

A close-up photograph of a woman and a young child, both smiling warmly. The woman, on the right, wears a black headwrap and a blue patterned shawl with yellow and red accents. The child, on the left, wears an orange garment. They are outdoors with green foliage and a brick wall in the background.

ANNUAL REPORT

2013-2014

OUR MISSION

To improve the quality of life of Ugandans through the provision of superior and affordable health care solutions.

MISSION

OUR VISION

A Good Life for all Ugandans.

VISION

EXPERTISE

- Social Marketing through strategic health communication
- Public health programming including Non-Communicable Diseases, Integrated Sexual and Reproductive Health, Integrated Maternal and Child Health
- Supply chain including 3rd party logistics, warehousing, Local Technical Representation (LTR) of international manufacturers, trade wholesaling and supply of commercial and social products
- Private sector engagement via franchising

EXPERTISE

FIATTEE

Flexibility;
Integrity;
Accountability;
Transparency;
Teamwork;
Excellence;
Equity.

VALUES

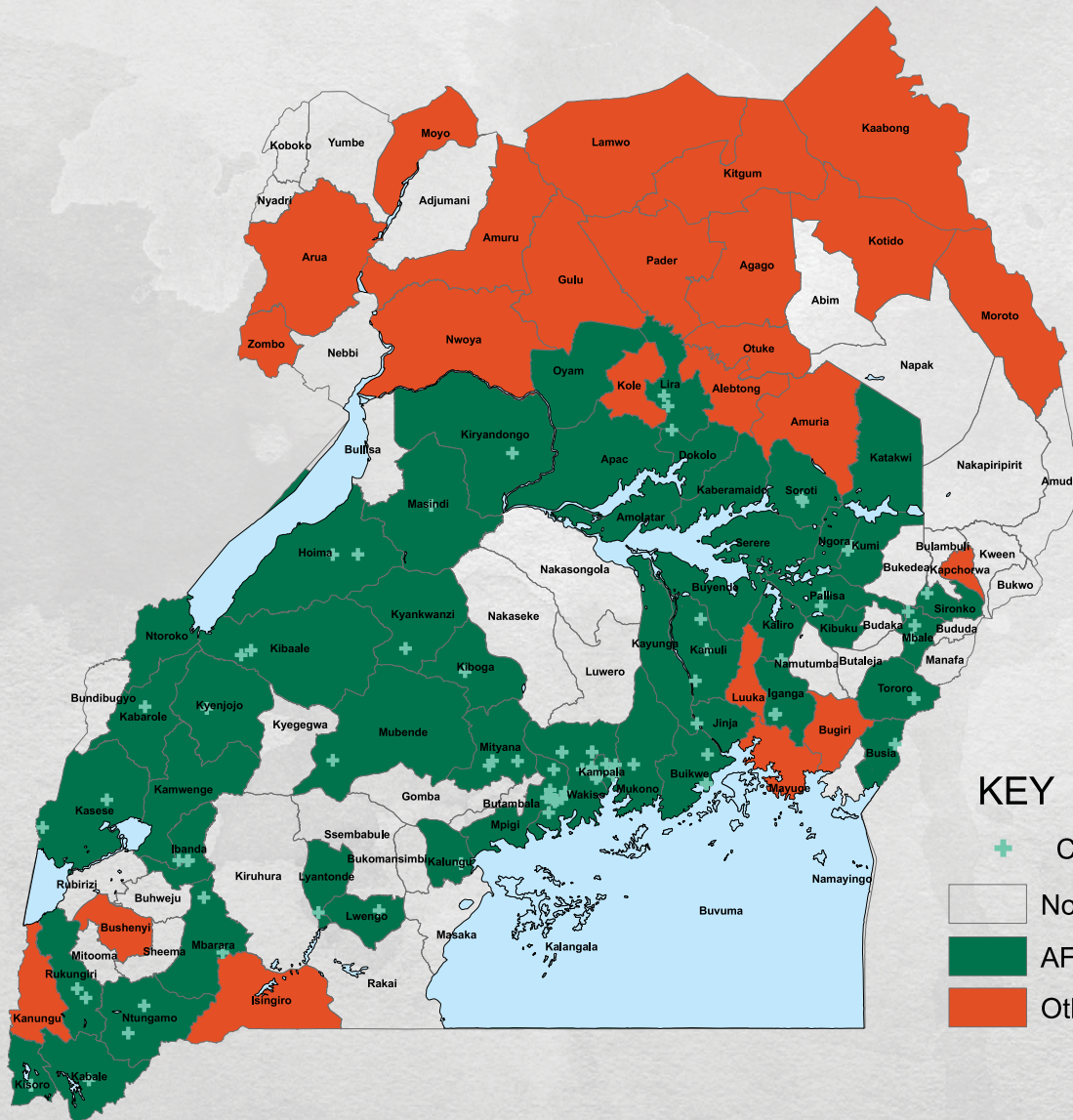
OVERALL GOAL

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

TARGET AUDIENCE

Children 0-5 years and their care givers; Youth 15-35 years
Adult males; Adult females; Most-at-Risk-Populations (MARPS)

UHMG SUPPORTED DISTRICTS



Working in over
45 districts
and reaching
more than
12 million
Ugandans annually

KEY

+ Current GLCs

Non UHMG Supported Districts

AFFORD/PMI Project Districts

Other UHMG Project Districts



OUR PLEDGE TO DELIVERING THE GOOD LIFE

We focus on promoting good health through increasing accessibility, and correct utilisation of health products and services. UHMC collaborates with public and private sector to reach the different population segments using the Total Market Approach; which encompasses provision of free, subsidised and commercial products and services.



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Generating Change through Public - Private Partnerships

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ACRONYMS

ACT	Artemisinin-based Combination Therapy	MOH	Ministry of Health
BCC	Behaviour Change Communication	MOU	Memorandum of Understanding
BP	Business Plan	NBMC	New Born Mothers' Clubs
CCP	Johns Hopkins Bloomberg School of Public Health/ Centre for Communication Programs	NDA	National Drug Authority
COC	Combined Oral Contraceptive	NMCP	National Malaria Control Program
COP	Chief of Party	NMS	National Medical Stores
CS	Child Survival	OVC	Orphans and Vulnerable Children
CHC	Communication for Healthy Communities	PLHA	People Living with HIV/AIDS
CHIC	Condom & HIV/AIDS Information Centre	PMO	Product Marketing Officers
CME	Continuing Medical Education	PO	Project Officer
CSW	Commercial Sex Worker	POP	Progestrone Only Pill
FP	Family Planning	POS	Point of Sale
HCT	HIV Counselling and Testing	PTC	Post Test Clubs
HF	Health Facility	PW	Pregnant Woman
HCU	Humanitarian Care Uganda	PYV	Park Yard Volunteers
HCWM	Health Care Waste Management	RUTF	Ready to Use Therapeutic Food
IEC	Information, Education and Communication	SS	Support Supervision
IPC	Interpersonal Communication	SSECODA	Ssesse Community Development Association
ITN	Insecticide-treated Nets	STI	Sexually Transmitted Infection
LLIN	Long Lasting Insecticide Treated Nets	TASO	The Aids Support Organisation
KAP	Knowledge, Attitude/Perceptions and Practices	UDHS	Uganda Demographic and Health Survey
MARPS	Most At Risk Populations	UHMG	Uganda Health Marketing Group
		USAID	United States Agency for International Development



MESSAGE FROM BOARD CHAIRPERSON

At UHMG, we believe that 'A Good Life starts with Good Health'. I have had the opportunity to close the year 2013-2014 as the Chairman of the Board and during the period a number of milestones were registered. We have touched the lives of many Ugandans through our health interventions of HIV/AIDS Elimination of Mother to child Transmission (eMTCT), Reproductive Sexual Rights, Maternal Child Health and Malaria. As a social marketing organisation our goal is to ensure increased access and utilisation of health products and services.

In the fiscal year that ended 30th September 2014, we marked the end of our 7-year working partnership with JHU-CCP under the AFFORD project which birthed UHMG with support from USAID. This also marked the end of our first Strategic Plan period 2009-2014. In the same year our Managing Director Mrs. Emily Katarikawe ended her six years' service at UHMG for which UHMG staff and the Board acknowledge her contribution to growing the UHMG brand.

As we continue to deliver a Good life to all Ugandans, we commit to provide good corporate governance in order to build a sustainable institution. A new strategic Plan 2014-2019 has been launched with

a focus on: supply chain management, health communication, private sector engagement via franchising, social marketing and use of technology for electronic and mobile health.

With a clear road map, the BOARD has hired a new Managing Director Mrs Joyce Tamale who has taken on this responsibility at a critical time where the organisation should focus on the new paradigm shift of becoming a self-financing organisation. Joyce has been working with UHMG for the past six years as the Director Finance, Investment and Administration, she brings on board expertise in financial management and organisational development with over 15 years' experience.

Our continuous promise to Ugandans is to improve the quality of their lives through provision of superior and affordable health care solutions. To our business development partners, our promise is to utilise the available resources to touch people's lives through good corporate governance.

Dr. Twaha K. Kaawaase (PhD, FCCA)

Six Years ago I joined UHMG as the Director Finance and Administration. Coming from a gender focused regional organisation, I didn't know much about the health sector but was determined to associate with a great vision. With commitment and dedication, I am humbled to undertake such a great opportunity for which the Board and founder members have entrusted to me as the Managing Director. Together with my team, we commit to strengthen our resolve to continue providing a Good Life to all Ugandans.

2013-2014 was a year of celebrating successes including, launch of the new Strategic Plan 2014-2019, successful closure of our seven year \$33m mother project AFFORD; for which we thank JHU-CCP and USAID, expansion of the warehouse with additional 2,400 sqms and a contract award with the MOH as the alternative distributor of family planning products in Uganda. In addition, over 14 million socially marketed condoms were distributed to the hard to reach areas providing dual protection to Ugandans. Regardless of time and resource demands on the AFFORD close-out processes and activities, we were able to fulfil our objective of implementing efficiently and effectively and are proud to say we are growing from strength to strength.

The new and exciting Strategic Plan will continue to focus on our niche of products, services and health communication to deliver on the proven interventions of integrated services and products. This will improve child survival, increase access to and uptake of family planning, reduction of new HIV infections and addressing the non-communicable

diseases which are increasingly becoming a major health concern. UHMG will remain focused on using the Total Market Approach (TMA) to ensure that all population segments access commodities and services.

In the Financial year 2014-2015, we will deliver a Good Life to all Ugandans with a keen emphasis on the People, Mandate and Sustainability (PMS) model as a management tool. I acknowledge the importance of people and talent management as a focus to drive competitiveness. Prudent business systems with emphasis on operational efficiency, performance and risk management. We will work to harness UHMG visibility, with increased stakeholder engagement and we shall focus on creating a sustainable organisation. We believe that the values we have nurtured; integrity, teamwork, excellence, flexibility and accountability will still be key to our success.

As a positive leader I am infused by leadership with humility. My door will be open to work closely with the Board, UHMG management, staff and stakeholders at multi-levels to take UHMG forward. As a team we promise to serve Ugandans by improving the quality of their lives through the provision of quality and affordable health care solutions. A Good Life Starts with Good Health!



Joyce Namirimo-Tamale (FCCA)



MESSAGE FROM THE MD



**“Our most important result as AFFORD is a small number; ONE truly indigenous sustainable organisation. UHMG is blessed with a committed, smart, hard working team that is poised to steer this ship to the next milestones.” Kim Burns
Case, RMA-AFFORD 2013-14**

2013 - 2014 & highlights achievements

In 2013-2014, UHMG collaborated with several partners including government of Uganda, civil society organisations, and the private sector in a bid to contribute to the national health goals.

1

Programs and Services



“UHMG is positioning itself to be the partner of choice to her stakeholders, as a leader in public health programming.”

Hannington Syahuka, Director Technical Services, UHMG

PROGRAMS AND SERVICES

Evolving to meet growing needs in health

UHMG's public health programs are aimed at addressing key bottlenecks in health service delivery, in order to increase targeted service utilisation. We remain committed to implementing results-based approaches in our focus intervention areas;

- HIV control services; HCT, eMTCT, HIV care and positive prevention
- Reproductive Maternal, New born and Child Health (RHNCH) services
- Malaria Control Services; Malaria in pregnancy services and malaria case management

Fostering productive partnerships enabled UHMG to implement high impact interventions, leveraging local resources to strengthen the quality of service delivery for sustainability. Key partnerships on whose support we rely include;

- Good Life Clinic Network partners as a strategic approach for the overall private health sector development and quality service delivery.
- Civil Society Organisations (CSOs), as sub-recipients supporting demand generation for services, increased uptake, utilisation, linkages and referrals to health facilities.
- Partnerships with District Health Offices (DHOs) for overall oversight on service quality assurance, data management and reporting as part of the national health system support for the private sector.

“ UHMG introduced Prevention of Mother to Child Transmission (PMTCT) services in 22 of its 200 Good Life Clinics (GLCs).



A health worker teaching women about family planning at St. Kizito Good Life Clinic in Kamuli District.

HIV/AIDS: PREVENTION, CARE AND TREATMENT

Generating hope for HIV

UHMG's HIV/AIDS program focuses on scaling up quality HIV prevention, care and treatment services through interpersonal and multimedia approaches especially targeted for the Most-At-Risk-Populations (MARPS). Uganda has a mature and generalised HIV/AIDS epidemic with a prevalence of 7.3% in adults and 7% in children. With an estimation of over 120,000 new infections every year, our program support for HIV/AIDS control services (prevention, care & treatment) contributes to the national responses coordinated by Uganda AIDS Commission, in line with the HIV/AIDS strategic plan 2010-2015.

The 4 prongs guiding UHMG services are; Primary prevention; Family planning for HIV+ mothers; Reduction of mother to child transmission of HIV – option B+ (lifelong treatment with ARVs) and; Comprehensive HIV care for the HIV+ mothers and their families including psycho-social support.

"If not for your support, I would have died. I could not have refused men if they had paid me a coin. I did that for 9 years. A peer educator from NAYODE came to talk to us commercial sex workers about condoms and testing and encouraged me to test. I was positive. But the nurse said 'don't worry, we have medicine and Good Life Clinics'. They attended to me very well and I received medication. I was told to stop selling myself and instead try to sell Protector condoms or pilplanplus. I was also told to always use a Protector condom and encourage people in my community to go test for HIV just like I did."

Masika Halima, Peer Educator, MLTC Youth Centre, Mpondwe

*UHMG works with NAYODE to promote HIV prevention among MARPS (Truckers, Fisher Folks and Commercial Sex Workers) in the Rwenzori Region.



UHMG and KCCA partnered with KCCA to carry out HCT services in Kampala District.



FACTS AND FIGURES

HIV prevention at community level in partnership with CSOs, targeted Most-At-Risk-Populations (MARPS); CSWs, Fisher folks, Truckers and other vulnerable populations - youth, married and cohabiting couples.

39,311
MARPS

99,709 married
and cohabiting couples

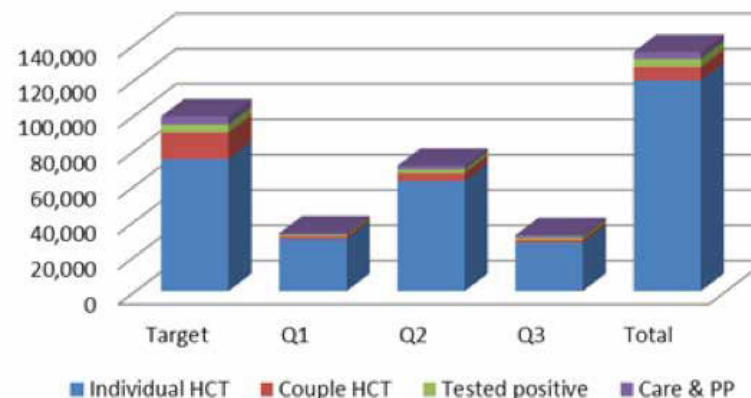
66,399 youth out of school

502 health workers mentored on Provider Initiated HIV Counselling and Testing (PITC).

205,666 people tested for HIV and received their results and HIV+ clients were referred for care.

Over **180** GLC's offered HCT services and PMTCT services were at 16 selected GLCs accredited by MOH.

HIV Care and Positive Prevention Services Oct 2013 - May 2014



A summary of eMTCT services provided in PMTCT accredited Good Life Clinics

Service Indicator	Total
ANC 1st Visit	2,029
Pregnant women HCT - Received Results	2,885
Pregnant women tested positive for HIV	194
Pregnant women given ARVs Prophylaxis	45
Pregnant women on ART for their own health	161
HIV+ pregnant women Initiated on Option B+	239
Total No of pregnant women receiving ARV in ANC Setting	445
Male partners tested and received HIV results in PMTCT	526
Exposed babies given ARVs	61
HIV-exposed infants who had HIV test at >18 months	132
HIV-exposed infants who had HIV test at >18 months that are HIV+	1

REPRODUCTIVE, MATERNAL, NEW BORN & CHILD HEALTH (RMNCH) SERVICES

Protecting mothers and children



Provider Initiated Testing and Counselling (PITC) saves baby Melvin

“When I followed my husband with a 5-month pregnancy and our 4 children to Uganda from Kenya, I had no idea that he had another woman at the landing site. I started attending ANC at Kingdom Life Maternity and Medical Centre from where I discovered I was HIV positive. When baby Melvin was born he tested negative and we were so happy. To date, I am adhering very well to my medication and I want to convince my husband to access ART services from this health facility because he seems not to care as much.”

Jack Achenge with her baby Melvin Achenge at Kingdom Life Maternity & medical Centre, Buikwe

UHMG's RMNCH services focus on populations in the reproductive age and children below 5 years. Supported interventions are based on the life cycle approach, with the girl child at the centre, providing skills and services for full attainment and fulfilment of their reproductive health and rights. This has a positive impact on motherhood and child survival in the country. Our key RMNCH services include;

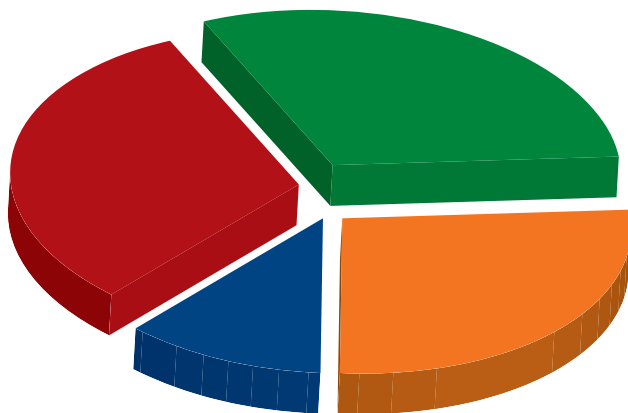
- Maternal health services; ANC (including malaria in pregnancy services), safe deliveries, care of new born, postnatal care and family planning.
- Children below 5 years health services; Growth promotion (growth monitoring, immunisation, nutritional counselling) and Integrated Management of Childhood Illness (IMCI). These include malaria, respiratory infections, and diarrhoea - including nutrition rehabilitation for malnourished children.

Our MCH implementation focuses on the journey of 2000 days framework to address maternal and child health integrated services delivery. Vital interventions comprise of;

- Demand generation for maternal health (antenatal care, safe deliveries, new born care, postnatal care, family planning and integrated management of childhood illness services).
- Building capacity of health workers for ANC, skilled delivery, new born care, postnatal care and family planning services in selected Good Life Clinics (GLCs).
- Growth promotion for children– below 5 years and Integrated Management of Childhood Illness (IMCI).



FACTS AND FIGURES



Integrated Service Delivery at GLCs:				
Indicator	Q1	Q2	Q3	Total
ANC 1st Visit	2,003	2,210	956	5,169
ANC 4th Visit	1,062	978	941	2,981
Deliveries at GLC	1,091	1,026	529	2,646
Postnatal Care	1,028	895	563	2,486
IMCH < 5 Years	20,872	26,578	18,166	65,616



CAPTION



Male involvement in Family Planning



Contrary to popular belief that men are less interested in family planning matters,

66% of the calls made to the Smart Choices hotline, a family planning campaign, were by men.

My Husband's Support is the reason I use Family Planning

Patience Turyahabwe (29) is a mother of 2, living in Ibanda District. She came for one of the clinic days that were organised by Ibanda Mission Health Centre. Patience believes in having the number of children she is able to look after very well. She speaks from a point of view of a satisfied user of family planning services.

"In the beginning, I heard about the services at this health centre from my neighbour who had just returned from church and I immediately decided to come. My husband is very supportive when it comes to family planning and it has greatly helped us to be in agreement on these issues. We have been able to look after our two children and provide them with the things they want. I am grateful to this clinic and to UHMC for partnering with the health centre to bring these services closer to us."

Patience Turyahabwe, beneficiary of community engagement in Ibanda District.

MALARIA

Ensuring Malaria Prevention and Control



VHT demonstrating to mothers how to use LLIN Mosquito nets in Mityana District.

The impact of malaria is most felt among children below 5 years and pregnant women who are highly susceptible to malaria infection. Key malaria control interventions and services supported by UHMG include;

- Strengthen malaria case management, based on national guidelines – timely case definitive diagnosis with rapid diagnostic tests for malaria (RDTm), microscopy and treatment with 1st line drugs (ACT).
- Malaria in pregnancy services – Intermittent preventive treatment in pregnancy (IPTp), use of long lasting insecticide treated nets (LLITN) and timely case management.
- Community awareness, mobilisation and demand generation for increased utilisation of services through community dialogues and local radios (talk shows and radio spots).

With support from President's Malaria Initiative (PMI), UHMG implemented malaria control services, with focus on the regions with the highest burden – Eastern and Northern Uganda. Interventions for malaria control are derived from the National Malaria Control Program (NMCP) strategic plan (2010-2015).

“ The level of access to testing and treatment has really improved through the activities of UHMG. Their support of the private sector is very important, because not everyone goes to the public sector for treatment, so dealing with the private sector directly is very good.”

Dr John Opolot, DHO, Kumi District



FACTS AND FIGURES

Malaria Control Activities

Activity	Indicator	Total
Strengthen malaria case management in clinics and drug shops in II PMI project districts	Number of clinics and drug shops supported	295
	Number of district associations supported	11
	Quarterly clinical audits – mentoring	2
Strengthen Malaria in Pregnancy (MIP) Services	Number of GLC supported with IPT supplies	50
	Number of Health workers trained	54

45 GLCs supported malaria in pregnancy services through an integrated approach - as part of maternal and child health services.

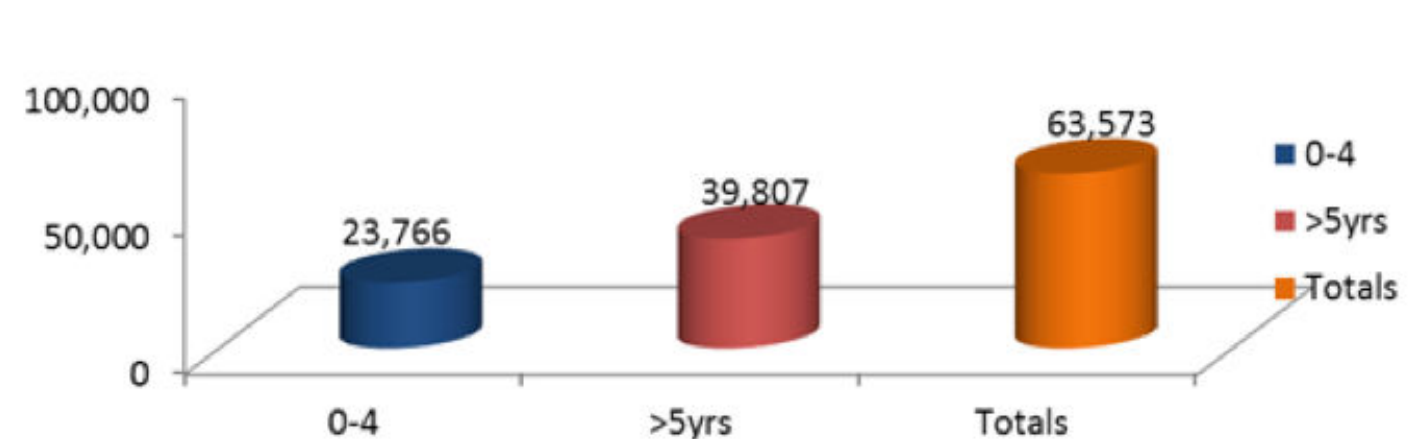
54 health workers oriented on malaria in pregnancy services.

47% proportion of clients received IPT2, up from 26% in 2010/11 (baseline year).



His Excellency Yoweri Kaguta Museveni at the LLIN Mosquito Net Launch in Soroti District (2013).

Showing positive malaria cases among the age groups



VHT training on malaria in Yumbe District.

“ We appreciate the work of the VHTs. We used to treat every fever as malaria but because of the message from the VHTs now many of us are demanding for a test before we get medicine, especially the pregnant women. We hope that the VHTs can be given test kits and coartem so we don't travel far for treatment.”

Ocage Wilson, 76, Amodoima,
Soroti District.

2

Public Health Consultancies



Besides the AFFORD project, several projects were implemented to extend our footprint in public health programming, while generating resources for UHMG's sustainability." *Dr Espilidon Tumukurate, Head Resource Mobilisation, UHMG*



The Good Life Integrated HIV Counselling and Testing Kampala Project

Scaling up access to and utilisation of integrated HIV and Family Planning services

USAID Uganda Good Life Integrated HIV Counseling and Testing Kampala is a 3 year project supporting HIV service delivery in the 5 divisions of Kampala Capital City Authority and has currently completed its second year of operation.

During the program year, the project supported the delivery of integrated HCT services through providing financial, technical and logistical support to 21 private health facilities (Good Life Clinics), 5 CSOs and 1 implementing partner; Integrated Community Based Initiatives (ICoBI). The project ensured availability of HIV testing logistics by strengthening the GLC's capacity to forecast, order and maintain a functional logistics management information system.

A wide range of interventions were implemented that aimed at increasing demand for availability and utilisation of quality family planning products and services. We facilitated GLCs and Uganda Police Force health facilities to maintain clients in eMTCT, HIV care and ART services.

Our activities and interventions focused on delivering the following results;

Result 1: To increase demand for HCT services among Most-at-Risk Populations, using specific counselling, communication and social dialogue approaches that resonate best with each of the groups.

Result 2: To provide effective path to integrated HCT health services through UHMG's network of Good Life Clinics and other mostly private sector partners, with options appropriate to individuals at different economic and social levels.

Result 3: To provide support and care for clients after HCT. HIV negative

individuals will be linked to support structures that can help them stay negative while HIV positive clients will be supported for HIV care, treatment, and positive prevention services through linkages with other partners.

Result 4: Targeted capacity strengthening to all partners to ensure that high quality programs remain sustainable.

Result 5: To ensure continuity of access to integrated family planning and HIV care services.



"When I got the first MSM client I encouraged him to interest others to seek friendly and appropriate services at our clinic. We have since tested over 45 MSMs and over 100 female sex workers. All those that tested HIV positive were counseled on the different HIV care options and referred or linked to facilities of their choice."

Halima Nakatude, HIV Counselor, Span Medical Centre



FACTS AND FIGURES

268,669 mobilised, counselled and tested for HIV.

9,483 commercial sex workers,

1,078 men who have sex with men and

1,262 fisher folk reached with HCT services.

6,564 identified as HIV positive.

4,531 successfully linked to HIV care.

3,502,920 protector condoms distributed.

373,300 vials of Injectaplan sold.

257,760 cycles of Pill plan sold.

6,546 FP acceptors reached with short and medium term family planning methods.

214,407 couple years of protection achieved.

908 mothers supported to receive eMTCT services through ANC.

2,274 received HIV care and 170 new clients were initiated into ART services.



USAID/STAR-SW Project

STAR-SW is a USAID project funded by PEPFAR initiated in May 2010 to provide comprehensive TB and HIV/AIDS services in 13 districts in the south-western region of Uganda. We provides support to the decentralised health care services through implementation of a comprehensive, district-based HIV/AIDS and TB program to 234 PMTCT sites and 56 ART sites.

Project Goal

USAID/STAR-SW project aims to increase utilisation of, access to, and coverage of quality comprehensive HIV/AIDS and TB services at the district level. UHMG supports strengthening of linkages, networks and referral systems between health facilities and communities, and increasing demand for comprehensive HIV & AIDS and TB prevention, care and treatment services.

Implementation of Demand Creation Activities

Demand creation targeted to increase number of pregnant and lactating women who attend ANC and PNC to receive a package of services, increase number of men who accompany their spouses for ANC through eMTCT and increase MCH services.

eMTCT Campaign Results:

68,961 Radio spots
170 Radio talk shows aired on 15 local Radio stations
22 Bill boards
4,807 IEC materials

Referrals from community to health facility were reached where 69.8% of 35,906 referrals made reached the facilities and 577,776 people received HCT services.

Fidelity Campaign Results:

158,397 people received Abstain-Be faithful-Use a Condom (ABC) messages;
26, 948 MARPS received combined HIV prevention and condom education messages;

6,399,083 condoms distributed and;

112,130 males aged 10-49 years were mobilised and received SMC services.

7,500 reminder messages were sent to health workers in the STAR-SW project area to submit option B+ DHIS2 SMS reports on time which increased reporting rate from 42% in week 12 to 97% by week 39. 5,646 reminder messages were sent to health workers encouraging them to submit orders for health logistics in time which increased order rate from 84% to 99.5%.



Sexual network game at 6 tent.



MAPRS HIV Prevention Services through interpersonal communication activities.

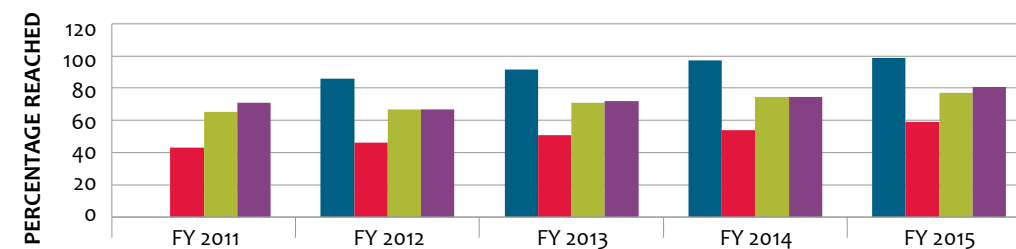


FACTS AND FIGURES

Pregnant & lactating women & male partners reached with eMTCT campaign services

INDICATOR	TARGET FY2013/14	ACTUAL FY2013/14	%AGAINST TARGET
HIV positive pregnant women mobilised received services	11,264	9,343	83.0%
Newly pregnant women mobilised and attended ANC	172,891	129,003	75.0%
Pregnant women mobilised for HCT & received results	172,891	144,046	83.0%
Infants born to HIV positive women received HIV test	6,758	5,183	76.70%
Nb. of male partners received HCT in PMTCT setting	43,222	21,750	50.0%

LQAS Results of Demand Creation



% Mothers received HCT as a couple	0	86	72.2	98.8	
% Mothers attended 4th ANC	42.9	46	51	54	59.1
% Mothers delivered at H/C	65.4	66	71.1	74.6	77.1
% Mothers counselled for PMCT	70.8	66.7	72.1	74.6	80

UHMG is a core partner in the implementation of the USAID funded Communication for Healthy Communities (CHC) project. The project is designed to support Government of Uganda and Implementing Partners to design and implement quality health communication interventions to contribute to reduction in HIV infections, total fertility, maternal & child mortality, malnutrition, malaria & tuberculosis.

Using the Obulamu health communications campaign platform, CHC supports Ministry of Health and USG Implementing Partners to spearhead the designing and implementation of communication strategies and activities in the areas of elimination of Mother To Child Transmission of HIV (eMTCT), Saving Mothers Giving Life (SMGL) and condom promotion.

Under eMTCT, CHC spearheaded and coordinated behavior change communication activities that led to four (4) successful eMTCT launches in Kampala district, West Nile, Busoga and Bunyoro sub-regions. The community mobilisation activities contributed to an increase in uptake of services in these regions. For example in Bunyoro region uptake of ANC first visit increased by 34%, ART initiation for HIV positive pregnant women increased by 26%, and deliveries of HIV positive women increased by 7% during the campaign period.

The UHMG team on the CHC project has supported communication activities by promoting harmonised messages among various USG IPs including Baylor Uganda, Infectious Diseases Institute, STAR EC, Mildmay Uganda, AMICAALL and Uganda Protestant Medical Bureau. CHC provided IPs with print and electronic materials on eMTCT, SMGL and condom promotion.

In order to prevent HIV transmission during the “imbalu” festive seasons, CHC oriented 660 traditional surgeons “Bakhebi” on HIV prevention methods.

Under the OBULAMU campaign, CHC developed television and radio messages and aired over 8,912 Radio spots and 174 TV spots to aide condom promotion countrywide.



VHT/Champions after orientation on eMTCT in Masindi district.



A traditional surgeon (Mukhebi) displaying the knife used for circumcision.



FACTS AND FIGURES

2,100 VHTs/champions oriented.

928 health Workers oriented.

512 Religious, Cultural, Political and opinion leaders oriented.

62 media personnel were oriented.



HOW'S YOUR LOVE LIFE?



HE HE HE!

I am her only man.



PRESSING ON!

I am taking my medicines.



FUN!

We keep it safe by using condoms.

TAKE CHARGE OF YOUR LIFE!
GO TO YOUR HEALTH CENTER FOR MORE INFORMATION



Obulamu?

THIS MESSAGE IS CLEARED BY UGANDA AIDS COMMISSION



National Comprehensive Condom Promotion Project

Reproductive health remains an important challenge in Uganda, where the average woman gives birth to 6 children, where contraceptive use remains low, and where HIV is on the increase. At the same time, Uganda is experiencing a generalised HIV/AIDS epidemic with prevalence rates increasing from 6.4% in 2006 to 7.3% in 2011. Prevalence rates among key populations at risk including sex workers, fishing communities, transient traders and uniformed forces are significantly higher. Sexual transmission accounts for roughly 80% of new infections; the majority of which occur among persons reporting multiple relationships and their partners.

With a view to improve Uganda's sexual and reproductive health indicators in relation to the youth, UNFPA with support from DANIDA Uganda is now funding UHMG under the national comprehensive condom promotion campaign named **'if it's not on, it's not safe'**.

UHMG is closely working with the ministry of health and partners to promote condom use for dual protection (Prevention of unplanned pregnancies and STIs) among the youth 18-34 years.

Under the comprehensive condom program, campaign **If it's not on, it's not safe**, UHMG is promoting the use of both female and male condoms in 8 focus districts of Kabong, Katakwi, Yumbe Kabong, Kotido, Mubende, Moroto, Oyam and Kanungu.



TV adverts from the "If it is not on, it is not safe" campaign promoting male and female condom use.

Launching **its not on its not safe** song

#ItsNotOnItsNotSafe

Condoms are the only method that provides dual protection (Pregnancy and HIV & STI prevention)

Did you know that...

- Condoms are the only contraceptive method that offers dual protection against unintended pregnancy and sexually transmitted infections, including HIV.
- Condoms have been around for a long time. The earliest known illustration of a man using a condom is a 12,000-15,000 year old wall painting in a cave in France.
- In 2013, Uganda procured almost 184 million male condoms and 5.4 million female condoms. To satisfy the country's need, a total of 255 million condoms are needed.
- Globally, condoms are one of the most accessible and inexpensive forms of birth control available. The production cost of condoms is as low as \$0.04 per unit.

Source: UNFPA Uganda, plannedparenthood.org



Community dialogue on condom use as a dual protection.



FACTS AND FIGURES

Over **2,000** adverts aired on TV and Radio.

UHMC oriented over 32 district officials on the campaign and identified more than 120 youth champions in the 8 focus districts.

Over **24,995** residents including youth were reached with the message on correct and consistent condom use through a peer to-peer approach.

Over **50,000** youth were engaged through social media to promote condom use for dual protection.

Under this campaign, a popular campaign song was produced and promoted via 30 Radio and TV stations as well as at national commemoration days like World AIDS Day 2014.

UHMC dubbed campaign messages and the campaign song on DVDs promoting correct and consistent condom use, and distributed them to over 4000 local hang out outlets (Video halls, Salons, Shops, Restaurants etc) in the 8.



Global Fund Round 10 Malaria and Health Systems Strengthening

Uganda Health Marketing Group (UHMG) partnered with TASO as one of the eight sub-recipients (SR) to implement the Global Fund round 10 Malaria and Health Systems Strengthening (HSS) grant activities; targeting pregnant mothers, children under 5 years, as well as the general community in Central and West Nile regions of Uganda.

The UHMG Global Fund Project ran from 1st July 2013 to 31st December 2014.

Project coverage

UHMG implemented the project in 16 districts in West Nile and Central regions.

The West Nile Region had 8 districts including Nebbi, Zombo, Arua, Koboko, Maracha, Yumbe, Moyo, and Adjumani.

The eight project districts in Central Region included Kalangala, Gomba, Butambala, Mpigi, Mityana, Kiboga, Kyankwanzi, and Kampala.



Training and sensitisation on Malaria for schools in Yumbe District.

"Malaria cases have drastically reduced since 2012. The number of cases has gone down to less than half. We used to receive malaria cases accounting for close to 90% of all the admissions at Kyantungo health centre IV. Today, malaria cases account for less than 40% of the admission at Kyantungo and the case is the same even in our neighbouring health facilities. This wave of change is attributed to mosquito nets distribution in this area by UHMG and other partners." **Dr Faith Naijimba, Head of Kyantungo Health centre IV.**



FACTS AND FIGURES

516 health workers from Private Not-For-Profit facilities trained on malaria case management and use of RDTs.

223,112 LLINs distributed at the health facility level to pregnant mothers and those with children under 5 years.

7,763 VHTs oriented on malaria, TB and HIV. This was to enable them mobilize community members for utilisation of PMTCT services, HIV treatment, and other services provided at health facilities.

1,260 VHTs from 104 sub-counties were supported by the districts to mobilise communities for uptake of HIV/AIDS, TB, and malaria services.



Strengthening Community Structures in Combination Prevention with HIV Project

UHMG is implementing a three year Civil Society Fund (CSF funded project entitled “**Strengthening Community Structures in Combination Prevention with HIV prevention**”. The project is implemented in Kasese District in the six sub-counties of Nyakiyumbu, Munkunyu, Kisinga, Kyondo, Kyarumba and Katwe-Kabatooro Town Council. The project contributes to the reduction of new infections among (MARPs) including; Commercial Sex Workers and their clients; Truckers and fisher folks.

Project Innovation Highlight: The **Drop in centre** innovation has enabled improved accessibility to HIV services by MARPs. The centre is strategically located at the landing site for fisher folks and CSWs to easily drop by and pick condoms and information on HIV at any time of the day up to midnight. The Centre is managed by a health worker and volunteers from the target population who appreciate the needs of MARPs and offer services in a friendly manner. The **Drop in centre** is also used as an outreach post for HIV counseling and testing.

The project has also supported community structures to mobilise youth out of school, Couple HIV Counseling and Testing (CHCT), antenatal services, condom distribution using social marketing approach through drug shops and clinics as well as conducting community dialogues on family planning among couples, consistent and correct use of condoms and addressing issues on social, cultural and structural drivers of HIV infections.



Drop in centre at Katwe-Kabatooro Landing Site, Kasese District.



FACTS AND FIGURES

22,674 individuals were mobilised and utilised HIV Counselling and Testing services.

2,225 people reached through small groups of 25 aimed at fostering adoption of safe sexual behaviours / practices.

2,496 couples utilised Couple HIV Counselling and Testing.

3,692 youth out of school were counselled, tested and received results.

429 eligible men aged 18-45 years received [SMC] services.

187 women received eMTCT services.

336,941 protector condoms distributed.

14,563 pieces of female condoms were made accessible to commercial sex workers.

3

Marketing and Communications



We exist to increase knowledge, self-efficacy and correct use of health products and services for healthier lifestyles. *Evelyn .B. Mwasia, Head Marketing and Communications, UHMG*

HEALTH MARKETING

To achieve higher rates of product uptake, UHMG continued to use aggressive social marketing and targeted BCC campaigns that expanded distribution channels and helped remove multiple barriers to product purchase and use. In large part, “lifestyle” contraceptive advertising through the Smart Choices campaign made this change possible because this approach promoted the Good Life brands as everyday consumer goods that were useful, trendy, and even glamorous, in contrast with early perceptions as public health commodities. Various marketing techniques like Market Impact Team (MIT) drives, bar and beach activations, sport sponsorships were conducted to build demand, convince a wide range of retailers to stock our brands and help ensure equitable access to our products.

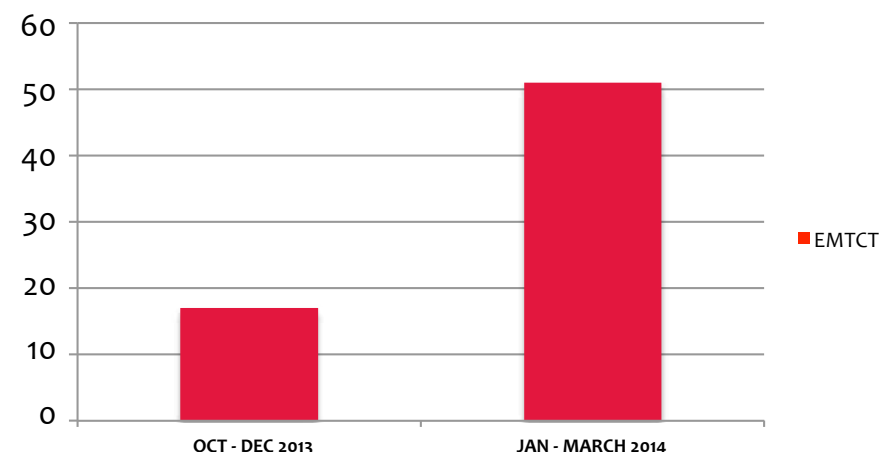


Communication is a process.






Behaviour Change Communication

We are committed to preventing the spread of diseases in Uganda by communicating knowledge and nurturing attitudes that lead to healthy behaviors among the general populace, prioritising the most affected, the hard-to-reach and high-risk populations. This year, audiences were reached using multiple platforms including mass media, social media and interpersonal communication approaches.

Unduplicated Radio Reach among 15+ Year Olds October 2013 - March 2014







To change the way we act, we must change the way we think!

CAMPAIGN	AREA	POPULATION FOCUS	CHANNELS	PROMOTED BEHAVIOUR	RESULTS/REACH
SMART CHOICES CAMPAIGN PHASE 2 	Family Planning	Prioritizing regions with high fertility and unmet need for FP	Mass media IPC (face to face counseling, & Hotline Edutainment	Uptake of a modern FP contraceptive that suits one's lifestyle	Over 4700 people reached through road show activations in 19 districts 4281 people called in and had FP related inquiries answered as a result of the campaign. Achieved 40% unduplicated reach among the audience age groups of 15 years and above in 2 months.
TEST AND TREAT 	Malaria	Caretakers of children under 5 years, Expectant women, Community leaders 11 PMI supported districts in the Eastern and Northern Uganda.	Radio adverts & talkshows Print Community dialogues	Prompt and effective diagnosis and treatment of malaria	305 community dialogue sessions conducted 16,930 people reached with message on the campaign. 7,648 radio spots disseminated. 132 Radio talk shows conducted. 2,814 home visits conducted.
IF ITS NOT ON, ITS NOT SAFE 	HIV/FP	Youth (18-34 years) 8 UNFPA Focus districts	TV, Radio, Social Media, Music, Edutainment	Correct & consistent condom use of both female and male condoms to prevent STIs and unplanned pregnancies Condom negotiation	Over 50,000 youth engaged through social media campaign via 3 Face book, Twitter and You-tube.
EMTCT 	HIV	Women (18-49) Pregnant women & their partners Leaders	Mass media IPC Advocacy	Antenatal care Couple testing for HIV	Had a unique reach of 20,797,42 people with eMTCT messages broadcast on 14 radio stations and 3TV stations in the period of October 2013 to March 2014. Q3 results are not ready. 74% of the omnibus survey group heard the messages on radio.
PUT YOUR LOVE TO THE TEST 	HIV	Men & women of reproductive age in Kampala	Mass media IPC Outreaches	Test for HIV Monogamous relationships	9,483 commercial sex workers, 1,078 men who have sex with men and 1,262 fisher folk reached with HCT services.



BRANDS PROMOTION

This year's promotions targeted promoting of the subsidised brands within non-traditional outlets and undeserved communities with priority to the hard to reach areas.

BRAND CAMPAIGN	FOCUS BRAND	PRIORITY POPULATION	CHANNELS	PROMOTED BEHAVIOUR	RESULTS/REACH
HERITAGE CAMPAIGN 	Pilplanplus	Women 18-34 years in Peri-urban and rural	Mass media		Radio reach: Rural population; 2,488,087 Urban population; 194,098
SMART CHOICES 	Protector Pilplanplus Injectaplan	Women & men of reproductive age in semi-urban to rural areas in high fertility regions	Radio adverts & talkshows Print Community dialogues	Brand recall of UHMG FP brands among current & prospective users	305 community dialogue sessions conducted. 16,930 people reached with message on the campaign. 7,648 radio spots disseminated
HALF LOVE 	Restors/Zinkid	Caretakers of children under 5 years in the Eastern region and areas prone to diarrhoea	Regional TV and Radios	Taking a full dose of Restors/ Zinkid; the combination treatment of Diarrhoea	TV reach: Rural population; 917,339 Urban population; 620,938 Radio reach: Rural population; 3,786,174 Urban Population; 295,203
PROTECTOR RUGBY SUPER SERIES 	Protector	Youth (15-34) years	Sport Outdoor branding IPC	Correct and consistent condom use	165 people tested and received their results 96,000 pieces of Protector condoms sold



FACTS AND FIGURES

UHMG Socially Marketed Brand Sales throughout the Period.



940,725



2,026,300



1,587,320



20,560



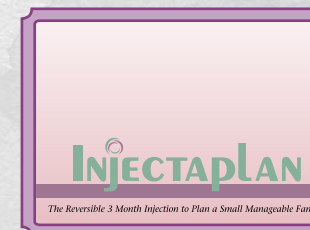
30,060



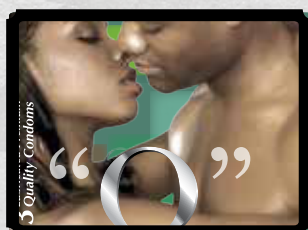
1,786



8,582,817



1,798,102



1,060,872



274,110



1,436,756

Over 5.6 million

people reached with radio messages on the Heritage campaign (Family planning campaign using Pilplanplus).

Over 4million

people reached with radio messages on the Half love campaign (Diarrhoea management using Restors&Zinkid).

13,136 medical outlets selling UHMG products.

3,597 non-medical outlets including dukas, lodges, bars, supermarkets and salons selling UHMG products.

Over 21 million

people reached with eMTCT messages

4,281 people called in and had FP related inquiries, 66% of the calls were made by men.



UHMG and Uganda Rugby Union launch the Protector Rugby Super Series tagged 'Play Safe, Play Smart'.

4

Supply Chain



We are delivering on our promise of a Good Life, a central part of which requires reliable access to quality and affordable life saving commodities targeting to reach the most remote and resource constrained communities in the country.”

Phillip Apira, Head Supply Chain Management, UHMG

MOVING TOWARDS A MARKET RESPONSIVE PHARMACEUTICAL BUSINESS

The Product facility at UHMG has had to keep up with the competitive pharmaceutical market in Uganda and grown from strength to strength through continuous innovation. Our goal is to ensure we contribute to strengthening the Ugandan health system through ensuring access and utilisation of affordable medicines and equipment through a vibrant distribution network. We achieve this through availing health products for maternal and child health, family planning, malaria control and HIV/AIDS as well as medical sundries. We ensure mass availability of these products from most neighbourhood drug shops in both urban and rural parts of the country.

The past year registered positive strides in terms of resources accrued from product sales and strategic alliances with both local and international pharmaceutical manufacturers, distributors, social entrepreneurs as well as retailers. We have gradually managed to turn this arm of the business into UHMG's cash cow.

"From UHMG we stock Restors/Zinkid, Aquasafe, Protector, and Pilplan. We have a good working relationship with them, and benefit from getting quality products at the subsidised prices they offer to NGOs. Overall, UHMG are very good suppliers. and we have very good relations with their sales staff."

Stella Ikila, Country Business Manager, LivingGoods (NGO client)





FACTS AND FIGURES

1.9 billion

Socially marketed products.

8.3 billion

commercially marketed products.

1.4 billion

3rd party logistics management.

2,400 Sqms

of new warehousing space.

A sub-award with PATH to handle the supply chain, storage and distribution of Sayana Press in the pilot 2 year study.

A tripartite agreement with Standard Diagnostics and Medilink Uganda Limited (LTR of SD in Uganda) for the distribution and management of waste materials arising from malaria tests. In this 2 year pilot project, UHMG will distribute 600,000 test kits under this contract with Malaria Consortium.

Contracted with the MOH as the alternative distributor of family planning products in Uganda.



UHMG receives its ISO certification (2014)

PROTECTOR
Smooth & Strong

Manufactured by:
UNIMG, Inc., 11000 S. 11th Ave., Suite 100
Tucson, AZ 85747, USA

Quality
Product/Manufacturer/Supplier (UNIMG)
The UNIMG Quality Team
New York, NY, USA



PROTECTOR
Smooth & Strong



Official Basketball of the
NBA

PROTECTOR
Smooth & Strong

It's not exactly a secret that
these sneakers will help reduce
the risk of injury to the
knee joint and many other
severe traumatic injuries.

Read the instructions on the inside
of the pack.

There is a small dry patch away from
the heel.

Suggested Retail Price
UGX 300

LOT NO.
MFG.
EXP.

PROTECTOR

PROTECTOR
Smooth & Strong

PROTECTOR



4

Generating Change through Public - Private Partnerships

Our Strategy is to work through partners that make our interventions cost effective, efficient and accessible to all Ugandans in the different wealth quintiles and hard-to-reach populations.

Emily Katarikawe, Former MD UHMG

GENERATING CHANGE THROUGH PARTNERSHIPS

The programmatic success of UHMG positions it as the lead social marketing organisation in Uganda. Institutional, corporate and foundation partners recognise this and have maintained their support of UHMG. However, as institutional funding priorities shift, there is an increasing imperative to diversify income sources and expand the role of individual and public philanthropy to catalyse support for UHMG. It is through vertical as well as horizontal investment that UHMG can build infrastructure and capacity to deliver its programmes to improve the lives of Ugandans.

A major objective for UHMG's long-term fundraising success is harnessing sustainable revenue-generating activities for unrestricted funding to build capacity. As such, UHMG's pharmaceutical supply chain, the organisation's commercial arm, brought in approximately 11,605,613,138 in unrestricted revenue for UHMG in 2013-2014. The success of this arrangement has further encouraged UHMG to expand this arm of the business to support institutional core fundraising. In addition, UHMG partners with other development, public and private sector organisations to raise income for its activities.

During the year we partnered with the following;



"For us in the Ministry of Health, our partnerships are our strength, our pride, and it's where we really get our very good results. So partnering with UHMG in particular is special in a way that the relationship with them is dual – both in programme and service delivery – but more importantly in third party logistics. It's a new area in this country and it's almost our best starting point for implementing our Public-Private Sector Partnership (PPP) policy, so we are very pleased and very proud of this partnership. "

Dr Zeinab Akol, Ministry of Health



Organisation	Partnership Scope
JHU-CCP – Rakai Health Sciences Program	Stylish Man Campaign – Promote correct and consistent use of condoms among men in Rakai District.
International AIDS Vaccine Initiative (IAVI)	UHMG partnered with IAVI a program that conducts research in fishing communities in preparation for future HIV efficacy studies to estimate HIV prevalence, incidence, risk factors and estimating possible retention rates through condom promotion outreaches.
SNV/CDC	Promotion of Aquasafe through community activations in Kasese.
NAYODE	Aimed at accelerating Action against Cholera and Typhoid in schools, households and health centres through the Safe Water campaign.
BATA	Aquasafe promotion at its strategic outlets all over the country during its ‘Back-to-School’ promotion.
BRAC	Through a network of more than 1,000 Community Health Promoters (CHP), BRAC mobilised, trained and empowered self-employed social entrepreneurs that reach approximately 1.6 million people throughout the country distributing UHMG brands door to door.
Century Entrepreneurship Development Agency (CEDA)	CEDA distributed UHMG brands in the slummy areas of Kawempe and Kampala division targeting youth of 15 – 35 years of age.



"Today is the first time we're referring people to the clinic day for free services. I have done very many referrals – maybe over 50. People are enjoying it so much, as there is no money in the villages. The UHMG products work very well, my people enjoy them, especially Protector is popular."

Joyce Mukhwana, BRAC CHP and VHT, Salem Zone

5

Institutional Strengthening for Sustainability

“We will provide learning and knowledge sharing for optimal performance of staff and partners; use new technology and improve programming to reach priority populations.”

Valerie .K. Mitala, Director Human Resource & Organisational Development, UHMG

HUMAN RESOURCE AND ADMINISTRATION

During the program year, we committed to implementing recommendations from the new Board of Directors, internal audit, KPMG's assessment and other reviews that were conducted to guide UHMG as a learning organisation. There was an increased focus on;

- Staffing to support department plans.
- Completion of new organogram and manpower plan.
- Capacity building trainings.
- Staff transition and change management with view of end of AFFORD project.

Trainings conducted

- Balancing Employment and Entrepreneurship Orientation on Human
- Resource Management Information Systems (HRMIS) Modules.
- Knowledge Management training.
- Orientation on Human Resource Management Information Systems (HRMIS) and Pay Master Modules.
- Orientation on Procurement Procedures and Process Flow Charts.
- Grants Management Training Front Office Management Staff transition and Change Management Sales Training.
- Effective Procurement and Supply Chain Management.
- Review of the new strategic plan organisational structure and job functions.
- Knowledge Management Certification training.
- Tax Administration, Compliance with Regulations and Standards, Investigations in tax compliance, Tax consulting, and Lawyers' Code of Ethics.



Dr. Alex Muhereza and Eriab Kwikiriza, UHMG employees of the year, 2013-2014.



The annual all-staff team building retreat, Jinja Nile Resort (2014)

Governance

A new Board of Directors was constituted effective 1st October 2013, and Board Committee members appointed effective 26th November 2013.

BOARD OF DIRECTORS

Dr. Twaha Kigongo Kaawaase	Board Chairman
Prof. George Barnabas Kirya	Board Member
Mrs. Angela Kiryabwire Kanyima	Board Member
Mr. Robert Jack Busuulwa	Board Member
Mrs. Olive Birungi Lumonya	Board Member
Dr. Rhoda Wanyeze	Board Member
Ms. Millie Kasozi	Board Member
Mr. Charles W. Nalyaali	Board Member
Mr. Abaasi Kabogo	Board Member
Mrs. Emily Katarikawe	Managing Director / Ex-Officio Member

PROGRAMS AND MARKETING BOARD COMMITTEE

Mrs. Olive Birungi Lumonya	Committee Chairperson
Prof. George Barnabas Kirya	Committee Member
Dr. Rhoda Wanyeze	Committee Member
Dr. Nathan Kenya Mugisha	Committee Member

FINANCE AND PLANNING BOARD COMMITTEE

Mr. Charles W. Nalyaali	Committee Chairperson
Mrs. Jacqueline Busingye Lutaaya	Committee Member
Mr. Patrick Magezi	Committee Member

AUDIT AND RISK MANAGEMENT BOARD COMMITTEE

Mr. Robert Busuulwa	Committee Chairperson
Mrs. Jackie Nakitto Kiggundu	Committee Member
Dr. Twaha Kigongo Kaawaase	Committee Member

BUSINESS DEVELOPMENT BOARD COMMITTEE

Mr. Abaasi Kabogo	Committee Chairperson
Mr. George Inholo	Committee Member
Dr. Zainabu Akol	Committee Member
Mr. Francis Etura Otim	Committee Member

HUMAN RESOURCE AND ADMINISTRATION BOARD COMMITTEE

Mrs. Angela Kiryabwire Kanyima	Committee Chairperson
Ms. Millie Kasozi	Committee Member
Mrs. Rachel Brenda Dumba	Committee Member



Out-going Board Chair, Mr. Mwoga hands over instruments of power to in-coming Board Chairman Dr. Twaha Kaawaase (2013)



Staff retreat at Jinja Nile Resort (2014)



KPMG facilitating on Change Management Transition (2014)



UHMG Board, Founder members and management at ground breaking ceremony for the new warehouse (2013).

RISK AWARENESS & MANAGEMENT

Robert Busuulwa - Chairperson - Audit and Risk Management Committee (ARC)

Audit and risk management plays a pivotal role to any fast growing organisation and more so to the sustainability of UHMG. Management has continued to create AWARENESS in risk management in various areas; Strategic, Business, Operational and Governance. The ARC is responsible for exercising the full powers and authority of the Board in internal financial control and reporting, including risk matters. Its terms of reference are available at the company's offices. The Board is satisfied that the Audit and Risk Committee has recent and relevant financial experience for the purposes of international corporate governance best practice. The ARC met 13 times during the year ended 30 September 2014, on both calendar board sittings and to dispose off adhoc ARC business.

Regular attendees at ARC meetings, at the invitation of the ARC, included the Board Chairman, the Managing Director, Director Finance and Administration, Senior Internal Auditor and the external auditor. Other senior management are invited to attend when the business of the Committee requires, in particular on Product Facility business. Where necessary, the ARC held closed meetings and met privately with both the external and internal auditors.

The key duties of the committee include:

- Monitoring the integrity of the annual financial statements of UHMG and any reports relating to the Company's financial performance, reviewing significant financial reporting judgements contained in them;

- Reviewing the effectiveness of the company's internal financial controls, internal control and risk management systems;
- Monitoring and reviewing the effectiveness of the company's internal audit function;
- Making recommendations to the Board, for their approval in general meetings, in relation to the appointment, reappointment and removal of the external auditor and to approve the remuneration and terms of engagement of the external auditor;
- Reviewing and monitoring the external auditor's independence and objectivity and the effectiveness of the audit process, taking into consideration relevant professional and regulatory requirements;
- Developing and implementing policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm and to report to the Board, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken; and
- Establishing and maintaining procedures for processing complaints regarding accounting, internal controls or auditing matters and to review the company's procedures for the confidential anonymous submission by company employees of concerns regarding questionable accounting or auditing matters.

Items reviewed during the year included:

Financial reporting

The ARC has reviewed UHMG's draft annual financial statements before recommending their publication to the Board. It has discussed with the Managing Director and Director Finance & Administration and the external auditor the significant accounting policies, estimates and judgements applied in preparing these reports. The ARC also reviewed the draft

management letters for both UHMG as a whole and specifically the Product Facility division.

Sustainability, going concern and liquidity risk

The ARC has reviewed in detail the financial statements for the Product Facility Division, which is the commercial side of UHMG, in relation to going concern and liquidity risk for the year ended September 30, 2014. This is because this year, the Board placed a stronger focus on the sustainability of the Product Facility side of the organisation.

Internal control and risk management

The ARC approved the year's internal audit plan and reviewed the risk management process and discussed the inherent risks faced by UHMG. Risk management activities take place throughout UHMG to support the Committee in its corporate governance responsibilities, working with the Company to proactively and effectively manage risk. This, together with the related controls and assurance processes including the internal audit function, is designed to identify, evaluate and manage risk and to ensure that the residual risks that result there from meet the risk appetite of the Board.

The ARC has an ongoing process for reviewing the effectiveness of the system of internal controls and of the internal audit function via an outsourced internal audit function undertaken by a reputable international audit firm. At the beginning of the year, the ARC discussed with the Senior Internal Auditor and approved the risk-based audit plan and the staffing levels in Internal Control to ensure it had sufficient resources to fulfil the agreed plan. It considered reports from the Internal Control team summarising the audit findings and recommendations and describing actions taken by management to address any shortfalls. It reviewed the level and nature of outstanding audit weaknesses and invited management to the Committee to further understand progress where it felt it was necessary. It also reviewed how the audit function was performing against the relevant standards published by the Institute of Internal Auditors.

External audit

The company's auditor Ernst & Young, Certified Public Accountants was re-appointed to carry out the audit for their last part of our audit engagement cycle, for the year ended September 30, 2014. The ARC reviewed the external auditor's plan and strategy and the findings of the external auditor from its review of the audit of the prior year annual financial statements. It reviewed the scope and costs of the external audit. The ARC has a clear policy regarding non-audit services that may be provided by the external auditor. That policy is broadly negative about certain categories of non-audit work performed by the firm that provides external audits.

Auditor independence

The ARC has evaluated the work undertaken by the external auditor and assessed its independence, objectivity and performance. In doing so, it took into account relevant professional and regulatory requirements and the relationship with the auditor as a whole, including taking observations from senior level management who have directly worked with the external audit firm.

The evaluation considered the auditor's compliance with relevant regulatory, ethical and professional guidance on the rotation of staff and the audit team, including the partner[s], and assessed its qualifications, expertise, resources and the effectiveness of the audit process.

Having reviewed Ernst & Young's performance in 2013, the ARC decided it was proper to re-appoint Ernst & Young for the audit of the year ended September 30, 2014. However following the expiry of their term of office, and in line with UHMG's policy of a three term audit cycle, the ARC will advise the AGM, through the Board, that Ernst & Young will not be eligible for re-consideration to stand for appointment for the year ended September 30, 2015 and following, at the next Annual General Meeting.

6

Finance

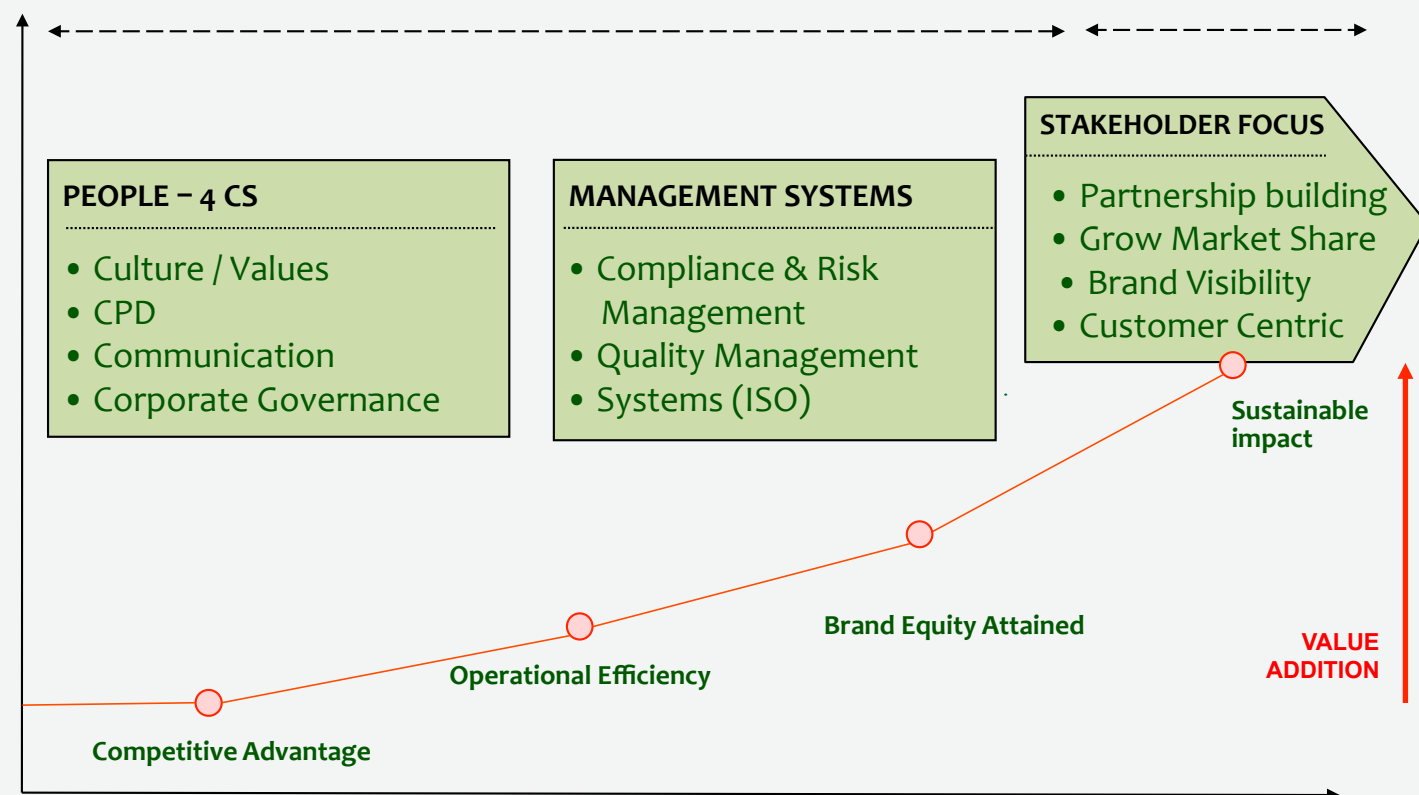


In the new strategic plan we will concentrate on diversification of revenue streams, cost containment, analysis of cost drivers, risk management and production of timely management accounts to advise management better on its course to sustainability.” *Joachim Kabaisera, Director Finance, Investment and Administration, UHMG*

GENERATING FINANCIAL STABILITY IN OUR OPERATIONS

Having a sustainable UHMG is simply about being “here today and tomorrow”. UHMG has grown over the years into a more sustainable organisation with an annual revenue of UGX37.7bn as a result of strong revenue diversification. During the year, over eight projects were managed and revenue from the Product facility division contributed to 10.6bn which is 28% of the total annual revenue. The sustainability model for UHMG basically looks at the PMS model which will guide the delivery the new strategic plan. Focusing on People, Management and program systems and business development will create a sustainable institution that will be of great value to our key stakeholders and society as a whole. With the new strategic plan 2014-2019, UHMG’s road map to sustainability is clearly aimed at doing business differently through innovative approaches.

UHMG Sustainability Model “PMS”



Audited Accounts

UGANDA HEALTH MARKETING GROUP LIMITED (A Company Limited by Guarantee and Having no Share capital) STATEMENT OF FINANCIAL POSITION AS AT 31 SEPTEMBER 2014

	Note	2014 Ushs'000	2013 Ushs'000
ASSETS			
Non-current assets			
Property and equipment	9	<u>7,091,750</u>	<u>6,728,952</u>
Current assets			
Inventories	10	2,496,195	2,053,829
Trade and other receivables	11	6,330,829	3,518,722
Advances to staff and sub-grantees	12	306,553	568,294
Cash and bank balances	13	<u>3,080,360</u>	<u>4,638,723</u>
		<u>12,213,937</u>	<u>10,779,569</u>
Total assets		<u>19,305,687</u>	<u>17,508,521</u>
RESERVES AND LIABILITIES			
Reserves			
General fund		7,890,813	8,279,224
Restricted fund		(1,058,682)	506,099
Retained earnings		<u>5,938,162</u>	<u>4,143,684</u>
		<u>12,770,293</u>	<u>12,929,007</u>
Non-current liabilities			
Bank Borrowings : non-current portion	14	<u>560,237</u>	<u>803,606</u>
Current liabilities			
Bank Borrowings: current portion	14	102,283	135,398
Trade and other payable	15	<u>5,872,874</u>	<u>3,640,510</u>
		<u>5,975,157</u>	<u>3,775,908</u>
Total liabilities		<u>6,535,394</u>	<u>4,579,514</u>
Total reserves and liabilities		<u>19,305,687</u>	<u>17,508,521</u>

The financial statements were approved by the Board of Directors on 20th June, 2015 and were signed on its behalf by:

 Director, Finance & Administration

 Managing Director

Chairman, Board of Directors

UGANDA HEALTH MARKETING GROUP LIMITED
(A Company Limited by Guarantee and Having no Share capital)
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 30 SEPTEMBER 2014

	Note	2014 Budget Ushs '000	2014 Actual Ushs '000	2013 Actual Ushs '000
INCOME				
Donations	3	26,354,230	25,396,210	28,823,443
Product Facility revenue		12,282,525	10,694,085	11,878,886
Other Income	4	630,894	1,656,869	1,030,590
		39,267,649	37,747,164	41,732,919
EXPENDITURE				
Salaries		5,693,288	5,338,953	4,601,349
Fringe benefits to employees		2,378,535	1,835,454	1,435,202
Consultancy expenses		439,460	361,372	506,726
Travel and per diem		688,521	294,843	669,011
Expendable supplies	5	7,731,795	6,731,186	7,927,977
Training and workshops		1,320,793	1,198,733	862,305
Other direct expenditure		1,748,123	2,445,330	3,056,400
Program activities and sub- recipients	6	18,143,593	18,433,559	19,781,759
Equipment expenditure		666,574	393,315	344,461
Foreign exchange losses		-	199,661	270,009
		38,810,682	37,232,406	39,455,199
Surplus before depreciation and provisions			514,757	2,277,721
Depreciation	9		419,556	378,289
Provision for bad debts			253,915	237,873
			673,471	616,162
(Deficit)/Surplus for the year	8		(158,714)	1,661,559

The statement of income and expenditure was approved by the Board of Directors on 25 June 2015 and was signed on its behalf by:

 Director, Finance & Administration

 Managing Director

 Chairman, Board of Directors

Founder Members



Prof. George B. Kirya



Dr. Samuel Okware



Prof. David M. Serwadda



Frederick Kawuma



Allen Nankunda



Frederick Rwarierwa



Angella Kiryabwire
Kanyima

Board and Committee Members



Dr. Twaha Kigongo Kaawaase
Board Chairman



Prof. George B. Kirya
Board Member



Robert Busuulwa
Board Member



**Angella Kiryabwire
Kanyima**
Board Member



**Mrs. Olive Birungi
Lumonya**
Board Member



Dr. Rhoda Wanyenze
Board Member



Millie Kasozi
Board Member



Charles W. Nalyaali
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