and Kampala districts</li> </ul>
Retail audit	<ul style="list-style-type: none"> <li>• Conducted 4 quarterly surveys</li> </ul>
Brand profiling	<ul style="list-style-type: none"> <li>• Successfully conducted brand profiling survey</li> <li>• Disseminated results from brand profiling survey</li> </ul>

## **CROSS CUTTING ACTIVITIES: MSI - RESEARCH**

### **Research, Monitoring and Evaluation Activity narrative**

The Research, Monitoring and Evaluation (RM&E) section will continue to provide the necessary data/information for decision making and planning. The activities that will be carried out 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 and timely submission of monthly reports to DHO, UHMG and other stakeholders, using the integrated HMIS reporting system. As the monitoring arm of UHMG, the research section will coordinate the development and update the Performance Monitoring Plans (PMPs) for different projects, setting the standards against which project performance will be assessed.

## **PLANNED ACTIVITIES**

### **Monitoring and Evaluation**

The UHMG R M & E team will regularly conduct monitoring visits to ensure that activities are carried out as planned and adherence to quality standards are observed. Technical support will be given to all organizations and individuals involved in the implementation of activities to ensure proper record keeping, data compilation, utilization and reporting. Data will be collected on activities being implemented, compiled, analyzed and used for decision making and reporting.

Specific emphasis will be put on the building the capacity of the Good Life Clinics (GLCs) to handle the Health Management Information System and regularly report to their respective Health District Offices.

### **Re-aligning of the UHMG M&E Strategy and Plan to UHMG**

Currently UHMG is not operating under a consolidated organization-wide performance monitoring plan (PMP) but, rather, is using the AFFORD PMP. Each individually sponsored project has its own monitoring and evaluation system. The R & E unit will develop a UHMG M & E Strategy and AFFORD PMP that will take care 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. The process evaluation component will seek to answer the following questions

- Were the anticipated inputs available?
- Did the different technical groups implement the activities proposed in the work plan?
- To whom and by who were the activities conducted?
- Did the organization achieve the planned outputs?

### **Process evaluation strategies will collect data in the following areas:**

- **Activities in the GLC's:** This will primarily be conducted to assess the services provided by UHMG's Good Life clinics and partners. 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 will be 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 monitor 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. Specifically, we shall monitor occurrence of activities, quality of trainings provided and application of the skills attained. The GLC staff will be trained in HMIS and advised to compile monthly reports to the districts.
- **Media Exposure Tracking:** The unit will monitor exposure of campaign messages through the media. 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 in house and billboards used in the interventions. This tracking will use standardized tools developed by the M & E team. Tracked IEC materials will include posters, brochures on malaria, HIV/AIDS, maternal and child health, and family planning. Flyers and posters used to promote and market UHMG health products will also be tracked.
- Monitoring of the sub-grantees. UHMG implements most of its program activities through sub grantees. The department will build the capacity of the new sub grantees in data management and reporting, as well as 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 HIV/AIDS, family planning, malaria, and maternal and child health.

### **Reporting**

The M & E unit will ensure timely collection of data on all activities being implemented by UHMG. Periodic quantitative reports that 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 FY11, due to 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**

#### **I. 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:

Concept testing: – Quantitative/qualitative methods to evaluate target populations response to a product idea prior to the introduction of it to the population will be the initial stage in message development for a communication intervention. It will also be used to generate communication designed to alter consumer attitudes toward existing products/ services.

Pre-tests: All communication materials will be pre-tested before final production. This will include audio and visual materials (Posters, Billboards, TVC's, radio spots). This meant to validate the intended audiences' interpretation of the materials. Pre-testing will be mainly qualitative. Questions will be asked, such as: Do the people understand the words? If not, which ones don't they understand? • Is the material interesting? If not, why not? • Do the people understand the message in the story? • Are the drawings understood? • Do the pictures represent their situation? If not, what changes need to be made? Etc.

Rapid Assessments: These will be conducted approximately a month after communication campaigns overall campaign acceptability and channel effectiveness. The results from the assessment will be used for mid-course corrections, if needed.

Final communication Evaluations: All program and brands communications will be evaluated at the end of the year. This will provide feedback to the teams and help shape the strategies for FY13 interventions. It will also assess the effectiveness of the campaigns, the Good Life Clinics for service delivery and availability of UHMG products.

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

The unit will conduct intermediate assessments of the model villages, Family planning advocacy, fisher folk, truckers, couple program, malaria (IPTp use) and the quality of HIV care in the GLC's. This aims at checking the depth of intervention within the MARPs and providing relevant guidance. This will help provide feedback to the program staff on an on-going basis. The assessments will combine both quantitative and qualitative methodologies.

## **III. 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:

- A willingness to pay study: Due to the rising economic situation and plans to introduce new products in the market like Pilplan Plus. The willingness-to-pay study will be conducted. This study will be conducted in-order to guide the brands and product facility departments in price setting for UHMG/AFFORD products. It 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, will collect information on complementary 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.
- Market share analysis: The department will use secondary analysis data to determine the market share of UHMG brands. This analysis will look how UHMG brands perform in comparison with real and potential competitors.

## **IV. Capacity building of UHMG RM&E staff**

Continuous capacity enhancement of the 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 M & E strategy and PMP development, qualitative data analysis, the design of evaluation strategies, proposal development, sampling techniques, and LQAS application among others. They will also participate in RM&E-specific courses organized by MEEPP, UMEMS or any other reputable training institution such as UMI or Makerere University.

## **V. 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 capture possible areas for replication in programming, Research, monitoring and evaluation.

## **VI. Other support to special projects**

The RM&E unit will provide technical support to special projects in the following areas:

- Providing technical support during proposal development (Development of M&E section and the log frame)
- Development of data collection tools and Standard Operating Procedures (SOPs) to be used during data collection and reporting.
- Collection and compilation of data for specific projects for internal use and reporting
- Capacity building of the sub grantees and individuals who carry out interpersonal communication in support of UHMG activities.
- Conducting of baseline and thematic research where necessary.

***For activity sheets under research please refer Annexure D on Cross Cutting activities***

## **CROSS CUTTING ISSUES: HUMAN RESOURCE & ADMINISTRATION**

### **Introduction**

UHMG has grown rapidly from a staff size of 10 to over 60 employees, with some based in regions outside Kampala.

In response to recommendations from various organisational assessments conducted by external consultants, UHMG continually built staff capacity, strengthened its policies and systems, and restructured to conform to the new strategic direction in UHMG's business plan.

One of the organizational strategies of UHMG 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 transform the organization from a project set-up to a viable independent self-sufficient entity. This requires strengthening the current resources, and focusing capacities and energies towards self-sustainability.

To effectively operationalize the Strategic Business Units (SBUs), UHMG reorganised its structure, and reviewed the job descriptions and roles of the current staff to orient them to meet the emerging vision of the organisation. The structure moved from four (4) Directorates (Programs & Special Projects, Marketing & Strategic Information, Product Facility, and Finance & Administration), to five (5) Directorates comprising Marketing & Strategic Information (M&SI), Programs & Services (P&S), Product Facility (PF), Finance & Investment (F&I), and Human Resources & Administration (HR&A).

The new structure reflects the SBUs as respective profit-centres. Staff positions and roles have been amended to conform to this new set-up. 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,"* new Directors have been recruited for the Programs and Marketing & Strategic Information Divisions. Plans are underway to fill all new positions in the structure with qualified employees, Key Result Areas and Key Performance Indicators shall be designed in line with the new job roles.

In FY12, capacity building of UHMG staff in areas where there are competence gaps is crucial as UHMG continues to grow in operational sustainability. The HRA Division will continue to strengthen management systems and build capacities of staff to better manage their new roles. Study visits will be organized for staff to experience strategies employed by organizations with similar business models as UHMG. In some instances, international technical assistance to complement local training efforts shall be sought.

***For activity sheets under Human Resource & Administration please refer Annexure D on Cross Cutting activities***

## **CROSSCUTTING: FINANCE & INVESTMENT DIRECTORATE**

### **Introduction**

Since its inception four years ago, UHMG has been established as a reputable indigenous organisation with systems and policies in place. Currently the organisation has an annual budget estimate of about \$6.5m, with CCP covering 85% from AFFORD project resources and the 15% from other sources. UHMG plans to revise its budget base to at least \$10m by end of 2012 covering up to 65% AFFORD and 35% other sources as a way of improving external funding beyond AFFORD Project. The Finance and Investment Directorate (F&I) focuses on quality deliverables in financial reporting and strengthening UHMG's investments portfolio (warehousing business, Transport/logistics, property management among others). 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.

### **Achievements during the year ended September 2011**

- Finalized the external audit exercise for the year ended 30<sup>th</sup> September 2010 and report approved by the AGM held in August 2011
- Attained an overhead cost charge rate between AFFORD and other special projects which is currently used for reporting since Oct'10
- Coordinated meetings with BOD members of the Finance and planning committee as well as the Audit committee to finalize the UHMG taxation status for reporting purposes
- Worked with the internal Auditors to review UHMG's internal controls for the period April-June 2011
- Participated in the sub-grantee selection process to assess the financial management capacity of the potential sub-grantees, the 12 selected sub-grantees are implementing
- Timely financial reporting for all projects and request for funds
- Prepared financials for the Business plan 2011-2014 awaiting approval by USAID
- Coordinated the Uganda Revenue Authority Audit and negotiated a number of tax waivers
- Continued with monthly and quarterly stock counts for internal control purposes and variances are steadily being minimized
- Submitted budget for UHMG 3 year extension for the AFFORD project to CCP/JHU
- Continued to track the budgets and ensured cost allocation is done properly
- Trained staff on good budgeting, budget tracking and introduced a uniform budgeting format
- Coordinated the stock management training for Product facility and HO

The Directorate has identified three main objectives that will enable UHMG achieve its financial management capacity and sustainability by end of the year Sept 2011 - Oct 2012:

- 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 25% of operational costs i.e. cost leveraging.
- **Institute a cost policy statement to improve cost allocation**

#### **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.

***For activity sheets under Finance and Investment Directorate, please refer Annexure D on Cross Cutting activities***

## **TABLES**

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

# 1. UHMG FY12 GANTT CHART OF ACTIVITIES

## Implementation Schedule

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
Wkpln Activ	<b>Product Facility Strategic Business Unit</b>													
PF-1	<b>Strategies and business development</b>													
	Business development (visit Pharmaceutical companies in India, Pakistan and Kenya) - (2)			■				■						Philip Apira
	Research on current Market trends on pharmaceutical products (corporate consultancy)			■	■	■	■							Philip Apira
	Specific product research for new products		■					■						Philip Apira
PF-2	<b>Strengthening PF operations</b>													
	Legal consultation for restructuring PF operations	■	■	■	■	■	■	■	■	■	■	■	■	Philip Apira
PF-3	<b>Strengthening management and financial systems</b>													
	Customer care training: All PF staff		■											
	Tally Training (enhance ability to use tally)	■												
	Professional selling and territory management training			■										
	Team building workshops and market pitch				■				■					
	ISO certification (corporate consultancy)	■	■	■	■	■	■	■	■	■	■	■	■	
	Warehousing and Logistics management system (corporate consultancy)								■	■	■	■	■	
PF-4	<b>Sales and distribution</b>													

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
	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
	Distributors networking and best distributor awards workshop													Paul Kagumire
	Operationalize the regional pharmacies in Arua and Mbale													Paul Kagumire
PF-5	<b>Supply chain management</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
	Protector packaging material													R. Apio
	Pilplanplus packaging Material													R. Apio
	Injectaplan packaging Material													R. Apio
	Aquasafe packaging Material													R. Apio
	Secondary packaging of Condoms													R Apio/R Kitonsa
	Secondary packaging of Pills													R Apio/R Kitonsa
	Secondary packaging of Injectables													R Apio/R Kitonsa

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
	Secondary packaging of Water purification tablets													R Apio/R Kitonsa
	<b>Programs (Consultancy) Strategic Business Unit</b>													
Wkpln Activ	<b>Programs and Services Division</b>													
	<b>Malaria</b>													
PS-1- MAL	<b>Improved Malaria case management through the GLC and GLS</b>													
	Conduct field visits to identify drug shops and Clinics in each of the 5 newly selected PMI focus districts to serve as GLC /shops & Learning centers													Ann Otedor
	Printing and dissemination of job aides for the GLCs and GLSs													Ann Otedor
	Develop and print job aides for VHTs													Ann Otedor
	Branding of GLCs													
	Train master trainers on support supervision and case management													Ann Otedor
	Facilitate district task forces to provide quarterly support supervision and monitor malaria case management in the private sector													Ann Otedor
	Subsidising high quality and affordable RDTs for the GLCs and GLS (50,000 at UGX5,000 per RDT)													Ann Otedor
PS-2- MAL	<b>Improved prevention and treatment for Malaria in Pregnancy (MiP) in private</b>													

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
	<b>health sector</b>													
	Facilitate training of 250 private health providers at learning centers on MiP and case management		■		■				■					Ann Otedor
	Form mothers' clubs to promote MiP and early attendance of ANC.			■		■								Ann Otedor
	Design & subsidise a package for MiP (containing subsidized SP, safe water using Aqua Safe, LLINs, cups, de-worming tablets, iron and folic acid supplements to be distributed through the private health sector). (500 packages)		■	■										Ann Otedor
PS-3-MAL	<b>Conducting community dialogue meetings</b>													
	Conduct Training of Trainers (MFP,DHE, HE, HI) & GLCs for community dialogue meetings (fees and MOH travel)			■										Ann Otedor
	Conduct Community dialogue meetings & home visits (5)							■				■		Ann Otedor
	Recognition of well performing homes for program documentation						■			■			■	Ann Otedor
PS-4-MAL	<b>Formation of Drug Shop Associations</b>													
	Training of Drug Shop Operators in RDTs, ACTs & diarrhea mgt		■			■		■				■		Ann Otedor
	Develop articles and memorandum of Association				■									Ann Otedor
	Conduct Inter-Association exchange programs (Existing drug shop Associations)	■	■											Ann Otedor

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
	Establishment of district based secretariat													Ann Otedor
	Conduct workshops for orientation on the "Good Life" standards for accreditation of selected health facilities													Ann Otedor
PS-5-MAL	<b>Participation in the World Malaria Day Activities</b>													
	Conduct free Malaria testing using RDTs, ACTs, SP, conduct community dialogue meetings & home visits, clinical audits, radio talk shows and develop a documentary for WMD.													Ann Otedor
PS-6-MAL	<b>Malaria Communication</b>													
	Conduct Radio talk shows													Daudi Ochieng
	Conduct Radio spots													Daudi Ochieng
	Reprinting of Malaria communications materials													Daudi Ochieng
	Monitoring of the communications campaign													
	Reprint and distribute national guidelines and policies for Malaria Management in GLCs													Ann Otedor
	<b>HIV/AIDS</b>													
PS-1-HIV	<b>Strengthen the provision of HCT services in the Good Life clinics</b>													
	Train counselors in couple HCT and counseling in discordant relationships													Musolo
	Establish 5 additional Good Life clubs													Musolo/Julian
	Procure and distribute HIV test kits													Musolo

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
	Support Good Life clinics carry out hard-to-reach-community outreaches for HCT services		■	■		■	■		■	■				Musolo
	Provide data collection tools to GLCs	■			■			■			■			Musolo
	Carry out quarterly support supervision to GLCs			■			■			■			■	Musolo
PS-2-HIV	<b>Injection safety and waste disposal</b>													
	Support supervision of the Good Life clinics.		■			■			■			■		Julian
	Procure and distribute safety boxes and color-coded bins	■												Julian
	Create networking and collaboration between Good Life Network clinics to hospital with incinerators for final disposal of waste.	■	■	■	■	■	■	■	■	■	■	■	■	Julian
	Train Good Life clinic staff in healthcare waste management (from the selected additional clinics).					■	■							Julian
PS-3-HIV TO PS-8- HIV	<b>Sexual and other behavioural prevention (e.g. MARPS, couples, youth)</b>													
	Participate in World AIDS Day			■										Musolo
	Produce IEC materials	■	■				■	■						Julian
	Extend sub grants to MARPs organizations			■	■									Musolo
	Capacity building for sub grantees in M & E, Resource Mobilisation	■	■											Musolo
	Institutional development for sub grantees					■	■	■						Musolo
	Monitoring of sub grantees	■	■	■	■	■	■	■	■	■	■	■	■	Musolo
	Run a demand creation campaign to increase utilization of combination prevention		■	■	■	■	■	■						Julian
	Run a campaign to discourage gender based violence, couples communication			■	■	■	■	■	■	■	■			Julian

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
PS-9-HIV	<b>Provide quality HIV care services to PHAs</b>													
	Contract a firm to design a quality improvement plan for GLCs	■	■	■	■									Julian
	Utilize SMS package as reminder on basic package for care		■		■		■		■		■		■	Julian
	Financial support to GL clubs to procure starter pack for newly diagnosed PHAs		■											Julian
PS-10-HIV	<b>Positive Prevention</b>													
	Support district to supervise and collect data on positive prevention from CBVs		■			■			■			■		Musolo
	Provide financial support to GL clubs to deliver positive prevention		■			■			■			■		Musolo
	Procure field work items for CBVs from GLCs		■	■	■									Musolo
	Conduct quarterly visits to GL clubs and clinics to enhance linkage between facility and community interventions		■			■			■			■		Julian/Musolo
	Print and disseminate data collection tools	■												Musolo
	Provide financial support to 4 PHA networks to deliver positive prevention services		■			■			■			■		Julian/Musolo
PS-11-HIV	<b>Strengthen PMTCT</b>													
	Train 40 mother mentors on community PMTCT		■											Julian
	Provide financial and technical support to mother mentors		■		■	■		■		■			■	Julian
PS-12-HIV	<b>Create demand for MMC</b>													
	Support selected GLC to provide subsidized MMC to referred clients		■	■	■	■								Julian

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
	develop and market a disposable MMC kit													Julian
	Market SMS on post surgical care and risk reduction package													Julian
	Conduct demand creation for Ips for 4 MMC camps													Julian
<b>MCH/FP</b>														
PS-1-MCH	<b>Capacity building of Good life clinics</b>													
	Train on Goal oriented antenatal care, safe deliveries, Emergency obstetric care, Data management (training 100 service providers) for one week- 4 training groups													Nnyombi/ Turyamuhebwa
	Family planning training on short and medium term Hormonal contraceptives & IMCI (500 providers to be trained) for four days-20 training groups													
	Family planning training on Long term contraceptives (training 50 service providers) for two weeks- 2 training groups													
	Child health training on nutrition, Growth monitoring, assessment and management of malnutrition to 50 GLCs (training 50 service providers) for three days- 2 training groups													
	Training 100 Community Resource Persons on MCH interventions for 3 days-4 training groups													
	Procure and distribute data collection tools to 50 Good life clinics													

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
	Procure and distribute basic MCH equipment and supplies to 50 Good life clinics													
	Procure and distribute MCH job aids to Good life clinics													
	Identify and contract MCH training consultants													
	Conducting hospital based practical sessions for long term FP methods (hospital fees)													
PS-2-MCH	<b>Conduct integrated community outreaches with 50 GLCs at a quarterly basis</b>													Nnyombi/ Turyamuhebwa
PS-3-MCH	<b>Community sensitization on MCH interventions</b>													Nnyombi/ Turyamuhebwa
	Conduct community sensitizations and home visits													
	Conduct talk show on the community radio stations that reach the model villages													
	Conduct cooking classes in the communities at parish level													
	Recognize and give prizes to model homes (certificates, mosquito nets, Aquasafe)													
	Procure and distribute Job Aids for VHTs/Community resource persons													
	Conduct school visits within the model villages													
	Conduct monthly review meetings													
PS-4-MCH	<b>Support supervision to GLCs</b>													Nnyombi/ Turyamuhebwa
PS-5-MCH	<b>FP advocacy campaign</b>													Nnyombi/ Turyamuhebwa

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
Wkpln Activ	<b>Marketing and Strategic Information Division</b>													
	<b>Brand Activities</b>													
MSI-1	Cotramox Promotion													Esher
MSI-2	Restors Zinkid Promotion, trainings/CMEs & uptake in combination use													Esther
MSI-3	Condom "O" Promotion													Jeanne
MSI-4	PROTECTOR Promotion													Jeanne
MSI-5	AQUASAFE Promotion, trainings and demonstrations													Jeanne
MSI-6	Injectaplan Promotion (side effects management w/providers)													Julie
MSI-7	Pilplanplus Promotion, trainings/CMEs													Julie
MSI-8	Moonbeads Promotion, trainings													Julie
MSI-9	NewFem Promotion, trainings/CMEs													Julie
MSI-10	SoftSure Promotion, trainings/CMEs													Julie
Wkpln Activ	<b>Cross Cutting Activities</b>													
	<b>MSI - Corporate and External Relations</b>													
MSI-1-CER	UHMG Public Relations													Brenda
	Health fairs each month in coordination with other UHMG divisions - to promote Good Life brand and products													
	Engage the private sector in Corporate Social Responsibility (CSR) events linked to "peak													

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
	seasons" and health program areas													
	Partnership Stakeholder meetings to market UHMG amongst NGOs and private sector													
	PR Agency and UHMG focus TV discussion - TV health segment or print column													
	Media briefs (4 per year) - Info packs													
	Publication of best practices to be disseminated (documentation of UHMG work): website, 1 publications and 1 documentaries produced a year, a camcorder and voice recorder procured													
MSI-2-CER	2 regional Health Marketing Conferences													Brenda
<b>MSI - Research</b>														
MSI-1-RSCH	Monitoring all activities													Sam
	Conduct monitoring activities on all activities being supported													
	Training of GLCs staff in Health Management Information System (HMIS)													
	Reproduction of data management tools													
	Monitoring/data collection (District HMIS Officers)													
	Evaluation Survey for the model villages through LQAS													
	Monitoring of field activities													
	Access mobile - e HMIS pilot project and PF sales e tracking													
	Quarterly Reporting UMEMS													
	Bi-annual reporting MEEPP													

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
MSI-2-RSCH	Thematic research: HIV, MCH, malaria, family planning													Jude
	Rapid assessments (Malaria, HIV/AIDS, MCH)													
	Rapid assessments (all Brands)													
	Mystery client surveys													
MSI-3-RSCH	Market research													Jude
	Retail Audit													
	Other Market Surveys													
	Retail Audit-UHMG staff													
	Market Research for various products (MALACT, Sprinkles, etc)													
	Willingness to pay study													
MSI-4-RSCH	Large scale surveys, secondary analysis													Jude
	Evaluation of communication campaigns													
MSI-5-RSCH	Capacity building													Jude
<b>Human Resources and Administration Division</b>														
HRA-1	HR management and development													Eliz./ Valerie
HRA-2	Administration systems and management													Joyce/ Elizabeth
HRA-3	ICT management													Oscar
HRA-4	Fleet management													Paddy
HRA-5	Procurement management													Noel
HRA-6	Environment and employee welfare													Valerie/ Elizabeth

		Q1			Q2			Q3			Q4			
ACTIVITY DESCRIPTION		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	STAFF
<b>Finance and Investments Division</b>														
FIN-1	Financial management systems strengthening and professional/timely reporting													Joyce
FIN-2	Strengthen internal controls within UHMG to ensure value for money													Joyce
FIN-3	Grow UHMG investment portfolio													Joyce
<b>Resource Mobilization</b>														
RM-1	<b>Increased capacity of UHMG in resource mobilisation</b>													
	Develop and submit 12 winning proposals for consideration to multiple donors													
	Hold resource mobilization training for 10 staff													
	Three senior officers attend regional level events to network and raise UHMG profile													
	Hold consultative meeting with potential partners to market UHMG													
	Hold a donors meeting to introduce UHMG													



**2. UHMG PRODUCT FACILITY  
SALES PERFORMANCE – FY11 AND SALES PROJECTIONS FY 12**

**UHMG BRANDS – FY11 SALES AND FY12 TARGETS**

2010/2011	2010/2011	2011/2012
	Quantity	Quantity
Condom O	1,033,360	1,500,000
Protector	6,291,270	16,000,000
Aquasafe	4,903,040	5,400,000
RestORS	1,340,550	2,000,000
Zinkid	5,299,858	10,000,000
Cotramox	6,867,450	7,900,000
PilplanPlus	405,253	1,600,000
Injectaplan	2,021,653	2,800,000
Softsure	31,000	72,000
Newfem		40,000
Moonbeads	2,255	3,600

**VALUE SALES PERFORMANCE OF UHMG BRANDS, RTP PRODUCTS  
AND PF PRODUCTS**

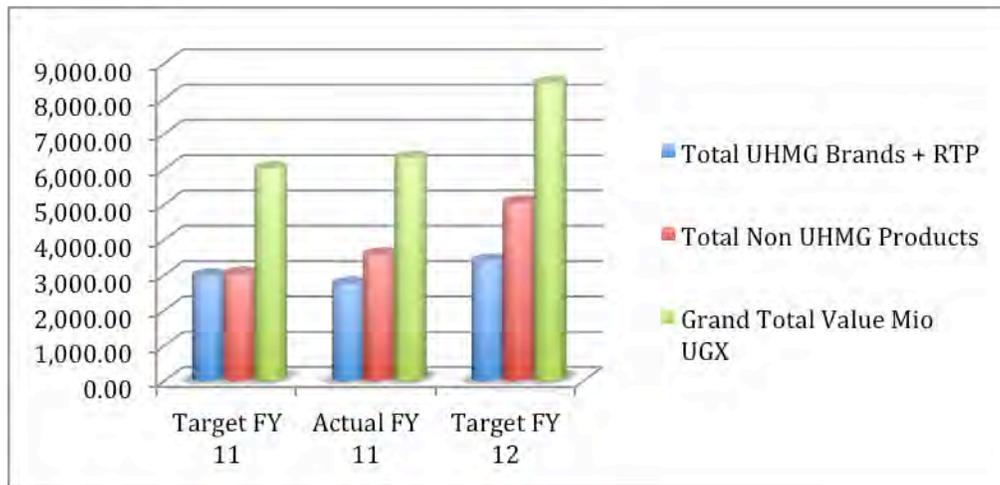
<b>Value Sales Performance UHMG Socially Marketed Brands + RTP</b>				
Quarters	Target FY 11	Actual FY 11	Target FY 12	Growth %
QTR 1	600.00	492.50	677.86	37.64
QTR 2	700.00	801.02	1,016.80	26.94
QTR 3	800.00	1,023.93	1,186.26	15.85
QTR 4	875.00	422.89	508.40	20.22
<b>Total Value UHMG Brands + RTP Products – Mio UGX</b>	<b>2,975.00</b>	<b>2,740.34</b>	<b>3,389.32</b>	<b>23.68</b>

<b>Value Sales Performance of non-UHMG Commercial Products</b>				
Months	Target FY 11	Actual FY 11	Target FY 12	Growth %
QTR 1	600.00	598.31	1,008.00	68.47
QTR 2	800.00	858.63	1,260.00	46.75
QTR 3	800.00	671.83	1,260.00	87.55
QTR 4	825.00	1,437.10	1,512.00	5.21
<b>Total Value PF Non UHMG Products – Mio UGX</b>	<b>3,025.00</b>	<b>3,565.87</b>	<b>5,040.00</b>	<b>41.34</b>

**SUMMARY UHMG BRANDS/RTP AND NON-UHMG PRODUCTS**

	Target FY 11	Actual FY 11	Target FY 12	Growth %
Total UHMG Brands + RTP	2,975.00	2,740.34	3,389.32	23.68
Total Non UHMG Products	3,025.00	3,565.87	5,040.00	41.34
<b>Grand Total Value Mio UGX</b>	<b>6,000.00</b>	<b>6,306.21</b>	<b>8,429.32</b>	<b>33.67</b>

**UHMG SALES PERFORMANCE FY11 AND PROJECTIONS FY12  
VALUE IN MILLION UGX**



### 3. UHMG INTERNATIONAL TRAVEL PLAN

Course/Trip	Country and duration of course/trip	Person(s) proposed	Proposed dates of travel	Budgeted costs	Reason
Business development	India	PF Director- Philip Apira MD- Emily Katarikawe	7 days Nov 2011	Airfare-\$ 5,200  Perdiem- USD 9,400  Total=14,600	The travel will be to Pharmaceutical companies and organizations in India with the main aim of learning how organizations in those countries have managed to grow and expand. The travels to India will be intended to look for new suppliers to improve the margins and profitability of the Product Facility. The exposure visits will help the staff transfer the knowledge to UHMG for sustainability
Business development	Kenya	PF Director- Philip Apira  MD- Emily Katarikawe	5 days March 2012	Airfare- \$ 1,200  Perdiem- \$ 5,600  Total= \$6,800	The travel to Kenya will be to regional Pharmaceutical companies and organizations. The main aim of learning how organizations in those countries have managed to grow and expand. The visit will also help in identifying new suppliers since many Pharmaceutical companies have regional offices in Kenya. This will help in UHMG's sustainability
Business development	Pakistan	PF Director- Philip Apira  Pharmacist- Richard Kitonsa	7 days June 2012	Airfare- \$ 5,200  Perdiem- \$ 9,400  Total= 14,600	The travel will be to Pharmaceutical companies and organizations in Pakistan with the main aim of learning how organizations in those countries have managed to grow and expand. The travels to Pakistan will be intended to look for new suppliers to improve the margins and profitability of the Product Facility. The exposure visits will help the staff transfer the knowledge to UHMG for sustainability

Leadership Training	USA/Baltimore	Managing Director	June 2012	Air fare- \$ 4,750 Perdiem-\$ 3,500 Total- \$ 7,250	The MD will attend the annual World Wide Meeting for JHU.CCP in Baltimore. This will enhance MD skills in leadership and management training. This will enhance UHMG sustainability.
Integrated marketing Communication for behavioral impact	New York- USA	Head Communications and Social Marketing	20 days July 2012	Airfare-\$ 4,750 Perdiem-\$9,000 Total=\$13,750	The head of communications and Social marketing has never attained formal training in management of communications and marketing. The support he has received has been through STTA limited to activities UHMG is undertaking. This training will equip him with the right skills to manage the broad spectrum of communication and marketing especially after the project support.  This is a World health Organization and New York University course that focuses on Strategic Communication planning for behavioral impact in health and social development. WHO has been applying this approach to various health issues over the past years and refers to it as 'COMBI'- Communication-for-Behavioral-Impact.
Marketing and communication staff for Leadership in Strategic health Communication	South Africa	Marketing and Strategic information	7 days, August 2012	Airfare-\$ 750 Perdiem-\$ 2,997 Total=\$3,747	Build skills in market intelligence, marketing strategies, and brands communication. The workshop is organized by Community Health Research and Development. The workshop is open to managers working in the field of development, communication and media with interest in behavioral change.
Regional Travel to study operations of ADDO/Care shops	Ghana	Head of Programs	4 days March 2012	Airfare-\$ 950 Perdiem-\$ 1,850	This will help UHMG learn and strengthen UHMG Good Life shops model. UHMG Program team would gain from exposure visit to best practices in private sector programs else where with comparable environment. Ghana provides such an

				Total=\$2,800	experience. ADDO care is a well established social marketing organization with private sector services provision outlets.
Train Finance and Investment staff in managing and identifying investment portfolios	Nairobi- Kenya	Finance Director, Finance Manager	7 days May 2012	Air fare- \$  Perdiem- \$  Total=\$5,810	This will provide an opportunity to UHMG to learn from other organizations in the region. The proposed training aims at building capacity for the team to be able to identify, appraise and advise on investment opportunities. Nairobi-Kenya is identified for being a hub for regional Investment opportunities. UHMG is looking at working with already established organizations like KMS.

#### 4. CCP INTERNATIONAL TRAVEL PLAN – FY 12

<b>Names of Persons</b>	<b># Trips</b>	<b>Airfare</b>	<b>Duration</b>	<b>Proposed Travel Dates</b>	<b>Total Per Diem</b>	<b>Total Trip Cost</b>	<b>Purpose</b>
Ron Hess	1	4,750	14	Nov/Dec -2011	4,256	9,006	Mentor MD in activities for a private sector approach to management. Assist with establishing performance management system: job KPIs and KRAs documented and annual/quarterly review system. Conduct quarterly review of performance-based contact.
Bill Glass	1	4,750	14	TBD	4,256	9,006	Assist MD in securing NICRA. Assist with draft of resource mobilization strategy for increase/diversity in revenue sources. Orient/assess new AFFORD advisors.
Joan Yonkler	1	4,750	21	TBD	6,384	11,134	Continue bldg capacity in marketing and program strategies; ensure linkages between programs, products and PS health svcs. Assist Marcom team in finalizing development plan (creating demand, targets defined).
AFFORD Financial Administrator	1	4,750	8	Feb 2012	2,432	7,182	Strengthen and confirm capacity of the Financial Administrator in donor and JHU reporting and procurement requirements. With the Baltimore team, tools for enhancing UHMG financial performance will be designed.

## 5. UHMG EQUIPMENT PURCHASE – FY12

<b>Equipment</b>	<b>Cost</b>	<b>Reason</b>
Microsoft Windows 7 Professional Upgrade Pack	\$22,200	This is software license for all the computers. The windows XP we are using is outdated.
Microsoft SharePoint Server 2010	\$7,389	This is a soft ware for the intranet system. This will help in sharing information and improve communication among staff and partners.
Microsoft SharePoint Standard Client Access License	\$9,940	This is the license for the above server share point.
Microsoft SQL Server 2008 Standard	\$10,541	This is the application database to run the share point. It is critical for the HRMIS tracking system.
Overhead ceiling mounted projectors	\$6,000	UHMG has two projectors, which are usually used for fieldwork. The two projectors will be permanently fixed in the two boardrooms. This will enhance their safety.
Intranet Server	\$10,000	This is the hardware that will host the intranet.

## **ANNEXURE A: PRODUCT FACILITY ACTIVITY SHEETS**

## Annexure A – PRODUCT FACILITY: Activity Sheets

### ACTIVITY SHEET 1

Area of Intervention: PRODUCT FACILITY

Activity name: <b>Strategies and Business Development</b>		
Contact: <b>Philip Okello Apira</b> Directorate of commercial division	Start date: October 1, 2011	End date September 30, 2012
		Partners: UHMG, USAID, BOD

#### Intermediate results

IR 1.3: Increased Market Sustainability

#### Indicators and targets

1.3.5: Percentage of brand specific promotion investment to sales revenue

1.3.6: Number of new commercial product suppliers engaged by UHMG

#### Background

The Product facility distributes socially marketed products and commercial products. Until June 2011 the socially marketed products consisted of USAID brands and UHMG brands. The proceeds from sales of these products were classified as Return to Project Funds and thus were controlled by USAID. In June 2011, USAID approved the transfer of UHMG brands to the product facility. This meant that the outstanding payments from customers and the stock available as of that date were given to the product facility. This also meant that any outstanding payments to suppliers of these products were to be paid for by the product facility.

With this development, the product facility plans to increase the profitability of the UHMG brands. There are also efforts to source suppliers for commercial products both locally and internationally. This year we plan to continue to explore opportunities to represent international manufacturers and also to enter into agreements with local suppliers for exclusive distributorship

#### Activity description

- Carry out market surveys to reveal gaps, potentials and opportunities of entry with a brand
- Limit local purchase to only confirmed orders from the customers
- Supplier search to achieve sources of highly reputable and quality products, with the Director of the facility taking visits to suppliers inside and outside of Uganda
- Collect information on logistics and customer demand forecast from both the public and private sector target customers
- Update the current marketing tools used to promote the product facility to reflect the new products that have been introduced
- Create a link on the UHMG web site for orders and enquiries

#### Key outputs

- New products: Restors+Zinkid combination kit, Sprinkles, Nutributter launched
- Increase in the profitability of the product facility
- Operational database of potential suppliers indicating status of negotiations
- Increase in the product range of commercial brands with detailers fully paid for by manufacturers

- Four (4) new Memoranda of Understandings signed between UHMG and the suppliers of pharmaceutical brands

### Linkages

In order to achieve the above, we shall have linkages with other departments. Marketing and Strategic Information departments for the website link; the communications team will help in creating awareness of the products; the programs department will help in identification of the product gaps in their areas of interventions and as well forming a channel through which products can be accessed by consumers.

## ACTIVITY SHEET 2

AREA OF INTERVENTION: PRODUCT FACILITY

Activity Name: <b>Strengthening PF Operations</b>		District: Kampala
Contact: Philip Okello Apira	Start date: October 1, 2011	End date: September 30, 2012

### Intermediate results

1.3 Increased Market sustainability

### Indicators and Targets

PF attains increased operational autonomy

PF Systems and Standard Operating Procedures (SOPs) established and in use

### Background

As part of the transition to sustainability in this year, AFFORD/UHMG plans to register the AFFORD/UHMG regional Wholesale Pharmacy to strengthen the presence and distribution system countrywide. The earlier plan to convert the PF of UHMG into an autonomous legal entity has been reconsidered and a review of the current company incorporation status as "Limited by Guarantee" will be undertaken in consultation with legal experts. Pending review, our target will be to achieve increased operational autonomy of the PF by end of FY12. This will enable the PF to start operating as a profit-making arm of UHMG, able to compete for various businesses like other private sector entities. In the future, surpluses generated by the PF may be able to be reinvested to contribute to social marketing and product-related program activities of UHMG.

### Activity description

- Legal consultation on restructuring strategies for PF as a commercial division of UHMG
- Establishment of increased HRA and Procurement functions within PF
- Cost analysis conducted of MSI (Brand) and Program contributions to PF Sales

### Key outputs

- Clear operational status established
- PF attains increased autonomy

### Linkages

- HR/Admin
- Finance

## ACTIVITY SHEET 3

AREA OF INTERVENTION: PRODUCT FACILITY

Activity Name: <b>Strengthening Management and Financial Systems</b>		District:
Contact: Philip Okello Apira	Start date: October 1, 2011	End date: September 30, 2012
	Partner:	

### Intermediate results

IR 1.2 Increased Institutional Sustainability

1.4 Increased Technical Capacity of UHMG

### Indicators and Targets

1.2.2 Proportion of UHMG relevant staff with demonstrated capacity to manage a program and/or attract new business

1.4.1 Number of UHMG staff trained in financial management and reporting

1.4.2 Number of staff trained in their technical areas

### Background

In the past year, the product facility has operated at a very low level of systems efficiency, both in terms of human resource and software. Due to staff turnover and the new staff orientation, Tally software has been under-utilized, affecting PF finance and inventory management. Personnel have not had comprehensive training in tally and so do not know how to fully utilize tally to ease the processes.

Also we identified the need for strengthening our management system through ISO training and gaining higher standards of managing quality processes in all what we do. We thus plan to engage a consultant firm to train, lead us to the auditing and enable us attain the standard certifications in the year. Once certified, we shall achieve certain high recognition amongst customers and suppliers, as well as other stakeholders.

### Activities

#### Financial management

- Hire a professional PF finance manager to oversee day to day PF financial operations, and to work under the overall supervision of the UHMG Director of Finance and the PF Director
- Training in Tally for the whole PF Team, including concentrated training for new hires
- Develop cost drivers and cost absorption strategies to show growth in capacity
- Deploy a sales daily debt collector

#### Warehouse Management

- Train warehouse staff to improve their skills in stock and warehouse management
- Regularly review SOM for further revision and follow up of implementation
- Consult on business portfolio management
- Consult **TransAid** for training and installation of necessary systems for effective warehousing and logistics management to better enable UHMG to handle third party logistics requests from organizations such as USAID, DELIVER, MOH and others

#### ISO Certification

- Finalize TOR and contract the consulting firm
- Start to process of ISO Certification in the year: Training, Reporting, Auditing, Certification and Follow up

### Working Capital management

- Debt recovery up to 80% within the sales period
- Credit ceiling by aging analysis and control
- Daily banking of cash and cash equivalent
- Selling and invoicing in US Dollars
- Building Dollar bank balance for over sea supplies payment
- Renegotiate supplies payment terms
- Monthly stock counts and variance management

### Other activities

- Identify personnel to be in charge of management reports
- Review the skills and attitudes of staff at the product facility to identify gaps and subsequent gap filling
- Institute a performance management system as in line with the private sector approaches to managing performances
- Put in place a staff structure for the Product facility based on positions, not individuals

### Key outputs

- Tally software designed to meet the reporting needs of the product facility
- A team of professional, proactive members of staff developed
- Sound financial management and reporting (both cash and inventory) regularly disseminated
- Good relationships with customers and suppliers perceived resulting from accurate and timely statements
- Debt management procedures in place
- ISO certification attained
- Warehouse staff trained and oriented to the new challenges
- Sales force empowered to make a difference in their activities and contribute to achieving overall sales objectives

### Linkages

- IT skills from HR/Admin
- Systems audit by internal auditors/external auditors
- Program division

## ACTIVITY SHEET 4

### AREA OF INTERVENTION: UHMG Product Facility

Activity Name: <b>Sales and Distribution</b>		District:	
Contact: Paul Kagumire	Start date: October 1, 2011	End date: September 30, 2012	
Partner: UHMG, CCP			

### Intermediate results

IR 2.1: Expanded and strengthened distribution networks for UHMG promoted products and services

IR 1.1 Increased Financial sustainability of UHMG

IR 1.3 Increased Market Sustainability

IR 2.1: Expanded and strengthened distribution network for UHMG and promoted products

### **Indicators and targets**

1.1.1 (AFFORD PMP): Percentage of UHMG external funding of total budget

1.1.2: UHMG' s estimated tangible net worth

1.1.3: Cost leveraging for UHMG's operating expenses

1.3.1: Gross profitability ratio (AFFORD II)

1.3.2: Net profit Margin (AFFORD II)

- Sales value achieved in the year – 10 Billion Uganda Shillings.
- Percentage of revenue from commercially marketed products

1.3.3: Stock turnover ratio (AFFORD II)

1.3.4: Debtor turnover ratio (AFFORD II)

1.3.6: Number of new commercial product suppliers engaged by UHMG (AFFORD II)

2.1.1 Percentage of target retail outlets carrying UHMG products from 50% to 70%

2.1.4 Mean self efficacy score based on perception of easiness to obtain and use UHMG-promoted products

2.1.5 Percentage of target population who find at least 3 UHMG promoted products easy to obtain

### **Background**

The current distribution system is an open system with no contracted distributors. In the last financial year, sales orders were solicited from wholesalers in the respective regions countrywide and executed from the warehouse in Kampala. This included transporting products from the warehouse by our own means and outsourced means. Isolated orders, especially upcountry orders, faced challenges in both timeliness of delivery, and the cost effectiveness of delivering small quantities.

There are 7 (seven) field sales field staff, that is 4 (four) regional sales representatives and 3 commission sales agents based in Kampala. This headcount reflects good coverage however; there have been registered low efficiencies in almost all the regions. With the exception of 1 (one) regional sales representative, the rest carry out sales activities without mobility further reducing their efficiency in the field.

With the increasing product range, sales personnel are expected to focus on detailing and relationship selling among wholesalers, hospitals NGO's to mention but a few. Selling among institutions especially NGO's has not been a major focus and yet has tremendous potential in terms of sales contribution. This too, reveals a gap in our reach in all sectors and a deficiency in serving certain niche markets.

FY12 activities will address the challenges above.

### **Activities**

Re-organize the current sales structure to include the position of a key account manager who will focus on relationship selling among Institutions like NGO's, Corporate among others.

- In view of the increasing product range, there is need to review the current sales skills mix to identify gaps. Gap filling could be solved by training, hiring/hiring, or re-deployment.
- Operationalize the regional wholesale pharmacies in Arua and Mbale to increase distribution reach

- Identify credible wholesalers/distributors that are financially sound and have the ability to sell large volumes of products.
- Strengthen channel relationship by explicit performance recognition, awards, and networking activities with the distributors during the year
- Market survey for outlet audits and gaps identification in market share and reach for commercial division
- Vehicles purchased for regional field staff, per UHMG budget, facilitating field work

**Key outputs**

- 70% of targeted outlets stocking products distributed by Commercial Division
- Annual Sales target of 10.0 Billion UGX achieved
- 12 “Good Distribution” certificates awarded to distributors in the 12 months

**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 SHEET 5**

AREA OF INTERVENTION: PRODUCT FACILITY

Activity Name: <b>Supply chain management</b>		District: All
Contact: Rachel Apio	Start date: October 1, 2011	End date: September 30, 2012
	Partner: USAID/SO8, MSI dpt.	

**Intermediate results**

IR 2.2: Increased Availability and use of AFFORD/UHMG and promoted products and services

**Indicators and targets**

- 2.2.14 Volume of socially marketed contraceptives
- 2.2.15: No of ACT doses Procured
- 2.2.16: No of ACT doses sold (PMI)

**Background**

The product facility stocks three categories of products: Donated products from USAID, UHMG brands, and commercial products. Donated products come in as generic, UHMG then procure packaging materials and direct labor in order to brand them. The condoms are branded as Protector, pills as Pilplan Plus, and Injectables as Injectaplan. UHMG also purchases packaging material and direct labor in order to package Aquasafe, one of its brands. The rest of the products, including commercial products are procured as finished products.

**Strategy**

In order to maintain reasonable stock levels at all times, we shall follow a procurement plan developed basing on past performance, this year’s performance, next year’s forecasts, and

lead time. For UHMG brands and commercial products, we use a just in time system, whereas for the donated products we use a two year rolling forecast.

### **Summary of Activities**

- Prepare a dynamic procurement plan for all products
- Monitor the performance of the procurement plan on a weekly basis by updating it with actual consumption figures and goods received
- Prepare the contraceptive procurement tables for donated products for submission to USAID
- Procure packaging materials and instruction inserts
- Contract the pharmaceutical company to do secondary packaging

### **Key outputs**

- Absence of stock outs due to negligence
- Good relationships with suppliers resulting from sharing with them the procurement plan in advance and making prompt payment
- Agreements with key suppliers in place

### **Linkages**

- Accurate consumption data from the finance team
- Accurate stock status reports from the warehouse team

## **ANNEXURE B: PROGRAM DIVISION ACTIVITY SHEETS**

## ACTIVITY AREA: Malaria Prevention & Treatment

### ACTIVITY SHEET 1:

Area of Intervention: Malaria Prevention & Treatment

<b>Activity name: Improved Malaria case management through GLCs and GLSs</b>		Districts: Katakwi, Kumi, Ngora, Pallisa, Serere, Soroti, Kaberamaido, Apac, Lira, Amolatar, Dokolo
<b>Result Number: 1</b>		
Contact: Ann Kusiima Otedor	Start Date: October 1, 2011	End Date: September 30, 2012

#### Intermediate Results

IR 3.2 Health seeking behavior/practices improved.

IR 3.3 Improved quality of health services.

#### Background

Malaria accounts for 25 – 40% of all outpatient attendances, 20% of all admissions and 9 – 14% of all in-patient deaths. Because of the impact Malaria has on morbidity and mortality in Uganda, effective malaria treatment is a top priority. Early diagnosis and prompt treatment of malaria cases are important to effective malaria case management. Most patients with suspected malaria seek treatment from the private health sector (67%); private clinics and drug shops. The private sector role in malaria case management plays a critical role in overall malaria control services. Quality services delivery by through the private sector is expected to make an enormous contribution to malaria control and eventual elimination effort

UHMG's experience drawn from over 4 years of working with private health providers indicates that they are critical allies in health care delivery. However this weak infrastructure, networks coupled with working in a fragmented manner. Using the Clinical Audit strategy, UHMG will work with selected facilities to build the capacity of health workers in Malaria case management focusing on ACTs and RDTs.

#### Activity Description

- Identify 10 drug shops in each of the 5 newly selected PMI focus districts to serve as GL shops
- Identify and select 5 private clinics in each of the 5 newly selected PMI focus districts to serve as GL clinics.
- Identify, select and support one private clinic as a learning center in each of the 5 newly selected PMI focus districts to serve as GLCs
- Train 10 master trainers on support supervision and case management including diagnostics in the additional 5 districts.
- Train 250 private health providers in effective malaria case management through established training centers.
- Support 11 district task forces to provide quarterly support supervision and monitor malaria case management in the private sector.

- Promote high quality and affordable/subsidized commodities distribution for malaria case management in the private sector. E.g. ACTs and RDTs, working in collaboration with UHMG product facility.
- Reproduce and disseminate job aides to GLCs and GLSs on malaria case management in the five new districts and address gaps in the old six districts.

### **Key Outputs Indicators**

- A report outlining training gaps of private health providers in Malaria case management
- 10 drug shops in each of the 5 newly selected PMI focus districts to serve as GL shops
- 2 private clinics selected in each of the 5 newly selected PMI focus districts to serve as GLCs
- 5 private clinics supported to serve as learning centers in the 5 newly selected PMI focus districts to serve as GL shops
- 10 master trainers trained on support supervision, Malaria in Pregnancy and case management
- 250 private health providers trained in effective malaria case management through established training centers.
- Report on GLSs reporting improved dispensing habits
- 11 district task forces supported to provide quarterly support supervision and monitor malaria case management in the private sector.
- High quality and affordable commodities for malaria case management in the private sector e.g. ACTs and RDTs promoted in GLCs and GLSs.
- 1,000 job aides distributed to GLSs and GLCs

### **Outcome Indicators and Targets**

- 3.3.2: No of Health workers trained in use of RDTs. Target - 250
- 3.3.1: Number of private health providers trained in new antimalarial drug policy. Target 250
- 3.3.5: No of service providers trained by the master trainers. Target 10.
- 3.3.6: Percentage of USAID-supported private sector health facilities that demonstrate improved performance following supervisory visits in the reporting period. Target 30%
- Number and proportion of suspected malaria patients receiving recommended malaria treatment in private health outlets. Target 350,000
- Number and proportion of suspected malaria patients receiving a malaria blood test in private health facilities. Target 250,000
- Number and proportion of confirmed malaria patients after lab tests receiving recommended malaria treatment in private health facilities. Target – 150,000

### **Linkages**

The training will be integrated with UHMG's other program intervention areas of HIV/AIDs, Maternal and Child Health. The product facility will also provide products to the private health facilities under the program.

### **Partners Involved**

UPMPA and NDA

## ACTIVITY SHEET 2:

### Area of Intervention: Malaria Prevention & Treatment

<b>Activity name: Improved prevention and treatment in Malaria in Pregnancy (MiP) private health sector</b>		Districts: Katakwi, Kumi, Ngora, Pallisa, Serere, Soroti, Kaberamaido, Apac, Lira, Amolatar, Dokolo
<b>Result Number: 1</b>		
Contact: Ann Kusiima Otedor	Start Date: October 1, 2011	End Date: September 30, 2012

### Intermediate Results

IR 3.3 Improved quality of health services.

### Background

Malaria in pregnancy continues to be a serious health risk for pregnant women in Uganda and is associated with increased risk for maternal anemia and perinatal mortality. The three key components of the Malaria in pregnancy control strategy are: intermittent preventive treatment (IPT), early diagnosis and prompt case management, and consistent insecticide treated net use for expectant mothers before, during, and after pregnancy.

UHMG will aim build capacity for MiP services, including IPTp. The training indicated for treatment will also be done for IPTp. The training will include guidelines on stocking and provision of SP; reviewing ITN use and care issues; understanding IPTp protocols and timing; promoting early ante-natal care; and counseling pregnant women and their partners on the importance of malaria prevention with ITNs and preventive therapy. UHMG will adapt and distribute job aids and informational materials on malaria prevention during pregnancy as well. Using UHMG's strong capacity in social marketing health products and services, UHMG will brand and promote a minimum package for IPTp which includes SP, safe water using Aqua Safe, LLINs, cups, de-worming tablets, iron and folic acid supplements.

### Activity Description

- Facilitate training of 250 private health providers at learning centers on MiP
- Provide pregnant women with malaria prevention services at good life clinics.
- Form mothers' clubs to promote MiP and early attendance of ANC.
- Design and sell a subsidized package for MiP (containing subsidized SP, safe water using Aqua Safe, LLINs, Clean water storage vessels, water dispensing cups, de-worming tablets, iron and folic acid supplements to be distributed through the private health sector).

### Indicators and Targets

#### Outcome Indicators

- Number of new ANC attendances. Target-40,000
- Number of IPT1. Target – 30,000
- Number of IPT2. Target – 20,000
- Proportion of IPT2 coverage. Target -50%

### Output Indicators

- 3.3.3: No of Health workers trained in provision of IPTp (PMI)- Target 250
- 3.3.6: Percentage of USAID-supported private sector health facilities that demonstrate improved performance following supervisory visits in the reporting. Target – 30%
- Number of support supervision visits conducted for MiP services and data collection. Target – 4 quarterly support supervision visits to all supported health facilities for MiP services.
- Distribution of Integrated registers in health facilities with MiP services Target – 200

### Linkages

Maternal and Child Health program will train health workers on safe motherhood and Child survival and also promote UHMG Family planning and Child health products through the targeted health facilities.

### Partners Involved

Uganda Private Midwives Association (UPMA)

Uganda Private Medical Practitioners Association (UPMPA)

## ACTIVITY SHEET 3:

Area of Intervention: Malaria Prevention & Treatment

<b>Activity name: Community Dialogue Meetings &amp; Home visits</b>		Districts: Katakwi, Kumi, Ngora, Serere, Soroti, Apac, Pallisa, Kaberamaido, Lira, Amolatar, Dokolo
<b>Result Number: 1</b>		
Contact: Ann Kusiima Otedor	Start Date: October 1, 2011	End Date: September 30, 2012

### Intermediate Results

IR 3.1 Increased knowledge and healthy behavior

IR 3.2 Health seeking behavior/practices improved.

### Background

Malaria accounts for 25 – 40% of all outpatient attendances, 20% of all admissions and 9 – 14% of all in-patient deaths (National Malaria Control Program Strategic Plan 2005/6 2009/10). Because of the impact Malaria has on morbidity and mortality in Uganda, effective malaria treatment is a top priority. Early diagnosis and prompt treatment of malaria cases are important to effective malaria case management. UHMG recognizes BCC and community dialogue meetings as one of the ways of increasing access to and use of health products and services. This will be done by engaging community members in discussions on how best to prevent and manage malaria. These forums are meant to guide the community in coming up with practical solutions to their own problems. The model will be replicated in the new districts

### Activity Description

- Together with the district health officers, UHMG will identify the sub counties in which to conduct community dialogue meetings.

- Conduct Training of Trainers – Health Assistants and Health Educators from the identified sub counties.
- Training of VHTs on how to conduct the community dialogue meetings.
- VHTs conduct Community Dialogue meetings of 25 – 40 people in their villages.
- Data collection.
- After holding community dialogue meetings, VHTs will visit selected homes to assess their health behaviors.
- Based on the above assessment, VHTs will provide onsite advice and support.

**Indicators and Targets**

- 2.2.7: Percentage of children under 5 with fever / malaria receiving recommended treatment according to national guidelines within 24 hours of onset of fever
- Number of people reached through Community dialogue meetings. Target 88,000
- Number of VHTs trained to carry out community dialogue meetings. Target 12,000

**Linkages**

All the UHMG program areas will be integrated in the Community Dialogue Meetings: HIV, Malaria and Maternal and Child Health.

**Partners Involved**

Stop Malaria Project, as an implementing partner of national malaria control program (NMCP) and a sister organization with close collaboration in malaria in pregnancy services – distribution of LLITN through ANC outlets in the public sector in 8 districts. There will be close collaboration in planning and implementation of activities allocated to UHMG by SMP through LLITN sub award to UHMG.

**ACTIVITY SHEET 4:**

**Area of Intervention: Strengthen Drug shops Dispensing Practices for Malaria Treatment and Other Conditions Appropriate to this level of Care.**

<b>Activity name: Support to Drug Shop Associations</b>		Districts: Kaberamaido, Pallisa, Kaberamaido, Lira, Amolatar, Dokolo
<b>Result Number: 1</b>		
Contact: Ann Kusiima Otedor	Start Date: October 1, 2011	End Date: September 30, 2012

**Intermediate Results**

- IR 2.1 Expanded and strengthened distribution networks for AFFORD/UHMG promoted products and services.
- IR 2.2 Increased availability of AFFORD II/UHMG promoted products and services.

**Background**

UHMG is supporting selected drug shops to create district based associations; the purpose of creating these associations is to improve their dispensing habits, access to quality medicines, and pharmaceutical services in retail drug outlets in rural or peri-urban areas where there are few or no registered pharmacies. UHMG will train drug shop owners and dispensing staff, and mobilize clients to demand for quality services and products.

### Activity Description

UHMG will work with the district health officers, and National Drug Authority to:

- Strengthen coordination and support establishment of district coordination offices.
- Develop business skills and supervising Good Life shop owners.
- Change behavior of dispensing staff through training, education, and supervision.
- Improve capacity of Good Life shop owners to procure quality medicines by providing commercial incentives (e.g. credit line from our whole sale facility).
- Improve awareness of customers regarding quality and the importance of treatment compliance through social marketing and public education.
- Improve legal access to a limited list of basic, high-quality prescription and nonprescription essential medicines.
- Improve regulation and inspection and improving local regulatory capacity and accrediting drug shops that consistently meet the required standards.

### Key Outputs

Mobilized national networks to enhance capacities of district based private sector providers in drug dispensing, compliance to regulation and proper treatment of common ailments like Malaria, diarrhea and others.

### Indicators and Targets

- Number of district drug shop associations formed and supported to become legal entities. Target -5

### Linkages

Activities of these networked will be linked to other UHMG program areas such as HIV/AIDs and Maternal and Child health.

### Partners Involved

MOH, NDA, UNMA and UPMPA

## ACTIVITY SHEET 5:

Area of Intervention: Malaria Prevention & Treatment

<b>Activity name: Participation in the World Malaria Day Activities</b>		Districts: Apac
<b>Result Number: 1</b>		
Contact: Ann Kusiima Otedor	Start Date: October 1, 2011	End Date: April 25, 2012

### Background

25<sup>th</sup> April is a day to commemorate global efforts to control malaria. World Malaria Day was instituted by the World Health Assembly at its 60th session in May 2007. As an implementing partner, UHMG always takes part in the Ministry of Health planned activities through show casing its achievements in malaria control.

### Activity Description

- Conduct free malaria testing through the Good Life Clinics using RDTs

- Provide free ACTs for patients with positive tests for malaria
- Provide free SP and safe drinking water for IPTp at the Good Life Clinics.
- Conduct promotion programs for Good Life products and services.
- Facilitate VHTs to conduct community dialogue meetings and home visits.
- Facilitate master trainers to conduct clinical audits in selected health facilities.

### Key Output Indicators & Targets

- 5000 people reached with malaria control messages through community dialogue meetings.
- 500 children under five with fever/Malaria receiving recommended treatment according to national guidelines within 24 hours of onset of fever.
- Number of districts commemorating world malaria day events. Target – 5.

### Linkages

The product facility will provide products to the private health facilities under the program.

### Partners Involved

MoH, Good Life Clinics and Shops, Village Health Teams and UHMG Master Trainers

## ACTIVITY SHEET 6:

Area of Intervention: Malaria Prevention & Treatment

<b>Activity name: Malaria Communication Campaign</b>		Districts: Katakwi, Kumi, Ngora, Serere, Soroti, Apac, Kaberamaido, Pallisa, Kaberamaido, Lira, Amolatar, Dokolo
<b>Result Number: 1</b>		
Contact: Daudi Ochieng	Start Date: October 1, 2011	End Date: September 30, 2012

### Strategic Objectives

Increased access and availability of quality products, services and appropriate health behaviors

Percentage of target audience reporting the use of at least one AFFORD II/UHMG promoted products

### Intermediate Results

IR 3.1 Increased knowledge and healthy behavior

IR 3.2 Health seeking behavior/practices improved.

### Background

In year I, UHMG used baseline findings to develop a behavior change communication strategy focusing on community participation and enabling the environment to address specific factors to adopting the behaviors. The strategy is two pronged, focusing on the client and the private provider and aims at empowering communities to take prompt action and to ask for the right treatment. In year II, UHMG will continue with the strategy through BCC activities that include correct information on malaria treatment and proper prescription

of IPTp, ACTs and good client care among others, thus increasing demand and utilization of these services by the community.

### **Activity Description**

1. Conduct Radio talk shows
2. Conduct radio spots on the importance of diagnosis before treatment
3. Carry out dipstick assessments of the Malaria Campaign strategy

### **Key Outputs Indicators and Targets**

- 30 Radio talk shows conducted; 400 radio spots conducted
- 1500 Posters and stickers
- Percentage of target audience reporting to have practiced at least one of the AFFORD II promoted health behaviors
- Percentage of the communities who are aware of malaria prevention services and are utilizing them.
- Percentage of clients at private health outlets aware of the importance of malaria diagnosis before initiation of treatment

### **Partners Involved**

Scanad Advertising, Stop Malaria Project

## ACTIVITY AREA: Maternal and Child Health (MCH)/Family Planning (FP)

### ACTIVITY SHEET 1:

Area of Intervention: Maternal and Child Health/Family Planning

<b>Activity name: Capacity building of Good Life clinics to provide quality and integrated MCH services</b> <b>Result Number: 3</b>		Districts: Apac, Arua, Ibanda, Isingiro, Jinja, Kabale, Kabarole, Kampala, Lira, Maracha, Masaka, Mbale, Mukono, Soroti, Nebbi, Wakiso
Contact: William Nnyombi & Sylvia Turyamuhebwa	Start Date: October 1, 2011	End Date: September 30, 2012

#### Intermediate Results

- 3.2 Health seeking behavior improved
- 3.3. Improved quality of health services

#### Indicators

- No. of health workers trained in maternal and child health
- Number of clients receiving ANC services from the GLCs
- No. of service providers trained in child health and correctly utilizing training
- No. of service providers trained in family planning and correctly utilizing training
- Proportion of health workers providing MCH and FP services, according to provided guidelines
- Proportion of health facilities that are in compliance to family planning provisions for adequate information dissemination and freedom of choice of family planning methods.
- Proportion of clients expressing satisfaction with provided services through exit interviews.
- No. of cooking classes conducted
- No. of Good life clinics supported with MCH data collection tools and job aids

#### Background

Capacity building of service providers is essential to ensure the provision of quality MCH services. Over the years, UHMG has conducted capacity building exercises to private health providers in a disintegrated manner, with emphasis on antenatal care-IPTp, essential of family planning and diarrhea management in under fives. In year 2011/2012, capacity building of service providers will be integrated to include all maternal and child health interventions.

#### Activity Description

#### Objective

To build the capacity of service providers to competently offer maternal, child health and family planning services

## **Strategy**

UHMG will conduct regional trainings of service providers from 50 Good life clinics that offer a comprehensive package of MCH services including antenatal, maternity, postnatal, immunization, IMCI and malnutrition management. The trainings will be made up of two parts i.e. the theory and practical parts, and each one will last for one week. In addition, biannual continuous medical sessions will be carried out in each good life clinic to give refresher trainings to service providers. Data management will be emphasized in all the trainings. In addition, UHMG will facilitate the each of the 50 Good life clinics to conduct cooking classes at the facilities targeting mothers/caretakers of under fives during antenatal clinics as well as Young Child Clinic (YCC) days.

## **Specific activities**

- Identify and assess 50 GLC's readiness for comprehensive MCH service provision.
- Conduct trainings of 100 service providers from the 50 clinics in comprehensive MCH services and data management. On the other hand, we will regionally train another set of 500 private providers on the basic Family planning and 500 trained on child health interventions.
- Produce and distribute IEC materials and provider Job aids to 500 providers and 200 Good Life clinics
- Work with the Good life clinics to conduct cooking classes targeting pregnant, lactating and caretakers of children under five
- Procure and distribute basic MCH supplies (MUAC tapes, Weighing scales, Blood pressure machines, bulb syringes and Delivery gloves), and other materials needed to conduct cooking classes
- Conduct biannual Continuous Medical Education sessions with the 50 Good Life clinics
- Procure and distribute data collection tools to the GLCs i.e. ANC, Maternity, FP, OPD)
- Supply the Good Life clinics with UHMG promoted products and conduct stock out monitoring (using our SMS platform and physical stock audit through stock out monitoring tools).

## **Key Outputs**

- 100 service providers trained in maternal health interventions, 500 providers trained in Family planning and 500 providers trained in Child health interventions.
- 50 health workers trained on long-term family planning methods.
- 50 GLCs provided with data collection tools including ANC, Maternity, Family Planning and OPD registers
- 100 Continuous Medical Education sessions conducted in 50 Good Life clinics
- 150 Good Life clinics provided with OPD and family planning registers
- Provider Job aids distributed to the 200 Good Life clinics
- UHMG promoted products distributed to the 200 Good Life clinics
- 600 cooking classes conducted in a year

## **Linkages**

With will have internal linkages with HIV/AIDS and Malaria programs to train on integration of Family planning into HIV/AIDS interventions, PMTCT, Malaria in Pregnancy. Externally, we will work with Ministry of Health and the district health team to undertake trainings, support supervision and data collection from the facilities. With will work with Health Communication Partnerships to develop IEC materials and provider Job Aids.

## ACTIVITY SHEET 2:

### Area of Intervention: Maternal and Child Health/Family Planning

<b>Activity name: Integrated community outreach</b>		Districts: Apac, Arua, Ibanda, Isingiro, Jinja, Kabale, Kabarole, Kampala, Lira, Maracha, Masaka, Mbale, Mukono, Soroti, Nebbi, Wakiso	
<b>Result Number: 3</b>			
Contact: Sylvia Turyamuhebwa & Nnyombi William	Start Date: October 1, 2011	End Date: September 30, 2012	

### Strategic Objective

- Increased access and availability of quality products, services and appropriate health behavior
- Percentage of target audience reporting to have practiced at least one of the AFFORD II promoted health behaviors

### Intermediate Results

2.1: Expanded and Strengthened distribution networks for AFFORD promoted products and services

2.2: Increased availability of AFFORD II/UHMG promoted products & services

### Indicators

- 2.2.5: Percentage of women in reproductive age using pills, injectables, condoms
- 2.2.6: Percentage of women in reproductive age using PilplanPlus, injectaplan, protector, "O", Softsure or Moonbeads
- Number of community members reached with MCH messages (nutrition, pregnancy care, Family planning, child care)
- Number of clients started on modern family planning methods
- Number of childhood illnesses (malaria, Pneumonia and diarrhea) treated
- Number of children under five assessed for malnutrition
- Number of pregnant mothers given antenatal services

### Background

Over the last years, health service access in rural areas more especially hard to reach areas has been minimal. Many service outlets are located in the urban and peri urban areas living a considerable gap in services access in the rural. Unfortunately it's the rural locations that are doing poorly on most of the health indicators, hence a need to extend health services to these locations.

### Activity Description

#### Objective

To increase access to a range of preventive and curative health services to hard -to- reach communities

## Strategy

UHMG will work with 50 Good Life clinics to conduct integrated community outreaches targeting hard to reach areas. In each quarter, UHMG will support each participating Good Life clinic to conduct one integrated community outreach. We will seek partnerships with private corporate companies who have interest in conducting corporate social responsibility in line of health service provision to co-fund the outreach activities.

## Specific activities

- Identify and contact corporate companies for sponsorship of the community outreaches
- Work with the district health team and the Good Life clinic to identify and select the outreach sites
- Orient service providers in the Good Life clinics on services to be offered in the outreach.
- Mobilize the communities for the outreach.
- Procurement of drugs and supplies to be used during the outreaches  
Work with the GoodLife clinics medical personnel to offer/conduct MCH services to the communities

## Key outputs

- 4 Integrated community outreaches conducted by each of the participating Good life clinic.
- 40,000 community members reached with MCH services and messages
- UHMG non ethical child health and Malaria prevention products sold (Aquasafe and LLINs)

## Linkages/partners

MCH program will work with HIV/AIDS and Malaria program to conduct HCT service and promotion of LLINs. We will work with private pharmaceutical companies and other private sector players for funding of the outreaches. Collaboration with the district health team will help in the mobilization exercise of the communities.

## ACTIVITY SHEET 3:

### Area of Intervention: Maternal and Child Health/Family Planning

<b>Activity name:</b> Community sensitization on MCH interventions <b>Result Number: 3</b>		Districts: Model village districts (Mbale, Mukono, Soroti, Apac, Lira, Arua)
Contact: William Nnyombi	Start Date: October 1, 2011	End Date: September 30, 2012

## Intermediate Results

- 3.1 Increased knowledge and healthy behaviors
- 3.2 Health seeking behavior improved

## Indicators

- 3.1.8 Number of VHT/Community Resource persons trained to sensitize the community members on maternal and child health issues
- Number of clients receiving ANC services from the GLCs

- Number of households reached with maternal, Child health and family planning communication messages
- Number of women/men/caretakers reached with maternal, Child health and family planning communication messages
- Number of community groups formed for sensitization (Mothers' clubs, Couple groups, Youth groups, and HIV groups)
- Number of community outlets supported to sell UHMG MCH products

## **Background**

Over years, the implementation of integrated MCH interventions was concentrated mostly at the health facility level with ad hoc engagement of the community interventions in line with family planning interventions and diarrhea management on the child health angle. In 2010/2011, UHMG scaled up its MCH interventions at the community level through the model village approach. However this has been at small scale. In 2011/2012, emphasis will be on consolidating and expanding community interventions to cover other geographical locations.

## **Activity Description**

### **Objective**

1. To improve appropriate and timely health care seeking behavior for maternal and child health services at community level.
2. To increase knowledge, access and correct utilisation of appropriate maternal, child and reproductive health products

### **Strategy**

UMHG will strengthen its community networks of VTHs (Community owned resource persons) beyond the current 4-model village to continue mobilizing and sensitizing the communities/households to seek for MCH services. The process will be supported by the behavioral change communication that will include Interpersonal communication during home visits and mass media support through tailored interactive radio program talk shows on community radio stations. The community interventions are currently in two districts i.e. Mukono and Mbale and these will be scaled up to the four new districts (Soroti, Lira, Apac, Arua).

### **Specific activities**

In Mbale and Mukono, we will undertake the following activities:

1. Work with the Community owned resource persons to conduct community sensitization through community organized groups (mothers' clubs, couple groups, Youth clubs)
2. Conduct home visits to ascertain level of implementation and provide necessary support to mentor and motivate implementation.
3. Run a Maternal and child health oriented radio program on community radio stations within the catchment areas of the model villages
4. Establish and support community outlets both ethical and ethical to stock and distribute UHMG promoted MCH products
5. Conduct community promotions through edutainment (use drama series) to enforce adoption of desired health practices.
6. Conduct quarterly review meeting to assess progress and review the Household point awarding system so as to select the winners of the quarter.

### **Initial activities in the new model village locations**

- Mapping the targeted Sub-counties and their respective parishes and villages to be covered by the model village
- Work with the district Health Office and religious leaders to identify CRPs in the model Village Geographical areas (sub county)
- Work with the participating Good Life Clinics to organise training of the CRPs on Maternal and Child Health interventions

*N.B. at this time, activities 1-6 above will proceed.*

### Key outputs

- 100 community owned resource persons recruited and trained on MCH interventions
- 30,000 community members reached with MCH services and messages
- Home visits carried out
- 90 privately owned community outlets promoted in their respective communities to handle UHMG promoted MCH products. Outlets will be merchandised with brand specific Point of sale materials.

### Linkages/partners

We will work with the district to conduct support supervision at the household level. On the other hand, we will identify and collaborate with other implementing partners in the targeted sub counties to enforce community interventions.

## ACTIVITY SHEET 4:

### Area of Intervention: MATERNAL AND CHILD HEALTH/FAMILY PLANNING

<b>Activity name: Support supervision</b>		Districts: Apac, Arua, Ibanda, Isingiro, Jinja, Kabale, Kabarole, Kampala, Lira, Maracha, Masaka, Mbale, Mukono, Soroti, Nebbi, Wakiso	
<b>Result Number: 3</b>			
Contact:	Sylvia Turyamuhebwa	Start Date:	October 1, 2011
		End Date:	September 30, 2012

### Intermediate Results

#### 3.3. Improved quality of health services

#### Indicators

- 3.3.6. Percentage of USAID supported private sector health facilities that demonstrate improved performance following supervisory visits in the reporting period
- No. Of Good life clinics offering MCH services supervised-50
- Percentage of USAID-supported private sector health facilities that demonstrate improved performance following supervisory visits in the reporting period- 30%
- No. Of service providers mentored on MCH interventions

### Background

Support supervision is an important management function that helps to monitor the performance of staff. Last program year, supervision of the Good life clinics was minimal. This year, UHMG intends to conduct quarterly supervision visits in collaboration with

Ministry of health and the District health teams to follow up on level of implementation of acquired knowledge, assess performance, assess any gaps in the system and provide on job mentoring.

### Activity Description

#### Strategy

UHMG will carry out support supervision to the Good life clinics to support the integration of MCH services. Every quarter, each Good life clinic will be visited to assess performance and provide necessary practical support in technical areas.

#### Key Outputs

- 4 quarterly supervision visits carried out in each of the 50 Good life clinics

#### Linkages

- HIV/AIDS and malaria department, PF and Brands
- Ministry of Health, and district health teams for support supervision and data collection

## ACTIVITY SHEET 5:

### Area of Intervention: Maternal and Child Health/Family Planning

<b>Activity name: Family planning advocacy campaign</b>		Districts: Countrywide
<b>Result Number: 3</b>		
Contact: William Nnyombi & Daudi Ochieng	Start Date: October 1, 2011	End Date: September 30, 2012

#### Intermediate Results

IR 2.2: Increased availability of AFFORD II/UHMG promoted products & services.

IR 3.2 Health seeking behavior/practices improved.

#### Indicators

- Percentage of target audience reporting to have practices at least one of the AFFORD II promoted behaviors
- Number of youth recruited and trained to serve as family planning activists.
- No. of community members who are aware of the importance of having small manageable families

#### Background

This is a major advocacy campaign – almost an activist campaign. The objective is to convince and recruit young men and women to become activists of small manage family size and to live a good life in this context means that they have the “right” to have small families; or be a member of a small family. By having or being a member of a small family, they will be able to have a good education, can go on to be trained for better jobs, have more money for food on the table, will be able to ensure the quality of life for their children, will see a better and stronger Uganda.

**Activity Description**

- 1) Recruit young adults to advocate for small families
- 2) Develop training module and kit
- 3) Train TOT
- 4) Social media activation

**Key Outputs**

- Increased number of people reached with messages on the importance of having small manageable families
- Increased number of people using modern family planning methods

**Linkages/Partners**

Communications department of the Ministry of Health

# ACTIVITY AREA: HIV/AIDS

## ACTIVITY SHEET 1

Area of Intervention: HIV/AIDS Prevention

<b>Activity name: Strengthen HCT services in private clinics</b>		Districts: AFFORD Priority districts
<b>Result Number: 1</b>		
Contact: Dr. Julian Atim HIV/AIDS Program Manager	Start Date: October 1, 2011	End Date: September 30, 2012
		Partners: Ministry of Health, GL clinics, AIDSTAR 1 and Healthcare Improvement Project

### Intermediate Results

IR 2.1: Expanded and strengthened distribution networks for AFFORD/UHMG promoted products & services

2.2: Increases availability of AFFORD II/UHMG promoted products & services

### Indicators

2.2.2: Number of individuals who received counselling and testing for HIV and received their test results

- Number of Health facilities providing HCT services – static sites.

Over the last four years, UHMG has been supporting private health facilities to provide HCT services. The number of facilities has grown over time and currently UHMG is supporting 174 private clinics Good Life Clinics to provide HCT services countrywide. This year, UHMG will strengthen the provision of HCT services in the Good Life clinics through increased technical support supervision, provision of commodities and inventory management. Through increased support supervision facilities that will not show progress towards improving their services will be dropped.

UHMG will also work with community based initiatives like the post test clubs “Good Life clubs”, MARPs organizations, couple support clubs and youth clubs to create demand for HCT services in the community. As a way to increase access and utilization of HCT services the Good life clinics will carry out community based HCT through outreaches especially in settings considered hard to reach and have limited access to HCT services. Couple HCT will be emphasized as it has been seen to reduce new infections in discordant couples (Gray R. et al). UHMG will focus on risk reduction behavior among discordant behavior both within their marriages and outside their marriages.

### Activity Description

- Training counsellors in couple HCT and counselling of a discordant relationships
- Establish 5 additional post test clubs
- Procure and distribute test kits and laboratory consumables
- Support GLCs to carry out outreaches for hard to reach communities
- Provide data collection tools to the GL clinics.
- Support supervision to GLCs
- Procure and distribute safety boxes

### Target

- 125,000 individuals receiving HCT and test results
- 184 GLCs providing HCT services

### Key Outputs

- 5 post-test clubs established
- 184 clinics providing HCT services
- HCT Test kits procured and distributed to 184 GLCs not reporting stock outs
- 100 counsellors trained on HCT couple counselling – focus on discordance.
- 20 GLC supported to conduct outreaches on a quarterly basis.
- 4 quarterly support supervisions conducted

### Linkages

- Link to the Good Life platform/communication and marketing on procurement of test kits and distribution of products to trained clinics.

## ACTIVITY SHEET 2:

### Area of Intervention: HIV/AIDS – Injection safety and waste disposal

<b>Activity name: Injection Safety and waste disposal in the Good life clinics</b>		Districts: AFFORD districts
<b>Result Number: 2</b>		
Contact: Dr. Julian Atim HIV/AIDS Program Manager	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: Ministry of Health, AIDSTAR 1		

### Intermediate Results

3.3: Improved quality of health services

### Indicators

3.3.6: Percentage of USAID supported private sector health facilities that demonstrate improved performance following supervisory visits in the reporting period

### Targets

184 GL clinics with / linked to a final site for health care waste disposal

### Background

As a result of the introduction of HCT services, the Good Life clinics generate a lot of hazardous waste. Such waste can be a source of infection to service providers and clients if not well managed. In the past four years, UHMG built the capacity of the clinics to manage the waste the clinics generated from the HCT services, through training their staff and providing the clinics with color coded bins for segregation of waste, healthcare waste management procedures and on a quarterly basis provided safety boxes for sharps.

In addition to capacity building carried out in previous years, UHMG will strengthen support supervision to help Good Life clinics to adhere to national health care wastage management guidelines, provide necessary commodities and ensure that each facility has access final waste disposal sites.

### Activity Description

- Support supervision of the Good Life clinics.
- Procure and distribute safety boxes

- Procure and distribute colour coded waste bins
- Create networking and collaboration between Good Life Network clinics to hospital with incinerators for final disposal of waste.
- Train Good Life clinic staff in healthcare waste management (from the selected additional clinics).

### Linkages

- AIDSTAROne, Ministry of Health, and District hospitals/sub district hospitals.

### Key Outputs

- Quarterly support supervision visits conducted with district based health care waste management focal persons.
- GL clinics collaborating with hospitals with incinerators on waste disposal/having a final waste disposal facility.
- 100 service providers trained in healthcare waste management and supplied with waste bins.

## ACTIVITY SHEET 3:

### Area of Intervention: HIV/AIDS Prevention

<b>Activity name: Sexual and Other behavioural risk Prevention – Truckers</b>		Districts: To be determined
<b>Result Number: 3</b>		
Contact: W. Musolo HIV/AIDS Program Officer	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: CBO/NGOs working with truckers		

### Intermediate Results

IR 3.1: Increased comprehensive knowledge and health behaviours that increase HIV risk transmission perception and adopt HIV transmission risk reduction behaviours (partner reduction, appropriate and consistent use of condoms, uptake of MMC services, HCT services and STI management).

### Indicators

3.1.5: Number of MARP reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required

### Background

Truckers are among the mobile populations in Uganda. Due to nature of their work, truckers are always on the move and are “separated” from their spouses and establish relationships with other partners while in transit. This puts their lives at the risk of catching HIV. In fact the IOM study (2009) *A Response analysis of HIV/AIDS programming along Transport Corridors in Uganda* places truckers among the most at risk population to HIV infection. Therefore if Uganda is to reverse the trends of the HIV epidemic, truckers must be one of the key focus areas.

In this direction UHMG has been support HIV prevention intervention among truckers in the West Nile region through innovations CHIC centers. UHMG promoted correct and consistent condom use through peer education and HCT as part of comprehensive HIV prevention programs for truckers.

UHMG will continue to strengthen its HIV prevention intervention among truckers, CSWs and communities around park yards through the CHIC centers.

**Activity Description**

- Carry out community discussions on HIV prevention in communities around parkyards
- Providing counseling in the CHIC centers
- Carry out HCT “moonlight camps” truckers
- Carry out interpersonal education aimed at reduction of alcoholism, gender based violence and promotion of STI management
- Promote correct and consistent use of condoms
- Run a SMS and a condom call reminder campaign for truckers
- Information on RH

**Linkages**

- Link the Good Life platform to marketing, procurement and distribution of condoms.

**Targets**

- 3,500 truckers reached with IPC
- 500 CSWs and their partners

**Key Outputs**

The national truckers’ population is estimated at 31,500. Through this project a target of 3500 truckers is proposed under interventions in west Nile region. This presents 11% of the target population.

- 3500 truckers reached with IPC
- 500 CSWs reached with IPC
- 300,000 condoms sold
- 3,000 truckers, CSWs and community people receiving HCT
- 100% of clients with symptoms of STI referred for clinical evaluation and appropriate management; and FP counseling

**Activity Sheet 4:**

**Area of Intervention: HIV prevention among fisher folk**

<b>Activity name: Sexual and Other behavioural risk prevention – fisher folk</b>		Districts: To be determined
<b>Result Number: 3</b>		
Contact: W. Musolo HIV/AIDS Program Officer	Start Date: October 1, 2011	End Date: September 30, 2012
		Partners: CBO/NGOs working with truckers

**Intermediate Results**

IR 3.1: Increased knowledge and health behaviors

**Indicators**

3.1.5: Number of MARP reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required

**Background**

The fishing community remains a target group at high risk of HIV infection due to the nature of their work, mobility and limited access to health services and products for HIV prevention. UHMG has been implementing HIV prevention activities to address the biomedical, structural and behavioural needs of fisher folk. While tremendous strides were made in providing risk reduction for behavioural needs, UHMG realizes the gaps in biomedical needs such as MMC. UHMG will partner with the district health office to conduct outreaches. UHMG will also strengthen the operation of the safe sailing boat to bring HIV prevention products such as condoms closer to the fishing community.

### Activity Description

- Carry out community discussions on HIV prevention in communities around landing sites
- Strengthen the operations of the safe sailing boat
- Carry out wellness outreaches for HCT, MMC and STI assessment, referral/treatment
- Carry out interpersonal education aimed at reduction of alcoholism, gender based violence and promotion of STI management
- Promote correct and consistent use of condoms
- Run a SMS and a condom call reminder campaign for fisher folk
- Social market condoms

### Linkages

- Link the Good Life platform to marketing, procurement and distribution of condoms.

### Targets

- 19,000 fisher folk reached with IPC at 16 landing sites in Kalangala district.
- 500 CSWs

### Key Outputs

- 19,000 fisher folk reached with IPC
- 500 CSWs reached with IPC
- 500,000 condoms sold
- 800 fisher folk, CSWs and community people receiving counselling
- 100% of clients with symptoms of STI referred for clinical evaluation and appropriate management; and FP counseling

## ACTIVITY SHEET 5:

### Area of Intervention: HIV/AIDS Prevention

<b>Activity name: Sexual and other behavioural risk prevention – MARPS, Commercial sex workers</b>		Districts: To be determined
Contact: W. Musolo HIV/AIDS Program Officer	Start Date: October 1, 2011	End Date: September 30, 2012
		Partners: UHMG, MOH, AIC, CCP, CBO/NGOs working with CSWs.

### Intermediate Results

IR 3.1: Increased knowledge and health behaviors

### Indicators

3.1.5: Number of MARP reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required

### Background

Evidence from the Modes of Transmission study indicates that commercial sex workers among those categories of people with an HIV incidence higher than the national figure (22% against 6.5%). The Ministry of Health study *Magnitude, Profile and STD related knowledge and practices of Commercial Sex workers in Kampala* (2009) indicated that a number of factors put the CSWs at risk of getting the HIV infection including poor knowledge about HIV/STIs, having multiple partners a day combined with inconsistent condom use especially with regular partners and those that are willing to offer high charges not only make commercial sex workers a high risk group but also profound drivers of HIV transmission. Though the same study indicated high use of HCT services among CSWs, there are issues of stigma, alcohol use in their trade that further exposes them to the risk of HIV infection.

This year, UHMG will continue carrying out HIV prevention interventions around the *drop in center* model that provides a home to the CSWs. UHMG will identify and work with organizations working with CSWs to increase HIV/STI knowledge, correct and consistent condom use among CSWs, their access to HCT services as well as STI diagnosis and treatment and dealing with issues of stigma and alcoholism. Against a background that peer education increases CSWs' knowledge and skills for HIV and STI prevention, the same approach will be utilized to change CSWs behaviors towards alcohol.

#### **Activity Description**

- Carry out IPC activities to promote condom use, responsible drinking, safe medical circumcision, STI treatment and reduction in gender based violence.
- Carry out HCT outreaches for CSWs and their partners.
- Integrate Family planning and STI management in HIV prevention for CSWs including FP services for PHAs
- Build the capacity of local leaders (traditional, religious and opinion leaders) to speak against harmful cultural practices, beliefs, norms, stigma and discrimination while reinforcing positive practices

#### **Linkages**

- Link with financial and skills building institutions for capacity building
- Link to the Good Life platform.

#### **Targets**

- 1,000 CSWs reached with interpersonal communication (IPC) for HIV risk reduction behaviors. This includes contributions from truckers and the fisher folk interventions, in addition to CSW targeted directly as a MARPS program area.

#### **Key Outputs**

- 2000 CSWs tested for HIV
- 800 CSW reporting consistent use of condoms
- 150 CSWs enrolled for capacity building.
- 100% of clients with symptoms of STI referred for clinical evaluation and appropriate management; and FP counseling
- 1,000 CSW reached with IPC
- 100,000 condoms sold

## **ACTIVITY SHEET 6:**

## Area of Intervention: HIV/AIDS Prevention

<b>Activity name: Sexual and other behavioural risk prevention – married couples and discordant couples</b>		Districts: Priority districts
Contact: W. Musolo HIV/AIDS Program Officer	Start Date: October 1, 2011	End Date: September 30, 2012

### Intermediate Results

#### 3.1 Increased knowledge and healthy behaviors

##### Indicators

3.1.1. Number of individuals reached through community outreach that promotes HIV/AIDS prevention through being faithful

##### Background

Evidence from the Modes of Transmission study indicates that in Uganda, there are more new HIV infections occurring among married people than even among sexual workers. With married/couples at risk, UHMG innovatively started an intervention program to promote faithfulness among couples and helped them form *couple support clubs* as an avenue where they meet and discuss issues that affect their marriages and seek support from the other members as need arise.

This year, UHMG will strengthen these clubs to be major service provision points. Married couples will receive HCT, counselling, STI referral, and dealing with issues of discordance and positive prevention. On a regular basis members of the support clubs will discuss issues of strengthening faithfulness with couples in their communities. In addition, members of the couple support will coordinate other of organizations to receive other services beyond HIV prevention (wrap around services) like the NAADS program, microfinance institutions and skills development programs.

##### Activity Description

- Form support clubs for married couples.
- Carry out IPC activities to promote faithfulness, responsible drinking, safe medical circumcision, STI treatment and reduction in gender based violence.
- Carry out couple HCT outreaches for married couples
- Integrate family planning and STI management in HIV prevention for married couples including FP services for PHAs
- Train married couples in counseling of HIV discordant couples (48 couples)
- Training of couple support club leaders in positive prevention (15 couples)
- Provide positive prevention services for discordant couples
- Build the capacity of local leaders (traditional, religious and opinion leaders) to speak against harmful cultural practices, beliefs, norms, stigma and discrimination while reinforcing positive practices

##### Linkages

- Link to the Good Life campaign and access to support materials
- Links with marketing to access product information and supply of needed products, especially moon beads
- Link to local public and private health clinics and AIC for access and referral to STI and HIV counselling and diagnosis

##### Targets

- 75,000 couples reached with IPC

## Key Outputs

- 400 moon beads sold
- 4 additional couple support clubs supported (48 couples)
- 125,00 couples receiving couple HCT
- 400 couples adopting the use of Moon beads
- IPC reaching 75,000 married couples
- 3750 couple receiving martial counselling and support
- 375 couples referred for wrap around services

## ACTIVITY SHEET 7:

Area of Intervention: HIV/AIDS Prevention

<b>Activity name: Sexual and Other behavioural risk Prevention – Young people</b>		Districts: Kampala
Contact: W. Musolo HIV/AIDS Program Officer	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: GL clinics		

### Intermediate Results

Result 3.1 Increased knowledge and healthy behaviors

#### Indicator

1.4: Number of youths out of school reached through community outreach that promotes HIV/AIDS combination prevention messages

#### Background

Evidence from the National Strategic Plan for HIV and the study "*Protecting the Next Generation in Uganda: New evidence on Sexual and reproductive health needs*" suggest that HIV prevalence among the youths has declined. However there is need to tailor programs to sustain behavior change that has brought this reduction, fight rampant STIs and cater other reproductive needs for the youths. UHMG will utilize mechanisms to:

- Promote the establishment of youth friendly HIV services in the Good Life clinics
- Support campaigns to promote HCT among young people and deal with discordance.
- Promote the correct and consistent use of condoms among youths.
- Support forums where youths discuss social and cultural norms that make them vulnerable to getting HIV
- Promote adoption of HIV preventive behaviors like safe male circumcision.
- Integrate FP and STI management into HIV prevention programs for youths.

#### Activity Description

- Form youth support clubs around selected GL clinics.
- Support meetings for the youths to discuss social and cultural norms that make them vulnerable to getting HIV and preventive behaviors like Male Medical Circumcision and consistent and correct use of condoms.
- Carry out HCT outreach targeting youths.

#### Linkages

- Link to the Good Life campaign and access to support materials

- Links with marketing to access product information and supply of needed products, especially condoms
- Link to local public and private health clinics and AIC for access and referral to STI and HIV counselling and diagnosis

### Targets

- 50,000 youths reached with IPC

### Key Outputs

- 50,000 reached with IPC
- 15,000 youths tested for HIV
- 200 referrals made for STI/FP services
- 10 youth support clubs formed

## ACTIVITY SHEET 8:

### Area of Intervention: HIV/AIDS Prevention

<b>Activity name: Sexual and other behavioural risk Prevention – Boda Boda cyclists</b>		Districts: Arua, Jinja
Contact: W. Musolo HIV/AIDS Program Officer	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: GL clinics, CBOs		

### Intermediate Results

Result 3.1 Increased knowledge and healthy behaviors

#### Indicators

3.1.3: Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required

#### Background

HIV prevalence rates are high and rising among boda boda cyclists in Uganda. A recent study estimates that HIV prevalence among bodaboda cyclists is at 7.5% (Masaba and Baguma, 2011). This is higher the national HIV prevalence among adults (National Strategic Plan, 2007/8 – 2012/13).

The predisposing factors are the nature of their work that makes them stay at work till late, and earns them disposable cash on a daily basis compounded with environmental factors notably availability of cheap commercial sex workers, willingness of their customers to “pay in kind” and frequent use of alcohol and drugs tend to influence cyclists to engage in high risk sexual behaviors that subsequently expose them to the risk of HIV infection (Baseline research UHMG, 2011).

Amidst this, national HIV prevention efforts targeted at boda boda cyclists are small and fragmented in approach as they are a hard to reach population (Uganda Health News). Few CBO and NGOs create platforms through which HIV prevention education and services are provided to boda boda cyclists (<http://www.aegis.com/news/nv/2009/NV091113.html>).

Apart from HIV/AIDS there are other risks that put the lives of cyclists and that of their customers at risk. The main one is that of road accidents yet the behavior to wear crash helmets is viewed with disdain (Kiwawulo and Ssejjoba, 2010). Other studies have indicated that respiratory infections are a major health concern for the cyclists (UHMG, KAP assessment, 2011).

This year, UHMG will design an intervention “Get ready to roll with Protector” that innovatively focuses on improving the health and personal safety of the cyclists with emphasis on their work. This innovative program will carry out HIV prevention education among boda boda cyclists while at the same time improve their and customers’ safety on the road.

### Activity Description

- Conduct a Training of trainers workshop
- Train peer educators in HIV prevention including promotion of condom use, HIV testing, STI management and referral, gender based violence and male medical circumcision
- Launch the project in the districts
- Carry out Interpersonal Communication activities among boda boda cyclists
- Conduct HCT outreaches for boda boda
- Promote condom use among boda bodas
- Provide IEC materials: helmets, brand sheds and atune motorcycle horns to give out HIV prevention messages
- Provide referrals and linkages to other needed services:

### Key Outputs

- 80 peer educators trained
- 5,000 boda boda reached with IPC for behavior change
- 3,000 boda boda cyclists tested for HIV
- 100,000 condoms sold
- 100% of clients with symptoms of STI referred for clinical evaluation and appropriate management

## ACTIVITY SHEET: 9

### Area of Intervention: HIV Care

<b>Activity name: HIV Care</b>		Districts: AFFORD Priority districts
<b>Result Number: 8</b>		
Contact: Dr. Julian Atim	Start Date: October 1, 2011	End Date: September 31, 2012

### Intermediate Results

IR 2.2: Increased availability of AFFORD II/UHMG promoted products & services

### Indicators:

2.2.1: Number of HIV positive adults and children receiving a minimum of one clinical service

### Background

Uganda Health Marketing Group (UHMG) has been providing comprehensive general HIV Care to People Living with HIV/AIDS (PHAs) through private clinics-Good Life Clinics 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. HIV care and treatment has become a critical component of HIV prevention. To build the capacity of health workers in GLCs, and recognizing the high staff turnover from GLCs, UHMG intends to continue these trainings of health providers on HIV care through traditional trainings, clinical audits and mentorships in GLCs. Linkages will be strengthened between facility-based, and facility based service delivery points to increase access to continuum of care and utilization of HIV care services in GLCs.

In a bid to improve the quality of HIV care provided to PHAs through the private health sector, UHMG shall implement a number of activities in the Good Life Clinics (GLCs) and community as outlined below.

**Activity Description**

- Conduct an assessment of the quality of HIV care in GLCs
- Design and implement a quality improvement strategy
- Conduct quarterly clinical audits in GLCs
- Reproduce and disseminate Job aides on TB, PP, FP
- Send SMS to health providers to remind them on key HIV care packages
- Integrate TB diagnosis and treatment in HIV care
- Integrate family planning in HIV care and positive prevention in GLCs
- PTCs provided with financial support to provide a voucher service for a starter pack

**Linkages**

PHA networks, district health office, district level implementing partners, model villages

**Partners Involved**

MOH, PHA networks

**Targets**

12,500 HIV positive adults and children receiving a minimum of one clinical service

**Key Outputs**

- 12,000 newly diagnosed PHAs provided with starter packs (Cotramox, family planning, Aquasafe, LLINs and condoms) at GLCs through GL clubs
- Assessment report on quality of HIV care in 174 GLCs
- A quality improvement strategy developed and implemented in 50 GLCs
- 2 rounds of clinical audits conducted in 174 GLCs semiannually
- Reproduce and disseminate Job aides to 174 GLCs

**ACTIVITY SHEET: 10**

**Area of Intervention: Positive Prevention**

<b>Activity name: HIV Positive Prevention</b>		Districts: 44 Priority districts
<b>Result Number: 10</b>		
Contact: Dr. Julian Atim/Musolo Wilberforce	Start Date: October 1, 2011	End Date: September 31, 2012

**Intermediate Results**

IR 2.2: Increased availability of AFFORD II/UHMG promoted products & services

**Indicators:**

2.2.4: Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions (PEPFAR)

**Background**

Uganda Health Marketing Group (UHMG) has been providing comprehensive general HIV Care to People Living with HIV/AIDS (PHAs) through private clinics-Good Life Clinics 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. HIV care and treatment has become a critical component of HIV prevention. To build the capacity of health workers in GLCs, and recognizing the high staff turnover from GLCs, UHMG intends to continue these trainings of health providers of HIV care through clinical audits and mentorships in 50 selected GLCs. Linkages will be strengthened between facility-based, and facility based service delivery points to increase access to continuum of care.

In a bid to improve the quality of HIV care provided to PHAs through the private health sector, UHMG shall implement a number of activities in the Good Life Clinics (GLCs) and community as outlined below:

**Activity Description**

- Conduct quarterly review meetings to strengthen linkages between care in GLCs and positive prevention through Good Life clubs
- Conduct quarterly support supervision
- Integrate family planning in HIV care and positive prevention in GLCs
- Reproduce and disseminate job aides on TB, PP, FP
- Technical and financial support to 4 post-test club activities to increase access to positive prevention products and services such as home visits for adherence and monthly review meetings
- Provide CBVs with field work tools such as bags, caps, T-shirts, pen, data collection tools

**Linkages**

PHA networks, district health office, district level implementing partners, model villages

**Partners Involved**

MOH, PHA networks

**Targets:**

2,500 PHAs receiving a minimum package of Positive Prevention (PP) interventions

**Key Outputs**

- 12,000 newly diagnosed PHAs provided with starter packs (cotrimox, family planning, aquasafe, LLINs and condoms) at GLCs through GL clubs
- Facilitate 4 post-test club facilitated financially and technically to provide positive prevention activities such as home visits for adherence and monthly review meetings
- 4 quarterly support supervision conducted for PTCs

**ACTIVITY SHEET 11:**

**Area of Intervention: Prevention of Mother To Child Transmission**

<b>Activity name: Strengthen linkages and referral for Prevention of Mother To Child Transmission</b>		Districts:
<b>Result Number: 11</b>		
Contact: Dr. Julian Atim	Start Date: October 1, 2011	End Date: September 31, 2012

### Intermediate Results

Result 3.1 Increased knowledge and healthy behaviors

#### Indicator

- Number of health workers trained on comprehensive PMTCT services –Target 50
- Number of service outlets (GLC) providing comprehensive PMTCT services – Target – 50
- Number of new ANC clients seen at these outlets – Target 12,000
- Number of pregnant women counselled, tested and received results at these outlets – Target 10,800
- Number of pregnant women identified as HIV positive (known and newly diagnosed)- Target 760
- Pregnant women receiving ARV for PMTCT – Target 600
- Infants from HIV + women receiving ARV prophylaxis – Target - 700

#### Background

UHMG has been implementing activities in the area of maternal and child health (MCH), malaria in pregnancy and HIV prevention and care through which activities for PMTCT can be streamlined. This is in line with the WHO and MOH recommendations. MCH has been implementing activities both at the facility and community level that can be utilized to track mothers receiving HCT services and link them to service outlets providing PMTCT for those who need it. Community structures such as the mother's clubs shall be utilized to provide psychosocial support and follow-up through mentor mothers

#### Activity Description

- Identify 10 mothers clubs linked to 10 clinics (GLC)
- Train 40 mother mentors in mothers' clubs
- Provide technical and financial support to mother mentors to provide psychosocial support to mothers who need PMTCT
- Link with GLCs providing HCT & ANC

#### Linkages

- PHA networks, district health office, district level implementing partners, model villages and mothers' clubs

#### Partners Involved

- MOH, PHA networks

#### Target

- 100 pregnant HIV+ receiving supports by mentor mothers on PMTCT

#### Key Outputs

- 10 mothers clubs providing community based PMTCT services
- GLCs proving ANC and PMTCT mapped
- 40 mother mentors trained on community PMTCT
- 40 Mother mentors from mothers' clubs provided with technical and financial support

## ACTIVITY SHEET 12:

### Area of Intervention: Male Medical Circumcision

<b>Activity name: Increase demand for Male Medical Circumcision</b> <b>Result Number: 12</b>		Districts:
Contact: Dr. Julian Atim	Start Date: October 1, 2011	End Date: September 31, 2012

### Intermediate Results

Result 3.1 Increased knowledge and healthy behaviors

#### Indicators

3.1.3: Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

- Number of people referred and receiving MMC services

#### Background

UHMG recognizes the gap in supply for MMC services in Uganda today. However, while demand for MMC is high interventions need be designed to reinforce safe sex practice following the procedure. To address this, and in view of MMC not being 100% protective to HIV infection, UHMG will partner with IPs to provide post MMC SMS using the UHMG SMS platform as a way to further prevention HIV among circumcised men as way to address the need to reinforce risk reduction. UHMG will also work with district-based partners to increase demand for MMC services among the targeted population. UHMG will also explore marketing a disposal MMC kit to aid to IPs already conducting MMC.

#### Activity Description

- Refer 1,000 15-24 year old men for MMC at partner GLC
- Carry out a mini demand creation campaign for MMC in 5 targeted districts
- Continue to incorporate demand creation n for MMC services in all the intervention areas
- Partner with district based implementing partners to create demand for MMC services provided through outreaches
- Develop and market the WHO recommended disposal MMC surgical kit
- Market to IPs to use our SMS platform to send post-surgery messages to men who receive MMC services for 5 days post procedure

#### Linkages

District health office, district level implementing partners, model villages,

#### Partners Involved

MOH, HCP, regional referral hospitals, Reproductive Health Uganda (RHU), Walter Reed Project, Rakai Health Services Research Project.

#### Targets

- 1,000 men referred and received MMC services

#### Key Outputs

- 1,000 men between 15-24 years receiving MMC services

- 4 MMC outreach camps conducted
- MMC surgical kit developed and marketed

**ANNEXURE C: MARKETING AND STRATEGIC INFORMATION  
(MSI) BRAND ACTIVITIES**

**Annexure C**  
**Marketing & Strategic Communication Activity Sheets**  
**for Socially Marketed UHMG Brands**

**ACTIVITY SHEET 1:**

**Area of Intervention: HIV**

<b>Activity name:</b> HIV/AIDS Care & Support		Districts:
<b>Result Number:</b> Promotion and distribution of Cotramox		National Coverage
Contact: Esther Brand Officer	Start Date: October 1, 2011	End Date: September 30, 2012

**Intermediate Results**

- **IR 2.1:** Expanded and strengthened distribution networks for AFFORD II/UHMG promoted products & services
- **IR 2.2:** Increased availability of AFFORD II/UHMG promoted products & services
- **IR 1.3:** Increased Market Sustainability

**Indicators and Targets**

- Sales volume of products promoted by AFFORD II/UHMG in millions
- Percentage of revenue from commercially marketed products
- Percentage of brand specific promotion investment to sales revenue (AFFORD II)

**UHMG indicators and targets**

- Number of NGOs and major institutions purchasing Cotramox
- Number of tablets of Cotramox sold through 8 major Institutions and NGOs
- Number of tablets sold through the trade

**Overview**

UHMG introduced Cotramox (Cotrimoxazole 960mg) on the Ugandan market to provide an affordable, convenient and hygienic solution to PLHAs, who require the medicine to prevent opportunistic infections. Cotramox has been on the Ugandan market for the last 3 years and the marketing focus was on PLHAs, NGOs and institutions that purchase Cotrimoxazole and Health Providers that treat common bacterial infections.

The largest sales for Cotramox were achieved through the NGOs that serve PLHAs (TASO, JCRC, IRCU, STAR-EC and STAR-SW), whereas fewer sales were achieved through the trade and through health provider prescriptions. However, in the year 2010/2012, the sales target for Cotramox was not achieved due to pricing challenges in the market. NGOs and institutions argued that there was cheaper, quality Cotrimoxazole 960 in the market and there was no justification for purchasing a high priced product to their funders. In the same vein, NGOs and institutions have continued to show preference for the bulk pack (1000's) as they claim this is more cost effective, despite knowledge of the convenient and hygienic blister-30 pack of Cotramox.

In the year 2011/2012, the main focus will be on exploring a new pricing strategy through consideration of bulk pack (1000's) for Cotramox. This pack is expected to compete

favorably in the institutions and NGOs where as the 30 pack will be pushed through the trade through one- on- one interaction with providers in the private sector. This will push volume sales for Cotramox in the year 2011/2012.

**Strategy:**

**Audience**

- Primary: Private Not- for- Profit Organizations (PNFPs) & Private for Profit (PFPs)
- Secondary: Health Providers & Pharmacy Providers

**Positioning**

"The affordable and convenient Cotrimoxazole"

**Objectives:**

- To increase the availability and accessibility of Cotramox through major institutions and NGOs; to increase the number from 4 to 8
- To establish COTRAMOX as the preferred choice for prevention and treatment of PJP in PLHAs by health and pharmacy providers
- To achieve annual sales for Cotramox (7,900,000 tablets)

**Activity Description**

**Networking activities**

Networking with decision makers within major institutions and NGOs will be done to share market information, to build demand & forecasts, and to follow up on prospects and consumptions within these organizations.

**Detailing/merchandising**

This will mainly target health and pharmacy providers to increase on the quantities of Cotramox reaching PHLAs through the trade. Merchandising activities will involve mainly the use of posters to brand pharmacy outlets improving brand visibility in these units.

**CMEs**

Regional CMEs and orientation meetings will be done in conjunction with other ethical products such as Restors/Zinkid to improve on brand awareness and prescription among the health and pharmacy providers. These will help in reaching bigger provider numbers within a shorter time.

**Distribution**

Cotramox will mainly be distributed through the target Institutions and NGOs, and also through pharmacies and health centers. The regional representative will ensure availability and minimizing stock outs within these outlets.

**Linkages**

Internal linkages will be made with programs and special projects to include the promotion and sales of the Cotramox through VHTs and post test clubs.

**Key Outputs**

- Increased availability and accessibility through 8 major institutions and NGOs
- 7,900,000 tablets of Cotramox sold in the year 2011/2012

## ACTIVITY SHEET 2:

Area of Intervention: Maternal and Child Health

<b>Activity name:</b> Child Health <b>Result Number:</b> Promotion and distribution of Restors/Zinkid		Districts: National Coverage
Contact: Esther Atuuse Brand Officer	Start Date: October 1, 2011	End Date: September 30, 2012
<b>Budget US\$</b>		

### Intermediate Results

- **IR 2.2:** Increased availability of AFFORD II/UHMG promoted products & services
- **IR 2.1:** Expanded and strengthened distribution networks for AFFORD II/UHMG promoted products & services
- **IR 2.3:** Increased affordability of AFFORD II/UHMG promoted products and services
- **IR 3.3:** Improved quality of health services

### Indicators and Targets

- Number of service providers trained in diarrhea management using the combination
- Number of sachets of Restors sold
- Number of tablets of Zinkid sold
- Percentage of target population aware of the recommended combination treatment for diarrhea
- Increase in number of children with diarrhea treated with Restors and Zinkid in UHMG GLCs

### OVERVIEW

UHMG/AFFORD introduced Zinc Sulphate 20mg dispersible tablets (ZINKID) and low osmolarity ORS (RESTORS) on the Ugandan market as the new diarrhea treatment. This new intervention satisfies the need of the population who are looking not only for prevention of dehydration due to loss of body fluids but also for a treatment that will help reduce the duration and stool volume lost as well.

During year 6, the main focus for Restors/Zinkid was on health providers specifically pediatricians, general practitioners primarily having child care practice, pharmacy providers, nurses and dispensers. However, a recent brand profiling research revealed that most health providers are not using the combination as should be. And those that are using the combination are using Zinkid together with another brand of ORS in the market. Another revelation from the research shows that the final users (mothers and caretakers of children under five years) are not brand specific, when they purchase ORS. In the coming year 2011/2012, focus will remain on the health providers who are the decision makers when it comes to diarrhoea management. Activities will be intensified to ensure that the combination of RESTORS/ZINKID becomes top of mind when it comes to diarrhea management both among health providers and the consumers.

### STRATEGY

#### Audience

- Primary: Young mothers (18-25 yrs) and caretakers of children under 5
- Secondary: Health providers

#### Positioning

“The winning combination for the quickest recovery from diarrhea”

**Objectives:**

- To increase provider awareness of the combination benefits of RESTORS & ZINKID in diarrhea management thus increasing prescriptions for the combination
- To increase availability, accessibility and visibility of RESTORS/ZINKID through 75% of pharmacies and 60% of drug shops in theUHMG database
- To improve brand awareness and acceptability among consumers from 22% for Restors to 50% and from 29% for Zinkid to 60%
- To achieve annual sales of 2,000,000 sachets for Restors
- To achieve the annual sales volumes for Zinkid 10,00,000 tablets

**ACTIVITY DESCRIPTION**

***Advocacy***

This will be achieved through partnership with a senior and respected health provider based at MOH targeting District Health Officers (DHOs), District Health Educators (DHEs), Popular Opinion Leaders (POLs) and Village Health Teams (VHTs). The benefits of the combination will be communicated to this group and UHMG will highlight RESTORS/ZINKID as the combination of choice. This group will then have Restors/Zinkid as top of mind when recommending any diarrhoea management regimen to the lower cadres in the health sector.

***Detailing***

This will mainly target health providers (general practitioners, pediatricians and, pharmacy providers). The emphasis will be on use of Restors together with Zinkid for effective treatment of diarrhea in children under 5 years of age. Appropriate materials will be developed for carrying out the promotion, which will be effected by a team of one detailer per region

***CMEs & trainings***

CMEs and trainings will be conducted for healthcare providers in both the public and private sector to communicate and emphasize the benefits of the combination in the management of diarrhoea, highlighting RESTORS/ZINKID as the combination of choice. These will enable the message to reach a larger number of providers within the shortest time possible.

***Distribution***

Restors and Zinkid will mainly be distributed through the existing network of private sector wholesale & retail pharmacies and drug shops. The regional sales representative will ensure availability within these outlets.

***Visibility***

POS materials (posters, metal plates, and display racks) will be displayed at these outlets for increased visibility. This will be done by a team of one person per region.

***Media***

To supplement all the above activities, radio, TV and billboards will be the major form of media for demand creation among consumers to encourage shelf off-take in the key outlets. Media activities will run for 12 months in order to create impact.

***Sponsorships***

UHMG will participate in health conferences to exhibit as well identify opportunities to present on RESTORS/ZINKID at these conferences. This will increase brand awareness for both UHMG as an organization and the RESTORES/ZINKID combination.

### **Linkages**

Internal linkages will be made with programs to include the promotion and sales of the combination in the management of diarrhoea

### **Key Outputs**

- 1000 key health care providers (GPs, pediatricians, and pharmacy providers) trained on the combination
- Increased availability, accessibility and visibility through 387 pharmacies and 1583 drug shops
- Provider IEC and POS materials produced and distributed
- 2,000,000 sachets of Restors and 10,000,000 tablets of Zinkid distributed and sold in the year 2011/2012
- Improved brand awareness and acceptability among consumers
- Improved provider knowledge in prescribing RESTORS/ZINKID as a combination

### **Outcomes**

- Reduced diarrhea episodes
- Improved awareness, acceptability and usage of the combination in the management of diarrhea by the health providers and consumers

## **ACTIVITY SHEET 3:**

Area of Intervention: HIV/AIDS

<b>Activity name: Condom "O" promotion</b>		Districts:
<b>Result Number: 1</b>		National Coverage
Contact: Nakato Jeanne Marie Social Marketing and Communication	Start Date: October 1, 2011	End Date: September 30, 2012

### **Intermediate Results**

- IR 2.1: Expanded and strengthened distribution networks for AFFORD/UHMG promoted products and services
- IR 2.2: Increased availability of AFFORD/UHMG promoted products and services
- IR 1.3 Increased Market Sustainability

### **Indicators and Targets**

1. Estimated couple year of protection 1333.3 (CYP) attributable to AFFORD 11-promoted FP products.
2. Sales target: 1,500,000 pieces in FY12
3. Increase in percentage of sexually active individuals reporting to have used a Condom "O" during last sexual intercourse.
4. Percentage of sampled retail outlets carrying AFFORD II/UHMG products (AFFORD II).
5. Percentage of women in reproductive age using pills, injectables, condoms (AFFORD II)
6. Percentage of women in reproductive age using Pilplan, Injectaplan, Protector, `O` condom, SoftSure or MoonBeads (AFFORD II)
7. Percentage of individuals using condoms for family planning reporting to be using UHMG brands (AFFORD II)

## 8. Percentage of brand specific promotion investment to sales revenue (AFFORD II)

### **Background**

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As a strategy towards UHMG's long-term sustainability, AFFORD introduced a cost recoverable "O" brand condom targeting the AB, C1 wealth quintiles. The AFFORD condom market analysis identified market gaps in the way the existing brands of condoms (both the socially marketed and private sector up-market brands) are positioned among the different consumer segments. Uganda is dominated by socially marketed brands (23 million condoms in 2007) and freely distributed brands given out by MOH (84 million pieces in 2007 to date). These socially marketed and free brands mostly target the C2, D and E wealth quintiles. The private for profit brands contribute less than 10% of the total condom market, with socially marketed brands dominating the market. This is due to the very large price gap between the socially marketed brands and the private sector brands: 500 UGX for socially marketed brands and 2,500 UGX for the private sector brands. There was no brand that was priced in between 500 and 2500 UGX to serve the emerging middle class and reasonably wealthy population. They had to choose from the two extremes. AFFORD identified this gap and launched a lifestyle brand to serve a specific segment of the population positioning "O" condom at 1000 UGX. This move was to assist the segmentation of the market and thereby increase the entire condom market size.

"O" has been positioned as a life style brand for single sexually active people aged 18-45 years in both the middle and upper wealth quintiles. In year 1, AFFORD 11 the focus has been on distribution and merchandising of outlets so as to improve the accessibility and availability of 'O' in the targeted outlets. According to the UHMG brand profiling research, the top of mind awareness of 'O' is at 4% and 51% brand loyalty. This reflects a grand opportunity for 'O' to become the number one brand of choice among the target audience.

Therefore in FY12, the focus will be on building and strengthening the 'O' brand among the targeted audience and new users. The promotions will majorly be consumer based.

#### *Objectives:*

1. Increase top of mind awareness of condom 'O' among the target audience. (From 4% to at least 10%)
2. Increase accessibility/availability of 'O' in retail outlets(4000 outlets)
3. Increase product visibility at the existing point of sale outlets.

#### *Strategy:*

Condom 'O' is targeting the sexually active individuals/adults of middle class C1, C2, 18-45 years old. Condom 'O' is positioned as a lifestyle brand. The main focus for 'O' this year will be on building/strengthening brand image, brand presence/visibility & brand awareness among the current users and new users. The brand will be promoted through consumer promotions in major towns targeting the upper middle class population.

### **Key promotion and advertising strategies**

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**Mass media (TV & radio):** Run mass media campaign according the brand promotions grid. (DJ Endorsements, TV Spots, radio spots)

**Promotional Materials:** produce the following outdoor promotional materials for both trade and outdoor consumer promotions across the country.

- 25 teardrops

- 10 back drop banners
- Billboards in major towns

**Produce point of sale materials:**

- 10,000 posters & 5000 metal plates.

**Condom “O” Promotional activities:**

Conduct consumer promotions:

- Regional Concert sponsorships
- ‘O’ theme nights in leading night clubs and bars across the country.
- PR mini promotions (December season and Valentine’s Day)
- Zanzibar ‘O’ promotion

**Field Strategy**

- Open 4000 additional ‘O’ outlets (Supermarkets, dukas, hotels, lodges)

**Support supervision**

All planned activities will be monitored and evaluated through weekly supervision visits

**Key Outputs**

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- 12 concert sponsorships (one per month)  
8 theme nights per region
- 3 PR mini-promos(December, February)
- 1 grand consumer campaign

**Linkages**

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**Internal**

Leverage on the Programs HIV activities to promote Condom “O” e.g, Get off the Sexual Network BCC campaign

**External**

It is necessary to link the brand with other life style promotion activities within and outside AFFORD, collaborating with:

- Private companies like the beer industry (UBL and NBL), travel and hotel industry
- Night clubs and supermarkets for shared promotions
- Corporate social responsibility in the private sector

**ACTIVITY SHEET 4:**

Area of Intervention: HIV/AIDS

<b>Activity name: Protector promotion</b>		Districts:
<b>Result Number: 1</b>		National Coverage
Contact: Nakato Jeanne Marie Social Marketing and Communication	Start Date: October 1, 2011	End Date: September 30, 2012

## **Intermediate Results**

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- IR 2.1: Expanded and strengthened distribution networks for AFFORD/UHMG promoted products and services
- IR 2.2: Increased availability of AFFORD/UHMG promoted products and services
- IR 1.3 Increased Market Sustainability

## **Indicators and Targets**

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- Estimated couple year of protection 125,000 (CYP) attributable to UHMG-promoted Protector. Protector sales target: 16,000,000 condoms (FY12)
- Increase in percentage of sexually active individuals reporting to have used a Protector condom during last sexual intercourse from 5.4% to 6%
- Percentage of sampled retail outlets carrying
- AFFORD II/UHMG products (AFFORD II).
- Percentage of women in reproductive age using pills, injectables, condoms (AFFORD II)
- Percentage of women in reproductive age using Pilplan, Injectaplan, Protector, `O` condom, SoftSure or MoonBeads (AFFORD II)
- Percentage of individuals using condoms for family planning reporting to be using UHMG brands (AFFORD II)
- Percentage of brand specific promotion investment to sales revenue (AFFORD II)

## **Background**

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Protector was re-introduced as an improved, consistent quality and affordable product in a new flow pack for C2, D and E wealth quintiles. For year 6, protector has not been readily available on the market due to the change in suppliers from UNIDUS, South Korea to China. This has greatly affected the brand presence and distribution in the market. Research shows that Top of Mind awareness has dropped from 52% to 21%.

This coming year, the focus will be on regaining the vibrant market of Protector in all targeted outlets and improving access & distribution of protector in the targeted retail outlets.

### *Objectives*

1. Increase protector access and distribution in 100% of targeted retail outlets.
2. Increase protector visibility/presence at existing point of sale.

## **Brand Strategy**

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Protector will continue to target the C2, D audience in urban, peri-urban and rural areas. The focus will be on massive distribution and merchandising in the targeted retail outlets. The brand positioning will be maintained as the Assured Protection. The BodaBoda HIV/AIDS campaign will be a clear linkage for distribution and merchandising Protector outlets & strengthening the brand positioning of Protector.

## **Activity Description**

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### **Brand Activities**

#### **Production of Point of Sale materials**

- 5000 posters

- 1000 metal plates

**Printing of Promotional Materials**

- Produce 20,000 T- Shirts and caps targeted mainly for trade and consumer promotions.

**Distribution & merchandising drives**

Protector will be mainly distributed through the existing distribution network with a major focus on reaching 100% of targeted retail outlets (dukas, pharmacies and drug shops.

**Mass media (TV/Radio)**

- TV/Radio will be the major mode of communication among the target audience.

**Support Supervision**

- Weekly support supervision visits to monitor and evaluate all planned activities.

**Key Outputs**

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1. Outlet coverage of 56,368 dukas, 258 pharmacies & 2,639 drug shops
2. Achieve sales of 16,000,000 condoms (Oct11-Sept 2012)

**Linkages**

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**Internal**

Integrated program interventions:

- Through the HIV/AIDS MARPS program supply and distribute Protector.
- Linkage to the Good Life Clinics for supply and distribution of Protector to service providers.
- UHMG’s BodaBoda HIV/AIDS campaign for supply and distribution of Protector.

**External**

- BodaBoda associations

**ACTIVITY SHEET 5:**

Area of Intervention: CHILD HEALTH

<b>Activity name: Safe Water and Sanitation promotion: Aquasafe</b>		<b>Districts:</b> National Coverage
<b>Result Number: 1</b>		
<b>Contact:</b> Nakato Jeanne Marie	<b>Start Date:</b> October 1, 2011	<b>End Date:</b> September 30, 2012

**Intermediate Results**

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- IR 2.1: Expanded and strengthened distribution networks for AFFORD/UHMG promoted products and services
- IR 2.2: Increased availability of AFFORD/UHMG promoted products and services
- IR 1.3 Increased Market Sustainability

**Indicators and Targets**

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- Number of institutions purchasing Aquasafe tablets.
- Number of outlets selling Aquasafe.
- Number of Aquasafe tablets sold.
- Percentage of the target audience using Aquasafe to make water safe for drinking.
- Sales volume of products promoted by AFFORD II/UHMG is 5.4 million tablets
- Percentage of revenue from commercially marketed products
- Percentage of brand specific promotion investment to sales revenue (AFFORD II)

## **Background**

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The practice of water treatment as a way of making drinking water safe is still foreign to targeted households in peri-urban, rural areas and among caregivers of children under 5 years. The percentage of the targeted audience who report having used **Aquasafe** is 21% as compared to 43% who report having used **Water Guard** which is the major competitor for Aquasafe. In FY11, Aquasafe was promoted mainly through the school promotions and community based organizations so as to enhance a more sustainable practice of treating water within communities. This year during FY12, the focus of Aquasafe promotion will be on strengthening and consolidating the school and community activations conducted so as to cultivate the behavior of treating water with Aquasafe tablets for safe drinking water.

The behavior change concept through the 'CHAMPIONS OF CHANGE' who influence behavior within a specific setting within a community or institution will be maintained.

### *Objectives:*

1. Increase uptake of Aquasafe through institutions:
  - Academic institutions (scale up from 80 to 180) with focus on the Eastern & Northern regions.
  - Maintain existing NGO relief organizations through relationship marketing for re-purchases of Aquasafe (Malaria Consortium, GOAL, Ortuka Drugshop).
2. Increase availability/accessibility of Aquasafe in communities
  - Establish 180 community distribution outlets in line with the school program (180)& 60 Aquasafe outlets within the model village interventions.
  - Plantation activations on safe water(5)

### *Strategy:*

Aquasafe will be promoted as a sure, fast and affordable way to safe drinking water.

The focus will be maintained so as to strengthen the behavior change concept through the 'CHAMPIONS OF CHANGE' who influence behavior within specific communities.

The primary target audience this year will be households in rural, peri-urban and urban areas. The secondary audience will be the academic institutions & NGO relief organizations

## **Activity Description**

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### **Promotional Activities:**

#### **Aquasafe School Promotions (Water and Sanitation Campaign)**

- Co-curricular promotions
- Community distribution points(180)
- Roll out to 100 schools

### **Community activations**

- Experiential activations with plantations on safe water(Kakira, Tullow oil ,Lugazi, Hima,Kinyara)

#### Public Relations & Communication

- World Water day (22<sup>nd</sup> March)
- World water week (September)

#### Media

- Radio spots and talk shows
- Billboards

#### Key Outputs

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1. 5.4million tablets of Aquasafe sold
2. 100 schools for uptake of Aquasafe.
3. 180 community distribution points established
4. 60 Aquasafe distribution outlets established within the model villages
5. 5 plantation communities activated on safe water.

#### Linkages

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##### Internal

- Maternal and child health model village activations (opportunity to promote Aquasafe at household level and establish 60 Aquasafe community outlets )

##### External

- Ministry of Education & Sports
- MoH
- DSOs, DHOs

## ACTIVITY SHEET 6:

### Area of Intervention: Family Planning

<b>Activity name: Inj ectaplan Promotion</b>		Districts:
<b>Result Number: 1</b>		National Coverage
Contact: Juliet Rumanyika M&SI	Start Date: October 1, 2011	End Date: September 30, 2012
		Partners: UHMG, Commercial distributors, other RH Partners, MOH

#### Intermediate Results

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- IR 2.1: Expanded and strengthened distribution networks for AFFORD/UHMG promoted products and services
- IR 2.2: Increased availability of AFFORD/UHMG promoted products and services
- IR 1.3 Increased Market Sustainability

#### Indicators and Targets

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- Estimated CYP attributable to AFFORD-promoted FP products
- CYP Inj ectaplan: 650,000 (2,800,000 vials)

- Volume of socially marketed contraceptives
- Percentage of sampled retail outlets carrying AFFORD II/UHMG products (AFFORD II).
- Percentage of women in reproductive age using pills, injectables, condoms (AFFORD II)
- Percentage of women in reproductive age using Pilplan, Injectaplan, Protector, `O` condom, SoftSure or MoonBeads (AFFORD II)
- Sales volume of products promoted by AFFORD II/UHMG in millions
- Percentage of revenue from commercially marketed products
- Percentage of brand specific promotion investment to sales revenue (AFFORD II)

## **Background**

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Injectable Contraceptives have been the preferred method of FP in Uganda. However, given the high unmet need for FP in Uganda, which is 41% there is potential for further growth of Injectaplan. Injectaplan has been on the Ugandan market since 1996 and has gained the trust of women in Uganda. However there still remains a segment of the target population who fear side effects, and continue to be held back by myths and misconceptions. In year seven, UHMG will specifically address the issue of side effects, its management and also clear the air on myths and misconception about Injectable contraceptives. Moreover, UHMG will also ensure that providers also offer the right counseling to their clients

### **Strategy:**

UHMG will address the issue of side effects and its management as well as clear the air on myths and misconception about Injectaplan through community radio talk shows in rural areas. Providers will be targeted for ensuring that clients get the right counseling

### **Objectives**

- Achieve sales volume of 2.6M
- Achieve 10% increase in number of outlets dispensing Injectaplan
- Achieve 650,000 CYPs
- 10% increase in demand for Injectaplan

### **Activity Description**

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- Radio talk shows will be aired through professionals in FP who will address the issue of side effects and its management
- Providers trained on counseling their potential clients
- Detailing to providers (Gynecologists, midwives, nurses, drug shops, Pharmacies)
- Print Injectaplan POS material for retail outlets, clinics including the GLCs
  - o 5,000 posters
  - o 10,000 provider brochures
  - o 8,000 consumer brochures
- Participate at exhibitions to display Injectaplan

### **Community Activity**

- Conduct clinical/health center community-based activations focusing on women, men, and couples; and link to providers/drug shops/pharmacies in each community. This will mainly be through MCH program and HIV/AIDs program for the Hero couples

### **Key Outputs**

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- Achieve sales target of Injectaplan – 2,800,000 vials in the Year October 11 – Sept 2012
- Improved provider skills in prescribing, counseling and management of side effects on both methods to 5,000 providers

- Radio talk shows on Injectaplan broadcast on Community radio stations
- Exhibitions undertaken on FP related events

### Linkages

- Through MCH program under community interventions targeting urban and rural women will provide opportunity to promote Injectaplan amongst its target.
- Through MCH program GLCs and GLS will be targeted for sales of Injectaplan
- Increase access to Injectaplan through collaboration with other reproductive health organizations like HCP, RHU, FHI, MSH, MOH-reproductive department, ENGAGE, UNAM-Uganda Nurses and Midwives Association, UPMA

## ACTIVITY SHEET 7:

### Area of Intervention: Family Planning

<b>Activity name: PilplanPlus Promotion</b>		Districts:
<b>Result Number: 1</b>		National Coverage
Contact: Juliet Rumanyika M&SI	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: UHMG, commercial distributors		

### Intermediate Results

- IR 2.1: Expanded and strengthened distribution networks for AFFORD/UHMG promoted products and services
- IR 2.2: Increased availability of AFFORD/UHMG promoted products and services
- IR 1.3 Increased Market Sustainability

### Indicators and Targets

- Estimated CYP attributable to AFFORD-promoted FP products
- CYP PilplanPlus: 66,667 (1,600,000 Cycles)
- Volume of socially marketed contraceptives
- Percentage of sampled retail outlets carrying AFFORD II/UHMG products (AFFORD II).
- Percentage of women in reproductive age using pills, injectables, condoms (AFFORD II)
- Percentage of women in reproductive age using Pilplan, Injectaplan, Protector, `O` condom, SoftSure or MoonBeads (AFFORD II)
- Sales volume of products promoted by AFFORD II/UHMG in millions
- Percentage of revenue from commercially marketed products
- Percentage of brand specific promotion investment to sales revenue (AFFORD II)

### Background

In spite of rapid population increase and unmet need for family planning at 41%, the market has not had pills for close to a year. Pilplan stocked out as well as the government's free Microgynon. The government has not yet re-stocked Microgynon, while Pilplan is planning a comeback with PilplanPlus. The original Pilplan had market perception challenges: while awareness of the brand was high at 91%, consumer awareness that they were using Pilplan was as low as 23%. The PilplanPlus communication strategy will be a focused brand-building strategy to increase consumer awareness, brand loyalty and market growth. Communication materials have been submitted to National Drug Authority (NDA)

for approval. The product content and packaging design were approved. Commercialization is pending actual packaging by a contracted partner (Kampala Pharmaceutical Industries). The product is expected to be in the market the last quarter of FY11.

### **Strategy**

Pilplan Plus will be marketed in two phases: Phase 1 (4 months) announcing a new product to pre-converted COC users, and Phase 2 will focus on expanding the existing market. The target audience for PilplanPlus will be women in reproductive age 18-30 years, peri urban and rural areas. UHMG will maintain the positioning of Pilplan (Trusted by Millions) for the first Phase of Pilplan Plus introduction, as we explore further positioning attributes to grow the market for this COC.

### **Activity Description**

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- Develop print and distribute POS, promotional and IEC materials
  - 10,000 provider brochures
  - 8,000 consumer leaflets
  - 8,000 POS materials - Posters
  - 1000 T-Shirts
  - 1000 Lab coats
  - 1500 Pens
  - 3000 metal plates
  - 5,000 danglers
  - 1,500 prescription pad
- Air PilplanPlus ads on mass media (radio, TV and billboards)
- Providers will be detailed on PilplanPlus
- Conduct regional CME's
- PilplanPlus will be exhibited at most health conferences

### **Key Outputs**

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- 5000 health providers reached with knowledge on PilplanPlus
- Achieve sales target of PilplanPlus 1,600,000 cycle.
- Exhibitions undertaken on FP related events
- Radio programs supporting PilplanPlus aired
- TVCs aired

### **Linkages**

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- Through MCH program under community interventions targeting urban and rural women will provide opportunity to promote PilplanPlus amongst its target.
- Through MCH program GLCs and GLS will be targeted for sales of PilplanPlus
- Increase access to PilplanPlus through collaboration with other reproductive health organizations like HCP, RHU, FHI, MSH, MOH-reproductive department, ENGAGE, UNAM-Uganda Nurses and Midwives Association, UPMA
- Increased distributor knowledge will enhance demand.

## **ACTIVITY SHEET 8:**

**Area of Intervention: Family Planning**

<b>Activity name: Promote and sell MoonBeads - Natural family planning product</b>		Districts: National Coverage
<b>Result Number: 1</b>		
Contact: Juliet Rumanyika M&SI	Start Date: October 1, 2011	End Date: September 30, 2012
	Partners: UHMG, commercial distributors, other RH Partners, MOH	

### **Intermediate Results**

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- IR 2.1: Expanded and strengthened distribution networks for AFFORD/UHMG promoted products and services
- IR 2.2: Increased availability of AFFORD/UHMG promoted products and services
- IR 1.3 Increased Market Sustainability

### **Indicators and Targets**

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- Achieve sales of 3,600 MoonBeads (CYPs achieved 1,800)
- Volume of socially marketed contraceptives.
- Percentage of sampled retail outlets carrying AFFORD II/UHMG products (AFFORD II).
- Percentage of women in reproductive age using pills, injectables, condoms (AFFORD II)
- Percentage of women in reproductive age using Pilplan, Injactaplan, Protector, `O` condom, SoftSure or MoonBeads (AFFORD II)
- Sales volume of products promoted by AFFORD II/UHMG in millions
- Percentage of revenue from commercially marketed products
- Percentage of brand specific promotion investment to sales revenue (AFFORD II)

### **Background**

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MoonBeads is an alternative contraceptive for females who have discontinued or are likely to reject modern methods due to side effects, religious beliefs or culture. The product is still in introductory stages and desired sales have not been achieved. As the way forward the product will be re-positioned as a must have for females who wish to keep track of their cycles. Urban youthful females and school going girls are targeted. Focus will remain on educating providers and prospective users.

### **Strategy**

MoonBeads will be promoted as a must-have tool for youthful females to keep track of their cycles. Schools, institutions & FBO will be approached as avenues to reach the targeted audiences.

### **Objectives**

- Distribute 200 pieces of MoonBeads per quarter through JMS distribution channel
- Create 50% awareness among the targeted audiences.
- Achieve Sales of 3,600 pieces

### **Activities**

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- Orient health providers on MoonBeads
- Promote MoonBeads as a guiding tool to know your cycle among young women.
- Maintain the focal persons for MoonBeads.

### Linkages

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- Through MCH program under community interventions targeting urban and rural women will provide opportunity to promote MoonBeads amongst its target.
- Increase access to MoonBeads through FBOs (UCMB) and Schools

## ACTIVITY SHEET 9:

### Area of Intervention: Family Planning

Activity name: Promotion of NewFem Result Numbers: 1		Districts: National Coverage
Contact: Juliet Rumanyika M&SI	Start Date: October 1, 2011	End Date: September 30, 2012
		Partners: UHMG, Commercial distributors

### Intermediate Results

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- IR 2.1: Expanded and strengthened distribution networks for AFFORD/UHMG promoted products and services
- IR 2.2: Increased availability of AFFORD/UHMG promoted products and services
- IR 1.3 Increased Market Sustainability

### Indicators and Targets

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- Sales Targets: October 2011 - September 2012
- 40,000 cycles
- Volume of socially marketed contraceptives
- Percentage of sampled retail outlets carrying AFFORD II/UHMG products (AFFORD II).
- Percentage of women in reproductive age using pills, injectables, condoms (AFFORD II)
- Percentage of women in reproductive age using Pilplan, Injectaplan, Protector, `O` condom, SoftSure or MoonBeads (AFFORD II)
- Sales volume of products promoted by AFFORD II/UHMG in millions
- Percentage of revenue from commercially marketed products
- Percentage of brand specific promotion investment to sales revenue (AFFORD II)

### Background

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NewFem is a COC targeting the urban middle class. It was introduced to the market 2 years ago but didn't take off as anticipated. According to the UHMG Usage & Attitude survey, the usage rate is at 4%. It stocked out and we intend to re-introduce it to the market with more aggressive marketing approaches. NewFem is not subsidised and it is a cost recoverable product which means the market price will be higher than PilplanPlus.

### Strategy

Focus on the niche of urban middle income females aged between 18-35 and reinforce targeted communication activities.

Stocks of NewFem expired last year; we need to intensify direct marketing activities at provider and consumer levels.

### Objectives

- Re introduce NewFem to the market in the last quarter of 2011.
- Create awareness and strengthen its position as a COC for the urban middle class female.
- Achieve sales of at least 10,000 cycles per quarter and 40,000 in FY12

### Activity Description

- CMEs: To resume when product is re-introduced.
- Continue detailing to providers: To be done in selective distribution points
- Corporate workplace activations: To be planned using direct marketing approaches
- Mass Media: Radio, TV, Billboards
- Exhibitions: On selective events.

### Key Outputs

- Achieve sales of 40,000 cycles
- Awareness levels on NewFem increased
- Exclusive (middle class) outlets stocking NewFem

## ACTIVITY SHEET 10:

Area of Intervention: Family Planning

Activity name: Promotion of Softsure Result Numbers: 1		Districts: National Coverage
Contact: Juliet Rumanyika M&SI	Start Date: October 1, 2011	End Date: September 30, 2012
		Partners: UHMG

### Intermediate Results

IR 2.1: Expanded and strengthened distribution networks for AFFORD/UHMG promoted products and services

IR 2.2: Increased availability of AFFORD/UHMG promoted products and services

IR 1.3 Increased Market Sustainability

### Indicators and Targets

Sales Targets: October 2011 - September 2012

- 72,000 cycles, 4,800 CYPs
- Volume of socially marketed contraceptives
- Percentage of sampled retail outlets carrying AFFORD II/UHMG products (AFFORD II).
- Percentage of women in reproductive age using pills, injectables, condoms (AFFORD II)

- Percentage of women in reproductive age using Pilplan, Injectaplan, Protector, `O` condom, SoftSure or MoonBeads (AFFORD II)
- Sales volume of products promoted by AFFORD II/UHMG in millions
- Percentage of revenue from commercially marketed products
- Percentage of brand specific promotion investment to sales revenue (AFFORD II)
- Volume of socially marketed contraceptives
- Percentage of sampled retail outlets carrying AFFORD II/UHMG products (AFFORD II).
- Percentage of women in reproductive age using pills, injectables, condoms (AFFORD II)
- Percentage of women in reproductive age using Pilplan, Injectaplan, Protector, `O` condom, SoftSure or MoonBeads (AFFORD II)

## **Background**

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Softsure is a contraceptive pill targeted at breast feeding mothers. During the past two years, stock was inconsistently available, but demand was high. UHMG anticipates getting SoftSure on the market beginning September 2011. The Softsure strategy will be to increase sales through aggressive mass communications and direct marketing.

## **Strategy**

The main focus is to target specific health providers (Gynecologists, Midwives, nurses, Pharmacy dispensers) in the private sector health clinics and ensure availability of Softsure. In addition, demand generation activities through ANC's and maternity centers will be targeted so as to reach mothers and motivate them to use Softsure and help them understand more about good quality child care and the need for them to use SoftSure while breastfeeding

## **Objectives**

- Reintroduce SoftSure into the market in the last quarter of 2011/2012.
- Create brand awareness among consumers 50%
- Achieve sales of at least 72,000 in 2012.

## **Activities**

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- Detailing to private sector health care providers at their clinics
- Conduct CMEs amongst health providers
- Promote SoftSure at ante-natal clinics, maternity homes, and hospitals through activations
- Radio and TV adverts to popularize the POP (SoftSure)
- Participation at exhibitions related to Family planning to create awareness of SoftSure

## **Key Outputs**

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- Sales targets of 72,000 cycles achieved
- Radio and TV programs on Softsure broadcast on selected stations
- 10 Hospital maternity centers activated and promoting SoftSure amongst women/mothers

## **Linkages**

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- Linkages with both private and public maternity/antenatal centers through mothers clubs and Hospital based activations.
- VHTs through community interventions conducted under the MCH Program.
- NGOs and Government institutions that deal with reproductive health issues including Marie Stopes, RHU, ENGAGE, FHI, MSH, HCP

- Partnership with fast-moving goods company eager to reach the same target audience as the SoftSure user: young mothers/breastfeeding mothers

## **ANNEXURE D: CROSS CUTTING ACTIVITIES**

**Annexure D**  
**CROSS CUTTING ACTIVITIES**

**Area of Intervention: MSI - CORPORATE AND EXTERNAL RELATIONS**

**ACTIVITY SHEET No. 1:**

Area of Intervention: Corporate and External Relations

<b>Area of Intervention: Corporate and external relations (UHMG PR)</b>		Districts: National Coverage	
<b>Result Number: 1.3</b>			
Contact: Brenda Kabagweri MS&I	Start Date: October, 2011	End Date: September 30, 2012	
Partners: UHMG, CCP			

**Intermediate Results**

- IR 1.3: Increased market sustainability.
- IR 3.1: Increased knowledge and healthy behaviors.

**Indicators and Targets**

- Increase exposure to Good Life brand among target public audiences
- Increase awareness of UHMG among organizational stakeholders

**Background**

The corporate relations unit will work closely with the communications, brands, programs and commercial division to orchestrate interlinked activities that will enhance the UHMG brand identity and create an enabling environment for UHMG and its business units to flourish. UHMG the *"Home of the Good Life"* is a private sector health brand that needs to be nurtured and maintained. With the vision in mind, UHMG strives to ensure that its targeted audiences recognize it a strong private sector health marketing brand associated with the Good Life.

UHMG has a wide range of product brands which fall under the different program areas that it operates. The corporate relations activities will be aimed at making UHMG and its business units universally known and respected by key constituencies nationwide. UHMG has collaborated with various corporates and private sector entities like Air Uganda, DFCU bank, Barclays bank, Airtel, Centenary bank, Pharmaceutical industries etc. to improve the health in communities around Uganda. Leveraging on the good relationships that UHMG has built with the private sector, Corporate Social Responsibility events together with private sector companies will continue in the coming year. Through these joint collaborative efforts not only are communities benefitting through behavior change interventions but they also benefit by getting free products donated by the private sector companies. The Programs team benefits by pushing their interventions through these channels, while brands and PF get an opportunity to push forward their products. This

enhances UHMG visibility and contributes to market sustainability. We anticipate to have one each month targeted at corporates with employee communities like Mining, Commercial farming, industries among others.

### ***Targeted audience***

#### **Internal**

- UHMG staff
- BOD – UHMG Board of Directors
- UHMG Founder members

#### **External**

- Donors
- MOH, DHOs, VHTs,
- MGLSD, MES
- Private sector
- Other NGOs, CSOs and CBOs
- Consumers, clients of Good Life products and services

#### **Focus areas**

- Promote UHMG and Good Life as a trusted private sector health brand among stakeholders and development partners
- Engage the private sector in Corporate Social Responsibility events linked to health program areas
- Provide publicity and awareness for all UHMG brands, programs and the Product Facility (PF)

#### **Activity description**

- In liaison with Brands, Programs and PF organize the monthly health fairs
- Organize for partnership strategic meetings for CSR collaborations targeted at 2 per month
- Documentation of all activities and Public Relations events in order to publish 1 documentaries and 1 book on best practices and UHMG interventions
- Develop communication materials to popularize all strategic business units
- Develop an internal stakeholder database to map all UHMG partners and clients
- Engage media to popularize UHMG/ Good Life work through having a weekly health segment or column to run on Television and Print
- Develop quarterly media information briefs to be disseminated to various media houses
- Upload UHMG activities and events on Facebook, Twitter, YouTube and Website
- Use the business SMS platform to promote the business units
- Develop promotional materials for events that make UHMG and Good Life brand, universally known and respected by key constituencies, such as partners, donors and clients.
- Organize for informal staff meetings to share information, interact as a way to improve general organizational knowledge and attitudes.

#### **Key corporate communications strategies**

- Effectively use different communication media;
- Internal communication tools (Newsletters, Intranet, informal happy hour meetings);
- IPC (Staff meetings, internal e-mails, Notice board, Intranet);
- Mass-media (Press-releases & documentaries);

- Use of technology internet (SMS, Website, face-book & web pages) to ensure that all UHMG target audience understand our business better & are constantly updated on UHMG activities;
- Document public relations activities and use them to pitch for more collaboration;
- Write proposals to different private sector companies soliciting for strategic collaborations for CSR and buying of UHMG products;

### Key Outputs

- Corporate relations materials produced
- Newsletters, annual reports produced
- Website constantly updated and functional
- Corporate promotional materials developed and produced
- Corporate shirts produced
- Documentaries of UHMG and its business units' activities
- Health focus program produced and documented
- CSR proposals written and sponsored by the private sector
- UHMG products sold through private sector collaboration

### Outcomes

- Availability and visibility of UHMG products, services and information linked to the Good Life brand

### Linkages

- Leverage on PR for brand events
- Leverage on special projects for CSR
- Private companies like (Banks and Telecom)
- Corporate social responsibility in the private sector

## ACTIVITY SHEET No.2:

Area of Intervention: Corporate and External Relations

<b>Area of Intervention: Health Marketing Conferences</b>		Districts: National Coverage	
<b>Result Number: 1.3</b>			
Contact: Kabagweri MS&I	Brenda	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: UHMG, CCP			

### Intermediate Results

IR 1.3: Increased market sustainability.

IR 3.1: Increased knowledge and healthy behaviors.

### Indicators and Targets

Increase in percentage of target audience reached through project supported messages by 10% (3.1.9)

Increase in percentage of target population with awareness of the Good Life health issues by 10 % (3.3.9)

Increase exposure to Good Life brand among target public audiences  
Increase awareness of UHMG among organizational stakeholders

### **Background**

UHMG's mandate is to strengthen the private sector in delivering quality and customer based services. UHMG markets its brands through the private sector and engages it in corporate social responsibility events linked to UHMG brands, programs and the Product Facility.

Each year UHMG organizes the private sector players in regional Health Marketing conferences addressing different topics of importance to them. During these conferences the private sector is linked to the micro financing institutions so as to help them access soft loans and get training on business skills. Other multi-national corporations are targeted to partner with health providers in order to improve the health situation in Uganda. The overall goal of these conferences is to improve the business acumen of the private sector as well as providing them with cutting edge information on the global operations in health and business and market UHMG branded products to the private sector.

### **Focus areas**

- Organize for the regional health marketing conference
- Link corporate institutions to the health marketing conference
- Mobilize private sector exhibitors to participate in the conference

### **Objective**

- To create a platform for Private sector providers to share experiences and exchange ideas for improving the quality of life of Ugandans
- To showcase UHMG's contribution in provision of quality health care service and products delivery through the private sector

### **Activity description**

- Organize two regional health conferences per year
- Attract private sector as well as public sector participation at this conference
- Popularize the health marketing conferences through mass media (Radio, print, web pages)
- Develop promotional materials for the health conference
- Develop press-releases prior to the conference
- Document the health conference and disseminate to partners

### **Key corporate communications strategies**

- Effectively use different communication media;
- Internal communication tools (Newsletters, Intranet)
- Mass-media (Press-releases & documentaries)
- Use of technology internet (Website, Facebook, Twitter, YouTube & web pages) to ensure that all the private sector people are mobilized

### **Key Outputs**

- Corporate relations materials produced for the conference
- Website featuring conference stories both in print and digital
- Corporate kit developed and produced
- Promotional materials produced
- Media coverage

**Outcomes**

- Availability and visibility of UHMG products, services and information that is usable and understandable as a promoter of the Good Life

**Linkages**

- Leverage on PR for brand events
- Leverage on special projects for CSR
- Private companies like (pharmaceuticals, banks, telecoms, other health service providers etc.)
- Corporate social responsibility in the private sector

## Area of Intervention: MSI - RESEARCH, MONITORING & EVALUATION

### ACTIVITY SHEET No. 1:

#### Area of Intervention: Research, Monitoring & Evaluation

Activity name: Monitoring Result Number: 1		Districts: National Coverage
Contact: Samuel Zirimenya R&E	Start Date: October 1, 2011	End Date: September 30, 2012

#### Background

The UHMG R M & E team will regularly conduct monitoring visits to ensure that activities are carried out as planned and adherence to quality standards are observed. Technical support will be given to all organizations and individuals involved in the implementation of activities to ensure proper record keeping, data compilation, utilization and reporting. Data will be collected on activities being implemented, compiled, analyzed and used for decision making and reporting.

Specific emphasis will be put on the building the capacity of the Good Life Clinics (GLCs) to handle the Health Management Information System and regularly report to their respective Health District Offices.

#### Activity Description

- Training of staff of sub grantees in data management and reporting
- Training of Health facility staff in HMIS
- Production and provision of data collection tools (OPD registers, HCT client cards, HCT, register, FP, Antenatal and Maternity registers.
- Provision of Monthly HMIS forms
- Carry out monitoring visits
- Carry out database update to cater for UHMG activities and generate appropriate reports
- Prepare and distribute M&E reports
- Conduct routine data collection
- Dissemination of M & E reports

#### Key Outputs

- Monitoring reports
- Quality services and data obtained from the service providers
- Updated database
- Automated periodic data reports

#### Linkages

District Health Offices (DHOs)  
MOH

#### Partners Involved

Sub Grantees  
MEEPP, UMEMS

## ACTIVITY SHEET: No. 2:

Area of Intervention: Research, Monitoring & Evaluation

Activity name: Thematic research: HIV, MCH, Malaria, and Family Planning Result Number: 1		Districts: National Coverage
Contact: Jude Okiria R&E	Start Date: October 1, 2011	End Date: September 30, 2012

### Background

Evidence based planning and implementation of activities is the guiding principle of AFFORD/UHMG and those organisations supported to implement activities. In order to increase the demand for AFFORD/UHMG promoted products and services, research and pre-testing of new products to be introduced on the market will be carried out to establish consumers tests and preferences. In the area of HIV, MCH, Malaria, and Family Planning research will be carried to bridge the information gap.

The R M & E section will support other departments and sub grantees through coordination and implementation of research activities as need arises.

The research activities will be carried either directly by the R M & E section or outsourced.

### Activity Description

- Identify research needs
- Advertise and select organization to implement a research.
- Development of research proposals
- Prepare Questionnaires, Interview Guides or Checklist
- Recruitment & training of field staff
- Implement/Oversee research activities
- Data processing, analysis and report writing.

### Key Outputs

- Research reports

### Partners Involved

TBD per program linkage

## ACTIVITY SHEET: No. 3:

Area of Intervention: Social Marketing, Business Division

Activity name: Market Research Result Number: 1		Districts: National Coverage
Contact: Jude Anthony Okiria R&E	Start Date: October 1, 2011	End Date: September 30, 2012

## Background

Strengthening the distribution systems and ensuring outlet coverage at all levels is a central activity of UHMG. The research section will continue to conduct market research activities to provide the necessary data. The focus of the market research activities will be: Retail Audit, market share, market intelligence, and new product market analyses.

## Activity Description

- Sample selection for the different surveys
- Recruitment and training of research assistant
- Data collection
- Field Supervision
- Data analysis
- Report writing and dissemination
- Advertising and selection of organization to carry out research which cannot be carried out in house
- Dissemination of research findings to stakeholders

## Key Outputs

- Proportion of retail outlets carrying AFFORD promoted products
- Market share of AFFORD products
- User consumer profiles.
- Volume of AFFORD products handled through retail outlets
- Global positioning of the retail outlets
- Data collected
- Reports written

## Linkages

Product facility

Retail/ Service Outlets

## ACTIVITY SHEET: No. 4:

Area of Intervention: R M&E

Activity name: Large scale surveys, secondary analysis Result Number: 1		Districts: National Coverage
Contact: Jude Okiria R&E	Start Date: October 1, 2011	End Date: September 30, 2012

## Background

Quantitative research surveys are generally expensive especially if they are of national nature. However, there are a number of national research activities carried out e.g Malaria Indicator Survey (MIS), UDHS, Sero behavior surveys which can supplement surveys carried out internally. To minimize data collection costs, the research, monitoring and evaluation team will take advantage of these and undertake to carry out secondary analysis

of the data. This will be tailored to meet the data gaps which cannot be met by other available data sources.

**Activity Description**

- Identification of data/information gaps which can be filled by secondary analysis of data from large surveys
- Data analysis and report writing
- Dissemination of findings to partners and other stakeholders

**Key Outputs**

- Analytical reports from large surveys

**Linkages**

UBOS, MOH

**ACTIVITY SHEET: No. 5:**

**Area of Intervention:** Research, Monitoring and Evaluation

Activity name: Capacity building Result Number: 1		Districts:
Contact: Jude Okiria R&E	Start Date: October 1, 2011	End Date: September 30, 2012

**Background**

Capacity building of the unit will be crucial in ensuring the accomplishment of AFFORD II objective 1. R, M & E unit capacity building will be provided by both CCP staff and local consultants.

**Activity Description**

- Development of UHMG M & E strategy and PMP,
- Qualitative data analysis,
- Designing of evaluation strategies,
- Proposal development,
- Sampling techniques
- Training in R,M & E
- Design of publications

**Key Outputs**

- Analytical reports
- Skilled staff
- Publications
- M & E Plan and strategy

**Partners Involved**

CCP/UHMG

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## Area of Intervention: HUMAN RESOURCES & ADMINISTRATION DIVISION

### ACTIVITY SHEET No. 1:

#### Area of Intervention: UHMG Sustainability

<b>Activity Name: Human Resource Management and Development</b> <b>Result Number: 3</b>		Districts: Not applicable
Contact: Elizabeth Ikoju and Valerie K. Mitala	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: CCP and other consulting firms		

#### Intermediate Results

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- IR 1.2 Increased Institutional Sustainability of UHMG
- IR 1.4: Increased Technical Capacity of UHMG

#### Indicators and Targets

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- Percentage of staff positions in the organizational structure that are filled with qualified staff (*AFFORD II PMP, IR 1.2.1*)
- 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*)
- Number of UHMG Officers, Finance, and Program staff trained in financial management and reporting (*AFFORD II PMP, IR 1.4.1*)
- Number of staff trained in their technical areas (*AFFORD II PMP, IR 1.4.2*)

#### Strategies

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UHMG acknowledges that staff is the major assets critical to its growth. As the organization works toward self-sustainability, employees will continuously be assessed on performance and relevant skills necessary for achieving desired individual and departmental set targets.

UHMG will operationalize gaps identified in the Organizational Capacity Assessment under the management and monitoring of the Change Team to effect desired structural changes and skills development.

#### Key Activities

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##### Human Resource Management

##### *Change Management process:*

- Fill vacant positions across all projects
- Update job descriptions, KRAs and KPIs for all staff to regularly measure performance
- Actualize performance-based evaluation and tracking of employee level of effort (LOE)

- Conduct an HR Personnel Audit
- Fill vacant positions in organogram with skilled staff.
- Develop departmental profiles to showcase directorate achievements.

*HR systems review:*

- Institute recruitment tracking tool
- Improve on HR and Admin file management and documentation of entire recruitment process.
- Utilize funding grid developed (with multiple donors) and new timesheet format for accurate recording and allocation of staff time and related costs
- Actualize departmental annual leave plans and track all leave and absence management (tracking leave, filling forms)
- Utilize new performance evaluation / appraisal tool and system
- Institute a skills matrix (abridged versions of CVs), and tap on internal skills
- Institute a succession plan process; start with senior management positions
- Acquire HRMIS database with linkages to other directorates' requirements
- Implement strategy for exiting staff
- Work with PF on the transition process

Human Resource Development

*Strengthen the institutional capacity of UHMG:*

- Effect systems changes and skills development gaps identified in the capacity building (MOST) Workshop
- Carry out a personnel skills audit, and carry out Training Needs Analysis (TNA) from performance appraisal gaps as a basis for skills development
- Develop the Human Resource Development Plan (HRD), with input from other directorates (including MD CCP leadership training)
- Carry out scheduled trainings, and track departmental trainings held
- Undertake capacity building through study tours, exposure visits, generic and customized trainings/workshops, motivational talks
- Seek partnerships with organisations and organise exchange visits
- Undertake trainings (as per directorates' needs)
- Undertake team building activities (Board and Staff)
- Engage consultants to undertake professional / technical assignments while building staff capacity

**Key Outputs**

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- Updated job descriptions, KRAs, and KPIs set and utilized
- HR personnel audit conducted
- Succession plan developed and utilized
- Recruitment tracking tool in place
- Skilled staff attracted/hired
- Payments for stipends, salaries, fringe benefits, and taxes and other statutory deductions effected
- Staff skills, performance, bonding, and motivation enhanced
- Systems strengthened and staff compliance improved
- Better employee performance
- Continuity and institutional memory assured
- Organizational performance improved

**Linkages**

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- The HR Department links with other directorates through the entire recruitment process (right from entry to exit) in ensuring that personnel with the desired skills are acquired, retained, and motivated to deliver the set targets of the organization.
- Through on-the-job mentorship and training, employees of respective directorates acquire skills in building partnerships for business and institutional development.

## ACTIVITY SHEET No. 2:

### Area of Intervention: UHMG Sustainability

<b>Activity Name: Administration Systems and Management</b>		Districts: Not applicable
<b>Result Number: 3</b>		
Contact: Joyce Kaija and Elizabeth Ikoju	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: UHMG, other consulting firms, and service providers		

### Intermediate Results

- IR 1.2 Increased Institutional Sustainability of UHMG
- IR 1.4: Increased Technical Capacity of UHMG

### Indicators and Targets

- 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*)

### Strategies

As part of UHMG's path to sustainability, UHMG regularly conducts reviews of its operational procedures, guidelines, and systems to ensure proper usage of resources. Regular reviews have been ongoing for the last 5 years. The thrust of Year Seven will be to further strengthen UHMG's institutional capacity. UHMG will continuously review its systems and policies, and make the required improvements to guide staff in their daily operations, as well as provide a basis for accountability of activities undertaken and time, funds, and assets utilized. The UHMG Human Resource and Administration team will continue to ensure continued compliance to policies and procedures of the organization, offer support services to other departments, and ensure improvements in coordination, timely procurement of supplies and services, manage our suppliers and service providers in a cost-effective manner to improve the organization's overall performance and effectiveness, and image. UHMG will continue to select competitive consultants to provide professional services to strengthen its institutional capacity.

### Key Activities

#### Management of assets and utilities

- Improve security management
- Undertake timely annual rental payments for rented premises (Pharmacies)

- Ensure proper management of the new office premises and undertake timely office repairs and maintenance, compound maintenance, utility payments, and other office running items
- Undertake insurance cover of assets, buildings, and PF stocks
- Improve storage space

#### Management of meetings

- Continue with implementation of the meetings/activity calendar
- Undertake quarterly Board Committee meetings, quarterly Board of Directors meetings, Annual General Meeting, and Founder Members' meetings
- Hold weekly departmental meetings, and all-staff meetings every two months, and share departmental challenges and solutions

#### Ensure compliance to policies and systems

- Undertake reminders on adherence to policies and procedures, core values and ethics, and desired behavior
- Improve on data storage and file management
- Actualize a policy on Office Procedures and Guidelines
- Disseminate approved policies

#### Streamline support services across directorates

- Emphasize documentation registration and accountability
- Review & implement administrative systems & practices

### **Key Outputs**

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- Security for office and assets provided
- Annual rental payments for rented premises effected (Pharmacies)
- Office repairs and maintenance, compound maintenance, utility payments, and other office running items effected
- Quarterly Board Committee meetings, quarterly Board of Directors meetings, Annual General Meeting, weekly departmental meetings, and all-staff meetings every two monthly held
- Undertake reminders on adherence to policies and procedures, core values and ethics, and desired behavior
- File data storage and file management
- Office Procedures and Guidelines approved and disseminated

### **Linkages**

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- Implementation of Administrative systems and operations is cross-cutting and as a result, has linkages to the operations, activities, and overall performance of the other directorates. For example:
  - Provision of logistical support to the Marketing and Strategic Information (M&SI) Directorate during the Regional Health Marketing Conferences, enables this Team to bring together the Private Health Sector to create awareness and demand for UHMG products and services, and to build partnerships in business. Subsequently, this leads to increase in the demand for products which results in sales and revenue generation for the Product Facility. Simultaneously, increase in awareness of UHMG services creates demand for the Programs Directorate's intervention.

- Regular hotel and conference reservations made for the M&SI and Program & Services Directorates draw partners and key stake-holders to trainings which build their institutional capacity to better implement our programs and enable both Directorates met their targets of improved public health.
- The major focus of Administration will be to maintain cost effectiveness in the activities and services undertaken within and across the directorates.

## ACTIVITY SHEET No. 3:

### Area of Intervention: UHMG Sustainability

<b>Activity Name: ICT Management</b>		Districts:
<b>Result Number: 3</b>		Not applicable
Contact: Oscar Nageri	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: UHMG, other consulting firms, and service providers		

### Intermediate Results

- IR 1.2            Increased Institutional Sustainability of UHMG
- IR 1.4:           Increased Technical Capacity of UHMG

### Indicators and Targets

- Percentage of staff positions in the organizational structure that are filled with qualified staff (*AFFORD II PMP, IR 1.2.1*)
- 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*)
- Number of staff trained in their technical areas (*AFFORD II PMP, IR 1.4.2*)

### Strategies

UHMG's path to sustainability requires a major overhaul of the ICT infrastructure, implementation of approved ICT policies and procedures and an improved ICT service delivery model. The challenges of Year Six and prior included usage of now out-of-date telephony facilities, Internet services and Local Area Network infrastructure that can no longer cope with the increasing staff demand and operations. UHMG will continuously review its ICT infrastructure, systems and policies, and make the required structural improvements to better facilitate efficient service delivery.

### Key Activities

#### Management of ICT equipment and services

- Maintenance and repairs of ICT equipment
- Procure ICT equipment for new staff
- Undertake timely annual rental payments for services
- Undertake insurance cover of assets, equipment, and PF stocks – *on-going*

- Submit timely reports
- Maintenance of ICT equipment inventory and monitoring of warranty status
- Email and Internet services office communication delivery
- Maintenance and renewal of software licenses
- Review and renewing of ICT services contracts
- Management of ICT equipment tracking sheets
- Facilitation of staff with necessary ICT equipment to carry out their activities
- Management of the UHMG website service and monitor its use

#### Review and strengthening of IT systems

- Strengthen IT systems and access (computers, servers, LAN, anti-spam & virus systems, set up electronic filing on shared drives, implement an intranet, knowledge management system, and ensure update of the website by the Marketing and Strategic Information directorate)
- Upgrading of the office Intercom system and ensure functionality of telephone call tracking system and follow-up staff call reports
- Upgrading of the core network switches
- Setting up of a UHMG Intranet for e-collaboration
- Quarterly ICT policy and procedures implementation hardening
- Quarterly testing and deployment of software updates and patches
- Improve on data storage and file management
- Maintenance of backups of all user data
- Regular checks on user e-document central filing best practice adherence
- Upgrading of the Internet services to fibre optics from WiMAX (2Mbps from 1Mbps)
- Continuous review and implementation of LAN threat management procedures, ensuring adherence to international ICT security standards

#### **Key Outputs**

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- ICT procedures and guidelines fully operational
- Staff e-filing compliance improved
- Improved Internet service delivery
- Setting up of a new PABX with voice conferencing facility
- Improved Local Area Network
- IT back-up and storage
- ICT equipment maintained
- Minimizing of pirated software use
- Overhead projection set up in the conference rooms
- Migration of the UHMG website to new service provider
- Total securing of the UHMG server and client data
- UHMG Intranet setup

#### **Linkages**

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- Management of Information Communication and Technology is a key requirement for coordination amongst all the directorates. When systems (Internet, phones, email, website, Intranet, Local Area Network, and Wide Area Network) are fully operational, they facilitate communication in promoting business partnerships and demand for products and services which result into increased sales for the Product Facility. Communication also facilitates coordination of program activities and increased awareness and demand for services. The Special Projects team also rely on an efficient ICT system to proactively seek solicited and non-solicited Requests For Proposals, and

write proposals to prospective donors for additional funding as part of our resource mobilisation strategy.

## ACTIVITY SHEET No. 4:

### Area of Intervention: UHMG Sustainability

<b>Activity Name: Fleet Management</b>		Districts:
<b>Result Number: 3</b>		Not applicable
Contact: Paddy Kabega	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: UHMG, other consulting firms, and service providers		

### Intermediate Results

- IR 1.2 Increased Institutional Sustainability of UHMG
- IR 1.4: Increased Technical Capacity of UHMG

### Indicators and Targets

- Percentage of staff positions in the organizational structure that are filled with qualified staff (*AFFORD II PMP, IR 1.2.1*)
- 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*)
- Number of UHMG Officers, Finance, and Program staff trained in financial management and reporting (*AFFORD II PMP, IR 1.4.1*)
- Number of staff trained in their technical areas (*AFFORD II PMP, IR 1.4.2*)

### Strategies

Fleet Management plays a key role in the operations of the organization. As a support function of the organization, the Human Resource and Administration team availed transportation services to other directorates during Year Six. This included the acquisition and use of three new trucks.

During Year Seven, we will continue to provide similar services in a cost effective manner through the requisition of monthly travel plans and use of prequalified service providers.

The Human Resource and Administration team will continue to offer support services to other departments in meeting their programmatic needs while ensuring improvement in coordination and timely requisition of transport.

### Key Activities

#### Management of assets

- Maintain vehicle fleet through timely repairs and service
- Monitor vehicle insurance coverage and renewal

- Submit timely reports (monthly vehicle fuel, maintenance, and status reports)
- Undertake re-registration of USAID-donated vehicle
- Undertake fleet-management and third-party logistics training
- Use fleet management reports to analyze vehicle status, fuel consumption and maintenance costs

Management of meetings

- Hold Monthly Drivers' meetings

Ensure compliance to policies and systems

- Update vehicle policy and Procedures manual bi-annually
- Ensure adherence to vehicle policies and procedures
- Regularly update official staff drivers' list
- Share defensive driving insights during all staff meetings and Vehicle internal control mechanisms to emphasize adherence to vehicle management policy and procedures
- Harmonize travel plans across directorates as per monthly work plans

**Key Outputs**

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- Vehicles Maintained efficiently
- Vehicles insured and renewed
- Vehicle fuel, maintenance, and status reports submitted
- Drivers' meetings held
- Vehicle policy and Procedures manual in use
- Official staff drivers' list in place
- Defensive driving insights shared with all staff

**Linkages**

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- Through fleet management, staff are availed with vehicles to transport products for revenue generation, and as such increase Product Facility Sales. Staff are also able to travel and implement activities for the various programs designed for public health impact. Harmonizing directorates' travel requests and activities promotes organizational synergies and efficiencies.
- Well-maintained branded vehicles increase our visibility and awareness, and interest partners in doing business with UHMG.

**ACTIVITY SHEET No.5:**

**Area of Intervention: UHMG Sustainability**

<b>Activity Name: Procurement Management</b>		Districts:
<b>Result Number: 3</b>		Not applicable
Contact: Noel Murekezi	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: UHMG, other consulting firms, and service providers		

**Intermediate Results**

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- IR 1.2 Increased Institutional Sustainability of UHMG
- IR 1.4: Increased Technical Capacity of UHMG

## **Indicators and Targets**

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- Percentage of staff positions in the organizational structure that are filled with qualified staff (*AFFORD II PMP, IR 1.2.1*)
- 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*)
- Number of UHMG Officers, Finance, and Program staff trained in financial management and reporting (*AFFORD II PMP, IR 1.4.1*)
- Number of staff trained in their technical areas (*AFFORD II PMP, IR 1.4.2*)

## **Strategies**

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As part of our desire to ensure compliance, UHMG strengthened the procurement function by recruiting a Procurement Officer in Year Six. The focus of Year Seven will be to continuously improve UHMG's procurement systems, policies and implementation.

Working together with the Procurement Committee, the Human Resource and Administration team will continue to ensure improvements in coordination, timely procurement of supplies and services, manage our suppliers and service providers in a cost-effective manner to improve the organization's overall performance and effectiveness, and image. UHMG will continue to select competitive consultants to provide professional services to strengthen its institutional capacity.

## **Key Activities**

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### Management of assets and utilities

- Procure double cabin pick-up trucks
- Undertake insurance coverage of assets, equipment, and PF stocks

### Ensure compliance, efficiency & cost effectiveness in procurement

- Institute Annual Procurement Plan
- Complete supplier prequalification exercise and utilize suppliers for the next two years, ending September 2013
- Institute annual procurement contracts for regular supply of goods and services
- Develop and actualize payment matrix to monitor timely payments
- Update the procurement policy and procedures manual in accordance with the PPDA trends, USAID regulations and other Donor requirements
- Organize compliance trainings for the Procurement Committee
- Share procurement insights with staff during all staff meetings and other internal communication media to emphasize adherence to procurement procedures, and systems

## **Key Outputs**

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- Double cabins pick-up trucks procured
- Insurance cover for assets, equipment, and PF stocks renewed
- Annual Procurement Plan in place and used
- Two-year (Oct 2011-Sept 2013) supplier pre-qualification list utilized
- Annual procurement contracts utilized for supply of goods and services
- Payment matrix in place
- Procurement policy and procedures manual reviewed, updated and shared with staff
- Compliance trainings for the Procurement Committee undertaken

- Staff regularly updated on procurement insights.

### Linkages

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- Management of the procurement function is a mandatory requirement for an organisation to attain value for money. The existence and use of a robust procurement plan by staff ensures timely requisitions of procurements by the various directorates, which enables the procurement department to coordinate with various suppliers (thus promoting business partnerships) and avail the required goods and services for implementation
- The existence of a procurement committee upholds objectivity and segregation of duties which result into cost effectiveness, integrity and accountability.
- Usage of prequalified suppliers on contract promotes UHMG visibility and business partnerships.

## ACTIVITY SHEET No. 6:

### Area of Intervention: UHMG Sustainability

<b>Activity Name:</b> <b>Workplace Environment and Employee Welfare</b>		Districts: Not applicable
<b>Result Number: 3</b>		
Contact: Valerie K. Mitala and Elizabeth Ikoju	Start Date: October 1, 2011	End Date: September 30, 2012
Partners: UHMG, and other consulting firms		

### Intermediate Results

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- IR 1.2 Increased Institutional Sustainability of UHMG
- IR 1.4: Increased Technical Capacity of UHMG

### Indicators and Targets

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- 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*)
- Number of staff trained in their technical areas (*AFFORD II PMP, IR 1.4.2*)

### Strategies

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UHMG believes that the health and welfare of its employees are essential in maintaining staff motivation, and that the investment in the health and welfare of staff in an investment in the organization's overall efficiency and effectiveness. UHMG is committed to producing a caring and supportive working environment, which is conducive to the welfare of employees, and which enables them develop to their full potential. The focus of Year Seven will be to further improve the work environment and welfare of UHMG's employees, by empowering them, recognizing their efforts and achievements, and emphasizing team-bonding and

team-work, in order to boost staff morale and performance, promote job satisfaction, earn employee goodwill and loyalty, and foster a great sense of belonging to the organization.

UHMG will continue to seek professional advice from consultants in providing services that are staff-welfare focused, develop employees that are motivated, productive, and fulfilled, in order for the organization to become competitive in the market and assure staff continuity. Team spirit and collaboration shall be encouraged among employees. UHMG shall continue to provide basic services, amenities, and facilities essential for the well being of employees.

## **Key Activities**

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### Employee Welfare

- Actualize staff welfare policy (in liaison with the Change Management Team)
- Initiate an HIV Workplace policy

#### *Staff remuneration:*

- Pay severance / retirement dues for previous project period
- Effect the annual salary increment (cost of living adjustment)
- Continue with timely payroll payments, and pay slip provision to develop staff allegiance

#### *Staff benefits:*

- Continue to provide fringe benefits (airtime, per-diems, 13<sup>th</sup> month, relocation allowance, etc) to build loyalty to UHMG
- Renew annual GPA insurance and medical insurance staff coverage
- Undertake annual general health check-up for staff through the medical insurance scheme
- Carry on with subsidized lunch services
- Encourage staff to join the saving scheme (USSCS), and benefit from staff loans

#### *Staff recognition:*

- Mention/recognize staff birthdays
- Celebrate individual and organizational achievements
- Undertake regular employee recognition events and awards
- Seek complimentary hotel weekend packages for employees and families

#### *Team bonding and development:*

- Undertake team building activities (Staff and BOD)
- Continue with indoor and outdoor recreational activities (football and aerobics)
- Have motivational speakers (from staff and others) during all-staff monthly meetings (for better health, personal development, professional development, etc)

### Work Environment

- Improve on timely provision of sundries and consumables
- Maintain provision of first-aid services and the supply of office and vehicle first-aid kits (equipped with prescribed contents)
- Set up for secluded eating area at new office premises
- Improve on workplace environment, ambience, and welfare facilities (safe, hygienic and healthy work setting, with efficient waste disposal systems, proper lighting, sitting, ventilation/aeration)

## **Key Outputs**

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- Staff commitment and motivation built through:
  - Payment of end-of-project severance dues
  - Employment confirmation (re-appointments)
  - Staff welfare schemes and innovations (recognitions, retreats, loans from savings scheme)
  - Timely payment of remunerations and fringe benefits

## **Linkages**

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- Team building activities link the directorates and promote staff bonding.
- Provision of staff amenities keeps employees motivated, and gives them a sense of belonging to the organization, which in turn, commits them to focus on achieving organizational goals versus personal goals in line with seeking new business ventures through networking and partnerships.

## Area of Intervention: FINANCE & INVESTMENT DIVISION

### ACTIVITY SHEET No. 1:

<b>Activity name: Financial Management Systems strengthening and professional/timely reporting</b> <b>Result Number: 3</b>		Districts: Not applicable
Contact: Joyce Tamale	Start Date: October 2011	End Date: September 30, 2012
Partners: UHMG (Staff/Board), Kisaka & Co, Ernst & Young, AFFORD/CCP, other financial consultants		

#### Intermediate Results

- IR 3.1: Improved and timely decision making by the Board, management and funders basing on financial reports
- IR 3.2: Standardised budgeting, coding and tracking both within the accounting software and excel
- IR 3.3: Fair Cost leveraging for UHMG'S operating expenses
- IR 3.4: All directors and relevant managers able to use Tally
- IR3.5: Improved working Capital management (Cash, debtors, creditors and stock)

#### Indicators and Targets

- Improved cost leveraging from UGX165m to UGX195m by end of Sept 2012
- Improved funding base covering 35% from other sources
- Improved net profit margin from -21% to -1% by end of Sept 2012 (PMP 1.3.2)
- Quality decisions taken by management and board based on financial information
- Quality and number of financial reports produced and submitted on time (monthly, quarterly etc.)
- Uniform budget format and budget tracking tool available and in use
- Cost centres easily retrieved and match with individual projects budgets
- Number of Directors using tally to retrieve financial information
- At least 20 staff trained in financial management ( budgeting, debtors and stock management)

#### Background

As UHMG continues to grow and expand, it is imperative that strong financial management systems are in place. Among the required measures to achieve this is good budgeting, coding and timely financial reporting both at HO and PF. With multiple donor reporting, there is need to harmonize the budgeting process to produce good financial reporting. With the use of Tally and continued training for the Finance team it is hoped that financial management capacity of the organization shall be improved.

#### Activity Description

- Guide and standardise budgeting and coding systems
- Produce timely periodical and professional financial reports for all stakeholders (from PF and HO)
- Update the Funding Grid with new funds to interface the HR function and staff time allocation

- Strengthen management of all working capital components ( stock, debtors, cash/Bank and creditors)
- Identify and send finance staff for capacity building sessions ( exchange visits and short term courses)
- Continue Training relevant staff in Tally usage and other financial management components

### Key Outputs

- Monthly, Quarterly and Annual Financial reports produced
- Funding Grid Matrix updated and in use
- Finance Staff skills, performance, bonding and motivation enhanced
- Improved financial liquidity for UHMG
- Increased awareness in budgeting and tracking

### Linkage

- Directorates continue tracking own budgets and Tally used for quick retrieval financial reports for decision making
- Improved cost allocation hence leading to improved delivery of health services and products at a low cost
- Increased value for money at all levels

## ACTIVITY SHEET 2:

### Area of Intervention: UHMG Sustainability

<b>Activity name: Strengthen Internal controls within UHMG to ensure value for money</b>		Districts: Not applicable
<b>Result Number: 3</b>		
Contact: Joyce Tamale	Start Date: October 1, 2011	End Date: September 30, 2012
		Partners: UHMG(Staff and BOD), Kisaka & Co, Ernst & Young, AFFORD/CCP, other consultants

### Intermediate Results

- IR 3.1: Improved accountability to all beneficiaries/stakeholders
- IR3.2: Continued awareness and participation in FM policies and procedures for all staff
- IR3.3: Strengthened internal controls leading to timely accountability of funds, stock management and debt recovery
- IR3.4: UHMG's risks minimised

### Indicators and Targets

- UHMG compliant to donor and government regulations
- Staff adherence to financial management procedures
- Internal and External Audit recommendations implemented for further growth
- Risk management policy/framework in place
- Improved stock turnover from 3 to 4 times per annum
- Improved debtors turnover ( total sales/debtors) from 60% to 80%

## Background

As part of strengthening the internal controls of UHMG and in order to improve efficiency for both material and financial asset management, UHMG shall regularly conduct internal audits to ensure proper use of resources. A water-tight system will be achieved through implementation of internal and external audit recommendations to ensure compliance.

## Activity Description

- Engage a professional audit firm to conduct end of year external financial audit
- Work with the internal Auditors to streamline any identified gaps on a quarterly basis
- Implement Internal and External Audit recommendations
- Continue disseminating and reviewing financial management manual in a participatory manner
- Conduct more sub-grantees field support visits and build sub-grantees financial management capacity
- Continue conducting monthly and quarterly stock counts
- Finalise and seek approval of the risk management framework and policy
- Monitor debt collection on a monthly basis
- Conduct monthly Cash Counts

## Key Outputs

- External audit report approved by the AGM and recommendations implemented
- Field verification reports and accountabilities in place
- Financial policies in use and used as reference point
- Sub-grantees skills in FM strengthened
- Risk management framework and policy in place and operational
- Debt recovery improved
- Cash counts certificates signed and filed
- Stock management improved at PF

## Linkages

- Internal controls cut across all operations of the organisation and thus should be strictly maintained
- Strong internal controls enable efficient service/product delivery, Improved external relations with funders, customers etc..

## ACTIVITY SHEET 3:

Area of Intervention: UHMG Sustainability

<b>Activity name: Grow UHMG Investment Portfolio</b>		
<b>Result Number: 3</b>		
Contact: Joyce Tamale	Start Date: October 1, 2011	End Date: September 30, 2012
	Partners: UHMG BOD, Staff Investment committee, Investment consultants, AFFORD/CCP	

## Intermediate Results

- R2.1 An approved investment policy in place
- R2.2 Identified Investment opportunities operationalised
- R2.3 Diversified sources of funding

## **Indicators and Targets**

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- UHMG's estimated tangible net worth improved from UGX1.730bn to UGX1.9bn
- Investment policy approved by the Board and operational by September 2012
- Reserve fund created by end of Sept 2012 of up to \$250,000
- Functional Number and type of investments
- Approved IDCR in place and approved by JHU/CCP by September 2012

## **Background**

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As UHMG continues to grow and expand, it is imperative that the funding base is diversified and growing. Among the required measures is the development of an investment policy that will guide management in identifying and implementing viable investment projects. This will be a major output from the new Finance and Investment Directorate. As a baseline to fund these investments, UHMG will need a reserve fund to draw from. The source of this fund will come from the funds made under efficient treasury management, net profits from the commercial division and programs division. In the long run after payment of the mortgage, the rental income will also contribute to this fund. The fund aims at enabling UHMG go through hard times in case of no additional funding and or sales are poor.

## **Activity Description**

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- Produce and seek approval of the investment policy
- Operationalise identified investments (transport business, 3<sup>rd</sup> party logistics, warehousing, Land acquisition, and financial instruments trading)
- Train finance team and the investment committee so that they apply skills attained during short term training courses in investment & business development
- Manage the new UHMG offices and warehouse and raise rental income to pay the mortgage
- Participate in the start up of the Social investment Portfolio in Eastern Africa
- 

## **Key Outputs**

- Finance and management staff trained in investment and business development skills
- Approved Investment policy in place
- Mortgage paid on time
- List of investment proposals written and implemented
- Social investment meetings held

## **Linkages**

As investments will be for the whole organization, the F&I Directorate will engage all Directorates in the formulation of the investment plan to ensure broad ownership. Opportunities shall be identified which will enable UHMG be identified on the social investment stock exchange

## Area of Intervention: RESOURCE MOBILIZATION

### ACTIVITY SHEET No. 1:

Area of Intervention: Resource Mobilization

#### Activity SHEET: RESOURCE MOBILISATION

Activity Name : Increased capacity of UHMG in Resource mobilization			
Contact: Syahuka Hannington	Start date: October 1, 2011	End Date: September 30, 2012	

#### Intermediate Results

IR 1.1: Increased financial sustainability of UHMG

1R 1.2 Increased institutional sustainability

#### Indicators

- % of UHMG external funding of total budget (AFFORD 11)
- Cost leveraging of UHMG operating expenses (AFFORD 11)

#### Background

During the year, USAID through JHU awarded Uganda Health Marketing Group (UHMG) a three-year extension up to September 2013. The aim of the extension is to strengthen the UHMG to become an independent technically, financially and sustainable social marketing organization. The three year grant is intended to enable UHMG transition from a project primarily dependent upon a single donor to a private sector institution that is self financing and self governing.

To move towards financial sustainability, UHMG developed a business plan (Oct 2010-Sept 2014) as a framework that will guide the institution in its financial resource mobilization effort with clear milestones and targets. To sustain its current operations without USAID funding, UHMG plans to mobilize a minimum of US\$25,916,955.00 (*UHMG business plan 2010 -2014*) through its two strategic business units (Product Facility Division and Health Consulting Department) in the years 2011/12 – 2013/14.

#### Activity Description

##### Objectives

- To strengthen the capacity of staff in financial resource mobilization so that they are able to raise a minimum of US\$4,852,759.00 from October 1<sup>st</sup> 2011 to September 30<sup>th</sup>, 2012
- To enhance UHMG's competencies in managing long term corporate social responsibility projects on behalf of the private sector corporate companies interested in public health interventions

##### Strategy:

Through the coordination of the Resource Mobilization Specialist, UHMG will invite experts on a quarterly basis to provide motivational talks on resource mobilization. A minimum of 10 staff (2 from each directorate) will be supported to attend in-country and regional short courses in resource mobilization. The MD and three directors will be facilitated to participate

in regional and international workshops for networking so as raise UHMG profile and win the support of donors. Hold a workshop to introduce the private sector UHMG business agenda as a strategy of winning their financial support. UHMG technical teams drawn from the directorates will be utilized in the development of competitive proposals. Where UHMG does not have internal capacity, technical expertise to support proposal development will be hired.

**Specific Activities**

- Develop and submit 12 winning proposals for consideration to multiple donors
- Hold resource mobilization training for 10 staff
- Three senior officers attend regional and international levels to network and raise UHMG profile
- Hold consultative meeting with potential partners to market UHMG
- Hold a donors meeting to introduce UHMG

**Key outputs**

- Projects worth US\$ 4,852,759.00 awarded
- MOU signed with at least 4 strategic partners

**Linkages**

Internally, work in close collaboration with all UHMG directorates. Externally, we will collaborate with sector ministries, development partners, donor community and the private sector.

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**END OF REPORT**