Quarterly Status Report
October 1 – December 31, 2010

Submitted by:

The Johns Hopkins Bloomberg School of Public Health
Center for Communication Programs
&
Uganda Health Marketing Group - UHMG
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Artemisinin-based Combination Therapy</td>
</tr>
<tr>
<td>ASDE-U</td>
<td>Advocacy for Social Development and Environment – Uganda</td>
</tr>
<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
</tr>
<tr>
<td>BP</td>
<td>Business Plan</td>
</tr>
<tr>
<td>CCP</td>
<td>Johns Hopkins University Bloomberg School of Public Health/Center for Communication Programs</td>
</tr>
<tr>
<td>COC</td>
<td>Combined Oral Contraceptive</td>
</tr>
<tr>
<td>COP</td>
<td>Chief of Party</td>
</tr>
<tr>
<td>CS</td>
<td>Child Survival</td>
</tr>
<tr>
<td>CHIC</td>
<td>Condom &amp; HIV/AIDS Information Centre</td>
</tr>
<tr>
<td>CME</td>
<td>Continued Medical Education</td>
</tr>
<tr>
<td>CSW</td>
<td>Commercial Sex Worker</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>HCT</td>
<td>HIV Counseling and Testing</td>
</tr>
<tr>
<td>HF</td>
<td>Health Facility</td>
</tr>
<tr>
<td>HCU</td>
<td>Humanitarian Care Uganda</td>
</tr>
<tr>
<td>HCWM</td>
<td>Health care waste management</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education and Communication</td>
</tr>
<tr>
<td>IPC</td>
<td>Interpersonal Communication</td>
</tr>
<tr>
<td>ITN</td>
<td>Insecticide treated nets</td>
</tr>
<tr>
<td>LLIN</td>
<td>Long Lasting Insecticide Treated Nets</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge, attitude/perceptions and Practices</td>
</tr>
<tr>
<td>MARPS</td>
<td>Most At Risk Populations</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry Of Health</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NBMC</td>
<td>New Born Mothers’ Clubs</td>
</tr>
<tr>
<td>NDA</td>
<td>National Drug Authority</td>
</tr>
<tr>
<td>NMCP</td>
<td>National Malaria Control Program</td>
</tr>
<tr>
<td>NMS</td>
<td>National Medical Stores</td>
</tr>
<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>PHA</td>
<td>People Living with HIV/AIDS</td>
</tr>
<tr>
<td>PMO</td>
<td>Product Marketing Officers</td>
</tr>
<tr>
<td>PO</td>
<td>Project Officer</td>
</tr>
<tr>
<td>POP</td>
<td>Progesterone Only Pill</td>
</tr>
<tr>
<td>POS</td>
<td>Point of Sale</td>
</tr>
<tr>
<td>PW</td>
<td>Pregnant Woman</td>
</tr>
<tr>
<td>PYVs</td>
<td>Park Yard Volunteers</td>
</tr>
<tr>
<td>RUTF</td>
<td>Ready to Use Therapeutic Food</td>
</tr>
<tr>
<td>SS</td>
<td>Support Supervision</td>
</tr>
<tr>
<td>SSECODA</td>
<td>Ssese Community Development Association</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TASO</td>
<td>The Aids Support Organization</td>
</tr>
<tr>
<td>UDHS</td>
<td>Uganda Demographic and Health Survey</td>
</tr>
<tr>
<td>UHMG</td>
<td>Uganda Health Marketing Group</td>
</tr>
</tbody>
</table>
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Executive Summary

The first quarter of year six of AFFORD commenced with the development of the work plan and budget for the six months October 2010 – January 2011 which was submitted to USAID and approved. The quarter October – December 2010 was a No Cost Extension granted to AFFORD/UHMG so we could carry on with the implementation of activities with the available carry over funds of year 5. During the quarter, UHMG focused on the strengthening the two Strategic Business Units (SBUs) Commercial Division and Programs Division. The Commercial Division SBU performance for the quarter ended achieved 94% of its target. In value terms the Commercial Division achieved sales of 1,138 Mio UGX against a target of 1,200 Mio UGX. In addition to routine sales achievement, new business development activities were undertaken and MOUs were signed with two manufacturers from India for supply of products. In addition, UHMG also won the award from NMS to supply Zinkid tablets for a period of two years.

The Programs Division continued with its program implementation in HIV AIDS, Malaria, MCH and FP. Under HIV programming the focus was on HCT and HIV prevention targeting risky sexual behaviours, advocating the use of condoms, sensitization on safe medical circumcision and care services recommending the use of Cotrimoxazole for prevention of opportunistic infections. This quarter UHMG/AFFORD implemented PMI activities under the Malaria program and the focus was on training of providers on malaria prevention and case management interventions in the private sector in the districts of Apac, Katakwi, Kumi, Ngora, Serere, and Soroti. UHMG/AFFORD formed six district drug shop associations, trained health providers in private clinics, and drug shop operators on the use of RDTs and case management for simple malaria in the 6 focus districts. A new dimension was added to UHMG’s Child health and FP program to strengthen Maternal Care and improve nutrition in Children. A new product was procured by UHMG which is a Ready To use Therapeutic food (RUTF) and will be promoted for children with malnutrition in collaboration with the MOH. UHMG continued to promote its FP products and child health products at the GLCs and in the community. The Social marketing arm of UHMG developed and finalized on the pack design for Pilplanplus a replacement COC for Pilplan from USAID. The new Pilplanplus design is awaiting approval from NDA and will be launched in the next quarter. In addition, UHMG also finalized the design for MALACT, UHMG’s brand of ACT which will be introduced after registration by NDA is completed.

The FP communication campaign strategy is in its final stages. UHMG has partnered with DSW, PPDARO and AFP for implementation of this campaign. UHMG also conducted FGDs with providers and care givers of children under 5 to develop a communication campaign for prompt use of RDTs and ACTs to effectively manage malaria. During the quarter, there were a number of key milestones that UHMG achieved and these included:
1. Organization of a community Health fair in Kasawo, Mukono district whereby private health practitioners/manufacturers/distributors provided free medical services and products to the community
2. UHMG/AFFORD shifted to its new office premises, by occupying the warehouse while waiting for the completion of the main office block. This is a major milestone towards self reliance.
3. Held a close out meeting with the 8 Sub-grantees who worked on AFFORD project
4. Completed and submitted a USD3.5mio joint proposal with JCRC
5. Conducted an end of year (September 2010) External Audit through Deloitte and Touche

As a move towards achieving self reliance and sustainability, UHMG continued to identify opportunities for increasing their resource base by responding to different call for proposals and increased networking with potential partners and customers.
In addition to resource mobilization, UHMG also focused on developing its business plan with the help of CCP. The business plan is currently being reviewed by UHMG and CCP and is expected to be finalized during the quarter Jan – Mar 2011.

In summary the first quarter was a very busy quarter with diverse range of activities to accomplish but nevertheless we ended the quarter and the year 2010 on a positive note.
**Introduction**

This report covers activities undertaken in the first quarter of Year six of the AFFORD Health Marketing Initiative in Uganda, funded by the United States Agency for International Development (USAID) Cooperative Agreement: 617-A-00-05-00011-00.

This award was made on September 21, 2005 to The Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP). The AFFORD Health Marketing Initiative that ended its 5 year USAID funded project in September 2010 has received a 6 month extension until March 2011 and is likely to receive a 3 year extension with the primary responsibility of strengthening UHMG and helping them grow into a sustainable entity.

AFFORD’s primary responsibility during this extension period will be to ensure that UHMG is strengthened to become sustainable and develops cutting edge competence in technical, marketing, financial and Institutional areas.

AFFORD through UHMG will continue to consolidate its activities and will focus on the 3 key result areas:

1. Increased accessibility availability and affordability of health care products and services through innovative marketing and communication approaches
2. Enhanced knowledge and correct use of HIV/RH/MCH/Malaria products and services to encourage healthy lifestyles and behaviours
3. Strengthening of Uganda Health Marketing Group (UHMG) into becoming a self reliant and self sustaining Ugandan organization

This report focuses on the performance of the two strategic business units of Uganda Health Marketing Group (UHMG) the Commercial Division & the Programs Division as well as the cross cutting activities including Social marketing, Communication, Research, HR & Admin, Finance and Investment that support the functioning of the two strategic business units (SBUs)

AFFORD Result 3 which is Strengthening of Uganda Health Marketing Group (UHMG) into becoming a self reliant and self sustaining Ugandan organization is described under the section UHMG Organizational Development
A. COMMERCIAL DIVISION

The commercial Division of UHMG which is the profit making and sustainability arm of UHMG has begun the year well by achieving 94.8% of its overall value target. Against a target of 1.2 Bio UGX for the quarter, UHMG achieved 1.13 Bio UGX.

The tables below and graphs clearly indicate the encouraging performance of non UHMG products however, the UHMG products sales were not very encouraging due to various reasons as indicated below the respective table of UHMG products sales

Overall it was a good beginning for the Commercial Division in the 1st quarter of year 6 of AFFORD/UHMG extension period

<table>
<thead>
<tr>
<th>Months</th>
<th>Actual - Value in Mio UGX</th>
<th>Target - Value in Mio UGX</th>
<th>Variance (+/-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>297.09</td>
<td>400.00</td>
<td>(102.91)</td>
</tr>
<tr>
<td>November</td>
<td>330.94</td>
<td>400.00</td>
<td>(69.06)</td>
</tr>
<tr>
<td>December</td>
<td>510.54</td>
<td>400.00</td>
<td>110.54</td>
</tr>
<tr>
<td>Oct - Dec 2010</td>
<td>1,138.57</td>
<td>1,200.00</td>
<td>(61.43)</td>
</tr>
</tbody>
</table>
### Non UHMG Products Sales Performance (Value in Mio UGX)

<table>
<thead>
<tr>
<th>Months</th>
<th>Actual - Value in Mio UGX</th>
<th>Target - Value in Mio UGX</th>
<th>Variance (+/-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>132.6</td>
<td>200.0</td>
<td>(67.4)</td>
</tr>
<tr>
<td>November</td>
<td>147.0</td>
<td>200.0</td>
<td>(53.0)</td>
</tr>
<tr>
<td>December</td>
<td>348.4</td>
<td>200.0</td>
<td>148.4</td>
</tr>
<tr>
<td>Oct - Dec 2010</td>
<td><strong>628.0</strong></td>
<td><strong>600.0</strong></td>
<td><strong>28.0</strong></td>
</tr>
</tbody>
</table>

### UHMG Products Sales Performance (Value in Mio UGX)

<table>
<thead>
<tr>
<th></th>
<th>Actual - Value in Mio UGX</th>
<th>Target - Value in Mio UGX</th>
<th>Variance (+/-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>164.53</td>
<td>200</td>
<td>(35)</td>
</tr>
<tr>
<td>November</td>
<td>183.91</td>
<td>200</td>
<td>(16)</td>
</tr>
<tr>
<td>December</td>
<td>162.12</td>
<td>200</td>
<td>(38)</td>
</tr>
<tr>
<td>Total</td>
<td><strong>510.56</strong></td>
<td><strong>600</strong></td>
<td><strong>(89)</strong></td>
</tr>
</tbody>
</table>
### UHMG Products Sales Performance in UNITS (Qtr 1 October - December 2010)

<table>
<thead>
<tr>
<th>Products</th>
<th>Target Qtr 1</th>
<th>Actual QTR 1</th>
<th>Var (+/-)</th>
<th>(% to Tgt)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protector pieces</td>
<td>3,000,000</td>
<td>775,500.00</td>
<td>(2,224,500)</td>
<td>25.85</td>
</tr>
<tr>
<td>Condom &quot;O&quot; pieces</td>
<td>225,000</td>
<td>250,560.00</td>
<td>25,560</td>
<td>111.36</td>
</tr>
<tr>
<td>Pilplan cycles</td>
<td>250,000</td>
<td>271,620.00</td>
<td>21,620</td>
<td>108.65</td>
</tr>
<tr>
<td>SoftSure cycles</td>
<td>14,400</td>
<td>6,380.00</td>
<td>(8,020)</td>
<td>44.31</td>
</tr>
<tr>
<td>Injectaplan vials</td>
<td>500,000</td>
<td>566,300.00</td>
<td>66,300</td>
<td>113.26</td>
</tr>
<tr>
<td>MoonBeads pieces</td>
<td>600</td>
<td>610.00</td>
<td>10</td>
<td>101.67</td>
</tr>
<tr>
<td>Aquasafe tablets</td>
<td>1,100,000</td>
<td>460,160.00</td>
<td>(639,840)</td>
<td>41.83</td>
</tr>
<tr>
<td>Restors Sachets</td>
<td>425,000</td>
<td>428,897.00</td>
<td>3,897</td>
<td>100.92</td>
</tr>
<tr>
<td>Zinkid tablets 20mg</td>
<td>700,000</td>
<td>988,700.00</td>
<td>288,700</td>
<td>141.24</td>
</tr>
<tr>
<td>Cotramox tablets 960mg</td>
<td>3,600,000</td>
<td>186,480.00</td>
<td>(3,413,520)</td>
<td>5.18</td>
</tr>
<tr>
<td>Clovirex tablets 200mg</td>
<td>80,000</td>
<td>20,800</td>
<td>(59,200)</td>
<td>26.00</td>
</tr>
<tr>
<td>Clovirex tablets 400mg</td>
<td>40,000</td>
<td>3,600</td>
<td>(36,400)</td>
<td>9.00</td>
</tr>
<tr>
<td>Clovirex Cream 5g</td>
<td>16,000</td>
<td>8,425</td>
<td>(7,575)</td>
<td>52.66</td>
</tr>
<tr>
<td>Clovirex Cream 10g</td>
<td>16,000</td>
<td>6,439</td>
<td>(9,561)</td>
<td>40.24</td>
</tr>
</tbody>
</table>

The table above indicates the performance of UHMG products during the quarter. Critical to the underperformance of UHMG products is Protector, as we did not have adequate stocks. For Protector, the source of the condoms was changed from UNIDUS to a Chinese source and so that required the approval from NDA not only for the product but also for the packaging since the packaging too had to reflect the manufacturing source of the condoms.

The other major product whose sale was affected is Cotramox since we lost out on the order from TASO who has been the major buyer of COTRAMOX. TASO gave the order to Medical access and that is precisely the reason that the sales performance for Cotramox was very low.

As regards Aquasafe, UHMG depends on Institutional sales and there were no institutional sales during the quarter though UHMG has sent out quotations during the quarter.

For Clovirex and SoftSure the product is nearing its expiry date and so customers are reluctant to purchase large stocks. As a strategy to liquidate the stocks of Clovirex, SoftSure and NewFem, UHMG has reduced on the price as well a have undertaken sampling of the products so that usage can be encouraged which will subsequently increase the demand for these products.

### New Business Development

During the Quarter UHMG signed MOU with Medreich Sterilab, India to manufacture Malact (brand of ACT) and with “Hexagon Nutrition” of India to manufacture SPRINKLES (food fortificant) as well as for exclusive distribution of a wide range of nutraceuticals in Uganda.

UHMG was also awarded contract by National Medical Stores to supply Zinc Sulphate 20mg (ZINKID) for a period of 2 years.
During the quarter UHMG received communication from USAID advising all IPs to procure Cotramox from UHMG and so UHMG will be targeting all USAID IPs for Cotramox. This will also include revisiting TASO for the business of COTRAMOX.

Nutripearl – The ready to use therapeutic food (RUTF) stocks have arrived and institutions/NGOs together with the help of MOH are being targeted to sell the product

Discussions are also on with Astra life care manufacturers for importation of examination and surgical gloves which will be an addition to the Commercial Divisions’ product mix

**New Product Development**

UHMG has started the process of introducing the following new products on the market

<table>
<thead>
<tr>
<th>New Product</th>
<th>Category</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALACT (ACT) Tablets</td>
<td>Antimalarial</td>
<td>Signed MOU with manufacturer, Design of pack finalized and documents are being put in place for registration</td>
</tr>
<tr>
<td>SPRINKLES Food Fortificant</td>
<td>Signed MOU with manufacturer, Design of pack is being finalized</td>
<td></td>
</tr>
<tr>
<td>Pilplan plus COC</td>
<td>Stocks of Microgynon through USAID arrived. New pack design finalized and submitted to NDA for approval. On receipt of NDA approval packaging will be printed, and sent to KPI for packaging</td>
<td></td>
</tr>
</tbody>
</table>

**Warehousing Operations**

In a bid to strengthen the warehousing operations of the commercial division, UHMG appointed a Pharmacy Technician to manage the warehousing operations.

A Customer Relation Officer too is being appointed at the warehouse to improve on customer service

In addition, UHMG introduced professional dressing in the warehouse - Pharmacist, Supervisor and Warehouse assistants are provided with white overcoats, and the office assistants are provided with blue over-alls which is adhered to all the time for identification during work.

The Tally accounting system at the warehouse is fully operational. Procedures for smooth operations of the warehouse are being put in place. A Standard Operational Manual is being finalized for the Commercial Division operations.
**Other Activities/Business Undertaken During the Quarter**

- Assembled 3,500 basic care kits for Star EC. We shall assemble another 3,500 kits in January
- Procured 1,000 Maama Kits from PACE and supplied to Gittoes Pharmacy
- Continued to receive & store Jadelle, IUDs, and Condoms from USAID for issue to USG implementing partners
- Procured and sold Soap and Plastic Stross Mats to GOAL Uganda
- Continued to trade by buying and selling products (like Cotrimoxazole) from the importers and wholesalers and supplying key NGOS like NUMAT, GOAL, Uganda Cares, and IDI.

**B. PROGRAMS DIVISION**

1. **HIV AIDS**

   **Introduction**

   During the quarter October-December 2010, UHMG scaled-up HIV prevention and care interventions. In-depth scale up of activities was achieved by not only focusing in quantity but also paying critical attention to the quality interventions through provision of technical support and guidance to program implementers. Wherever possible, care was taken to integrate the critical target specific needs including:

   - Behavioral e.g. faithfulness, disclosure of test results and consistent correct condom use;
   - Biomedical needs such as condoms, STI assessment and referral or treatment and medical male circumcision;
   - Structural issues such as gender based violence

   To attain the desired behavior change required for HIV prevention, UHMG laid emphasis on combination prevention, and repeated interpersonal interactions especially in community interventions such as the couples clubs and hero couples to bring about sustainable behavior change.

   Combination prevention and integration of intervention was imperative in order to realize comprehensive HIV prevention and/or care programs. The following activities were planned during the quarter to achieve the above

   - Procure and distribute test kits to Goodlife clinics.
   - Identify and assess additional 50 clinics for HCT preparedness.
   - Training of staff from the clinics on HIV Counselling and Testing
   - Provide data collection tools to the GL clinics.
   - Provide Cotrimoxazole to clients testing HIV positive.
   - Training of service providers on management of common illnesses.
   - Procure and distribute safety boxes
   - Procure and distribute colour coded waste bins
   - Put out request for proposals for MARPs organizations to work with.
   - Assess bids and select MARPs organizations to work with.
   - Assess clinics on preparedness to provide youth friendly services.
2. Progress towards implementing activities:
For the period October – December 2010, UHMG implemented HIV prevention interventions among Most at Risk Populations (MARPs) including HIV testing and counseling, HIV care, and sexual and other prevention interventions outlined below:

**Prevention – Testing and Counseling - HCT provision in the GL clinics**
The provision of HCT services in the Goodlife clinics continued throughout the quarter. UHMG achieved this through provision of HCT test kits and laboratory consumables, technical support through support supervision, and promotion of HCT through community out-reaches. UHMG also assessed private clinics to identify 50 clinics that will go through the branding process to serve as good life clinics providing HCT services in addition to HIV care, malaria and maternal and child health services.

- **Presentation of numbers and their interpretation**

<table>
<thead>
<tr>
<th>District</th>
<th>Number of Clinics reporting</th>
<th>Counseled and Tested Received Results</th>
<th>HIV Positive</th>
<th>Tested as couple</th>
<th>Discordant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>Apac</td>
<td>3</td>
<td>81</td>
<td>106</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Arua</td>
<td>7</td>
<td>654</td>
<td>1,134</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>Bushenyi</td>
<td>2</td>
<td>118</td>
<td>148</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>Gulu</td>
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<td>220</td>
<td>251</td>
<td>10</td>
<td>20</td>
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<tr>
<td>Ibanda</td>
<td>6</td>
<td>341</td>
<td>712</td>
<td>38</td>
<td>64</td>
</tr>
<tr>
<td>Iganga</td>
<td>4</td>
<td>106</td>
<td>135</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Isingiro</td>
<td>5</td>
<td>161</td>
<td>215</td>
<td>26</td>
<td>23</td>
</tr>
<tr>
<td>Jinja</td>
<td>4</td>
<td>294</td>
<td>343</td>
<td>18</td>
<td>26</td>
</tr>
<tr>
<td>Kabale</td>
<td>4</td>
<td>1,085</td>
<td>1,275</td>
<td>49</td>
<td>73</td>
</tr>
<tr>
<td>Kabarole</td>
<td>5</td>
<td>431</td>
<td>902</td>
<td>34</td>
<td>81</td>
</tr>
<tr>
<td>Kaberamado</td>
<td>2</td>
<td>487</td>
<td>510</td>
<td>52</td>
<td>44</td>
</tr>
<tr>
<td>Kampala</td>
<td>24</td>
<td>2,330</td>
<td>3,213</td>
<td>159</td>
<td>204</td>
</tr>
<tr>
<td>Kanungu</td>
<td>3</td>
<td>262</td>
<td>138</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Kasese</td>
<td>5</td>
<td>463</td>
<td>615</td>
<td>29</td>
<td>36</td>
</tr>
<tr>
<td>Kiruhura</td>
<td>5</td>
<td>264</td>
<td>386</td>
<td>20</td>
<td>28</td>
</tr>
<tr>
<td>Koboko</td>
<td>2</td>
<td>167</td>
<td>153</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Kole</td>
<td>1</td>
<td>177</td>
<td>265</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Kyenjojo</td>
<td>2</td>
<td>162</td>
<td>165</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>Lira</td>
<td>5</td>
<td>1,127</td>
<td>106</td>
<td>83</td>
<td>10</td>
</tr>
</tbody>
</table>
The performance for HCT during the quarter is 109% and the HIV positivity rate from the data is 6.9%.

- **Supply of test kits to Goodlife clinics**
  During the quarter, a total of 30,000 tests of Determine, 3000 tests of Statpak and 2000 tests of Unigold and an assortment of laboratory consumables (vacutainers, vacutainers needles, examination gloves and cotton wool) were distributed to the 180 Good life clinics to provide HCT services.

- **Promotion of HCT**
  In our quest to make HCT services more accessible to the people, UHMG supported 10 Good life clinics to carry out outreaches in the hard to reach communities to mark World AIDS Day. The outreaches were carried out in the second and third weeks of December. In total, 3,408 people were tested in these community outreaches.

- **Participation in the Health fair at the Kasawo Model Village**
  UHMG applied the model village approach to increase utilization of its supported services. In this approach, UHMG linked communities to health service points (the Goodlife clinics). In the month of November, UHMG organized a health fair at Kasawo a UHMG model village. Private sector service providers provided a number of services including those outside the realm of health to the community at the two day event. UHMG mobilized and facilitated three Goodlife clinics from Mukono and Kampala.
districts: Hope Clinic, Lukuli; Christ the King and St. Luke Kasawo to offer HIV services at the two day event. A total of 617 people tested for HIV as in the table below:

<table>
<thead>
<tr>
<th>Good life clinic</th>
<th>Number tested</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hope Clinic</td>
<td></td>
<td>69</td>
<td>181</td>
<td>250</td>
</tr>
<tr>
<td>Christ the King</td>
<td></td>
<td>85</td>
<td>140</td>
<td>225</td>
</tr>
<tr>
<td>St. Luke Clinic</td>
<td></td>
<td>60</td>
<td>82</td>
<td>142</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>214</td>
<td>403</td>
<td>617</td>
</tr>
</tbody>
</table>

Twenty clients who tested HIV positive were started on Cotrimoxazole prophylaxis and referred for other HIV services at the nearby health facilities.

In addition, SHEEF one of the sub-grantees that used to run a Hero couple program in the area mobilized couples that came to the function and created opportunities to expand the couple program.

- **Assessment of 50 additional clinics for HCT readiness**

  Good life clinics will continue being the delivery point for HIV services. During the quarter, UHMG assessed an additional 50 clinics on their readiness to provide HCT services. Priority was given to upcountry districts and hard-to-reach communities. The assessment was done in Kampala, Wakiso, Mukono, Jinja, Kumi, Ngora, Bukeeda, Soroti, Katawi, Masaka, Kiruhura, Ibanda, Mbarara and Kabale districts. As the teams traveled away from Kampala, it became rather difficult to find facilities that met the criteria which included availability of space for counseling and testing, availability of staff to offer the service, health facility owner’s willingness to partner with UHMG in providing the services and creating demand for HCT services within the locality. Facilities that had these basic elements were selected for possible partnership. Memorandum of understanding will be signed with these clinics stipulating what is expected out of the partnership such as trainings of health workers and provision of test kits to these clinics.

**Care Services**

The Goodlife clinics provide care services to clients who test HIV positive. The care package at these clinics include Cotrimoxazole prophylaxis, treatment of opportunistic infections, referrals for other HIV services and provision of commodities like mosquito nets, water treatment tablets and condoms. This quarter, a total of 2,547 people got care services at the Good life clinics which included Male: 986; Females: 1,561; This is against an annual target of 17,000

**Prevention – AB Interventions**

The primary focus of UHMG under this intervention area is the promotion of faithfulness through implementing activities that foster fidelity among individuals in long term relations including married couples. During the quarter, UHMG contracted HCU to carry out activities in this area:

- **Humanitarian Care Uganda - Community Mobilization and Education:**

  Couples in the 14 couples support clubs in the districts of Kanungu, Kabale, Lira and Wakiso continued to mobilize and engage couples in their localities in discussions to promote
faithfulness—the desired behavior change. In order to assess whether any behavior change is taking place, repeated contacts with couples were made. A total of 9,419 people were reached in these communities through interpersonal communication approaches using peer-to-peer contacts and small group meetings of 10-20 individuals. As a result of this program, a number of community specific interventions have started. For example, in Lira, the Boroboro/Adwekwokok FG has facilitated the church to introduce “Sex and Marriage” education sessions for couples who are ready to wed.

- **Refresher Training for Couples**

HCU organized refresher trainings for members of three couple support clubs: Nansana Fidelity Club in Wakiso District; Kaharo – Maziba in Kabale District and Boroboro /Adekokwok fidelity clubs in Lira District. The refresher training using the UHMG couple training work book provided opportunities for members to share their experiences and at the same time addressed emerging issues in HIV prevention among couples: male medical circumcision, couple HCT and couple sero-discordance. The initial training was done 2 years ago. After the training couples were advised to incorporate these issues in their daily work. Overall, these trainings equipped couples with knowledge and skills to adapt behavior that reduce their risk to HIV infection such as fidelity, consistent condom use for discordant couples and disclosure of HIV test results.

- **Formation of couple support clubs:**

During the quarter, HCU trained 24 couples using the couple workbook. Trained couples had positive feelings about the training. Mr. Kigongo Israel, a retired civil servant, aged 68 and member of the newly formed Kikugyi - Kabagaano Fidelity Club had the following to say after the training,

“Ekintu kino kirungi nnyo! Ffe twesiimye nnyo! Amaka mangi gafudde mu kitundu kino lwakubulwa mukisa guwulira bigambo nga bino. Mwebale nnyo!”

Literally meaning,

“The program is very good. We are privileged to be part of it. Many marriages have failed in this area simply because of lack of opportunities to hear what we have heard through this program. Thank you very much”

After training, the couples were facilitated to form two couple support clubs: Kikugyi – Kabagaano Fidelity Club in Wakiso district and Nyakasharara Fidelity club in Kabale district. These groups will serve to support one another to remain faithful to his/her spouse. Mrs Kate N’gabirano of Nyakasharara fidelity Group is optimistic that the group will help them a lot as in the following quote:

“That HIV infection among married people is higher than among commercial sex workers is a shame to all of us. We need action now. Our group will help us reverse the trend”.
Sexual and Other Prevention - MARPS

The primary focus of UHMG under this intervention area is to prevent HIV infection among people considered to be at higher risk of getting the HIV infection. During the quarter, UHMG extended sub-grants to two organizations to carry out activities in this area:

- Advocacy for Social Development and Environment (ASDE)

HIV Prevention Education

The park yard volunteers continued to engage truckers on HIV prevention information. The education was targeted at changing truckers’ behaviors towards alcoholism, sexual violence and addressing the adoption of emerging issues in HIV prevention including safe medical circumcision. Truckers were engaged through small group discussions and one-on-one discussions with the park yard volunteers. Audio Cassettes with information on HIV prevention were also distributed to truckers which they returned after use to the CHIC centers. A total of 683 truckers were reached.

Integrating HCT into HIV prevention for truckers

In order to increase access to and utilization of HCT services, ASDE – U in collaboration with Uleppi HC (a Goodlife clinic) carried out 4 Moonlight HCT camps in the project sites. To ensure that truckers and CSWs are the one reached with the service, Park yard volunteers started mobilizing them in the early evening and giving them appointment chits. At the time of the HCT, the truckers and their clients presented these chits to the service providers in order to receive HCT and information about safe sex practices such as consistent condom use. These chits served as a tracking tool to measure the impact of mobilization. During the quarter, a total of 337 people received HCT services as in the table below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Sub-County</th>
<th>Parish</th>
<th>Village</th>
<th>No. given appointment chits</th>
<th>15-24 Yrs</th>
<th>25 Yrs and above</th>
<th>TOT</th>
<th>No. of Positives</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.12.10</td>
<td>Ajia</td>
<td>Ombaderu</td>
<td>Ewa</td>
<td>52</td>
<td>15</td>
<td>15</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>27.12.10</td>
<td>Ajia</td>
<td>Ocoko</td>
<td>Dubai T/Centre</td>
<td>59</td>
<td>23</td>
<td>36</td>
<td>59</td>
<td>2</td>
</tr>
<tr>
<td>30.12.10</td>
<td>Ajia</td>
<td>Ocoko</td>
<td>CHIC</td>
<td>120</td>
<td>55</td>
<td>65</td>
<td>120</td>
<td>6</td>
</tr>
<tr>
<td>31.12.10</td>
<td>Vurra</td>
<td>Nyio</td>
<td>Anzu</td>
<td>129</td>
<td>57</td>
<td>71</td>
<td>128</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>360</td>
<td>150</td>
<td>187</td>
<td>337</td>
<td>13</td>
</tr>
</tbody>
</table>

From the table, it is evident that turn up for the service is better at locations with CHIC centers and the average HIV positivity is 5.9%.
**Strengthening STI management for truckers**
During the Moonlight camps, service providers carried out STI assessments. 36 people were assessed to have STI syndromes: pain on urination, blisters in their genitals and unusual discharges from the genitals.
12 of these were referred to Kuluva Hospital for STI treatment. However, the rest expressed concern over the long waiting time at the Hospital and instead were referred to Oraba Health Center located in a place where they would spend more time as they awaited for clearance to Sudan.

**Referrals for Safe Medical Circumcision:**
Park Yard Volunteers began integrating messages of safe medical circumcision into their HIV prevention programs through sharing information about the benefits of the procedure, and need to adhere to the recommended safe sex behavior post surgery. Many truckers are excited about the messages but have generally expressed concern about the long healing time of about one month which would affect their work. During the quarter, a total of 6 truckers were referred to Arua Hospital for safe medical circumcision services.

- **Ssesse Community Development Association (SSECODA)**

**HIV Prevention Education**  **Output: 1795 fisher folks**
SSECODA peer educators continued to carry out HIV prevention education among the fisher folk. The activity was carried out by the peer educators who reside at the landing sites in the areas. At times, they were reinforced by other peer educators who came with products in the safe sailing boat thus increasing access to HIV prevention commodities such as condoms in hard-to-reach areas. The peer educators integrated messages on male medical circumcision and sero discordance in small group discussions and one-on-one meetings with fisher folk. This was aimed at promoting male medical circumcision and positive prevention as an option to reduce the risk of HIV infection among the fisher folk.

**HCT for fisher folk**
The peer educators mobilized fisher folk for HCT services at the project sites. SSECODA then worked with Kalangala district health service office to carry out HCT out-reaches at those sites. In the quarter, seven out-reaches were carried-out, and a total of 427 people received HCT services. Fisher folk that were found to be HIV positive were referred to Kalangala District Health Centre IV for Cotrimoxazole prophylaxis and other HIV services. Individuals who turned up for testing were also educated on safe sex practices such as consistent condom use.

**Provision of safe male circumcision services**
Arising from the demand created by the peer educators as they integrated safe male circumcision messages into HIV prevention, SSECODA collaborated with the district health services and carried out an outreach for circumcision at Kalangala HC in Kalangala district. A total of 9 fishermen were circumcised during this outreach. Being the first group of men to receive this service in the islands, SSECODA and the health sub district are closely monitoring the recovery and healing of these people.
Improving healthcare waste management in the GL clinics
UHMG continued to build on the achievements in improving healthcare waste management achieved in the Goodlife clinics in the past years. During this quarter UHMG distributed 8 safety boxes to each of the 200 Goodlife clinics. In total 1,600 safety boxes were distributed during the quarter. These safety boxes are essential in disposal of health care waste products such as needles and used HCT test kits.

Close out meeting with sub grantees
UHMG had been providing support to organizations working on HIV prevention interventions among targeted populations including populations considered to be at high risk of getting the HIV infection: fisher folk, commercial sex workers, truckers, military personnel and married people. By the end of Year 5 of the AFFORD project, UHMG was working with eight organizations: Women at Work International (WAWI), Women and Youth Services (WAYS), Uganda Youth Development Link (UYDEL), Ssesse Development Association (SSECODA), Advocacy for Social Development and Environment – Uganda (ASDE – U), Uganda Peoples Defence Forces (UPDF), Humanitarian Care Uganda (HCU) and Strengthening Health Education and Enterprise in Families (SHEEF). UHMG organized a two day meeting with these sub grantees to formally notify them that the partnership was coming to an end and get a feedback on how each of the parties had been fulfilling the contractual obligations. The meeting in addition highlighted opportunities for future UHMG/grantee collaboration and explored strategies on how sustain grantees can sustain the HIV prevention programs that had been funded with UHMG support.

Assessment of Subgrantees
Based on the assessment of the sub-grantees performance during the year the following sub-grantees excelled and were considered for short term grants during the current quarter in order to maintain continuity of their programs. These organizations were: Humanitarian Care Uganda (HCU); Ssese Community Development Association (SSECODA) and Advocacy for Social Development and Environment (ASDE –U)

Call for Request for Proposals (RFPs)
This quarter, UHMG released a request for expression of interest from indigenous not-for-profit organizations working in health to implement innovative interventions in HIV prevention among specific target groups:
- Young un-married people out of school;
- People in long term/stable relations (married couples including discordant couples); and
- MARPs such as: Commercial sex workers and Mobile men with money (MMM) including Truckers and Fisher folk.
Through this RFP, UHMG is seeking to collaborate with registered NGOs/CBOs which have basic administrative and governance structures, financial systems and experience to deliver sound HIV prevention interventions to the targeted populations. A total of 5 – 8 sub grants will be awarded to organizations presenting proposals in the next quarter. Additionally, emphasis has been laid on NGOs preparing an implementation strategy
that aims at ensuring repeated contact with the target populations in smaller groups to cause sustainable behavior change.

**MALARIA**

During the quarter Oct- Dec 2010, AFFORD/Uganda Health Marketing Group scaled-up malaria prevention and case management interventions through the private sector funded by the Presidential Malaria Initiative (PMI) in Apac, Katakwi, Kumi, Ngora, Serere, and Soroti. AFFORD/UHMG formed six district drug shop associations, trained health providers in private clinics, and drug shop operators on the use of RDTs and case management for simple malaria in the 6 focus districts. This training was part of the UHMG’s initiative to improve malaria case management through proper parasitological diagnosis followed by effective treatment of confirmed cases of malaria with ACTs. District entry was made through a debrief about the malaria project to the District Health Officers, District Assistant Drug Inspectors, and other relevant district officials in all the six target districts. This was aimed at enhancing district ownership of the malaria project by district officials.

**Planned Activities for the Quarter**

- Case management and promote intermittent presumptive treatment of malaria during pregnancy
- Formation of Professional networks: Drug shops owners’ Association
- Increase awareness and demand for RDTs, ACTs and direct the communities to access quality health services through the Good life clinics

**RDT Use and Malaria Case Management:**

Training on RDT use and malaria case management was conducted in accordance with guidelines adapted from the “User’s Manual: Use of Rapid Diagnostic Tests (RDTs) for Malaria in Fever Case Management in Uganda (February 2009)” first in a class setting, followed by a practicum. The class-room setting was deemed necessary due to preliminary findings which showed that most of the private health sector potential trainees were not familiar with RDTs. The practicum involved trainees initially testing for malaria using RDTs on each other as pre-health facility acclimatization, and subsequently testing for malaria with RDTs in patients in health facilities: Murulapesol Health Center (HC) III for two Soroti and one Serere district groups, Katakwi HC1V for the Katakwi trainees, Kumi HCIII for Kumi and Ngora participants. The Apac group had their practicum conducted in Apac Hospital.

*Fig. 1 Below: A trainee taking history of a child with severe malaria at Soroti HC III*
In total, 296 participants were trained on the use of RDT in diagnosis of malaria, and basic malaria case management. Of this number, 41% were males and 59% females.

Table 1 below demonstrates numbers trained per district on RDT use and basic malaria case management.

<table>
<thead>
<tr>
<th>District</th>
<th>Soroti</th>
<th>Katakwi</th>
<th>Serere</th>
<th>Ngora</th>
<th>Kumi</th>
<th>Apac</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Officer</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Lab. Tech/Asst.</td>
<td>12</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Reg.Nurse/Midwife</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Enrolled Nurse</td>
<td>13</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>2</td>
<td>38</td>
</tr>
<tr>
<td>Enrolled Midwife</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>25</td>
</tr>
<tr>
<td>Comprehensive Nurse</td>
<td>21</td>
<td>4</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>38</td>
</tr>
<tr>
<td>Nursing Assistant</td>
<td>26</td>
<td>29</td>
<td>10</td>
<td>3</td>
<td>14</td>
<td>35</td>
<td>117</td>
</tr>
<tr>
<td>Drug Shop Attendant</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>89</td>
<td>51</td>
<td>31</td>
<td>28</td>
<td>40</td>
<td>57</td>
<td>296</td>
</tr>
</tbody>
</table>

Through this training, basic knowledge in the management of malaria and other common fever causing diseases were addressed. This gave the trainees an opportunity to a holistic approach in handling a patient who presents with symptoms and signs similar to those for malaria. The practical part of the course enabled the trainees to appreciate the fact that not all fevers are due to malaria when subjected to parasitological tests. Subsequently, participants appreciated the need to understand differential diagnosis when handling their patients.

Pre- and Post-test Results and Feed-back from Trainees:
In cases where pre-and post-tests were administered, the average score for the pre-test result was 51% (range 30-68) and post test result, average score was 68% (range 55-95). Only post-tests were administered in trainings where most participants had neither heard seen nor used an RDT. Such trainees on average scored 61%-meaning that the participants had relatively captured both the theoretical and practical parts of the training. Some participants had never heard of, let alone seen an RDT. Some participants reported that they previously thought that RDTs were drugs.
Participants also indicated that they also learnt how to handle not only patients with a positive RDT result, but also those with negative test results. As a result of rolling away from thinking that every fever is malaria and therefore should be treated with ACTs, the sales for other non-anti-malarial drugs increased within the first two days after the training. One of the trainees reported, “….it’s good to inform you that there are a number of positive changes in the drug shop. Many people did not have malaria. I have sold a few dozes of Lonart but the daily sales have increased.” Read the SMS message from the participant on telephone no. +256 777 883 053.

Professional Networks - Formation of Drug Shop Owners’ Associations
Formation of drug shop owners’ associations followed the RDT and case management training thus enabling the trainees to appreciate the benefits of the associations further. For example, participants realized that they could have access to UHMG marketed products at lower prices than the market price due to their ability to purchase products in larger quantities from UHMG.
This was demonstrated by the demand for and purchase of UHMG products such as RDTs and Lornat—an ACT during the training.

Overall, six drug associations were formed in six districts, the administrative structure of which comprised: the chair, vice chair, secretary, treasurer and mobilizer. Four other members were also elected to represent at least one Sub County. The associations formed were to act as a link not only to UHMG, the DHO but amongst members of the association themselves for professional collaboration, regulation and sharing professional experience and lessons learnt.

*Figure: Mr. David Baliddawa orienting participants on the objectives of forming a drug shop owners’ association before elections of office bearers*

### Drug Shops Owners’ Association formed and officials per district

<table>
<thead>
<tr>
<th>District</th>
<th>Soroti</th>
<th>Katakwi</th>
<th>Serere</th>
<th>Ngora</th>
<th>Kumi</th>
<th>Apac</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Mr. Sangadi Justin</td>
<td>Mr. Samuel Ochen</td>
<td>Mr. Oliach Charles</td>
<td>Mr. Odong Tom</td>
<td>Mr. Omare K</td>
<td>Mr. Ocham Bob</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>Mr. Amonya Sam</td>
<td>Ms. Betty Atim</td>
<td>Mr. Opolt David</td>
<td>Mr. Orena Francis</td>
<td>Ms. Nobert Oluka</td>
<td>Mr. Odong M</td>
</tr>
<tr>
<td>Secretary</td>
<td>Ms. Pule Veronica</td>
<td>Mr. Amailuk J</td>
<td>Ms. Okoda Mabel</td>
<td>Ms. Achen Sylvia</td>
<td>Mr. Omunyu Charles</td>
<td>Mr. Oluka Alfred</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Mr. Opus Benjamen</td>
<td>Ms. Joyce Asio</td>
<td>Ms. Amongoria Mabel</td>
<td>Ms. Okiria Loyce</td>
<td>Ms. Osire Stella</td>
<td>Ms. Abak Connie</td>
</tr>
<tr>
<td>Mobilizer</td>
<td>Ms. Asio S</td>
<td>Mr. Alex Okello</td>
<td>Ms. Amuge Deborah</td>
<td>Mr. Ongaria Peter</td>
<td>Mr. Ilakut</td>
<td>Mr. Olweny Michael</td>
</tr>
</tbody>
</table>

*Increase awareness and demand for RDTs, ACTs and direct the communities to access quality health services through the Good life clinics*

In order to ascertain the specific needs and barriers to demand for parasitological diagnosis of malaria and use of ACTs for treatment of malaria, UHMG carried out focus group discussions in Katakwi, Kumi, Ngora, Soroti and Serere. A qualitative assessment and feedback on the malaria
knowledge levels, prevention and management among the target populations was done through a series of moderated focus group discussions. Private health providers, caretakers of children under five and pregnant women participated in these FGDs in their respective groups. This survey revealed information on: User knowledge, awareness and perception about malaria; current sources of malaria information, and the preferred source; Reasons for choosing where to take a child for treatment and preferred place; barriers to accessing timely treatment and prevention. This information will guide the communication campaign on creation of demand for parasitological diagnosis of malaria prior to initiating treatment scheduled for the next quarter.

**Lessons learnt and Next Steps**

- RDT cost: participants expressed the concern over the cost of RDTs airing the concern that patients may not be able to meet the cost of the test over and above treatment costs. They recommended that the price be subsided. In particular, the average cost of microscopic tests in these districts is UGX 1,000 only. UHMG plans to subsidize the cost of RDTs as a pilot in Katakwi.
- Overlap of intervention with Clinton Foundation in Kumi: Clinton Health Access Initiative (CHAI) was reported to have trained some drug shop owners in Kumi on the use of RDT only; case management was not tackled in depth or superficially if at all. Plans are under-way to discuss with CHAI and decide on the way-forward.

**MATERNAL & CHILD HEALTH**

- **Maternal & Child Health integration into the GoodLife Clinics:**

  In the month of December 2010, UHMG undertook clinical assessment amongst 50 GoodLife Clinics in Kampala, Mukono, Eastern, Northern Uganda and West Nile to ascertain the level of service provision of maternal and child health interventions. The assessment focused on provision of antenatal services (IPTp, PMTCT) and infant nutrition services (management of malnutrition in children under five years). It was established that the majority of the GoodLife clinics more especially the private not for profit facilities are not offering IPTp due to failure to access SP (Fansidar). In addition, almost all the facilities assessed did not provide infant nutrition services due to lack of knowledge in that field. This information is to be utilized during the second quarter to integrate MCH interventions into these GoodLife Clinics.

- **Activations through Mothers Club:**

  This is an on-going activity promoting Maternal and Child health amongst women and men in Uganda. UHMG conducted activations in the following health centers that include; IHK-Namuwongo, Paragon Hospital, Naguru Teenage Centre, Kinyara Clinic, Masaka Regional Referral Hospital, Mayanja Memorial Hospital, Hima Clinic and St Stephens Church of Uganda Hospital-Mpererwe.

- **Community activations in Commemoration of Maternal Child Health and Agakhan Health Fair**
UHMG partnered with STRIDES to participate in the commemoration of maternal and child health in Luweero district, Kayanda Health center and Kayunga, Kasese, Rwesande Primary School. Water treatment using Aquasafe was demonstrated and the treated water was sampled to the children, mothers and fathers that attended the events. Restors/Zinkid was also introduced and emphasized as the new diarrhea treatment.

**Nutripearl (Ready to Use Therapeutic Food)**

As part of strengthening the Nutrition component of the MCH program UHMG finalized the Nutripearl launch promotion strategy that will guide all the promotional activities for this brand. UHMG will work closely with the MOH Nutrition department to launch Nutripearl countrywide.

**FAMILY PLANNING**

- Promotional activities through Mama Tendo Foundation:
  Through UHMG partnership with Mama Tendo Foundation, UHMG promoted Family Planning amongst the Parliamentarian women as a way to solicit for support. On 15th October 2011, a seminar was held amongst the Staff Women Forum – Parliament where the deputy speaker of parliament was main speaker. Presentation on how the private sector can enhance family planning provision in the country was conducted by UHMG. MPs were requested to strengthen their voices in support of family planning service provision in the country.

- Family planning outreach:
  Through four GoodLife clinics (Musoke domiciliary clinic, Eseri clinic, Hope clinic, St Luke domiciliary), UHMG conducted a family planning outreach in Kasawo, Mukono district in the month of November. The outreach was part of the GoodLife health fair aimed at increasing use of family planning services in hard to reach areas. In
total 350 women and 135 men were reached with interpersonal messages on family planning, 30 women received COC-Pilplan/NewFem (6 cycles of pills per woman) six months dosage), 25 women breast feeding mothers received POP-SoftSure (4 cycles- for four months) and 42 women received Depo-Provera-Injectaplan. In addition 85 men were given Protector condoms (Blue Gold).

- **Promotion of UHMG FP products**

Owing to the change in composition of Pilplan from Duofem to Microgynon, there was a need to change the brand name as a regulatory requirement by NDA. During this quarter, UHMG designed and coined the new brand name (Pilplan plus) Though the product ingredients are different the new product will be branded as Pilplanplus so that we can maintain the equity of the brand Pilplan The package design was finalized, pretested amongst service providers and end users and later submitted to NDA awaiting approval.

**The new PilplanPlus package**

- **NewFem Sampling Campaign:**

The sampling campaign is an ongoing activity aimed at improving brand exposure and visibility in both public and private health sector facilities through free product trails. We have been able to sample NewFem through Reproductive Health Uganda outlets, Pentagon communications which undertook a Christmas health caravan in the eastern region, Kasawo GoodLife health fare, AghaKan Health fare, among many others.

- **Family planning Corporate Social Responsibility:**

UHMG participated in the Christmas medical caravan in Eastern Uganda organised by Pentagon communications. The event that took place from 1st December – 16 December 2010, attracted other reproductive health partners including PACE, One Hope, MOH, GlaxoSmithKline and Rwenzori beverages. The main objective was to create a smile on the lives of the underprivileged in the Eastern region. The areas of coverage were Bukedea, Kaberamaido, Katawi and Amuria. During this intervention, UHMG trained service providers that were to undertake service provision on Family Planning. A substantial number of people were
able to receive free counselling on Family Planning as well as service provision for all UHMG promoted family planning products.

Below is a table indicating men and women reached under family planning during the intervention.

<table>
<thead>
<tr>
<th>No. reached on FP</th>
<th>Female(F)</th>
<th>Male (M)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bukedea</td>
<td>157</td>
<td>65</td>
<td>222</td>
</tr>
<tr>
<td>Kaberamaido</td>
<td>140</td>
<td>10</td>
<td>150</td>
</tr>
<tr>
<td>Katawi</td>
<td>127</td>
<td>22</td>
<td>149</td>
</tr>
<tr>
<td>Amuria</td>
<td>153</td>
<td>22</td>
<td>175</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>577</strong></td>
<td><strong>119</strong></td>
<td><strong>696</strong></td>
</tr>
</tbody>
</table>

- **Participated in product exhibition:**
  - UHMG participated in the national celebrations of safe motherhood in Luwero district. This event provided an opportunity to exhibit and sell UHMG products amongst the targeted providers as well as end users. Free sampling of NewFem was undertaken at this exhibition.
  
  - On 31\textsuperscript{st} October 2010, UHMG participated in the Agakhan Annual Health Fare. The fare that attracted health practitioners and the general public provided an opportunity to show case all UHMG products. Facilitation & detailing on the family planning products was undertaken especially on Moonbeads. NewFem was sampled as well.
  
  - From 18\textsuperscript{th} – 19\textsuperscript{th} November 2010, UHMG held a Goodlife health fare at Kasawo. This provided us with an opportunity to show case family planning interventions together with other stakeholders of Reproductive Health. During this health fare, UHMG exhibited its range of products amongst the target

- **Family planning Client data management in the GoodLife Clinics:** UHMG set out to assess the status of services integration in the GLCs with respective client/patient data management systems. The field visit was aimed at assessing the current service practices at the facility including; Services provided in the GLCs in terms of quality and variety, Level of integration of services in the GLCs, Availability of UHMG products in the service outlets, Client data management for all UHMG interventions in the GoodLife Clinics. In total 11 districts in Eastern, Northern Uganda and West Nile were visited with coverage of 40 GoodLife Clinics.
- We adopted ministry of health tools to develop, produce and distribute the family planning and Out-patient data management tools to the private health sector. To-date we have trained 60 GoodLife clinics on the new data management tools.

CHILD HEALTH
- Safe water and hygiene school program
Following the pilot of the Aquasafe school activations, consistent monitoring and supervision were carried out in the pilot schools focusing mainly on the Aquasafe water points created within the school environment, selection of the water champions who are the main drivers of the water treatment behavior within and outside the school and movement of the water treatment practice from the schools into the surrounding communities. 15 schools have so far taken up the practice of water treatment as the sustainable solution to providing safe drinking water to students, pupils, staff and the surrounding communities. A total of 120 water points have been created in 15 schools (on average 8 water points per school), these are closely monitored and managed by the 60 water champions who ensure that the basic sanitation and hygiene of the water points are maintained and the water is treated as per the instructions.
C. CROSS CUTTING ACTIVITIES

MARKETING & STRATEGIC INFORMATION
Marketing and Strategic Information Directorate implements programs that support the two Strategic Business Units viz: the Commercial Division, & the Programs Division in achieving their goals. This Directorate includes Social marketing unit responsible for creating demand for products that have public health impact, Communication unit which is responsible for innovative evidence-based communication interventions, Corporate and External Relations unit which manages all the public relations activities for UHMG, and the all important Research, Monitoring and Evaluation unit that is responsible for guiding the both the strategic business units.

SOCIAL MARKETING

Condom ‘O’ distribution and merchandising
In order to increase the accessibility of Condom ‘O’ to consumers and control prices at retail level, a one month massive distribution of Condom ‘O’ was embarked on in December. This distribution was also to aid in the opening up of new outlets for Condom ‘O’ and maintaining the old ones through stocking and re-stocking. A total of approximately 2,000 outlets were reached for making Condom “O” available.

Condom ‘O’ theme nights
Theme nights for promotion of condom ‘O’ were conducted in the Northern, Eastern, Western and Mid-Western regions. Features of condom ‘O’ were emphasized through DJ mentions in the discotheques and the interaction of the brand together with fun and music was critical during the theme night promotions. Discotheques were also encouraged to buy and stock condom ‘O’ for easy and fast access by daily consumers. 24 theme nights were carried out across the regions with 2 theme nights per week for six weeks.

Condom ‘O’ sponsorships
In December 2010, Condom ‘O’ sponsored the Grand Comedy Show, Kings of Comedy at Theatre La Bonita. The main aim of this sponsorship was to associate the ‘O’ brand with comedy and enable the target audience (outgoing, fun-loving young adults) to have close interface with the brand, the concert attracted over 300 people and six corporate sponsors.
COMMUNICATION

One Love Phase 3 Campaign

The one love campaign entered its most important phase and that is the one that actually will help people get off the sexual network. The overall objective of the One Love Campaign was to increase serial monogamy among the target population by 5%.

- **Phase Three: Simple steps one can do to get off the Sexual network**

The objective of phase three is to increase the understanding of the target audience to recognize the implications and consequences of being on the sexual network and the impact on their children with 80 percent of the targeted audience being reached with campaign messaging, 55 percent understanding, 30 percent intending to get off the sexual network, and five percent taking action to remove him/herself from the sexual network. We ran the campaign from November 15th which started off with radio. The TV spots and billboards will kick off in January 2011.

The following were the radios that ran the 3\textsuperscript{rd} phase of the One Love campaign

<table>
<thead>
<tr>
<th>Central</th>
<th>Eastern</th>
<th>Western</th>
<th>Northern</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBS 88.8 FM –Central</td>
<td>Nile Broadcasting-Jinja</td>
<td>Radio West-Mbarara</td>
<td>Rupiny Fm –Gulu</td>
</tr>
<tr>
<td>CBS 89.2 FM Bonus Central</td>
<td>Signal FM-Mbale Step Fm Mbale Etop Fm - Soroti</td>
<td>Endigito FM-Mbarara Voice of Kamwenge-Kamwenge</td>
<td>Adio PACis-West Nile</td>
</tr>
</tbody>
</table>

- **Family Planning Advocacy Campaign**

The Family planning advocacy campaign strategy was shared amongst several stakeholders and potential partners. It is a youth focused family planning campaign to help increase family planning uptake in Uganda. We have identified the partners that will help launch the campaign. There are three other partners involved in the campaign namely; DSW – a German funded youth focused intervention that will help in the mobilization of the youth, AFP – an advocacy project working in training advocacy groups to help advocate for a better family planning policy in Uganda and PPDARO – an advocacy organization that deals with the stakeholders like the parliamentarians.
We have since developed the youth mobilization strategy with DSW and we hope to now bring on board AFP to help train the youth in advocacy skills to kick-start the campaign in February 2011.

- **Malaria BCC Campaign for Prompt Diagnosis and Treatment**
UHMG is in the process of designing a campaign for prompt diagnosis and treatment of malaria targeting mainly the health providers. The campaign will focus of the importance of testing for malaria before appropriate treatment is provided. This will ensure judicious use of antimalarials and also reduce on the chances of resistance developing to ACTs arising as a result of irrational use of ACTs for all fever cases not confirmed to be malaria. The focus is on getting health care providers to use RDTs in lower level facilities to complement microscopic diagnosis only accessible in higher level facilities.

UHMG also wants the prompt treatment of malaria to be one of our core messages in the campaign. The policy currently stresses the need to seek treatment within the first 24 hours of onset of fever.

In order to address the above need, during this quarter UHMG conducted a qualitative assessment of malaria prevention and management in the communities of Katakwi, Kumi, Ngora, Soroti, Pallisa and Soroti. The purpose was to get feedback on the malaria prevention and management among the target populations through a series of moderated focus groups discussions so as to better inform the development of the campaign from the audience’s point of view.

- **Packaging for Malact (ACT brand)**
In line with the above campaign, we designed, developed and pretested the packaging of UHMG’s ACT brand MALACT. The pretest was carried out among Caretakers and Health providers in the central region aimed at getting people’s choices on the preferred designs. Below is the finals pack design for MALACT
Furthermore UHMG also developed and pre-tested the Pilplan Plus packaging for the new COC Microgynon tablets will replace the current Pilplan (Duofem). Below is the final pre-tested Pilplan plus design.

SMS

Using the SMS media during this quarter UHMG increased the number of outlets registered in the database from 5,080 to 10,153 outlets and these are profiled by their Business names, contacts, location and Sub-Locations as indicated in the table below:

<table>
<thead>
<tr>
<th>CLIENTS/OUTLETS</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Shops</td>
<td>3,138</td>
</tr>
<tr>
<td>Clinics</td>
<td>1,822</td>
</tr>
<tr>
<td>Hospitals</td>
<td>84</td>
</tr>
<tr>
<td>Pharmaceuticals (Wholesale outlets)</td>
<td>183</td>
</tr>
<tr>
<td>Pharmaceuticals (Retail outlets)</td>
<td>326</td>
</tr>
<tr>
<td>Service Providers</td>
<td>57</td>
</tr>
<tr>
<td>DHOs</td>
<td>60</td>
</tr>
<tr>
<td>Mbale Conference Participants</td>
<td>134</td>
</tr>
<tr>
<td>Mbarara Conference Participants</td>
<td>117</td>
</tr>
<tr>
<td>Condom O Rack Customers</td>
<td>3,006</td>
</tr>
<tr>
<td>Good Life Clinics</td>
<td>216</td>
</tr>
<tr>
<td>Strides Outlets</td>
<td>471</td>
</tr>
<tr>
<td>Nursing &amp; Maternity Homes</td>
<td>58</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>248</td>
</tr>
<tr>
<td>RDT Trained outlets</td>
<td>233</td>
</tr>
</tbody>
</table>

Through the SMS system, we were able to respond to clients’ queries, process orders and this has helped UHMG increase awareness about UHMG as an organization and its products and services. In the period of October-December 2,010, 351 SMS were received and 9,065 SMS were sent.

- Awareness through Bulk SMS and Notification/Marketing Tool:
Through the Bulk SMS Mechanism, UHMG’s new products and prices, promotions and activities have been made known to the Public as indicated in the examples below:

- A reminder/motivational message was sent to all the clients whose outlets had run out of Condom O encouraging them to repurchase the product.
- The Clovirex price reduction promotion too was boosted through the bulk SMS mechanism.
- **Research and Data Tracking Tool:**  
In October, an SMS was sent out to owners of the registered outlets in the data base requesting them to indicate what UHMG Products they have available in their outlets and the response was as below:  
Out of the 800 outlets that received the SMS: 220 indicated that they stock Injectaplan, 174 stock Pilplan, 117 stock Protector, 58 stock Zinkid, 22 stock Aquasafe, 16 stock SoftSure and 9 stock NewFem. However this activity was done as a pre-test for the SMS media assess if can qualify as a research tool. Based on the feedback received the SMS media can help us track the availability of our products.

**CORPORATE RELATIONS**  
UHMG organized one of a kind “**GoodLife Healthfare**” in Kasawo Mukono district with the theme “The private sector cares, we bring you the GoodLife”. Over 50 private sector providers participated in giving out free medical services to the people. To support the community mobilization that was being done, a radio spot was developed and run on 5 radio stations informing people about the event. The newsworthy event was highlighted on all the major TV stations in Uganda that is WBS, NTV, Bukede, and UBC. The event also received good coverage on some radios, Radio One, Capital, Simba, and CBS and in the print.

A press-kit was developed which guided the media on how to cover the event which contained a corporate brochure on UHMG and other information flyers which provided further information to the press people and the delegates that attended. Certificates of appreciation were awarded to all private sector providers that participated in the event. The two day activities were documented for future reference on the key lessons learnt and identifying gaps to be rectified in the future.
- **Materials developed for the Kasawo event (Certificate and Corporate folder)**

![Certificate of Appreciation](image1)

![Corporate folder](image2)

- **PR at World Aids Day**

  The corporate relations team together with the HIV program participated in the World AIDS Day National celebrations where condoms were sold to the people, and communication materials on HIV prevention, treatment and care were distributed. UHMG’s unique communication interventions such as the sexual network and working with the fishing communities attracted many people to the UHMG tent. We received coverage from UBC which highlighted our intervention and had interviews with two staff which were televised in the main news bulletin on UBC that day. A documentary of the World Aids Day deliberations was produced and is in the UHMG archives.

- **Other PR & Communication Materials Developed**

  In a bid to promote the image of UHMG and maintain top of mind awareness among its customers and stakeholders, UHMG developed materials and distributed to key audiences of UHMG. Some of the materials developed are as shown below

  **Sample of the 2011 calendar**

  ![Sample of the 2011 calendar](image3)

  **UHMG shifting to their new office premises**

  ![UHMG shifting to their new office premises](image4)
RESEARCH
- Thematic research
UHMG’s Research, Monitoring and Evaluation (RM&E) unit conducted qualitative research in malaria aimed at getting a qualitative assessment and feedback on the malaria knowledge levels, prevention and management among the target populations, the research involved a series of moderated focus group discussions. The FGD’s were carried out in the five districts of Serere, Katakwi, Soroti, Ngora and Kumi with two target groups; caretakers of children under five and pregnant women. Key informant interviews for the health workers were also conducted. Part of the findings of the qualitative malaria survey on user knowledge, awareness and perception about malaria are shown below;

- User knowledge, awareness and perception about malaria
In all the FGDs of caretakers of children under five in the districts of Serere, Katakwi, Soroti, Ngora and Kumi malaria was mentioned as one of the major illness that affects children under five years. The mentioned “causes” of malaria being; mosquito bites, eating cold food, cold weather, bushy homes, warns and eating mangoes.

“Eimidi ngesi duc adeka nasodit idila aikamunun iduwe luko ojalo kosi eteenenei engo ageun engo awuri idwe”
Translated as
“Malaria is normally one of the first illnesses in most of the children in my community I have observed since I became a young mother” Stated one of the mothers from Katakwi district.

They also attributed the fever (hotness of the body of a child) as resulting from malaria besides other likely causes like; HIV/Aids (Esilimu), pneumonia (Enimonia), Measles (Adek naka akwap), cough (Awola), and flu (Etutum).
The Health workers who were the key informant interviewees were asked a related question on ‘which are the commonest illness in their health facility” and they named Malaria and Anemia highest as shown in the graph below.

![Graph showing common illness in the health facilities as reported by the health workers](image)
- **Retail audit:**
This is a quarterly exercise conducted by the RM&E unit with a sampling frame of 1,200 outlets aimed at providing data about health products which are promoted by UHMG/AFFORD. The Retail Audit also monitors changes in the market distribution for its promoted products; and identifies potential new products that could be considered by UHMG. Analysis of the quarter results of the availability of UHMG-promoted products in the outlets showed a slight increase from 55% to 57%. The number of outlets selling UHMG brand of condoms also increased from 52% to 54% of the outlets in the sample.

- **Data Compilation and reporting to MEEPP:**
The quarter started with the compilation of the annual data on HIV related activities and subsequent reporting to MEEPP. This involves data collection from the UHMG/AFFORD partners, sub-grantees and the GoodLife clinics, data cleaning to identify irregularities, duplicates, overlaps for quality, data entry into the MEEPP online reporting system.

- **Data Compilation and reporting to UMEMS:**
These involved the compilation and reporting on Family planning, Malaria, Child Survival and Social Marketing activities which are not PEPFAR related. This exercise involves collecting data from the various program activities and the commercial division. The teams undertook cross checking of the data for consistencies with the program activities before finally entering it onto the UMEMS database.

- **Monitoring of activities in the GLCs:**
The RM&E unit continued to support the GLCs in record keeping and management. As a result of increased demand for data to inform programme planning and reporting, the RM&E department in consultation with the different programme implementers designed new data collection tools. FP and OPD registers were also produced to assist those service outlets which had weaknesses in data management. Onsite staff orientation of the GLCs on record keeping and the new data collection tools were conducted. The exercise which lasted one month was conducted in the districts of Jinja, Iganga, Tororo, Sironko, Mbale, Soroti, Serere, Apac, Kole, Oyam, Lira, Gulu, Nebbi, Zombo and Arua.

- **Target setting:**
The RM&E unit worked with the different programme implementers and the Commercial Division to set the targets on the different indicators of Family Planning, Malaria, Child Survival and Social Marketing. The targets agreed upon were entered in the UMEMS online reporting system.
HR & ADMINISTRATION

- **Management Structures and HR Systems of UHMG:**
The Senior Level Management (SLM) and Middle Level Management (MLM) teams continued to meet and review their roles and responsibilities as per the work plan, their respective terms of reference, as the roadmap to sustainability. Deliberate efforts to strengthen the institution through monitoring and evaluation of performance were undertaken, and a performance evaluation/appraisal tool shared with staff. Furthermore, a new timesheet format was initiated and demonstrated to staff in November 2010 to enable staff report level of effort correctly per project/donor. Staff met in November 2010 to discuss issues related to absence management, time management, weekly and quarterly reporting, and performance tracking and management, and were reminded to treat the current duration as a probation period. A performance management tool to assess monthly performance was shared with staff.

- **Governance Issues:**
In a bid to strengthen the strategic direction of UHMG, new board members were appointed and these make up the five committees namely Business Development Committee, Technical Committee, Finance and Planning Committee, Audit and Risk Committee, and Human Resource and Administration. The quarterly Board Committee meetings were held in November and December 2010 to review organizational performance and progress reports. Subsequently, the Board of Directors meeting was held on 17th December 2010 to discuss among other issues: UHMG’s work plan progress and achievements, legal status, current salary structure, and the organogram. Management was requested to provide a detailed report on the restructured positions and related pay.
The challenges of registering UHMG with the NGO Board were also shared by a lawyer from Sebalu and Lule Advocates. Approval was given to start UHMG’s tax exemption status through application of the NGO Certificate. A new accounting reporting date was approved whereby UHMG shall be reporting from July to June so as to be in line with the government of Uganda financial reporting year.

- **Staff Capacity Building and Welfare opportunities:**
During the quarter, staff attended a two-day Grant Management course by MANGO UK through ACLAIM. The main objective of this training was to enable UHMG staff build their confidence and skills in managing institutional donor grants well and ensuring donor compliance. In addition, the AFFORD Chief of Party facilitated a report-writing session with senior and middle-level management staff on improving report-writing skills. Guidelines were provided and previous sample reports shared to emphasize improvement areas. Furthermore, during an All-Staff meeting in November 2010, staff were enlightened, by Mr. Charles Ocici, a renowned speaker, on how to manage funds better, at both organizational and personal level. Three (3) staff attended two-weeks’ courses at the African Continent for Management and Development Training in Mbabane, Swaziland, in December 2010; the Malaria Program Assistant attended the Social Workers Course and the Threat of HIV/AIDS course; the Pharmacist/Technical Support Manager and Procurement Committee Chairperson attended the Strategic Procurement Management, Planning and Control course; while the Administrative Officer attended the Modern Office Practice Management course. Plans are underway to undertake
rigorous staff training and exposure with reputable training institutions or companies derived from the training needs assessment.
All-staff monthly meetings were held as scheduled and managed by staff from different departments so as to build self esteem and confidence, and the skill on managing meetings. The All-staff team building retreat shall be held in the next quarter. As part of emphasizing equity, and improving staff motivation, equity was practiced in ensuring that staff were issued with contracts as per the new salary scale, and fringe benefits offered across the board.

FINANCE AND INVESTMENT

  During the quarter, the Financial management Manual was reviewed and approved by the Board. The manual has 24 sections which are elaborate enough to strengthen the operational systems of UHMG. The Manual will be disseminated to all staff in a half day meeting whereby all sector heads will be given responsibility to specific sections that they are directly responsible for.

- **Financial reporting and Accounting/Logistics Software**
  UHMG has greatly improved in its financial reporting, recognizing the fact that more development partners have come on board with different reporting requirements. At the moment all financial reports are being produced from Tally however adjustments are being made from time to time since the software is new. Training will continue for all key personnel including the Managing Director and the Chief of Party so that Tally can be used across the board. The key focus in the Quarter January to March 2011 will be on strengthening the financial reporting to ensure timeliness.

- **Internal Reviews and Controls:**
  ACLAIM continued with the internal review exercise, a report was shared to all staff and the findings of the exercise were shared to the Audit committee of the Board in November and also with the Board of Directorses in December 2010. The areas that were covered by ACLAIM included: Stock management, financial management and Internal controls, Grant management, Access Controls & IT, Advertising Procurement, and the HR systems review. Following the recommendations of the review, a Grant management course was conducted to improve the Grant management by UHMG staff since other projects are on board. The Board recommended that an internal audit function be included on the organogram with direct reporting to the Audit committee of the board but also to the managing Director. UHMG management was tasked to ensure that all recommendations made by ACLAIM be put in practice to ensure the systems are audited to ensure accountability and efficiency.

- **Business Plan development and sustainability:**
  During the quarter the business plan was being reviewed and changes made to the draft. The process was being spearheaded by a consultant recommended by JHU/CCP. The draft business plan is being reviewed by UHMG management with guidance from AFFORD and a final version will be realized during the January to March quarter. With the finalization of the new business
plan that covers the period 2010-2013, it is hoped that timely implementation of the plan by UHMG will help it become self sustainable within the next 3 years.

- Development of the work plan 2010-2011:  
During the quarter a work plan and Budget for six months October 2010 to March 2011 was developed, completed and approved by the USAID, CCP and UHMG board.

- End of Year Audit:  
During the quarter Deloitte and Touche conducted the end of year Audit for the year Oct 2009 to Sept 2010. The Audit report will be reviewed by the Finance committee and then approved by the board in the next BODs meeting scheduled for February 2011.
D. UHMG ORGANISATIONAL DEVELOPMENT

Institutional Capacity development

- **Staff Recruitments:**
  During this quarter, three (3) new staff (Brand Officer, Brand Manager, and Customer Relations Officer) were hired in December 2010, and expected to report in January 2011. The recruitment of the Director Programs and Services, and Finance Officer (Special Projects) was close to completion, with reference checks respectively. Plans were also initiated to interview the remaining vacant positions for the Director Marketing and Strategic Information, Corporate and External Relations Manager, Special Projects Manager, Human Resource and Administration Manager, Procurement Officer, Information, Communication, and Technology (ICT) Officer, Regional Sales Representative, Warehouse Supervisor, Regional Pharmacy Managers, and Driver (Special Projects). Six (6) Research Assistants were hired to undertake the AFFORD Y6 Retail Audit exercise. The Warehouse Assistant was suspended from duty indefinitely until the investigation on the missing Jadelle implants is completed. Consequently, interim contracts were issued to temporary staff as Warehouse Supervisor and Warehouse Assistant until the positions are filled with qualified staff.

- **UHMG Restructuring and Change Management Process:**
  During the quarter, staff were continuously informed about the progress of the transition process. As part of the exit strategy, and in line with the closure of the AFFORD project, all employees received end-of-project letters, following closure of the AFFORD project, and subsequently paid their severance dues. Some staff whose roles were no longer relevant in the organization were laid off in October 2010. These were the Business Manager, Warehouse Supervisor, one Medical Sales Representative, and one Product Marketing Officer. Furthermore, as UHMG intends to operate regional wholesale pharmacies instead of retail outlets, the Arua, Mityana, and Luzira retail pharmacies were closed, and all pharmacy-based staff (3 Pharmacy Assistants, 3 Accounts Assistants, and 1 Office Assistant) were laid off in October 2010, and guided through the exit clearance process. Staff bid farewell to 12 ex-employees, and appreciated them for their contribution to the organization during their term of service. The majority of staff were transitioned to the re-structured positions in the new organogram, and issued with new contracts of employment. Three (3) staff were promoted as follows; Driver to Transport Officer; Administrative Assistant to Administrative Officer; and Human Resource and Administration Manager to Director Human Resource and Administration. One Director was transitioned to a Resource Mobilization Advisor and tasked to grow UHMG’s funding base. The Managing Director was issued with one-month contracts pending the Board’s decision on her contract status which has now been finalized and she will be issued with a 3-year contract.
Resource Mobilization Activities Undertaken
During this quarter, as part of UHMG’s sustainability drive and identifying opportunities to diversify its funding base UHMG has applied and has been successful with some of its bids as shown below

<table>
<thead>
<tr>
<th>Project</th>
<th>Funder</th>
<th>Amount per year</th>
<th>Total Grant</th>
<th>Duration</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening HIV prevention project</td>
<td>Civil Society Fund</td>
<td>US$ 2,049,554</td>
<td>US$ 2,049,554</td>
<td>18 months</td>
<td>Pending signing of the contract</td>
</tr>
<tr>
<td>Strengthening AIDS in the lakes (SAIL) Project</td>
<td>Elton John Foundation</td>
<td>US$ 683,571</td>
<td>US$ 2,050,714</td>
<td>3 years</td>
<td>Pending signing of the contract</td>
</tr>
<tr>
<td>Strengthening Capacity of the Private Sector in IRS</td>
<td>IRS Project</td>
<td>US$661,155</td>
<td>US$ 1,322,309</td>
<td>2 years</td>
<td>Pending approval</td>
</tr>
</tbody>
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PROGRESS ON THE NEW OFFICE PREMISES
- UHMG Office and Warehouse Construction:
During the quarter UHMG moved offices from Kololo to the new Warehouse in Ntinda through Uni-Movers & Logistics Uganda Limited. The main office block is still under construction and will be handed over to UHMG by early February 2011 (refer to picture below). The Finance committee of UHMG Board has reviewed the construction project financial appraisals which necessitated additional funding of up to USD100,000. This is due to the adjustments to be made on the building which are deemed necessary to make the building completed. With this additional funding and the mortgage the construction project will be realized as planned.

Rear view of New UHMG Office and Warehouse Block.
E. TECHNICAL ASSISTANCE

During the quarter UHMG was provided with technical assistance from external consultants:

I. ACLAIM Africa provided technical assistance to UHMG through conducting the internal review exercise to ensure that there are enough internal controls in the system and also identify gaps in the systems that could be addressed.

II. Klein Kelly and Daa’iyah Lang from JHU/CCP provided technical assistance with the budget preparation.

III. A professional civil engineer, Mr. Robert Michael Mbaziira, continued to monitor progress of the construction of the new UHMG offices and warehouse in Ntinda, and provide back-up support to UHMG in ensuring quality work was done and progress to completion adhered to.

IV. The COP continued to provide support and TA to the Commercial Division of UHMG

V. Joan Yonkler Sr. Program officer at CCP provides weekly telephonic technical assistance to UHMG head of communication and to the communication officer
F. CONSTRAINTS & CHALLENGES IN OPERATIONS

- **Shifting of Offices**: During the quarter the UHMG offices shifted from Kololo to Ntinda which affected activity implementation for a few days.
- **Vehicle Fleet**: The disposal of Afford vehicles affected field operations and activities planned had to be rescheduled as the available vehicles had to be optimally utilised during this period.
- The submission and approval of the work plan for the extension period Oct - Dec during the quarter further delayed activity implementation.

G. PLAN FOR THE QUARTER JANUARY – MARCH 2011

**PROGRAMS DIVISION**

**HIV/AIDS**

**Planned activities for quarter January – March 2011**

- Continue to procure and distribute test kits to Goodlife clinics.
- Continue to carry out HCT in the Goodlife clinics.
- Training of staff from the clinics on HIV Counselling and Testing
- Provide data collection tools to the GL clinics.
- Provide Cotrimoxazole to clients testing HIV positive.
- Training of service providers on management of common illnesses.
- Continue distribution of safety boxes
- Procure and distribute colour coded waste bins
- Assess bids and select MARPs organizations to work with.
- Assess clinics on preparedness to provide youth friendly services.
- Implement HIV prevention interventions for MARPs
- Provide on site support to the additional clinics to start HCT.

**MALARIA**

- Conduct clinical audits in 10 small and medium private sector outlets in each of the 6 target districts
- Establish learning centers for clinical audits in not-for-profit level 3 or 4 health facilities
- Hold 2 day district level work-shops to develop articles of association and operational plans
- Facilitate national level medical practitioners and mid-wives to provide mentorship for strengthening district networks
- Facilitate establishment of district secretariats
- Support the district level task force to supervise, mentor and collect data
- Identification of facilities to be recognized as GLFs
- Develop Accreditation guidelines/checklist
- Conduct Accreditation visits to private clinics to be selected and branded as good life clinics
- Signing of Memorandum of Understanding (MoUs) and facilitate registration of district associations with the Registrar of Companies
• Facilitate training of private providers at learning centers
• Support the district task force to conduct quarterly support supervision/mentoring visits
• Promote RDTs and ACTs and increase availability through the private sector
• Adapt and print current MOH training tools and job aids to suit the private sector health facilities

FAMILY PLANNING & MATERNAL CHILD HEALTH
• Undertake regional trainings to strengthen maternal and child health interventions including family planning in all the 200 GLCs
• Start up model village concepts in the three districts and run family planning outreaches
• Kick off the family planning advocacy campaign – roll out phase I
• Develop, produce and distribute IEC and Job Aids on Malnutrition-infant feeding, Management of child diarrhea following the new ORT policy guidelines for both providers and consumers.
• Launch and promote Pilplan Plus in the Market
• Detailing to providers for all family planning brands
• Branding of the GLCs

CHILD HEALTH
• Follow up with 10 schools (monitoring and supervision) for Aquasafe campaign
• Roll out Aquasafe school promotion in 40 schools
• Hold Teachers’ workshop (safe water campaign with water treatment
• Organize water champions event on the world water day

COMMERCIAL DIVISION
• Recruit a Client relationship officer and a Kampala Regional Medical sales representative. These strategic positions are aimed at improving the sales through enhancing a wider prospection of Potential clients
• Sign up at least four distributor agreements with credible distributors in Kampala and upcountry. These will promote sale of large volumes of products and increase distributorship of the same.
• Open the regional wholesale Pharmacies in Mbale and Arua at least by end march 2011.
• Establish requirements from at least 20 Good Life clinics and signed up supply contracts with them by the end of March 2011.
• Carry out training workshops on Good customer care practices and salesmanship for all PF staff involved in the selling process.
• Commission a survey to establish fast moving pharmaceutical products particularly used by women.
• Initiate the ISO Certification Process for the Commercial Division
• Prepare launch plan for SPRINKLES (food fortificant and import Nutraceuticals from Hexagon Nutrition

CROSS CUTTING ACTIVITIES
MARKETING AND STRATEGIC INFORMATION
• Launch & promotion of Pilplanplus on the market
• Conduct detailing for FP brands
• MoonBeads promotion – Target 3 centres & schools
• Continue with sampling of NewFem
• Finalise and launch the malaria communication campaign
• Launch the Family Planning campaign – Phase 1
• Develop HCT campaign strategy
• Hire a consultant to develop the UHMG website and have it up and running
• Start developing the corporate materials
• Highlight UHMG activities in the media
• Run Aquasafe activities in schools, hold Teachers’ workshop
• Promote Zinkid/Restors sales through Detailing and merchandising
• Promote Condom O and Protector sales through bar activations, merchandising among others
• Routine monitoring and evaluation
• Submit registration files for MALACT (ACT) to NDA
• Monitor and supervise the EOP AFFORD survey
• Carry out Thematic Research
• Carry out quarterly Retail Audit
• Monitor and supervise the Good life clinics
• Quarterly reporting to UMEMS and by-annual reporting to MEEPP
• Identification of referral centers for the GoodLife clinic and map reading
• Support supervision to the GoodLife clinics

HUMAN RESOURCE AND ADMINISTRATION
• Governance: Hold retreat and induct Board of Directors and Board Committee members in March 2011 to increase awareness of UHMG’s systems, structures, and activities.
• Hold Board and committee meeting to continue giving strategic oversight to UHMG.
• Effect various staff trainings; Debt Management Strategies and Techniques for the Sales and Distribution Manager in February 2011, Stores Management and Inventory Control for the Warehouse Supervisor in February 2011, Brand Management for the Brands Team in March 2011, various financial management trainings to improve on budgeting, USAID reporting and guidelines for the Finance Team.
• Undertake training needs analysis for entire staff in order to design capacity building measures through trainings and exposure visits. This will form part of the Human Resource Development Plan.
• Work with CCP consultants; Ron Hess, to provide support in Institutional Strengthening and Corporate Governance, Joan Yonkler to provide technical assistance in the development of Communication and Brand Management Strategies, and Bill Glass on AFFORD Close-Out Workshop and related documentation.

• Task the Senior Management Team to determine performance gaps, and work with AFFORD and CCP to address them for professional development.

• Administration: Hold all-staff monthly meetings and induct new staff with UHMG policies.

• Human Resource Management: Continue filling vacant positions as indicated in the UHMG organogram Finalize contract for the new staff and that of the managing Director. Hold All-Staff Team Building Retreat in February 2011 to provide stress-free moments and team bonding opportunities.

• Disseminate approved Human Resource Policy and Staff Capacity & Development Policy to staff, and orient them on updates. Follow-up on internal management controls and compliance requirements.

• Procurement: Procure equipment and furniture for new employees recruited.

• Work with AFFORD to procure three new duty-free vehicles/trucks to supplement current vehicle fleet and strengthen the product distribution system across the country.

• Undertake supplier pre-qualification exercise, and issue procurement contracts for regular suppliers of goods and services.

• Undertake process of obtaining a law firm on retainer basis to deal with organizational legal issues.

FINANCE AND INVESTMENT

• Disseminate the Financial management manual to all staff through a quarter day meeting

• Work on improving and strengthen the financial management systems as well as internal controls as recommended by ACLAIM

• Hold a budget review meeting for all budget holders

• Share a new and better budgeting format

• Attend some financial management trainings to improve on budgeting, USAID reporting and guidelines

• Periodic submission of financial reports to all development partners for funding

• Develop budgets for funding proposals.

• Develop an investment plan with key milestones

• Work closely with ACLAIM to finalise the risk management policy for approval by the board.

• Finalise the overhead cost rate for the organisation and share with management

• Funding Grid Matrix shared to all staff

• Work with a property agent to manage UHMG new office and warehouse premises

END OF REPORT