Delivering the Good Life

UHMG team 2011
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This year’s annual review marks the first year of UHMG’s journey towards sustainability. It has been a milestone year of commissioning the “Home of the Good Life”, streamlining processes and building in house competencies to achieve operational excellence.

I am humbled by the confidence vested in me by the UHMG founder members and the board, to champion the transition process of UHMG from a donor dependant organization to a self sustainable health marketing organization. After I became chairman last year, I set out to consolidate what has been achieved over the years and to further pursue the dream of my predecessor Mr. F. Kawuma, the founder members and donor partners.

I have held constructive discussions with a cross section of UHMG board members and management, about the future direction of UHMG. We have discussed what it will take to achieve a self sustainable UHMG. Much of the feedback has been positive although quite challenging. Most important, I am encouraged by the enthusiasm demonstrated by stakeholders and their commitment to continue supporting the UHMG agenda of delivering a Good Life to all Ugandans.

The stresses and strains that we operate with are acknowledged. We are confident however, that over the years under the auspices of USAID/AFFORD advisory, UHMG has been grounded to be a prime partner of choice when it comes to implementing health care programs and delivering affordable products to all Ugandans. Reflecting on the I have a dream inspirations of American father, Dr. Martin Luther King Jr. In UHMG, we have a dream to see a Uganda free of Malaria, unwanted pregnancies, zero instances of child morbidity and mortality, zero incidence of HIV transmissions, and above all a healthy Uganda.

The FY 2010/2011 registered very pleasing statistics across our areas of intervention that included malaria (Prevention and case management), HIV/AIDS (Prevention and Care), Maternal and Child Health and Family Planning. The management and staff of UHMG have been instrumental in achieving these results. The district health teams have been very supportive in establishing a mechanism for sustainable service delivery. The board has provided the necessary oversight in registering these achievements.

On behalf of the Board of Directors of UHMG, I would like to thank our donor partners for the confidence they have put in UHMG by providing the resources to deliver a good life to all Ugandans. I am grateful to Government partners (Ministry of Health and District authorities) for the good collaboration we have. I am grateful to the founder members for their vision, the board for their voluntary professional services and lastly, to the entire management and staff of UHMG for the diligent work, being the foot soldiers and flag bearers in delivering a Good Life to all Ugandans.

Enjoy more insights into the Good Life as you navigate through this issue.
Since taking on the position of Managing Director, I’m often asked what I like best about Uganda Health Marketing Group. The answer is simple. I’m excited about the way our products and strategic communication efforts benefit people and businesses in Uganda and the integral part we play in people’s daily lives by delivering the Good Life!

The fact is that whether you’re a young, urban professional in your private health facility, a retired teacher advising your community on health issues, or a government official seeking greater efficiency in health care delivery, our products, behaviour change communication and simple solutions make life easier for you. They offer greater convenience, critical information for self efficacy and health solutions at affordable rates. What we do as a company allows us to facilitate the private sector to play a central role in improving national health and all of its positive aspects.

Looking back 2010/2011, I see a year in which we made great progress in strengthening UHMG and our position in the marketplace. I thank the staff of UHMG for their commitment to deliver quality services to the people of Uganda. Special appreciation also goes to our distributors, customer and development partners; it is because of their commitment and support that 2010/2011 was a strong and successful year for us.

Almost 600,000 people in Uganda have received health care services, in the last 12 months because of the kind donations from the American people through USAID. UHMG appreciates the technical guidance and support the USAID Uganda office accords to as we deliver the good Life to our people.

This year, we registered solid gains in business and expanded our presence in new areas, formed mutually beneficial relationships with donors, distributors, and government ministries, corporate companies in the private sector and development partners. This included acquisitions of funds through corporate social responsibility (CSR) and business partnerships that support our strategies to diversify and grow our business. One good example is the joint CSR we held in Namutumba community where over 27 private sector companies contributed medicines, professional staff and other products to treat over 4000 children and mothers.

This year wouldn’t have been as good if we did not have the professional guidance and dedication of our Board of Directors and Founding members of UHMG. As we look to the future, our biggest growth opportunity lies in expanding our commodity supply chain facility and ensuring a robust warehousing and distribution mechanism that will respond to the needs of health care providers in Uganda. We will continue to forge partnerships to expand our health consultancy division to implement uniquely designed public health interventions.

As I reflect back on 2010, I do so with a great deal of satisfaction. I am very pleased with the strong results particularly our business momentum is good, and our competitive spirit is evident in all that we do. I am equally pleased with how we continue to further strengthen our organization through key partnerships, business opportunities, joint ventures and acquisitions. These strategic moves are positioning us to compete more aggressively and deliver on our promises.
UHMG Founder Members

Prof. George B. Kirya
Dr. Samuel I Okware
Prof. David M. Serwadda
Allen Nankunda
Angella Kiryabwire Kanyima
Fredrick Kawuma
Fredrick Rairewa

UHMG Board Members

Prof. George B. Kirya
Member
Joseph Mwoga
Chairman
Patrick Mugenyi
Secretary
Olive Birungi Lumonya
Member
Robert Busulwa
Member
George Inholo
Member
Dr. Zainabu Akol
Member
Angella Kiryabwire Kanyima
Member
Jacqueline Busingye Lutaaya
Member
UHMG Board Committee Members

Patrick Magezi
Dr. Nelson Musooba
Dr. Harold Bisase
Charles Nalyali

Kabumba Masiko
Nahamya
Haj.Twaha Kigongo
Kaawaase
Janet Opio

Afford Technical Advisory Group (TAG)

Romano Fernandes
Resident Management Advisor
2010 - 2011

Ron Hess
Resident Management Advisor
2011 to date
UHMG Senior Management Team

Emilly Katarikawe
Managing Director - UHMG

Joyce Tamale
Director Finance and Investment

Hannington Syahuka
Director Special Projects

Philip Okello Apira
Director Product Facility

Evelyn Babumba Mwasa
Director Marketing and Strategic Information

Dr. Espilidon Tumukurate
Director Programs

Valarie Komwaka Mitala
Director HR & Administration
This is a report of year 4 in UHMGs steady transformation from a donor dependent organization to a self sustaining health marketing business. In 2010/11 UHMG invested in both strengthening and expanding its capabilities to enable more Ugandans live a healthy life—‘the GoodLife’. This was a milestone year as we moved into our own brand new premises, a step that was a smart business move and a sure foundation to assuring our sustainability. We worked through the two UHMG business units: the health services consultancy, a public health program division; and the product facility division (PF), a distribution and supply chain management of health products to deliver the Good life.

Despite a tumultuous global market, we felt fortunate to move the product facility into its own spacious 600 sq. meter warehouse. The PF, as a fully fledged operation with a fleet of 12 trucks and vans stocked 12 regional distributors who alongside the UHMG social franchise (the Goodlife network) including 300 pharmacies, 420 clinics, 1,557 drug shops and 64 midwifery’s country wide enabled effective penetration of the Good life products/ brands. An achievement of 73%($1.4m) of total targeted sales was encouraging.

We remained firm in our strategy to collaborate with the private sector to deliver improved public health services and products while at the same time mobilizing targeted groups through community organizations and local resource persons. In our HIV/AIDS care and treatment (HCT) program, we worked with up to 174 Good life clinics(GLCs), community based organizations(CBOs) who receive grants from UHMG and community resource persons to penetrate the Most at Risk groups(MARPS) including commercial sex workers (CSW), fisher folks, long distance truck drivers; boda boda (motorcycle taxi operators), youth out of school , couples including prevention with positives and discordant couples care. The Good Life Clinics (GLCs) were supported to provide HCT services and through outreaches, 133,855 people were tested and received their results with follow up care offered. Ugandans were jolted yet again with the UHMG award winning, behaviour change phenomenon of the last two phases of the One Love Get off the sexual network campaign promoting fidelity, the importance of testing and appropriate care. A successful new comer this year was the Get ready to roll with protector, supported by USAID through the STARs & NUMAT projects which trained 216 boda boda motorcycle operators as champions for increasing access and use of condoms amongst their peers.

For malaria prevention and control, with the support of the Presidential Malaria Initiative(PMI) we worked in the six districts of Apac, Katakwi, Kumi, Soroti, Serere, and Ngora mainly with GLCs and health care workers(HCWs) to improve their skills in accurate malaria diagnosis and treatment- especially malaria in pregnancy services and young children. As in all our programs in the Good life network we emphasized comprehensive interventions that engage community structures and volunteer leaders, district health teams, health care workers ,village health teams(VHTs) and mothers
clubs to mobilize their citizens in behaviour change to prevent malaria and adopt health seeking practices on the onset of the disease especially among the most vulnerable. About 467 HCWs participated in trainings and we were able to reach 57,839 people and 11,032 homes with the message of malaria control through community dialogues facilitated by master trainers. Health messaging specifically the power of day one campaign was a powerful tool in urging prompt testing especially in the most vulnerable, (pregnant women and young children)

In our third community intervention area, maternal and child health work focused on integrated service provision so that GLCs, and community partners were enabled to offer women a comprehensive package including overall health education, short and medium term hormonal family planning methods as well as standard day method, condoms, sexually transmitted disease (STDs)screening, antenatal care, malaria prevention (Intermittent Preventative Treatment,IPTp & long lasting insecticide treated nets, LLINs) HCT for pregnant women, postnatal care, immunization, de-worming, nutrition demonstration (cooking class), treatment of childhood illnesses, treatment of minor illnesses in adults and promotion of safe drinking water through distribution of Aquasafe tablets. We exceeded the target of 30.000 women recruited for antenatal services, reaching 45,547 mothers; and for family planning services 17,763 clients.

Our Partners:

The US agency for international development
Civil Society Fund(CSF)
Management Sciences for Health(MSH)
The UK Department for International Development DFID,
Presidential Malaria Initiative(PMI).
STAR-SW.
NUMAT.
Ministry of Health(MOH) & Local Government
Uganda Health Marketing Group (UHMG) is an indigenous-owned and run organization registered as a not-for-profit business in Uganda. We have had 4 successful years working with public, private and civil society institutions to improve the quality of life of Ugandans through the provision of superior and affordable health care solutions. UHMG has technical experience in community mobilization, behaviour change, social marketing, public health, research and development.

**Mission**
To improve the quality of life of Ugandans by providing superior and affordable health care solutions.

**Vision**
A Good life for all Ugandans.

**Goal**
To strengthen the capacity of families and communities to improve their health.

**Values**
Integrity, Transparency, Accountability, Teamwork, Excellence, Flexibility, Equity

**Our Work**
We design and implement effective public health interventions independently, with or on behalf of development partners in the technical program areas of HIV/AIDS, Malaria, Maternal health & child Survival, Reproductive health as well as manage a robust product procurement, storage, marketing and distribution system, through the UHMG Pharmaceutical whole sale facility.
The Product Facility (PF)
A reliable distribution and supply chain management of Health Products
UHMG has a strong background in health product supply chain and distribution management. Our Product facility is a commercial business unit with a portfolio of therapeutic, ethical and general pharmaceuticals, medical consumables, laboratory and rapid test kits and public health commodities. The PF operates a robust warehouse 600 sq feet, a fleet of trucks and vans to ensure effective distribution of products in the hardest to reach areas across Uganda.

**Approach**

UHMG works through a social franchise – the ‘Good life network’ under which identified clinics and drug stores are supported via building technical expertise as well as maintaining a steady supply of affordable and quality health products. The PF operates a reliable supply chain so that all program interventions in the communities where we work are supported with a steady supply of high quality health products. Our overall strategy is to provide the public-private partnerships link, fill existing gaps and enlarge health care product markets through continuous innovation and commitment to promoting healthy living-the Good Life.

**HIGHLIGHTS 2010/11:**

**Expanded health commodity distribution & supply chain operations across UHMG social franchise**

As the PF became a fully fledged commercial entity, it stocked 12 regional distributors who alongside 300 pharmacies, 420 clinics, 1,557 drug shops and 64 midwifery’s country wide enabled the effective distribution and penetration of UHMG’s products for HIV, family planning (FP), maternal and child health (MCH) and malaria including condoms, water purification tablets, oral contraceptives, injectables, natural family planning methods, mosquito nets, clovirex, cotrimoxazole, zinc and Oral Rehydration Salts(ORS). The PF’s overall target for 2010/2011 was $1.9m and 73%(1.4m) was achieved, an encouraging start in a difficult global financial environment. The shift of previously purely socially marketed brands to the PF contributed to the growth of overall sales. A more comprehensive summary of achieved sales versus target for each UHMG stocked products is indicated below:

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**“UHMG became a Ministry of Health (MoH) authorized private sector distributor of health products.”**

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Annual Volume sales performance in units of UHMG socially marketed products FY 2011

<table>
<thead>
<tr>
<th>Products</th>
<th>TGT FY 11</th>
<th>Actual FY 11</th>
<th>% Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protector pieces</td>
<td>15,000,000</td>
<td>8,153,531</td>
<td>54</td>
</tr>
<tr>
<td>Condom &quot;O&quot; pieces</td>
<td>1,000,000</td>
<td>985,104</td>
<td>99</td>
</tr>
<tr>
<td>Pilplanplus cycles</td>
<td>1,250,000</td>
<td>674,040</td>
<td>54</td>
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<tr>
<td>SoftSure cycles</td>
<td>72,000</td>
<td>40,380</td>
<td>56</td>
</tr>
<tr>
<td>Injectaplan vials</td>
<td>2,500,000</td>
<td>2,318,440</td>
<td>93</td>
</tr>
<tr>
<td>MoonBeads pieces</td>
<td>3,000</td>
<td>3,066</td>
<td>102</td>
</tr>
<tr>
<td>Aquasafe tablets</td>
<td>5,500,000</td>
<td>4,739,200</td>
<td>86</td>
</tr>
<tr>
<td>Restors Sachets</td>
<td>2,000,000</td>
<td>1,557,832</td>
<td>78</td>
</tr>
<tr>
<td>Zinkid tablets 20mg</td>
<td>3,000,000</td>
<td>5,568,000</td>
<td>186</td>
</tr>
<tr>
<td>Cotramox tablets 960mg</td>
<td>18,000,000</td>
<td>6,913,620</td>
<td>38</td>
</tr>
</tbody>
</table>
Appointed as first line buyer of subsidized anti malarial drugs

The PF team insist on high quality operations including strict control mechanisms, safe storage, effective marketing and distribution. Last year, hard work in this area paid off as we became a pre-qualified first line buyer of the Global Fund affordable medicine for malaria (AMFM) for imported subsidized anti-malarial medicines.

New strategic partners and increase in market presence

While the downturn of the global market especially inflation posed several business challenges for traders everywhere; the PF was still able to attract and establish strategic new key supplier partnerships with Vestergaard Frandsen – supplier of ParmaNet (LLIN) mosquito nets and curtains, NARI-AG - a Swiss company with manufacturing facilities in Switzerland and India focused on female health especially hormones to supply us with ovulation test kits (OvaCheck a rapid test for woman ovulation). We also entered an agreement with OCEANIC of India for analgesics and vitamin supplements and HEXAGON nutrition for nutrition support commodities. These partnerships have been crucial in enabling us to increase the import base for pharmaceuticals and health convenient goods thus expanding our commercial portfolio. In addition, such collaborations impacted positively on our market presence and enabled us to put customer needs first.

Mobile technology for health services improved via SMS platform

To more efficiently meet both the supply needs and the health information queries of our clients, UHMG operates a Short messaging system (SMS). The SMS platform has continued to be an effective, affordable channel for disseminating critical health information and to manage orders from the PF warehouse. It is a centrally managed system and was very useful during profiling business outlets including those that joined the Goodlife social franchise of drug shops, clinics, pharmacies or outlets that stock our products. These outlets are connected to direct retail stores nearest to them which supported efficient supply and prevention of stock outs. By end of year they were 11,700 outlets benefitting from the platform. Last year we expanded the platform by piloting health worker continuing education courses using skype with Mukwano Medical Center in Masaka. This will be evaluated in the coming year for possible scale up. UHMG is also discussing further development of the sms platform with Access Mobile, a global mobile technology social enterprise as part of our plans to increase the use of mobile technology for health to improve the provision of community health service.

“This year we are working towards $2.4M in products sales & services to ensure that more Ugandans can access quality affordable health goods to support the Good Life." Phillip Apira Director Product Facility.
Community intervention programs:

UHMG increases Health Impact by implementing community based & owned interventions that focus on behaviour change, prevention, and treatment with accessible high quality products and services.

The Programs consultancy business division generates revenue through the provision of consultancy services. These include: program implementation; communication for behaviour change, needs based research, social marketing and delivery of products and services through the private health sector. The programs team works closely with the Marketing & Strategic Information team (MSI) which informs both the interventions as well as the capacity building of private sector providers through analysis of determinants of health. The team assesses several variables including behaviours and social cultural stereotypes that increase target population vulnerabilities. Supported interventions are implemented through the UHMG social franchise (a network of branded Good Life clinics and drug shops, GLC/S), media campaigns, and at the community level using innovative interpersonal communication approaches.

Our core interventions are to address priority health problems and conditions in the country specifically:

- Malaria prevention services in general, malaria in pregnancy (MIP) services and case management
- Maternal and Child Health (MCH) services including Family Planning (FP) services
- HIV Prevention and Care services
- Reproductive health
Feature

A lot of effort has been made by the private and public sector to provide comprehensive health services for all Ugandans. Still, access remains a major hindrance. In the quest to increase access, self-efficacy and correct use of health care products, UHMG through its innovative programming approaches introduced the model village concept.

In the model village:

1) The Facility(Good Life Clinic): A community health centre /institution, provides quality health services meaning competent health service providers, required systems to monitor services and the burden of disease, and a steady stock of essential medicines. We identify such facilities that are institutionally strong to provide confidence in the clients of the quality health care being provided.

2) Community Resource Persons: Persons with competence in public health of the major diseases in the community such as malaria, diarrhoea, typhoid, malnutrition, HIV/AIDS. These resource persons are volunteers whose job is: 1) to educate or create awareness on the importance of adapting healthy behaviours (washing hands, boiling H2O, sleeping under LLINs) so that people can make the connect between keeping healthy to avoid illnesses; 2) Support community referral and linkages to the facility (Goodlife clinic/ Institution) and other wrap around services that complement healthy living beyond the traditional health system such as microfinance; 3) Follow up of referred community members to ensure adherence.

Our role in this model is facilitatory: 1) Using SMS technology, the UHMG pharmaceutical distribution system coupled with our online products chat room we ensure continuous provision of stocks; 2) Increase knowledge, self efficacy and correct use of products(Good life products- quality affordable health commodities) by supporting continuous medical education(CME) to health providers; 3)Support the roles of resource persons to enable them communicate the right public health message , this is supplemented with Information Education and Communication(IEC) materials and job aids to facilitate their education, awareness raising and demand creation role.
2011 in the Model Villages

We focused on strengthening the 3 Model villages (including the GLCs and the community clubs) established the previous year in the 3 subcounties of Kasawo, Namuganga, and Kimenyedde. We worked with the village health teams (VHTS) and the mothers clubs which are the most active community structures so far to: promote smaller families through family planning, good sanitation and hygiene, management of diarrhea in children under five years through use of low osmolarity ORS and Zinc, prevention and treatment of Malaria using long lasting Insecticide treated nets (LLINs) and Artemisinin-based Combination Therapy (ACTs) targeting children under five years of age and Intermittent Preventative Treatment (IPT) for pregnant women and infant feeding including breast feeding and supplementary feeding. The model village brings all the important players on the ground so that providers are more effective and welcoming to those referred from community clubs where behaviour change is happening with the leadership of community volunteers.
Malaria Control
Prevention, Prompt and Accurate Diagnosis and Treatment from DAY1

© Gilbert Awekofua, Courtesy of Photoshare
The average Ugandan can expect to lose 23.4% of the years of their life to malaria. Malaria kills 350 Ugandan children every day. Pregnant women are four times more likely to suffer from malaria than when they are not pregnant.

Improving the capacity of private clinics and drug shops to provide malaria management saves lives

Hadijah and Eddie’s story

Hadijah and her boyfriend Eddie just welcomed their third baby into the world, the family have had several bouts of malaria or at least suspect that they have. Hadijah and Eddie often seek services from several of the drug shops in the area (they live in Makindye a Kampala suburb). Over time they have learnt how to self diagnose and purchase drugs they have been advised treat malaria. For Hadijah and Eddie this is a saving on paying for a diagnostic test. Hadijah admits they have not always completed the dose of medicines purchased. The family live in a grossly underserved and poor part of town and when they are ill this also means a loss of income. One old net hangs in their window to prevent mosquitoes but this hasn’t helped; Hadijah reports falling ill with malaria while pregnant luckily the baby was not harmed. Recently Eddie got introduced to the Good Life network through a workmate – he had been complaining that all their money was spent in treating malaria, a common occurrence in Uganda.

The questions which the UHMG field staff asked Eddie enabled him figure out affordable prevention practices, diagnosis and treatment through a GLC near his town. Eddie was oriented on simple prevention methods including using LLINs (which he is now able to purchase at a subsidized cost) clearing of bushes and stagnant water. When we checked in four months later, they have two LLINs in the home and already they are less incidences of malaria. In addition the two parents have discovered much to their surprise that proper check ups and treatment through the GLC are overall more affordable. William Nyombi, UHMG programs.

Problem

In Uganda malaria is the number one cause of sickness and death claiming between 70,000-110,000 people every year. Worse still at least 75 % of these deaths are young children (under 5).

Many families like Hadijah and Eddie’s who are the most vulnerable tend to be least knowledgeable, receive lower and lesser quality of services and are at a high risk of dying from a disease that is both preventable and curable.

Approach

In an effort to combat malaria and help more families live free of malaria, the UHMG malaria control program builds the capacity of private practitioners and the Good life Clinic/drug shops to provide quality malaria management services per national guidelines as well as enable them increase availability of malaria management commodities (LLINs) and medicines affordably – Artemisinin based combination therapy (ACT). To ensure that people have access to these services we mobilize communities through credible community educators and partners (district leadership, faith based organizations (FBOs), Popular Opin-
ion Leaders (POLs), Hero couples, mothers clubs, Community based organizations (CBOs), Non Governmental Organizations (NGOs) and Grass-root movements) to promote malaria prevention. The community partners encourage families to sleep under LLINS with special care being taken to protect the most vulnerable, pregnant women and under five’s; clear bushes and any stagnant water around homesteads; get tested and treated promptly from identified qualified professionals in the community- the GLCs.

For this program year (2010/11), with the support of the Presidential Malaria Initiative (PMI) we focused on working with the private sector in the six districts of Apac, Katakwi, Kumi, Soroti, Serere, and Ngora in three major components of Malaria control services:

- Malaria prevention and case management
- Malaria in pregnancy services
- Community awareness and demand generation for malaria control services

Implementation was mainly through supporting the private health sector, the Good Life clinics and shops (GLC/S) to provide quality malaria control services, building the skills of health workers to manage malaria based on the national guidelines, and increasing access to malaria management commodities and medicines in private sector outlets.

A thank you note from a GLC says it all

“I have the capacity to advise my clients on better Malaria prevention management, appropriate treatment of simple malaria cases as well as share best methods of drug management including data collection with other drug shop owners. I can’t thank UHMG enough for providing me with these trainings that are practical, relevant and most importantly the training manuals which are so useful. I always refer to them every time I have forgotten something!”

Veronica Pule, Registered Nurse at Life Care Drug shop in Soroti.

Highlights

A successful multi-channel malaria campaign ‘The power of day one’ to increase awareness on the importance of immediate (day one) correct testing and treatment for malaria as soon as there is any suspicion of the illness especially among young children and pregnant women. The campaign messages also urged women to take precaution as soon as they find out their pregnant including LLINs, IPT treatment to prevent malaria.

Built the capacity of 467 private sector health care workers (HCWs) in the GLC network in accurate diagnosis, prevention and treatment of malaria. To ensure continuing education and support effective learning among the clinics, national level medical practitioners and midwives were trained at learning centers, to mentor district drug shops and clinic networks. The team of trainers was also facilitated to carry on on-site mentorship for HCWs and regular compliance audits. Supporting 467 HCWs, meant that we reached 60% of our target for the year.

Mobilized communities with the support of district health teams, HCWs, VHTs, mothers clubs to address effective malaria prevention and control: we were able to reach 57,839 people and 11,032 homes through community dialogues supported by master trainers; via radio (31 talk shows, 3,698 spots) as well as through distribution of Information Education and Communication (IEC) materials in the local language.

Strengthened professional associations and networks at the district level: This enabled better coordination and leadership of private health providers in the provision of quality health services- Of the 6 associations that were planned, 5 associations were formed.

UHMG worked with master trainers, equipped VHTs and DHTs to conduct integrated community dialogue meetings on Malaria; HIV/AIDS control services and awareness of MCH and Family Planning services in the six districts. In total, 242 meetings were conducted and 6,060 people sensitized on Malaria control, HIV/AIDS, Maternal and Child Health with an emphasis on prevention, seeking
early and prompt treatment from qualified health care workers. UHMG strives to empower women to participate in the dialogue meetings hence 59% of the total number of sensitized persons were women.

Malaria testing and treatment was carried out through community health drives at GLCs. We aimed to run 300,000 lab tests and instead realized 406,386 a mark of 135%. Confirmed malaria cases through lab tests were 125,322 out of the projected 150,000. A total of 45,547 expectant mothers were detected to have malaria and treatment was administered.

Increased access to Rapid Diagnostic Tests (RDTs) and ACTs for malaria case diagnosis and management through provision of subsidies and distribution to GLCs. Identified Whole sale dealers who were given RDTs to sell to Good Life Clinics at a subsidized price of UGX 500 and then claim the subsidy amount from UHMG, after presentation of evidence (delivery notes/vouchers) of RDTs sold to GLCs at the recommended wholesale price. Ultimately, the subsidy amount benefited the end users who paid a maximum of UGX 1,000 for the test. In total 8,925 RDTs were subsidized during the year.

Performance Audits for GLC franchise and other private sector drug shops was carried out as part of UHMGs commitment to excellence in service provision. An assessment of the dispensing habits of accredited drug shops and clinics in targeted districts was carried out: A total of 87 out of 93 (93.5%) drug shops obtained or exceeded the mark of 50% overall score, while 29 out of 93 (31.2%) facilities obtained an average score of 80%. 70 drug shops previously recommended as Good Life drug shops had either maintained or improved their rating for provision of good quality services. 17 newly identified drug shops are now recommended to be accredited as Good Life drug shops. 18 clinics were elected for accreditation as Good Life Clinics while 6 clinics qualified.

Village folks queue up for Good Life products during outreach in Mukono
UHMG Malaria control program chart of achievements for 2010-11 against targets under 4 result areas:

<table>
<thead>
<tr>
<th>Activity &amp; Performance Indicator/s</th>
<th>Quarterly achievements</th>
<th>Cumulative Totals</th>
<th>Annual Target</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
</tr>
<tr>
<td>Registration of district drug shop associations</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Support the district level task force to supervise, mentor and collect data</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Orientation of master trainers for integrated malaria services, clinical and dispensing audits</td>
<td>-</td>
<td>18</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No. HCWs trained by Master Trainers</td>
<td>-</td>
<td>111</td>
<td>-</td>
<td>356</td>
</tr>
<tr>
<td>Suspected Malaria cases seen in GLC</td>
<td>94,748</td>
<td>85,973</td>
<td>101,611</td>
<td>124,054</td>
</tr>
<tr>
<td>Malaria lab tests done in GLCs</td>
<td>86,325</td>
<td>76,863</td>
<td>97,037</td>
<td>108,174</td>
</tr>
<tr>
<td>% of suspected Malaria lab testing</td>
<td>91%</td>
<td>89%</td>
<td>95%</td>
<td>87%</td>
</tr>
<tr>
<td>Confirmed Malaria Cases through lab tests</td>
<td>-</td>
<td>34,056</td>
<td>42,876</td>
<td>48,390</td>
</tr>
<tr>
<td>% of malaria tests confirmed positive</td>
<td>-</td>
<td>44.30%</td>
<td>44.20%</td>
<td>44.70%</td>
</tr>
<tr>
<td>New ANC clients seen in GLC</td>
<td>10,481</td>
<td>9,677</td>
<td>11,140</td>
<td>14,249</td>
</tr>
<tr>
<td>Number of IPT1</td>
<td>4,521</td>
<td>4,031</td>
<td>5,183</td>
<td>5,730</td>
</tr>
<tr>
<td>Number of IPT2</td>
<td>3,035</td>
<td>2,584</td>
<td>3,089</td>
<td>3,969</td>
</tr>
<tr>
<td>Proportion of IPT2</td>
<td>29%</td>
<td>27%</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>Number of community dialogue meetings held</td>
<td>0</td>
<td>723</td>
<td>1,282</td>
<td>274</td>
</tr>
<tr>
<td>People reached through community dialogue meetings</td>
<td>0</td>
<td>19,025</td>
<td>31,224</td>
<td>7,590</td>
</tr>
<tr>
<td>Number of homes visited</td>
<td>0</td>
<td>0</td>
<td>9,068</td>
<td>1,964</td>
</tr>
<tr>
<td>Number of homes visited</td>
<td>0</td>
<td>0</td>
<td>9,068</td>
<td>1,964</td>
</tr>
<tr>
<td>Radio spots aired</td>
<td>0</td>
<td>0</td>
<td>840</td>
<td>2858</td>
</tr>
<tr>
<td>Radio talk shows aired</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>15</td>
</tr>
</tbody>
</table>
A ‘Good Life’ household is one which
• Clears bushes and any stagnant water near the house
• Sleeps under a long lasting insecticide treated mosquito net
• The caretakers can detect signs of malaria and seek treatment from a qualified health worker
• Members know what causes malaria; that it is treatable using ACTS and know the importance of completing treatment regimen.
• Members are able to explain the dangers and effects of Malaria to children, pregnant women, adults and PLWAs
• Knows the Village Health Team (VHT) in their village and where members reside.
• The caretaker recognizes when malaria is severe or not improving and takes the patient to the health facilities.
• Understands that a pregnant woman has to take prophylaxis (IPTp) in the 1st and 2nd trimester

A ‘Good Life’ Community is one which
• Can identify their vulnerability to Malaria and develop a social network to address the problem.
• Can describe the risks for malaria and takes actions to prevent it in the community
• Sensitizes the members of the community about the dangers of malaria and how to prevent and treat Malaria.
• Engages the local authorities to address identified Malaria challenges.
• Identifies and votes competent and willing VHTs, CMDs, Popular Opinion Leaders(POLS) as community resource persons
• Includes Malaria as part of their development agenda.
• Has a mechanism of regular household monitoring to identify compliance with Malaria safety standards..

A ‘Good Life’ health facility is one which
• Has equipment and resources to diagnose & treat Malaria according to SOP
• Competent staff that know how to use the facilities in diagnosing and treating Malaria.
• Staff are aware of the recommended Anti Malarial drugs.
• Staff know how to prescribe Malaria drugs in line with the MoH Anti Malaria Policy.
• Has a data capturing system that is in line with the HMIS and reports incidence and prevalence of Malaria
• Stocks quality LLINs for sale
• Avails Education, Information and communication materials on Malaria to the community.
• Maintains a constant supply of anti malarials i.e. ACTs
• Staff are capable of detecting and referring complicated malaria cases
• Staff can dispense drugs effectively
• Staff advice expectant mothers on the danger of Malaria during pregnancy.
• Has safe water available for IPTp
HIV/AIDS Prevention & Care:
Combating a changing epidemic
Our work is in two main areas: prevention and palliative care with a focus on key communities where there is high HIV incidence and prevalence compared to the general population – MARPS. In the past year we continued to address the current HIV/AIDS epidemiological trends, with particular focus on sources of new infections. We remain committed to increasing risk perception, self efficacy, HIV testing, and preventive behaviours as well as providing a comprehensive care package for PLHA that includes safe water and hygiene (use of chlorine based water treatment tablets Aqua Safe), LLINs to prevent malaria, Condom use, Cotramox (cotramoxazole) recommended antimicrobial to prevent opportunistic infections, and Clovirex (aclovir) to treat herpes.

Approach

UHMG carries out behaviour change campaigns that address the special vulnerabilities of the most at risk groups while allowing for comprehensiveness in reaching the larger community. The campaigns employ large to small scale media, print, street theatre, community drives, community radios, road shows, peer educator outreaches and other interpersonal communication tools. Our biggest allies on the ground are community based organizations, (CBOs) that receive grants to implement agreed upon activities for each category of MARPS. The most at risk population (MARPS) targeted this year were commercial sex workers (CSW), fisher folks, long distance truck drivers; boda boda_taxi-(motorcycle operators) and youth out of school. CBOs as well as trusted community leaders were empowered to promote couple HCT and prevention with positives (re-infection), especially targeting couples in discordant relationships. The entry point for both HIV prevention and care was quality HCT services provided through GLCs and supported outreaches.

Achievements

HCT Service Delivery

UHMG supported 174 GLCs to provide HCT services at their centers and through outreaches. In total 133,855 people were tested and received their results. Of those tested, 9,669 were found to be HIV positive (approximately 6.7%). In addition, 12,306 individuals tested as couples, an equivalent of 9.2%, with 160 couples discordant (2.6%). Primary data collected on HCT was captured using the recently modified Ministry of Health (MoH) HCT registers which capture information on repeat testers. Prevention among young people out of school UHMG uses a peer to peer approach in reaching young people with HIV prevention messages. For

Below is a summary of all HCT services offered through the Good LifeClinic network.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Total Counseled</th>
<th>Total Tested</th>
<th>Total Received Results</th>
<th>HIV +ve</th>
<th>HIV -ve</th>
<th>Tested as couple</th>
<th>Discordant couples</th>
<th>Positivity rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>48535</td>
<td>47651</td>
<td>47360</td>
<td>3361</td>
<td>44290</td>
<td>6153</td>
<td>160</td>
<td>7.1</td>
</tr>
<tr>
<td>Female</td>
<td>77799</td>
<td>76418</td>
<td>75885</td>
<td>4931</td>
<td>71487</td>
<td>6153</td>
<td>160</td>
<td>6.5</td>
</tr>
<tr>
<td>Total</td>
<td>126334</td>
<td>124069</td>
<td>123245</td>
<td>8292</td>
<td>115777</td>
<td>12306</td>
<td>160</td>
<td>6.7</td>
</tr>
</tbody>
</table>
most of the year, focus was placed on promoting condom use, safe male circumcision and HIV counseling and testing. Through youth clubs and boda boda / motorcyclist associations, condoms were made more available to peers of these groups and discussions on sexually transmitted infections (STI), medical male circumcision (MMC) and HCT held in a less stigmatizing manner.

**Boda boda Safety Campaign**

During the course of the year, we carried out a rapid study in Arua and Jinja districts to understand the health concerns of boda boda cyclists and the factors that put them at risk of HIV infection. The study revealed that HIV and other STIs, road accidents and respiratory infections were major concerns of the cyclists. Cyclists are particularly at risk of HIV: many have multiple concurrent sexual partners and are not correctly and consistently using condoms; they have poor access to HIV services (HCT and condoms) and some barter transport services for sex with female clients (referred to as payment “in kind”). Subsequent to this, UHMG launched a campaign “Get ready to roll, with Protector”, which focused on increasing access and use of condoms among boda boda cyclists. This campaign has so far covered 4 districts of West Nile and will be spreading to eastern and western Uganda in collaboration with the USAID supported district based programs (STARs & NUMAT).

To date, 216 boda boda cyclists have been trained and equipped with helmets, reflective jackets and protector condoms which they can sell to their peers and customers. The great idea is that the helmets and jackets used for road/motor safety are branded with the protector condom brand and a very catchy slogan “I am protected. Are you?” The cyclists are easily identified by their gear and peers can access product directly from them. Throughout this campaign the brands team used the opportunity to market Protector to outlets in the districts. A total of 226 outlets were merchandized and sales worth 157 cartons of Protector, 6 cartons of Aquasafe and 10 cartons of Injectaplan were registered.

**Education and promotion of correct Condom use**

UHMG also promoted correct and consistent condom use, for both family planning and HIV prevention. UHMG has two brands of condoms: The “O” condom and Protector; a USAID donated condom. Target populations for these condoms have been largely MARPS, sexually active youth, individuals in multiple sexual relations, concordant positive or dis-
The commonest OI that PLHIVs presented with at GLCs was malaria (67%). In total, 6,528 PLHIVs presented with malaria and were offered treatment as part of HIV care services. Participants were further oriented on UHMG promoted products relevant to HIV care and positive prevention such as family planning products, Condoms, Cotramox, Clovirex and Aquasafe-water purification tablets.

**Mobilizing PLHIVs for positive prevention**

As one way of ensuring continuity for community based positive prevention interventions, UHMG changed its initial approach from creating Good Life clubs of PLHIVs to working with already established district PLHIV networks. In the third and fourth quarter of the year the focus was to link UHMG activities and Good Life clubs to district based PLHIV networks and GLCs. This partnership between volunteers and health workers enabled PLHIVs receive a more comprehensive package of facility and community based positive prevention services. Orientation sessions were held in 27 districts. The two-day training content was adapted from the “The 2010 MoH peer educator manual for positive prevention” and data collection tools were adopted from the tool used by Health Initiatives for the Private Sector(HIPS) in private health facilities.
A Good Life Household is one which
• Shares appropriate HIV prevention knowledge with family members
• Delays or postpones sexual relations until marriage
• Males have used safe male circumcision services
• Stays off the sexual network by limiting sex to one faithful partner
• Practices safer sex through correct and consistent condom use
• Couples go for HIV testing and sexually transmitted infections screening together
• Couples go for HIV testing when they are or want to get pregnant
• Members living positively prevent re-infection by consistent condom use and abstinence
• Members disclose HIV status to sexual partner so they have a choice
• Members living positively (HIV+) live healthy: good nutrition and hygiene (e.g. by use of Aqua safe chlorine based water purification tablets); psycho-spiritual support e.g. counselling
• Those living positively adhere to ARV drug regimens, prevent and treat any opportunistic infection immediately e.g. with antibiotics (cotrimoxazole)
• Sleep under LLINs to prevent malaria and when ill seek diagnosis and treatment from onset

A Good Life Community is one which
• Mobilizes members to seek HIV prevention and treatment services
• Sensitizes members on HIV myths, prevention practices and positive prevention
• Utilizes community structures like church leaders, schools, community groups to discourage risky behaviors like alcohol and drug abuse
• Trains adolescents and youth out of school on life skills to manage sexual feelings/ideation
• Encourages males to be more involved in HIV testing and couple testing
• Promotes PMTCT and Refers members to the nearest health units that offer PMTCT services
• Facilitates post-test clubs and other peer support groups
• Trains more peer educators to promote healthy attitudes, beliefs and behaviors
• Reduces stigma and discrimination as more persons go public about living positively
• Encourages members who have tested positive to take ARVs and live healthy
• Promotes Safe Male Circumcision
• Sensitizes communities on gender based violence
• Utilizes the help of VHTs for basic information on HIV prevention and care and treatment

A Good Life Health Facility is one which
• Has Health care workers that are knowledgeable, skilled and can offer HIV prevention, care and treatment
• Readily provides information about HIV prevention, care and behavior change
• Readily avails HIV prevention services like counseling and products like condoms to the community
• Encourages male involvement in PMTCT
• Provides PMTCT, SMC or encourages and refers clients for services
• Assists clients to disclose HIV status to their loved ones
• Supports discordant couples to cope with the situation
• Screens and treats PLHAs for Tuberculosis and sexually transmitted infections
• Refers PLHAs for palliative care services that are not provided
Maternal & Child Health: Promoting integrated services through Community based structures
Sister Betty’s Mission

Sister Betty is the lead midwife at Kinyara clinic - Masindi. Within moments of meeting her, you are taken in by her charisma and commitment to the community. This area is not the easiest to live in and most of the migrant workers who live in poorly constructed settlements suffer from many preventable diseases. The main challenge according to the sister is not poverty alone, it is bigger than that it also includes lack of knowledge, false beliefs and unhealthy practices. Even when they are special campaigns including free health services at the hospital some residents miss out because they do not visit the health center much or feel connected to it. Every week Sister Betty co-facilitates the mothers club, a part of the UHMG community led initiatives to promote maternal and child health. Sister Betty runs this club alongside Nakwera a popular mother (champion mother) in the community. The club meetings are held outside Nakwera’s home, in the village which is very important because the two ladies are able to reach the majority of the women in the community who do not necessarily attend antenatal services or bring their children for care at the hospital. The mothers clubs are an important mobilization structure for mothers and caregivers and offer one of the few arenas for participants to be mentored on healthy behaviours, practical, relevant and appropriate health practices including safe water and hygiene practices, proper child care, good nutrition, deworming, the importance of ANC services, HIV/AIDS prevention and care, prevention and control of malaria.

Sister Betty’s participation and commitment is always reassuring and more women are beginning to seek services at the GLC facility because they trust her. Sister Betty and Nakwera could not stand for another preventable death due to diarrhea in children, malaria in pregnancy and other illnesses that one visit to the ANC clinic would have prevented or enabled access to proper treatment. At the ANC clinic participants are offered a comprehensive maternal and child health package. Nakwera the co-facilitator is...
happy that more women are hearing about this club and that although many initially attend to socialize with other women, while at the club they inadvertently learn about positive health behaviours.

At UHMG we are taught everyday about the needs of the families we support through champions like Sister Betty and Nakwera. We are grateful that they practice what they preach and attract more of their neighbours to learn about easy, cost effective healthy behaviours to preserve their lives and save them a fortune. UHMG relies on these clubs to make effective referrals to those private sector facilities whose capacities have been built to offer integrated maternal and child health services. Any encounter with a GLC is an opportunity for an array of services as staff are trained to deliver an integrated package. Julie Rumanyika, UHMG officer

Approach

MCH and family planning (FP) services address the health needs of women in their reproductive age and children in order to contribute to the reduction of morbidity and mortality among these groups. Implementation of services is done through technical support to the GLCs and in addition, interventions directed at raising awareness, demand generation and utilization of these services are supported at the community level through the mothers clubs and integrated within the health sector interventions (Malaria, HIV/AIDS and environmental health). This program year was a period of expansion of MCH services to increase coverage, through building the capacity of more GLCs and model village partners in MCH.

“We need to make FP acceptable and available- Ugandan women are still faced with challenges of making decisions about their sexual and reproductive lifestyles. This is partly responsible for a high fertility rate of 6.7 as against the wanted fertility rate of 5.1 and the unmet needs for family planning standing at 41%.” Irene Kakyo, UHMG officer

Achievements

Improved Technical Capacity of providers Good Life Clinics

In 2010/11 the MCH program focused on expansion of services across the Good Life network, 93% of the 200 targeted GLCs were implementing MCH services. We built the capacity of HCWs(97% of 500 health workers trained) to provide services for MCH including overall health education, short and medium term hormonal family planning methods as well as standard day method, condoms, STD screening, Antenatal care, malaria prevention (IPTp &LLINs) HCT for pregnant women, postnatal care, immunization, de-worming, nutrition demonstration (cooking class), HCT, treatment of childhood illnesses, treatment of minor illnesses in adults and promotion of safe drinking water through distribution of Aquasafe tablets.

Expansion of MCH care services:

More mothers were reached for MCH services at the GLCs and other health facilities, 45,547
mothers were recruited for antenatal services exceeding the initially targeted 30,000. We gained great strides in improving family planning services and exceeded our target of 6,000 clients and served 17,763 clients.

Knowledge and Self Efficacy for MCH. Distributed information packages through mothers clubs and ANC services for lactating mothers focused on infant and young child feeding, nutrition during pregnancy and lactation. The importance of attending antenatal clinics, delivering from health facilities as well as attending postnatal clinics, immunization, malaria in pregnancy, safe drinking water, hand washing and waste disposal.

Collection and distribution of MCH data tools and Job Aids. We distributed various materials on Maternal health and child survival topics including job aids, data collection tools and IEC/BCC materials which were passed on to community and facility based health workers. These included: 200 family planning registers, 300 Maternity registers, 300 Antenatal registers, 600 Outpatient registers, 300 family planning job aids, 260 Uganda Clinical Guidelines (2010), 300 Infant and young child feeding job aids for service providers, 250 Infant and young child feeding job aids for community volunteers, 2,000 family planning posters and 1,500 nutritional posters for assessment of malnutrition using the Middle Upperarm Circumference tape (MUAC) which is a color coded tape that measures degree of wasting.

Increased access and availability of family planning solutions We did well in contributing to Couple Years of Protection, CYPs as demonstrated through sales of Protector, Condom O, SoftSure, Moonbeads, Injectaplan & PilplanPlus meeting 90% of our sales target. CYP refers to the amount of contraception necessary to protect one couple for one year. The family planning preference of our clients was injectables- injectaplan (82%) and condoms (11%). Further work has to be done to increase access to family planning solutions especially through antenatal care services.

Partnered with corporate sponsors to promote Mothers Clubs UHMG was able to link clubs to corporate companies who donated products to promote maternal and child health. The initiative is run in collaboration with health centers to which the mothers clubs are linked. Barclays bank audit team sponsored mother packs for teen moms at the Naguru Teenage and Information Center, called Basic Care Kits, which contained: a Mosquito net, Aquasafe water tablets, towel and an anti-bacterial bar soap. The sponsorship package was valued at 2,100,000UGX and 70 overjoyed mothers received the Basic Care Kits. The Barclays team have further committed to procuring and donating Soft Sure (an oral contraceptive pill for breastfeeding mothers) to club members. Similarly Kinyara Sugar Works has generously committed itself to one year of supply of Softsure to mothers working in their sugar plantations.
In Uganda, almost 44% of the households do not have access to safe drinking water. Young Ugandan children suffer the most, with those under 5 years suffering about 3 episodes of diarrhea on average every year. 88 out of every 100 diarrheal diseases are attributed to unsafe water supply, inadequate sanitation and hygiene.

Uganda Health Marketing Group (UHMG) has been promoting safe water, hygiene and sanitation practices for the last five years through different interventions at community level, media and IEC materials. Last year UHMG identified young people as major drivers of change. Through its unique interventions within the schools, UHMG is empowering students to manage and be in charge of their health at all levels. The students are sensitized on the importance of clean drinking water and are shown and taught how to treat water using the Aquasafe tablets. ‘Water points’ are formed within the schools and ‘water champions’ care take these points ensuring that the 120 litre water container is constantly cleaned, the area around the container is clean and the water is treated as per the specifications.

Anne Musima, a 16 year old student having learnt the water treatment practice at school embarked on a mission during her holidays. Anne held a water meeting in her village in Bigando-Masindi under a mango tree. She invited youth from her football team in Bigando, women, who according to her do most of the water fetching for their homes and fathers or other males who are heads of households. Altogether, she had 52 people at her meeting. She demonstrated how to use Aquasafe within households and community centers and emphasized the importance of safe, clean drinking water at the point of use.

In her own words:

‘Using the water containers from home and aqua safe tablets I was given at school I taught the community on how they can acquire safe and clean drinking water by only using a tablet compared to boiling that takes a longer time. These aqua safe tablets purify water the following way; one tablet is put into water got from taps and force pumps when put in 20 liter jerry cans or containers such as pots or
Feature

water buckets, two aqua safe tablets are put into water that is got from streams, swamps, lakes or rivers and boreholes. The tablets are got from the sachets without touching them to avoid contamination. The tablet is then placed or dropped into water respectively and left to mix up while the container or jerry can is left uncovered. Aqua safe tablets contain a chemical known as chlorine and when put into water the chemical evaporates and mixes into the water and this is the reason why when the tablet is put into the respective container, it is not covered because when covered, the chemical may be too concentrated and affect the user. When the tablet is put into the container and not covered, it is left to settle for thirty minutes after which it is safe for drinking and safe storage whether in a pot or in a refrigerator.

Anne’s initiative was a step towards the long term goal of transferring behaviour from school to peers, surrounding communities and back home therefore encouraging a comprehensive behaviour change pattern towards more affordable, faster, safer and greener methods in proper water, sanitation and hygiene practices. The price of one tablet of Aquasafe is comparable to the price of a sweet, with this one tablet, 20 litres of water can be treated to kill germs in the water. With champions of change such as Anne, youth and community leaders, a solution is offered towards reducing on the number of children that die mostly of diarrhea each year.

Jean Marie Nakato UHMG Officer

On average in Uganda it is estimated that households spend about UGX 100,000 per month on fuel like charcoal to boil water to make it safe for consumption.

Namityango Junior School boys rejoicing over their new Safe water containers
At UHMG we practice what we preach! This year two of our favorite guys became safe water champions—Here is a short interview featured in our Good life newsletter—It is about Lawrence and Patrick who changed the way we drink water and saved the organisation several shillings every day by using Aqua Safe:

Water champions Patrick and Lawrence tell us how they keep our drinking water safe.

**Q: Would you please tell us what Aquasafe is?**

**P: Aquasafe is a water purification tablet that we use to provide safe drinking water to UHMG staff.**

**Q: How is this tablet used?**

**L: We collect tap water in 20 litre jerry cans and place one tablet in each 20 litre jerry can. We then leave the water to stand for 30 mins and after that, it’s safe to drink! However, if you collect water from any untreated source like a borehole, lake, spring, it is advisable to place 2 tablets in a 20 litre jerry can of water.**
Feature

Q: Does the time required for purification remain the same?

L&P: Yes, definitely!! (30 minutes only)

Q: What has been your experience so far with using this product?

P: When we started using the product, there were several complaints from staff that the water had a certain odour. So we decided to leave the water to stand for longer than 30 minutes for the smell to evaporate. We now purify our water a day in advance and let it stay overnight before we place it on the dispenser for staff to drink. Everybody is now happy and we have not had any complaints; one cannot even tell the difference between our water and any bottled water on the market!

L: My greatest experience has been that we are able to cut our expenditure on drinking water. Our average consumption a week is about 100 litres of water. Before we started using Aquasafe we used to spend 30,000/= per week on water but right now at a cost of 50/= per tablet we only need 5 tablets per week amounting to only 250/= We only spend 1,000/= per month as compared to the 120,000/= I mean, what a save!

Q: Any advice to people out there?

P: Yes! This is a must have product. You cannot imagine the saving you will make in terms of time or energy (if you have to boil water) or purchase already purified water.

L: We have been using this product for several years and guarantee you that there are no side effects whatsoever, and that we have not had any staff fall ill as a result of drinking this water!
Feature

The best of health marketing interventions cannot succeed if the products needed are not easily available, accessible and or affordable. UHMG’s approach is exceptional in that all health behaviour promotions and programs are pegged with appropriate products. The UHMG marketing strategy promotes product sales related to behaviour change so that more of a given product can be directly linked to the adoption of positive health behaviours. Our portfolio is designed with the diverse markets in mind and therefore builds in cost recovery options to assure sustainability.

UHMG Portfolio
With the support of USAID we have developed a strategic portfolio that includes FP products like Pilplanplus, Protector and Injectaplan which are highly subsidized to be affordable to the peripherals. This range of products also has cost recovery options for the urban and peri-urban consumers including New fem a contraceptive positioned for the modern trendy woman and Softsure for the breast feeding mothers and Condom O for the urban consumer. So far Newfem, condom O, Aquasafe, Restors + Zinkid diarrhea management combination, Cotramox and the Moonbeads(fertility tool) have taken off with most people aware of user benefits, whereas Protector, Pilplan now Pilplanplus and Injectaplan are in mature market positions. We adapt our product list to suit the current needs of the respective population. For instance Clovirex is to be discontinued from the portfolio because it is intended to treat Herpes Zoster/Shingles a condition which has been contained.

As we worked to enhance the Good life Brand which goes beyond use of UHMG products to promote a healthy lifestyle. The goal is to ensure that the right Goodlife/health products are being created, procured, distributed and dispensed by well trained health professionals at cost.

From the Marketing desk
**THE GOODLIFE BRANDS IN 2010/11**

Annual Sales Performance in UNITS –UHMG socially marketed products
October 2010 – September 2011

<table>
<thead>
<tr>
<th>Products</th>
<th>TGT FY 11</th>
<th>Actual FY 11</th>
<th>Variance (+/-)</th>
<th>% Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protector pieces</td>
<td>15,000,000</td>
<td>8,153,531</td>
<td>(6,846,469)</td>
<td>54</td>
</tr>
<tr>
<td>Condom &quot;O&quot; pieces</td>
<td>1,000,000</td>
<td>985,104</td>
<td>(14,896)</td>
<td>99</td>
</tr>
<tr>
<td>Pilplanplus cycles</td>
<td>1,250,000</td>
<td>674,040</td>
<td>(575,960)</td>
<td>54</td>
</tr>
<tr>
<td>SoftSure cycles</td>
<td>72,000</td>
<td>40,380</td>
<td>(31,620)</td>
<td>56</td>
</tr>
<tr>
<td>Injectaplan vials</td>
<td>2,500,000</td>
<td>2,318,440</td>
<td>(181,560)</td>
<td>93</td>
</tr>
<tr>
<td>MoonBeads pieces</td>
<td>3,000</td>
<td>3,066</td>
<td>66</td>
<td>102</td>
</tr>
<tr>
<td>Aquasafe tablets</td>
<td>5,500,000</td>
<td>4,739,200</td>
<td>(760,800)</td>
<td>86</td>
</tr>
<tr>
<td>Restors Sachets</td>
<td>2,000,000</td>
<td>1,557,832</td>
<td>(442,168)</td>
<td>78</td>
</tr>
<tr>
<td>Zinkid tablets 20mg</td>
<td>3,000,000</td>
<td>5,568,000</td>
<td>2,568,000</td>
<td>186</td>
</tr>
<tr>
<td>Cotramox tablets 960mg</td>
<td>18,000,000</td>
<td>6,913,620</td>
<td>(11,086,380)</td>
<td>38</td>
</tr>
</tbody>
</table>
ACTIVITIES

HIV/AIDS prevention and care brands:

CONDOM ‘O’
Promotion, distribution and merchandising
In order to increase the accessibility of Condom ‘O’ to consumers and control prices at retail level, a massive distribution of Condom ‘O’ was launched during the first quarter of the year. This launch also opened up new outlets for our brand as UHMG strengthened supply to old & retained outlets through stocking and re-stocking. A total of about 7,345 outlets were stocked this year, hitting a sales volume of 985,104 pieces of Condom “O” (99% of the annual target).

Condom ‘O’ theme nights
The theme nights aim at drawing in the target audience who are young, social and outgoing to create brand loyalty by ensuring TOM(top of mind) retention while engaging the audience through promotional offers like for every 2 packs purchased you get free entry ticket to the night club or a free drink, DJ mentions during the evenings emphasize the features of the product a favorite slogan –Its either O or No!. In addition branding of waiting staff, DJ and MCs helps distinguish the brand.

Protector Condoms
Awareness levels are currently at 90%. Demand for Protector has been consistently high and efforts have been on stocking and merchandizing the outlets countrywide. To stimulate more demand, a media campaign was launched that includes:

- TV: Sponsorship of news headlines on Uganda’s most viewed television station Nation Media TV (NTV) The brand receives daily exposure.
- Radio: Sponsorship of the “Love Zone” on Sanyu FM and “Dance Force” on Capital FM. Radio City- Sponsorship of the “U request”. Mileage is achieved through presenter endorsements. Radio spot advertising gives us further reach and makes our product a top of the mind easy to recall and therefore best choice at purchase.

Clovirex
In order to increase awareness and improve diagnosis and treatment of Herpes HSV2 among People living with HIV/AIDS (PLHIVs) and most at risk populations, UHMG conducted Continuing Medical Education (CMEs) for health providers in private sector and regional hospitals. Similar CMEs were conducted among CSOs working with most at risk populations. A total of 1,278 health workers were reached and their facilities provided with samples of Clovirex.

Cotramox
Cotramox is an ethical product whose bulk sales come through institutional procurements. This year, major procurements of Cotramox came through USAID implementing partners STAR-EC, JCRC, TASO, STAR-SW and IRCU in addition to private sector trade outlets (clinics, pharmacies and drug shops). UHMG continues with the one-on-one detailing sessions and visits to current and potential customers to enable health workers and development partners understand the benefits of using Cotramox.

Cotramox is UHMG’s brand for cotramoxazole, 960mg used for the treatment of opportunistic infections in PLHA and can also be used for treatment of simple bacterial infections in adults. The benefits of Cotramox to the end user is worth noting; The drug is taken only once daily as opposed to septrim which is taken 3 times a day therefore reducing the number of pills to be taken daily for PLHA, which can be cumbersome.

Reproductive Health, Maternal and Child health products
Maternal & child health brands:
MoonBeads
“Know your cycle” is for the promotion of MoonBeads among young adolescent women to enable them understand and track their menstrual cycle. Moonbeads are a unique natural tool that tracks the female menstrual cycle calendar. Through this campaign, MoonBeads are also promoted as a fertility tool amongst women who are planning their pregnancies. It was piloted in February 2011 with the mothers clubs in Kasese and Mbarara. This year we conducted training sessions at Hima Clinic and Mayanja Memorial Hospital Mothers’ Clubs. Tremendous interest in using the tool to understand the menstrual cycle was noted, many women wishing to start/grow their families adapted the tool to track their cycles for more precise conception planning.

New fem & Soft sure
Family planning
The sampling campaign aimed at improving brand exposure and visibility in both public and private health sector facilities through free product trials. During the year UHMG sampled NewFem and SoftSure amongst the Good Life clinics and some public sector facilities. Sampling is one way of improving brand exposure and visibility among potential customers and users; it also provides an opportunity for end consumers to interface with the brand. UHMG also sampled NewFem through Reproductive Health outlets; Pentagon Communications which took a Christmas health caravan to Eastern Uganda; Kasawo Good Life health fair and the Aga Khan Health fair.

AQUASAFE
Safe water and hygiene
This year, we continued to strengthen our Aquasafe promotion in schools, as a way of expanding the use of water purification tablets for clean safe water. Safe water workshops are carried out to showcase how different schools are benefitting from the use of Aquasafe in their institutions. At the end of the year 50 schools spread across the country were using our product. Students who act as water champions are the main drivers of the safe water campaign in and outside the school which influences adoption of the water treatment practices from the schools into the surrounding communities. One of the most successful programs is at Gayaza high school which won recognition for its program at the International Water Conference in Stockholm, Sweden. The school was represented by the deputy headmaster sponsored by Uganda Water and Sanitation Network (UWASNET).

RESTORS+ZINKID
Diahorea management
Restors and Zinkid continued to be promoted to pediatricians, pharmacists and general practitioners. These medical professionals are critical in advocating products to their clients for example 200 pharmacists were trained on diahorea management using Restors and Zinkid (the winning combination). This year we partnered with Strides for Family Health project to extend this knowledge to health workers in operating districts.

Nutripearl
Malnutrition treatment
Nutripearl is one of UHMG’s new products that is a “ready to use therapeutic food” (RUTF). UHMG is working closely with the MoH and Mwamugimu to ensure that MOH includes it among the list of essential medicines as a nutritional supplement. Sampling has been conducted at Reach out, Mbuya, Kampala and Namutumba district, Iganga. The communities have responded positively and the exercise continues.
Transforming lives One Health Message at a Time:
One of our main forte’s is designing and implementing evidence based, audience appropriate scalable Behaviour Change Campaigns (BCC).

We have won national and regional awards for excellence in design and execution of riveting campaigns that address social/cultural beliefs/myths that may be responsible for poor health seeking behaviours and provoke with urgency the necessity for behaviour change. In addition the campaigns offer target populations responsive and unique IEC materials for further learning as well as create demand for the solution- accessible, affordable easy to use tools(health products and services) to make these positive health changes possible.

The Sexual Network that rocked a nation.

Problem:
HIV/AIDS data started to indicate in the 2000s that couples in stable unions in Uganda had become one of those most at risk of HIV/AIDS, the cause a pervasive culture of casual sexual partners and encounters outside stable unions.

Strategic Intervention:
The One love- get off the sexual network campaign - In 2009 for the first time many Ugandans awoke to the provoking truth of the sexual network. The UHMG BCC team inundated Uganda with vivid demonstrations via audio, visual and print media of the extent of risks and consequences that can occur even from one risky sexual relationship or encounter. This year we launched the last 2 phases (3 & 4) of this 4 stage campaign.

Campaign overall GOAL:
An increase in fidelity among couples by 5%, a culture where more couples spend time together rather than on the network and more sexual partners know their HIV status.

Phase 1:
How one reckless sexual encounter/hook up outside the union goes beyond that encounter as the network grows so does the potential risk for HIV/AIDS.

Phase 2:
How the consequences of the sexual network affect many innocent persons especially children for example parents who spend more of their resources and time on the network have less for their children even more serious is the potential loss of a parent/caregiver to HIV/AIDS.
Phase 3: How to get off the sexual network and engage in positive/meaningful family time rather than in activities with people that put one at risk of unfaithfulness and contracting HIV/AIDS.

Phase 4: Get tested! A provocative campaign on the importance of couple testing given the high risks of contracting HIV/AIDS on the sexual network.

New Campaigns 2010-2011

The Power of Day One!

Problem: Malaria In Uganda, kills 350 children every day. It is the main cause of infant mortality, malaria is a significant cause of miscarriages and pregnant women are four times more likely to suffer from malaria than those who are not. Yet it is a preventable and treatable disease.

Objective: Promote early testing and proper treatment of the disease as a way to avert illness and death especially in pregnant women and young children who are the most vulnerable.

ANC Campaign

Problem: Pregnant mothers living with HIV are at risk of transmitting it to their unborn children, a tragedy which can be prevented.

Objective: To encourage expectant mothers to go for early antenatal care with emphasis on the first trimester.

Sam K, a Kampala business owner put it best that no matter what route or special panya(to mean shortcut) he used on his way home, the Sexual network was there on a billboard reminding Sam about that drink he may have been considering—with a tempting “friend with benefits” might end up in unprotected sex, HIV/AIDS, and his worst fear devastation of his family—story captured by UHMG program staff during campaign, name changed to preserve confidentiality.
ter to increase the opportunity for mothers to test for HIV and if positive be referred for PMTCT. This campaign was done in collaboration with STAR-SW.

The Future : GeNext
What if working hard at convincing Ugandans that the smart and modern choice is to use Family Planning products all these years hasn’t been the most effective way to go? Indeed the FP product movement has not worked well in Uganda. But what if we shared the truth- that larger families present their own challenges especially the financial implications in taking good care of them, perhaps then families might think about having smaller families without feeling that their rights to reproduce were being compromised or dictated upon by outsiders. When FP products are consistently available and accurate cultural appropriate information is offered, more women and their partners can be empowered to make informed decisions that will enable them to have a family that they can give a good life.

GeNext! A Family Planning Campaign
Objective-The Family planning campaign for small families is a youth focused campaign aimed at increasing the uptake of family planning services.

Three partners are involved in the campaign namely:

DSW - a German funded youth focused organization

AFP - an advocacy project responsible for training of family planning champions to advocate for family planning programming in Uganda and

PPD ARO – an advocacy organization that deals with stakeholders at policy and decision making levels.

During the year UHMG conducted formative research to inform the concept development for the campaign. The output- FP materials have been developed and printed as well as advocacy tools that are being utilized by the change agents during the initial phase of the campaign. Ten (10) youth have been identified as activists for smaller families in Kampala while 5 are currently running and contributing to the campaign via internet social networks. These youth have been trained in advocacy, media and interpersonal communication skills. An advocacy kit was developed with assistance from AFP, in preparation for the training. The social network sites, Face Book and Twitter are up and active; www.genext.ug ,FB: genextuganda, Twitter: genextug.
Private sector Partnerships

Improving private health providers technical competence and knowledge sharing as well as engaging corporate partners in social responsibility.
When more than 60% of all Ugandans go to a local drug store or private clinic rather than the harder to reach often poorly stocked public facility for their health care, support needs to be offered to assure the competence of these private providers. Through our trainings for the Good life network we improve the capacity of centers and providers by offering training at or near their locations. During the year several trainings were offered for the GLCs, drug shop associations, health care workers and other private sector providers. These trainings took several modes including Elearning via skype, health conferences, provider symposiums, workshops and use of IEC materials.

Knowledge sharing
Apart from trainings UHMG promotes private health sector service delivery through public-private partnerships. Last year was very exciting as UHMG hosted its 5th regional health marketing conferences that were held both in Gulu and Kabarole districts. The theme ‘Investing in human Resource: A Best Practice for the Private Health Sector’, tackled the growing challenges of human resource retention, motivation and quality service delivery. By hosting annual conferences both at regional and national level valuable networks are created and face to face interactions among key stakeholders in the Private/Public Health Sector provide an avenue for sharing experiences, learning from each other and receiving feedback on performance improvements. Participants were able to discuss challenges of private health sector service delivery in a new era of health provision in the world and in the context of Uganda.

Professional Associations
UHMG promotes health provider associations including Drug shop owners Associations as a platform for these partners to improve their practices and align themselves to industry regulations and standard practices; we also work with other associations like the Uganda Paediatric Association through which UHMG -MCH brands and relevant interventions are introduced to over 100 pediatricians. During the year we collaborated with the association to co-implement diarrhea management programs; Another professional group we are privileged to work with is the Uganda Private Medical Practitioners Association through which the UHMG product portfolio is promoted in well attended periodical workshops. The Association has registered over 300 medical personnel.

Corporate social responsibility
Our experience with the private sector goes beyond work with those involved in direct health service provision in the smaller clinics and drug shops in some of the most rural areas on one end and the larger more high end usually urban health practices - UHMG has demonstrated that we are a trusted ally in helping our corporate partners actualize their social responsibility agendas. We are a preferred partner to help corporate organizations identify which health interventions would be most meaningful, and impacting for them to be apart of. UHMG offers partners a transparent process so that their investment in improving the lives of the most vulnerable is
UHMG works as a consultant and manages the annual corporate social responsibility activities for respective clients or directly implements interventions/activity based programs financed by private partners. This year UHMG was involved in the following CSR efforts:

Barclays Bank Uganda:
The Bank’s audit team purchased Softsure, (an oral contraceptive for breastfeeding mothers) worth UGX 1.6M from UHMG and donated it to mothers participating in the Naguru Teenage health centre mothers club and will be doing this for the next 2 years. The Bank officials also conducted financial literacy sessions at the mothers club to educate teenage parents on how to manage their finances.

Air Uganda:
UHMG in collaboration with Air Uganda organized a health awareness fair with Air Uganda staff. The objective of the fair was to provide overall health education and promote healthy lifestyles in topics on family planning, HIV/AIDS in the work place, child health including safe water and diarrhea management. 55 of those who attended received HIV testing and counseling.

CSR in Namutumba:
UHMG mobilized private sector partners to respond to malnutrition crisis in Namutumba district (Eastern Uganda). Support both in cash and in-kind from DFCU bank, Air Uganda, Centenary Rural Development Bank, Uganda Baati Limited, Kampala Pharmaceuticals industries, Abacus pharmacy, Quality Chemicals and individuals, was received. Services provided included diagnosis and treatment of malaria, diarrhea management using low osmolarity ORS and Zinc, malnutrition using Nutripearl (RTUF) and de-worming for children, nutrition education, safe water, sanitation and hygiene education for mothers and care takers of children.

We believe that effective public health interventions must be evidence based with a strong element of monitoring and evaluation. UHMG uses paper tools, GPS and PDA, to collect data from partners, grantees, distributors/wholesalers, retail outlets and individuals. UHMG tracks its performance based on targets set in the performance-monitoring plan (PMP). The RM&E team monitors through retail audits, thematic research, rapid surveys, field activity monitoring and ensures quality of data reported.
Feature

UHMG promise is grounded in its mission statement; “to improve the quality of life of Ugandans through the provision of superior and affordable health care solutions”. Its contribution to the country’s health agenda is focused on provision of reproductive health, HIV prevention and Care, Malaria prevention & control and child health survival services and products.

Establishing a sustainable financial resource base is fundamental to the continued flow and provision of these services. This responsibility falls in the directorate of “Special Projects” which is both a knowledge and resource mobilization arm of UHMG. It is the front line actor that informs and guides the organization on the current health issues by continuously scanning the environment for health gaps / problems and based on the needs; design relevant and responsive interventions that are brought to the attention of potential donors for support.

Since inception in 2010, Special Projects has mobilized over USD 5.6 million as a matching grant to USAID funding support. Through resource mobilization efforts, Special projects have contributed to increased partnership with Civil Society Fund, UNICEF, MSH, Clinton Health Access Initiative (CHAI), and UNFPA. It will continue to apply innovative means of raising funds through consultancies and responding to Request for Applications as well as from the private sector entities by implementing on their behalf programs that enable them achieve agendas on corporate social responsibilities.

The efficient and effective utilization of resources entrusted to UHMG will remain the cornerstone to its sustainable resource mobilization effort. Continued effort to strengthen the organizations’ ability to remain a partner of choice that excels in producing outputs and benefits that are valued highly by donors and the targeted population will remain central to UHMGs strategic resource mobilization for sustainability.

From Special Projects
Research and Development
Thematic research
This year, UHMG’s Research, Monitoring and Evaluation (RM&E) unit conducted research in malaria aimed at receiving feedback on the malaria knowledge levels, prevention and management in the targeted districts of Teso region. Findings were used to inform the malaria campaign strategy and training needs for health workers in 296 facilities in the region. In addition, UHMG conducted a knowledge, attitude and behavioural assessment study among boda boda cyclists in Jinja and Arua.

A formative research study on family planning usage among young people was conducted. The study sought to assess the perceptions and acceptability of small families among young people between 18 and 35 years. This study has informed UHMG’s family planning advocacy campaign.

Campaign Concept Testing & Pre-tests
UHMG conducts concept testing and pretesting of radio, TV and print materials to ensure the various audiences understand and retain the message. Results from the pretests have helped focus the design and messaging of all print and electronic media.

Health Behaviour and Communication Survey
UHMG conducted the Health Behaviour and Communication Survey (HBCS) this year. The survey was conducted in 76 parishes, covering all districts targeted during the AFFORD I project. A total of 2,903 individuals were interviewed. This survey evaluated the extent to which the UHMG interventions have achieved their objectives. Results were shared during the Afford I Closeout. UHMG has used these results to track progress on key indicators in the USAID performance monitoring plan.

Data Compilation and reporting to MEEPP and UMEMS
The modification of the two databases to cater for the new PEPFAR reporting changes was carried out. To avoid delays in data cleaning and formatting processes in preparation for the semi-annual PEPFAR reporting, the partners were advised to send their data in excel format. Orientation on the system was carried out and it will be used to report as early as the next quarter. The modification of the server database is in the final stages. It will soon be uploaded on the server after the 2011 annual PEPFAR reporting.

Brand Profiling Survey
UHMG contracted Consumer Insight to carry out a brands profile survey. The purpose of the survey was to understand the profile of consumers who are using various brands in terms of demographics and living standards measure (LSM), gain incite on why they behave the way they do and the factors that trigger them to do so. The study findings helped refine UHMG brands strategies.

Survey on Medical Male Circumcision (MMC)
UHMG/AFFORD carried out a qualitative survey to establish young men and women’s knowledge, perception and attitudes toward MMC. This study was carried out to inform the promotional strategy on how to improve uptake of MMC. Findings from the survey indicate that the respondents thought the key benefit of MMC was to reduce the risk of acquiring sexual transmitted diseases (STD), including HIV infection. Respondents also thought that it improves personal hygiene. In addition, the respondents also pointed out that MMC boosts the self-esteem for men especially among women who prefer circumcised men and thus helps strengthen marriages and relationships.
Situational Analysis on HIV/AIDS among Truck Drivers in the West Nile Region

An external firm, Services For Generation (SFG), was contracted to conduct a survey of truck drivers and their sexual partners in West Nile region in order to generate information to design intervention strategies in the West Nile region. The findings from the survey will be used to set a baseline and targets for key project performance indicators.

A snapshot of the findings of the survey showed that most of the truckers are highly sexually active and engage in high-risk sexual behaviour. 96% of the truckers reported to have had casual sex in the last 12 months preceding the survey and 84% reported to have had sex while on the road and with multiple sexual partners. The truck drivers have regular or semi-regular girl friends in the communities along the routes. It was also found out that a high proportion (83%) of the drivers tested said that they had access to confidential testing. All data sets from the truckers showed that the truckers were willing to test for HIV when provided with the opportunity. Most of the HIV tests were conducted during daytime (39%) by service providers at home or on the road. Very few truckers reported having taken HIV tests at night.

Electronic Data collection using Mobile Phones and GSM network (Access mobile)

During the fourth quarter UHMG met with a US based company recommended by USAID to introduce a module to improve on efficiencies and timeliness of quality data collection through SMS technology. The tool, which is named Access mobile uses mobile phones and the GSM network to collect data from sales outlets. UHMG plans to pilot the use of phones, SMS application and GSM network to collect data from 100 outlets including 50 Good Life clinics, 45 distributors and 5 sales representatives during the next financial year. The proposal from the firm is currently under review and will be budgeted for in the next work plan.

Quality Assessment of the Goodlife network

UHMG carried out a quality assessment exercise; visited sub-grantees (community service organizations), their program sites, as well as the Good Life Clinics (GLCs) in the UHMG social franchise. We reviewed their data records and data management procedures and made recommendations for improvement where they were gaps. It also involved carrying out data quality checks. From the assessment we found that data management in the GLCs greatly improved as a result of using the standard MOH service provision record books. UHMG will continue to mentor the new and old staff of the GLCs in data management. Data collection, verification and compilation of data from the GLCs was used in preparation for the MEEPP semi-annual and annual reporting and UMEMS.

Retail audit

On a quarterly basis, UHMG carries out retail audits to evaluate the availability of UHMG products on the Ugandan market, and identify health products that have potential market and competitor brands. Data was collected from 1,200 randomly selected retail outlets on a quarterly basis from the selected UHMG districts.

This data provides information on the categories of products and brands available. Analysis of the quarterly 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 condom brands increased from 52% to 54% of the outlets in the sample.
We are steadily building a strong resource base to support our transformation into a lucrative sustainable business from a previously donor dependent institution.
Finance & Investment
This financial year as per the business plan UHMG financed its operations 90% from donor funds and 10% from its own income from the Product facility and consultancies. We are targeting to improve our financing as we continue to create a diverse financial portfolio to remain relevant and especially to continue meeting the needs of our clients. Ingrained in the UHMG brand is value for money, as such we stretched every shilling to produce quality work at the most affordable cost. We insist on transparency both internally and externally- with our partners and have established controls to assure this. In this financial year majority of our budget was covered by USAID through the AFFORD II project, and development partners as well as new donors for which we are grateful.

UHMG Finance & Investment team

Financial Ratios

Cost Leveraging:

During the year the funds that were received beyond the AFFORD II project came from; Star Southwest, Strides, OVC- Koboko and OVC-JCRC, which covered 16% of the UHMG budget, while AFFORD II under USAID funding covered 84% of the budget. This ratio will continue to improve in the subsequent years as projected in the UHMG business plan which was completed this financial year. With the help of Deloitte and Touche, UHMG has developed a draft realistic indirect cost rate of up to 20.7% which will be finalized in the next financial year and thereafter applied to all UHMG project bids as a sustainability strategy under Programs consultancies.

Net worth Estimate:

The estimated net worth indicates the total assets of UHMG less liabilities and any funds from the AFFORD project which stood at USD 1.5 Million by the end of 2011 including the land, building and vehicles. This is one indicator that UHMG is making significant strides towards becoming a self reliant organization.

Accountability and Transparency:

Emphasis on both internal and external audits remained key in assuring transparency and accountability for our operations: Kisaka & Co were appointed to manage the internal Audit exercise in for the year 2011, while Ernest and Young was approved to conduct UHMG’s External Audit in accordance with USAID rules and regulations as well as the International Financial Reporting Standards (IFRSs). A-133 Audit was conducted during the year by KPMG on directives from our Partner CCP, the exercise was successfully conducted. UHMG is also pursuing a tax exemption certificate with support from our legal and Tax advisor Birungyi and Barata Associates.

UHMG Statement of Financial position as at 30th Sept 2011

[Diagram showing financial ratios]
Constraints and challenges TY 11

Shilling depreciation:
The shilling dropped drastically below the dollar which affected the international procurements for our products. The product costs were, therefore, steep and UHMG was unable to set a selling price beyond buyer capacity, this compromised our projected profit margins.

Supply Change:
Combined Oral Contraceptive (COC) pills from Duefem to Microgynon led to major stockouts of the product in the private health sector in the country which affected UHMG’s contribution to the national CYPs and our anticipated annual revenue.

A curative based culture Versus a Preventive health approach:
Many Ugandans are used to addressing health issues only when they fall ill, which means that investing in preventive efforts is still a foreign approach requiring a huge perception and cultural shift. UHMG health promotion efforts thus continue to meet some resistance especially in the area of focusing audiences on prevention which is overall cheaper and indeed better than cure.

Competing Priorities:
Apart from focus on curative health practice, UHMG health promotion efforts are compounded by the fact that most Ugandans would rather spend resources on status symbols (cars, houses, and cellphones) as items to enable them live or appear to be enjoying a Good life rather than investing in good health as the foundation to a prosperous future.
REPORT OF THE INDEPENDENT AUDITORS (CONTINUED)

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Uganda Health Marketing Group Limited as at 30 September 2011, and its financial performance and cash flows for the year then ended in accordance with the company’s accounting policies and the requirements of the Ugandan Companies Act (Cap 110).

Report on other legal requirements

As required by the Ugandan Companies Act (Cap 110), we report to you, based on our audit, that:

I. we have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of the audit;

II. in our opinion, proper books of account have been kept by the company, so far as appears from our examination of those books; and

III. the organisation’s statement of financial position and income and expenditure statement are in agreement with the books of account.

Kampala
30 May 2012
UGANDA HEALTH MARKETING GROUP LIMITED
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 SEPTEMBER 2011

<table>
<thead>
<tr>
<th>Note</th>
<th>2011</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
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<td>Budget Ushs 000</td>
<td>Actual Ushs’000</td>
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<td>Product Facility revenue</td>
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<td>Other income 4</td>
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<td>Salaries</td>
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<td>Fringe benefits to employees</td>
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<td>Training and workshops</td>
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<td>Other direct expenditure</td>
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<td>Program Activities and Sub-recipients 6</td>
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<td>Equipment expenditure</td>
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<td>Foreign exchange loss</td>
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<td>Provision for bad debts</td>
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<td><strong>Surplus for the year</strong> 8</td>
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The income and expenditure statement was approved by the Board of Directors on 21st May, 2012 and was signed on its behalf by:

Director, Finance & Investments

Managing Director

Chairman, Board of Directors
UGANDA HEALTH MARKETING GROUP LIMITED
STATEMENT OF FINANCIAL POSITION
AS AT 31 SEPTEMBER 2011

<table>
<thead>
<tr>
<th></th>
<th>2011 UShs '000</th>
<th>2010 Ushs '000</th>
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<tbody>
<tr>
<td><strong>ASSETS</strong></td>
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<td>Non-current assets</td>
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<tr>
<td>Property and equipment</td>
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<td>Current assets</td>
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<td>Inventories</td>
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<td>Accounts receivable and prepayments</td>
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<td>Advances to staff and sub-grantees</td>
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<td>Cash and bank balances</td>
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<td><strong>Total assets</strong></td>
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<td><strong>RESERVES AND LIABILITIES</strong></td>
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<td>Restricted fund</td>
<td>1,057,729</td>
<td>55,198</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>1,410,172</td>
<td>993,752</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
<td>7,720,874</td>
<td>3,748,301</td>
</tr>
<tr>
<td>Bank Borrowings: non-current portion</td>
<td>2,191,051</td>
<td>787,374</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Borrowings: current portion</td>
<td>302,990</td>
<td>779,834</td>
</tr>
<tr>
<td>Accounts payable and accruals</td>
<td>1,622,938</td>
<td>779,834</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>4,116,979</td>
<td>1,567,208</td>
</tr>
<tr>
<td><strong>Total reserves and liabilities</strong></td>
<td>11,837,853</td>
<td>5,315,509</td>
</tr>
</tbody>
</table>

The financial statements were approved by the Board of Directors on 22nd May 2012 and we signed on its behalf by:

D. Director, Finance & Investments

M. Managing Director

T. Chairman, Board of Directors
Organizational Highlights

Celebrating our own home:
The year begun on a high note with UHMG moving from rented offices to its own home. The first three months of the year proved to be both exciting and challenging as the whole UHMG team camped at the warehouse while the office premises were being finalized. The climax was the official opening of UHMG offices “The home of the Good Life”. This colorful ceremony was presided over by Ms. Elise Ayers, the past USAID SO8 Team Leader and attended by key government partners /dignitaries including Dr. Kenya Mugisha the Director General for Health services, leaders from Civil Society organizations, International and National NGOs, USAID representatives, Specialists in health, key clients, suppliers and distributors of UHMG products and services. Moving into our own home has been fundamental in supporting our sustainability as a cost effective and income generating organization. The new Home was made possible by gifting from USAID

**AFFORD 1 Closeout:**

The AFFORD 1 close out function was organized with an undertone of repositioning UHMG as the organization poised to carry on with health marketing initiatives that AFFORD 1 started. The event was graced by the Agreements officer of USAID, at the time, Mr Bruce McFarland and the Honorable Minister of State for Health in-charge of general duties Richard Nduhura.
UHMG Successfully Hosts its 5th regional health marketing conference:

Investing in Human Resource: A best practice for the Private Health Sector’

Gulu Chapter
Guest of Honor, Dr Jane Aceng
Director General Health Services

Kabarole Chapter
Guest of Honor, Professor George B. Kirya
UHMG Founder member
Governance

UHMG’s Board of Directors rotational mechanism came full circle this year, with the first Board members and chairman exiting. During the Annual General Meeting held on 4th August UHMG elected new Board members and a new Board Chairman, Mr Joseph Mwoga, to replace Mr Fred Kawuma who has been the Chairman of the Board since the inception of UHMG. The new board was oriented and are already at their important task of guiding UHMG in delivering the Good life to all Ugandans.

Staff Development and Technical Assistance

During the year, JHU.CCP provided external consultants to provide the following technical assistance to UHMG:

1. Bill Glass of JHU.CCP assisted in preparing and organizing the AFFORD I close out event and a two-day capacity building workshop for staff.

2. Joan Yonkler reviewed the communication and brand promotions strategies, gave direction for the selection of the prequalification of advertising agencies and towards the development of the UHMG communication plan. Finally, the creative concepts for the family planning advocacy campaign, malaria campaign, and Phase 3 Sexual Network campaign were completed with her guidance.

3. Kojo Lokko of JHU.CCP led the UHMG team through a workshop to identify capacity gaps in UHMG management and prepare a plan for addressing these. This workshop informed the development of the three year capacity building plan for UHMG.

4. Ron Hess of JHU.CCP provided mentorship and guidance to UHMG management during the business plan revision and the work plan development (2011-2011), and facilitated training for the UHMG Board of Directors.

5. Don Levy facilitated the development of the UHMG Business Plan.
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