

Memorandum of Understanding & Workplan 2011-2012

This Memorandum of Understanding is made between GlobeMed at Columbia and GWED-G and describes the partnership and project commitments for 2012-2013. This is not a formal legal arrangement, but a joint understanding of the collaborative efforts between the two parties involved. This MoU is intended to clarify and strengthen the expectations of both parties. See the attached work plan for further details on the project chosen and the specific responsibilities and timeline involved.

The following is mutually understood and agreed upon by both parties listed above:

A. Nature of Relationship

- a. **Partnership:** GlobeMed at Columbia and GWED-G are partners in the project work outlined in the attached workplan. Both parties are responsible for examining the progress of the project work, communicating with each other about the project, and exchanging ideas for next steps on the project.
- b. **On-Site Trip:** GlobeMed at Columbia and GWED-G should decide together by November of 2012 whether or not there will be an on-site trip during 2012-2013. If it is decided that there will be a trip, both GlobeMed at Columbia and GWED-G are committed to working out the details and project work for the trip together.
- c. **Partnership Renewal:** The success of the chapter and the partner in achieving these aspects of the relationship should be evaluated every year. In this way, the partnership is renewed each year based on the University's academic calendar. Should either the chapter or the partner not be able to follow through, at the end of the year both the chapter and the partner should consider whether it is beneficial to continue the partnership.

B. Communication between Parties

- a. **GlobeMed at Columbia Contact:** Lillian Jin, ljin316@gmail.com & Lexa Koenig, lexakoenig@gmail.com
- b. **GWED-G Contact:** Pamela Angwech, angwechpamela2004@yahoo.co.uk
- c. **Method & Timing of Communication:** GlobeMed at Columbia and GWED-G commit to speaking primarily through email at least 3 times per month.
- d. **Reporting:** Both parties will provide detailed and consistent communication on the project outcomes. Specific project outcomes to be measured are outlined in the attached work plan.
 - i. GlobeMed at Columbia commits to semesterly reports on chapter activities
 - ii. GWED-G commits to quarterly or other formal reports about our project and other organizational activities
- e. **Transactions:** Following any transactions, financial or otherwise, GlobeMed at Columbia should be notified over email and GlobeMed at Columbia should acknowledge to GWED-G over email receiving the notification.
- f. **Financial Transactions:** If financial transactions are a part of the project outlined in the attached work plan, all financial transactions from GlobeMed at Columbia to GWED-G will occur in the following way:
 - i. GlobeMed at Columbia will send funds through Columbia University via wire transfer from Western Union to Stanbic Bank in Gulu, Uganda.

Table of Responsibilities

	GlobeMed at Columbia University agrees to...	GWED-G agrees to...	Both GlobeMed and GWED-G agree to...
Communication	<ul style="list-style-type: none"> Email partner at least once every two weeks to update GWED-G on chapter's progress. Specifically, we will report on what events we have had, the progress of planning campaigns, how much money we have raised, or any grants we have applied for We will always be honest about where we are in relation to our fundraising goals. In the beginning of the year, we will send GWED-G a document with short profiles and messages from each GlobeMed member Respond to GWED-G emails within two days. Upload pictures to Picasa as much as possible from campaigns, meetings, events, etc. Email GWED-G any time pictures are added. 	<ul style="list-style-type: none"> Be available via email when GlobeMed needs additional information to run effective campaigns Send media and success stories ("Stories of Change") at least once per quarter Update the chapter via email every two weeks on any new projects, assessments, partnerships, regional meetings, success stories etc. Send GlobeMed quarterly project reports and any other reports Respond to GlobeMed emails within two days. Upload pictures to Picasa as much as possible from projects, GWEDG office, etc. Email GlobeMed any time pictures are added. 	<ul style="list-style-type: none"> Skype at least once a month Send semesterly and/or quarterly reports to each other, including media, success stories, monitoring and evaluation Update websites ALWAYS be honest and generally considerate towards each other... this will make all aspects of the partnership as good as possible.

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Project	<ul style="list-style-type: none"> • Raise \$21,522 for the HIV Project Phase III • GWED-G will have access to our Google financial document so that they always know exactly how much fundraising we have done • Approve of all project plans before their implementation • Take on additional work (e.g. research, grant-writing) to support project as needed • Give all additional funds raised to the partner after discussing how it will be used 	<ul style="list-style-type: none"> • Use funds raised by the chapter to implement HIV/AIDS project • Update GlobeMed on exactly how funds are being used • Send GlobeMed project plans before their implementation • Supply relevant metrics and indicators for results • Share stories and examples of impact of the project 	<ul style="list-style-type: none"> • Organize several conversations to discuss project results and specific data collected • Collaborate and communicate on strategic planning • Share budgets and maintain transparency • Build sustainable solutions and methods
GROW	<ul style="list-style-type: none"> • Select 3-5 students that will go on the trip • Complete all necessary pre-trip preparation as designated by the partner and National Office • Bring photos and materials for GWED-G • Evaluate and participate in HIV project; collect data and media to bring back to chapter • Work in communities with GWED-G staff • Learn about Ugandan culture • Develop ideas for next project 	<ul style="list-style-type: none"> • Advise students on how to prepare (logistics, culture and history, project, etc.) • Plan field work for students; provide rough schedule of activities • Involve GlobeMed students in HIV project and other GWED-G projects • Provide accommodations and ensure maximum safety 	<ul style="list-style-type: none"> • Discuss how the GROW trip can improve from the previous trip • Work together to create a formal document listing each of our goals and expectations for the GROW trip • Reflect and evaluate experience of trip • Have good attitudes and openness to building relationship between GWED-G and GlobeMed

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Evaluation	<ul style="list-style-type: none"> • Discuss the success of the relationship over the course of the year • Send GWED-G 2011-2012 annual report when available • Discuss ability to raise funds and on-campus excitement for project • Share relevant feedback with GWED-G 	<ul style="list-style-type: none"> • Discuss how the year went with all GWEDG staff and how they think the partnership could improve • Send GlobeMed the GWED-G annual report when available • Organize meeting with project beneficiaries to discuss the impact of the project • Share evaluation reports with GlobeMed • Provide indicators and final budget information on how project money was used exactly 	<ul style="list-style-type: none"> • Develop an evaluation system • Discuss how GWED-G's plans for the future fit in with GlobeMed's future goals
Reflection	<ul style="list-style-type: none"> • Re-evaluate the chapter's effectiveness in the summer and fall of 2012, and highlight areas of improvement and challenge • Discuss with members how connected they feel to GWED-G and how to improve the partner relationship 	<ul style="list-style-type: none"> • Organize staff meetings to review the partnership and success, including the gaps and what can be improved in the next phase • Review project work plans and activities • Propose new project ideas that can be worked on 	<ul style="list-style-type: none"> • Reflect on the partnership (reviewing the MoU and work plan) in spring of 2013, and confirm that the partnership should continue. • Discuss major successes and setbacks • Share best practices. This can be done during the GROW trip through a day of discussion and workshops where we discuss skills, approach, strategies, achievement across specific issues of project, etc.

Project Work Plan for 2011-2012

This work plan describes the commitment to project work between GlobeMed at Columbia and GWED-G for 2011-2012. This work plan may but does not necessarily include the work plan for on-site visits to GWED-G conducted by GlobeMed at Columbia.

I. Project Description & GWED-G Objectives

Expected Time Frame: September 2012 – September 2013

Project Goal: To reduce the risk of HIV transmission among the war-affected communities of northern Uganda.

Target groups/beneficiaries: People living with HIV/AIDS (PLWHA), women, young mothers, men, and expectant mothers. The secondary beneficiaries are the overall war-affected communities of Amuru and Nwoya districts.

Objective 1: Increase knowledge and awareness of HIV/AIDS prevention strategies

Expected Outcome:

- Increased levels of awareness on HIV/AIDS and gender-based violence (GBV) prevention and response.
- Reduced levels of discrimination and stigmatization of HIV clients
- Increased care and support towards PLWHA
- Increased freedom of interactions and discussion on HIV management and PMTCT services at family levels
- Increased knowledge on the danger of cultural practices and beliefs about HIV/AIDS

Activities:

1. Continue and scale up awareness and sensitization on HIV/AIDS prevention.
2. Incorporate GBV prevention and response approaches to sensitization campaigns
3. Increase awareness and sensitization against stigma, discrimination, and cultural practices and beliefs. Address health provider stigma and discrimination of people living with HIV and vulnerable groups. Respect clients' rights to confidentiality, privacy, informed consent, decision-making and equitable care regardless of HIV status.
4. Add livelihood components to current HIV positive women's and youth groups
5. Establish routine HIV/AIDS counselling and testing (HCT) services by conducting group counselling and individual counselling within health care settings and GWED-G counselling unit for increased accessibility of HCT services.

Indicators:

- Numbers of people reached with HIV/AIDS prevention messages.

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- Numbers of family members demonstrating understanding of HIV preventions.
- Numbers of men who accepted family planning.
- Numbers of male knowledge on PMTCT
- Percentage of people tested and know their HIV status
- Reduced numbers of HI infected babies born of HIV positive women

Strategies/Approach:

- Promotion of IEC /BCC programmes to prevent sexual transmission of HIV
- Sexually transmitted infections (STI) prevention and management
- Promotion of HIV/AIDS counselling and testing (HCT)
- Adolescent health and reproductive health for youth
- Blood safety and infection control
- PMTCT
- Ensure safety of cultural practices
- Address HIV related stigma and discriminations
- Home visits, outreaches, community meeting and dialogue sessions.

Overview of strategies:

The project will mobilize war-affected communities within the eight parishes in Amuru to sensitize them on HIV preventions. The project will use massive campaigns, community dialogue sessions, and meetings which will address primary and secondary abstinence among unmarried young people, promoting faithfulness and long-term mutual relations among married couples and conducting sensitizations activities to hard to reach communities. Promoting correct and consistent condom use among special risk groups and increasing knowledge based on STI amongst sexually active populations. Women and men will be mobilized to attend these sessions including couples so that HIV education on PMTCT management and benefit of those programs is communicated to entire families. Women of child bearing age, young mothers, men, elders and youths will form part of the community campaigns. Additionally, GBV awareness will be incorporated into the sensitization campaigns. A woman's inability to negotiate sex and refuse unwanted sex is closely linked to high prevalence of HIV. Incorporating GBV programs will address the gap that exists between violence and HIV/AIDS.

The project will address issues of stigma and discrimination by working with families, peers, and the wider communities. This will address fear and lack of support and care by family members towards PLWHA. GWED-G will involve family support groups and train VHTs and peer educators, the primary caregivers for HIV clients. GWED-G will conduct advocacy strategies to denounce discrimination by encouraging different duty bearers like religious leaders to preach tolerance and respect, teachers to educate on the understanding, the media to advance social change, and civil society to encourage access to health care as a right. Routine counseling will be ongoing both at community levels through group counseling and at individual levels within the GWED-G counseling units. This

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is to promote routine HCT in all the hospitals and health centers IVs, increased accessibility of HCT services, and improved quality of HCT services.

The project will work with the four established youth groups to continue providing youth-friendly services and improve capacity for provision of adolescent health and reproductive education. It will also provide livelihood to these youth groups in the form of bulls and ox-plows. Other ongoing strategies will be through outreaches, home visits, blood screening and testing, and others.

Objective 2: Conduct training and capacity building of the HIV/AIDS health workers and community networks

Expected Outcome:

- Increased knowledge and skills for health workers and community network
- Increased knowledge and understanding for VHTs and peer educators of strategies of how to conduct home visits and outreach
- Increased knowledge on the existing health centers/hospital referral points for HIV clients and mothers on PMTCT, HCT, ANC and family planning
- Increased numbers of clients reporting for counseling and testing

Activities:

1. Conduct refresher trainings to 20 VHTs on best practices and skills in HIV prevention management, community sensitizations, conducting outreaches and home visits, and referrals pathways to the health facilities
2. Conduct refresher trainings to youth groups on VSLA
3. Provide 5 bicycles to VHTs, 20 Gumboots, and 20 raincoats to reinforce outreaches
4. Incentives for VHTs in the form of salt, sugar, and soap.
5. Encourage male VHTs' wives to join existing women's groups

Indicators:

- Number of VHTs active and demonstrating good skills and providing services to communities
- Youth groups empowered with VSLA skills.

Strategies:

- Provide incentives in various forms to motivate VHTs
- Promote HIV counseling and testing
- Strengthen capacity of VHTs, peer educators and health workers on management of HIV/AIDS preventions through trainings
- Conducts routine counseling and referral
- Data collections and information gathering including documentations of success stories

Overview of strategies:

The project will further build the capacities of the Village Health Team and of the community network to do more and better outreaches.

The Village Health Team will be retrained on best practices and skills in HIV prevention management, community sensitizations, conducting outreaches and homes visits, and proper referral pathways to the health facilities. The VHTs, community facilitators and mobilizers, and peer educators form part of the community health workers; they are trained with basic medical skills, which are tailored to specific interventions, to deliver services to the communities. GWED-G shall conduct these refresher trainings together with external experts either from the district medical hospitals (this is to build on effective collaborations) and other consultants.

VHTs give up part of their livelihoods to volunteer as health workers. Therefore incentives are important to motivate them to do their jobs successfully as a retention and sustainability strategies. Bicycles, gumboots, and raincoats will be provided to make their work easier and more official. Sugar, salt, and soap will be provided on a monthly basis, or as needed, for VHTs' households. Additionally, wives of VHTs will be encouraged to join existing GWED-G women's groups so that they can become advocates for health alongside their spouses.

The youth groups will be retrained on Village Savings and Loans Association (VSLA) so that they can save their income from livelihood projects addressed in Objective 1. Having livelihood and savings will incentivize (motivate) them to increase both quality and quantity of monthly youth outreaches.

Objective 3: Promote maternal and newborn health

Expected outcome:

- Reduced numbers of HIV infected babies born to HIV positive women
- Reduced numbers of malnourished children born to HIV positive women

Activities:

1. Continue enrolling mothers for PMTCT and ANC services after testing
2. Conduct referrals for PMTCT services and ensure availability of emergency obstetric care and newborn care services within existing health facilities
3. Conduct quarterly review meetings with train skilled attendants (midwives, nurses, doctors) in performing emergency obstetric care and newborn care
4. Incorporate nutritional support supplements to mothers and their babies in the form of livelihood interventions to women's groups
5. Support mothers at hard to reach villages to reach the health facilities

Indicators:

- Number of babies born free of HIV infections
- Number of women attending ANC counseling
- Number of mothers under PMTCT support
- Reduced number of malnourished babies
- Number of babies delivered HIV/AIDS free
- Number of families receiving livelihood benefits and nutritional supplements.
- Return on livelihood investments and increased household income.

Strategies:

- Livelihood support for women in the form of seeds distribution.
- Encourage sustainable methods by passing seeds along to other community member after first harvest
- Nutritional education for mothers and their children
- Counseled, enroll and refer lactating and expectant mothers for ANC and PMTCT services.

Overview of strategies:

This part of the project will remain a continuation from both HIV/AIDS Phase I & Phase II. Forty HIV positive mothers will be enrolled in PMTCT and ANC counseling programs, enabling them to have healthy babies. Not only will women be helped, but counseling for pregnant couples will be included in the program, enabling men to become partners in health and family planning. In preparation for the birth of the mother's children, review meetings will be conducted with skilled birth attendants on emergency obstetric care and newborn care.

Within these women's groups, beneficiaries will gain livelihood support in the form of vegetable and groundnut seeds. The distribution of seeds will be made sustainable through ensuring that women save seeds from their harvest for the next growing season for both themselves and others in their community. Through this method, women will be able to sustain their growing through many seasons and also encourage growing by their peers.

Objective 3 will also cover nutritional support for mothers and their children. Nutritional education programs will be conducted for women's groups by VHTs and health centers so that they understand how to feed their babies in order to avoid malnutrition. The seeds from the livelihood component of the project will serve as nutritional supplements for the children, enabling families to be self-sufficient.

Objective 4: Support to health facilities

Expected outcome:

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- Improve service delivery at health facilities
- More healthy babies born because of safe birth kit distribution

Activities:

- Provide safe birth kits for HIV positive mothers

Indicators

- Number of supplies delivered at the various health facilities
- 40 mothers benefit from mother Kits.

Overview of Strategies

Objective 4 of the project will include getting donations of safe birth kits to health facilities in Gulu, Nwoya, and Amuru Districts. Donations will be sought from MedShare, Doc2Dock, and Karina's organization. The safe birth kits will be provided for the forty pregnant mothers in women's group stated in Objective 3.

II. Chapter Objectives for Project

- A. Raise at least \$21,522 for 2012-2013 HIV/AIDS project through on-campus fundraising events and other donations
- B. Send two installments of wire transfer: January 2012 and May 2012

By signing the Memorandum of Understanding, both GlobeMed at Columbia and GWED-G commit to these objectives. Pending unforeseen circumstances that necessitate an amendment to this Memorandum of Understanding and Project Workplan for 2012-2013, both GlobeMed at Columbia and GWED-G must see these objectives through. Should an amendment be necessary, it must be signed electronically by both parties and attached to this Memorandum of Understanding. If the objectives are not met for 2012-2013, renewal of partnership should be reconsidered.

This Memorandum of Understanding is Effective as of [DATE when both have signed]

On behalf of GlobeMed at Columbia

Signed:

Date:

On behalf of GWED-G

Signed:

Date:

PROPOSED BUDGET FOR SCALING UP HIV PREVENTIONS INTERVENTIONS WITH MATERNAL HEALTH SERVICES.

Project period September 2012 - September 2013.

(Exchange Rate: 1\$ = 2430)

Objective 1	Increased knowledge and awareness on HIV/AIDS.	Unit	Unit Cost	Amount	Amount in USD
Activity code	Activities / Budget lines				
1.1	Scaling Up awareness on HIV/AIDS preventions, PMTCT, ANC, reproductive health and Family Planning in 8 Parishes	16	350,000	5,600,000	2,304.53
1.2	Incorporate Gender Based Violence awareness into HIV prevention. (Awareness campaigns and PF3)	6	353,750	2,122,500	873.46
1.3	Working to address stigma and discriminations with local leaders, religious leasers, clan leaders including handling harmful cultral practices	4	215,000	860,000	353.91
1.4	Establish youths 4 youths clubs and sensitise them on HIV/AIDS awareness and preventions strategies including ABC strategies, conduct peer educations with youths	9	117,000	1,053,000	433.33
1.5	Livelihood support to 3 youth groups in terms of bulls and ox plows.	3	1,500,000	4,500,000	1,851.85
1.6	Conducting outreaches and follow-up services by VHTs and Peer educators following 150 homes of clients.	150	10,000	1,500,000	617.28
1.7	Hold blood screenings at community level in each of the 8 parishes (3 nurses, 2 VHTs, 2 lab assistants, 1 counsior)	8	355,000	2,840,000	1,168.72
1.8	Establishing GWED-G counseling centre			-	-
	Referral Cost	100	25,000	2,500,000	1,028.81
				20,975,500	8,631.89
Objective2	Conduct training and capacity building of the HIV/AIDS health workers and community networks				-
2.1	Conduct refresher training for VHTs on best practices and skills in HIV prevention management, community sensitizations, community outreaches and home visits, and referral pathways to the health facilities. (Add in nutrition?)	1	556,000	556,000	228.81
2.2	Refresher training for youth groups on VSLA management, community outreach, and referrals	3	500,000	1,500,000	617.28
2.3	Support to VHTs in the form of 10 bicycles, 20 gumboots, 20 raincoats	1	2,240,000	2,240,000	921.81
2.4	Motivations for VHTs in the form of gift items like salt, sugar, soap, etc.	6	100,000	600,000	246.91
				4,896,000	2,014.81
Objectives 3	Promote Maternal and Newborn Health				
3.1	Conduct review meetings with skilled birth attendants (midwives, nurses, doctors) on performing EMOC and newborn care.	3	252,000	756,000	311.11
3.2	Incorporate nutritional support supplements to mothers in the form of livelihood interventions (vegetable and ground nut seeds) to women in groups who did not benefit from the first phase of the project. (40 women)	1	3,500,000	3,500,000	1,440.33
3.3	Support mothers in hard to reach areas to reach health facilities (Transport refunds)	12	100,000	1,200,000	493.83
3.4	Support healthy babies and babies born with HIV with nutritional food supplements through supplementary feeding.			-	-
3.5	Conduct nutrition education sessions through VHTs and health centers.			-	-
				5,456,000	2,245.27
	Additional Support				
4.1	Contribution to the medical personel allowance (health centres staffs and GWED-G social workers)	12	600,000	7,200,000	2,962.96
4.2	Logistical Cost to support routine field work including Fuel cost	12	400,000	4,800,000	1,975.31
4.3	Contribution to purchase of vehicle	1	2,430,000	2,430,000	1,000.00
4.4	Airtime for coordinations and mobilisations cost including emails, phones,	12	105,000	1,260,000	518.52
4.5	Field allowance for 1 staff and driver	12	300,000	3,600,000	1,481.48
4.6	Monitoring and Evaluation including support monitoring visits to the projects sites	12	140,000	1,680,000	691.36
				20,970,000	8,629.63
	Overall Grand Total			52,297,500	21,522