

Rules of the Motivation Program for Medical workers

1. Main terms and definitions

- 1.1. «Participant verification» - list of documents, provided by the Participant for his/her identification as the Program Participant, which also defines his/her right to get the reward (motivation goods).
- 1.2. «Reward» is a motivation good, defined by the Organizer. List of the rewards is presented in the separate Annex 7 of these Rules.
- 1.3. «Ambulance department» – ambulance department of the relevant medical institution in HealthLink project, workers of which take part in the Program.
- 1.4. «Participant’s consent» is a form, a separate document, which is proposed to be filled in by the Organizer or its representative. By signing a consent, a Participant confirms his/her familiarization with the Program and gives his/her consent for participation in the Program according to the set Rules, and which also allows to pass and process all provided personal data and other information in the frame of the Program and according to current legislation about personal data protection. Signed and received document by the Organizer is the basis for registration of the person as a Program Participant (confirmation of participation in the Program).
- 1.5. «Healthcare institution» –medial facilities, which take part in the HealthLink project, and workers of which are participating in the Program.
- 1.6. «Program Organizer» – organization, which has unique rights of management and development of the Program, and its authorized representatives.
- 1.7. «Motivation packages» – packages, which consist of a set amount of goods of a certain price range. The price range increases when the Participants are reaching the set indicators. The list of the motivation packages and their contents is indicated in Annex 7 of these Rules.
- 1.8. «Motivation program for medical workers» (further - The Program) – complex of relations and rules, after achieving which a Participant has a right of obtaining rewards (motivation packages) according to the set rules.
- 1.9. «Project «HealthLink» - project on «Accelerating Ukraine’s Efforts to End HIV» (HealthLink) with the financial support of the U.S. Agency for International Development (USAID), which is implemented by ICF “Alliance for Public Health” and CO “CO «100 PERCENT OF LIFE»”.
- 1.10. «Participant of the Program» – person, personal data subject, who participates in the Program according to the set Rules.

2. Organizer of the Program

- 2.1. Organizer of the Program is an International Charitable Fund “Alliance for Public Health”. Address of the Organizer: 03150, Kyiv, Dilova Str.,5, building 10-A, (044) 490-54-85.

3. Participation in the Program

3.1. Any person, who has reached 18 years of age and is permanently residing on the territory of Ukraine, can be a Participant of the Program. *Participants of the Program are:* all staff and part time medical workers in the healthcare institutions (including paramedics), who work (are testing for HIV) in the HealthLink project of ICF “Alliance for Public Health” and CF “All-Ukrainian Network of PLWH”.

3.2. One can learn about the participation conditions in the healthcare facility, from a social worker or medical coordinator, who works with certain healthcare facility; from the official page of the project in Facebook (<https://www.facebook.com/USAID.HEALTHLINK.PROJECT/>) or from the designated responsible employees:

Compliance officers of CO «100 PERCENT OF LIFE»	Zaharchuk Vitaliy	v.zaharchuk@network.org.ua Тел. (044) 467-75-67 вн. 726
	Biliavtseva Elizaveta	i.bieliavtseva@network.org.ua (044) 467-75-67 вн. 722
Compliance officers of ICF “Alliance for Public Health”	Kovalchuk Ekaterina	kovalchuk@aph.org.ua Тел. (044) 490-54-85 вн. 194
	Soprzhinska Luidmila	soprzhynska@aph.org.ua Тел. (044) 490-54-85 вн. 134

4. Informing about the Program and personal data

4.1. Every Participant confirms his/her familiarization with the program and gives consent to participate in the Program under the form, which is indicated in the Annex 1.

The compliance officers of every organization pass the Annex 1 Form to the coordinators of CO “100 PERCENT OF LIFE” and ICF “Alliance for Public Health” until **28th of December** in digital form to the following addresses:

Compliance officers of CO «100 PERCENT OF LIFE»	Zaharchuk Vitaliy	v.zaharchuk@network.org.ua Тел. (044) 467-75-67 вн. 726
	Biliavtseva Elizaveta	i.bieliavtseva@network.org.ua (044) 467-75-67 вн. 722
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4.2. Signed form of the Annex 1 confirms the Participant’s free agreement (consent) for the Organizer of the Program to process (collect, register, accumulate, save, adapt, change, renovate, use, spread, depersonalize) personal data of a person, indicated in that document, in order to personalize him/her as the Program Participant, including his/her participation in all promotion events and advertisement sessions, which are conducted in the frame of the above mentioned Program; also consent on passing (spreading) their personal information to third parties with the aim of its processing, including personal contacts with a Participant, transferring and receiving information. Document (Annex 1) does not contain any identification data of a private individual, including passport numbers and tax code. Signed document also confirms the agreement of a person to all the rules and conditions of the Program, knowledge that provided personal data is entered into the

database – Database of the Participants of the Program personal information, and confirms familiarization of a person with the rules, which according to the Article 8 of the Law of Ukraine “Protection of the personal data” and statements of the current legislation, are given to a person as to a personal data owner. A Participant is obliged to provide exact and trustworthy data when filling in the document, and warn the Organizer about changes concerning the provided information.

- 4.3. Document (Annex 1) is not accepted, if it is not filled in fully, or is filled in incorrectly (data does not correspond to the requirements) or signatures of the Participant is absent.
- 4.4. Data of a Participant, indicated in the document (Annex 1), is confidential. Access to the data is only available to the compliance officers of the Organizer, including third parties, who were given access to this data on legal grounds; also, this data could be provided upon request to police and/or other relevant departments according to the current legislation in Ukraine.

5. Rights and obligations of the Program’s Organizer

- 5.1. The Organizer has the right to stop the Program, cancel or change the Program’s conditions.
- 5.2. The Organizer has the right to cancel the reward granting to a Participants (in a form of motivation products) under the following circumstances:
 - providing the same set of a reward to a Participant, who already received it before (because every set of rewards can be received by a Participant only once during the term of the Program);
 - any proven suspicion in abuse from the side of a Participant regarding his/her participation in the Program;
 - withdrawal of the consent for personal data procession;
 - provision of inaccurate or/and false personal data or any other information from the document (Attachment 1).

The Organizer does not bear any responsibility for any losses or damages which could occur in the result of such actions.
- 5.3. The Organizer is obliged to properly collect, save, process data of the Program’s Participants and use it in the frame of the Program and these set of rules.
- 5.4. From time to time, the Organizer will inform the Participant about his/her opportunities and rewards; although the Organizer does not bear responsibility for the Participant not receiving such messages, if it happened due to circumstances which the Organizer could not have controlled.

6. Rights and obligations of the Participant

- 6.1. The Participant has all the rights concerning protection of his/her personal data according to the Article 8 of the Law of Ukraine “Protection of personal data” and statements of the current legislation.
- 6.2. The Participant can change/add personal data, as well as stop the processing of personal data thought provided by the Organizer channels of communication or cancel his/her participation in the Program.

- 6.3. The Participant provides to the Organizer, or the Partner of the Program representing the Organizer, the right to pass any information of the commercial and/or informational character about the Program or Program's Partner via email, mail, phone or/and SMS.
- 6.4. The Participant may stop receiving information from communication channels mentioned above at any time, by informing the Organizer.

7. Procedures of Participation in the Program

- 7.1. The goal of this Program is achieving indicators of D-registered newly identified HIV positive people by medical workers in 2019.
- 7.2. Term of the Program: from 01/10/2018 until 31/09/2019.
- 7.3. Program is operating in 12 regions of Ukraine, namely: Kyiv, Kyiv region, Odessa region, Dnipropetrovsk region, Donetsk region, Cherkasska region, Chernihiv region, Mykolaiv region, Cherson region, Poltava region, Kirovograd region, Zaporizhia region.
- 7.4. Grouping of the regions for Participant's motivation (medical workers of the healthcare institutions) according to the set indicators:

Group 1: Kyiv, Odessa region;

Group 2: Dnipropetrovsk, Donetsk region;

Group 3: Other regions.

Grouping of the regions and set indicators in them was done according to the retrospective analysis of data in the regions, level of load on medical workers regarding identification of new HIV positive people.

For the paramedics of ambulances departments – Participants of the Program, - no grouping of the regions was done: indicators are unitary for all 12 regions.

- 7.5. After reaching certain indicators (Annex 2) – the Program's Participant is receiving certain set reward (package of motivation products), which corresponds to the reached indicators. The indicators of work (results of work) of each Participant for the period of its work within the term of the Program are being accumulated (summed up). After reaching further levels of indicators, he/she continues receiving additional rewards (packages of motivation products).
- 7.6. The Program contains **5 (five) levels of indicators** for each group of regions, which are indicated in Annex 2.
- 7.7. The indicators, necessary for reaching by every Participant for receiving rewards: number of newly identified HIV positive patients, put on D-registration. The indicators are differentiated for medical workers of healthcare institutions and paramedics of the ambulances departments (Annex 2).
- 7.8. The productivity of each Participant is calculated according to the terms: *in the period from 01/10/2018 to 31/11/2018 (further on – on the monthly basis)* the compliance officers of ICF "Alliance for Public Health" and "100 PERCENT OF LIFE" verify the number of D-registered newly identified HIV positive patients by every Participant. Based on the received results, the list of the persons (Participants) for reward are drawn. An example of calculation of the Participants work productivity is indicated in Annex 3.

7.9. Program's Organizer is planning the calculation of the Participants productivity and sending of rewards according to the following schedule:

Period for which the results of the work of the Participants are summarized (cumulatively)	Period of calculation of the effectiveness of the Participants and filling of lists for reward	Packing period for sending rewards to Participants	Period for sending rewards to the Participants
01.10.2018 – 30.11.2018	03.12.2018 – 14.12.2018	17.12.2018 – 21.12.2018	24.12.2018 – 28.12.2018
01.10.2018 – 31.12.2018	01.01.2019 – 14.01.2019	15.01.2019 – 21.01.2019	22.01.2019 – 31.01.2019
01.10.2018 – 31.01.2019	01.02.2019 – 15.02.2019	18.02.2019 – 22.02.2019	25.02.2019 – 01.03.2019
01.10.2018 – 28.02.2019	04.03.2019 – 15.03.2019	18.03.2019 – 22.03.2019	25.03.2019 – 29.03.2019
01.10.2018 – 31.03.2019	01.04.2019 – 12.04.2019	15.04.2019 – 22.04.2019	23.04.2019 – 30.04.2019
01.10.2018 – 30.04.2019	01.05.2019 – 17.05.2019	20.05.2019 – 24.05.2019	27.05.2019 – 31.05.2019
01.10.2018 – 31.05.2019	03.06.2019 – 14.06.2019	17.06.2019 – 21.06.2019	24.06.2019 – 28.06.2019
01.10.2018 – 30.06.2019	01.07.2019 – 12.07.2019	15.07.2019 – 22.07.2019	23.07.2019 – 31.07.2019
01.10.2018 – 31.07.2019	01.08.2019 – 16.08.2019	19.08.2019 – 23.08.2019	26.08.2019 – 30.08.2019
01.10.2018 – 15.09.2019	16.09.2019 – 24.09.2019	25.09.2019 – 30.09.2019	01.10.2019 – 11.10.2019

7.10. The Organizer reserves a right of changing the schedule indicated in the point 7.8. of the set Rules.

7.11. Form of the list with the Participants reward (as well as example of filling in of such form) is indicated in Annex 4.

7.12. The system of motivation includes the package reward of **5 (five) packages of motivation goods**, the pricing and contents of which increase with the increase of the reached results of a Participant (Annex 2).

7.13. The contents of the packages of motivation products differ for medical workers of the healthcare institutions and paramedics of the departments of the ambulances:

Package of motivation goods	Components of the package	
	For medical workers of health facilities	For paramedics
Package №1	Urilizer Medical gloves	Urilizer Folder –tablet
Package №2	Towel (branded) Thermocup (branded)	Refrigerator bag Thermocup (branded)
Package №3	USB flesh drive (branded) Power bank (branded)	USB flesh drive (branded) Power bank (branded)
Package №4	Stethoscope Phonendoscope	Stethoscope Phonendoscope
Package №5	Tablet computer	Tablet computer

7.14. **The reward is given once.** It means, that every of the packages of motivation goods can be received by a Participant only once during the term of the Program implementation.

8. Receipt of rewards by the Participants

8.1. The Organizer of the Program chooses the list of rewards and the way of sending them independently.

8.2. The announcement of the Program's winners is being done not later than 10 (ten) working days from the day of receipt of Participants' list for reward by the compliance officers of ICF "Alliance for Public Health".

8.3. The Program's Participant-winner has a right to receive the reward from the Organizer by mail (Organizer is choosing the delivery company-partner independently).

8.4. The Organizer does the sending and delivery of the rewards to Participants via mail (and/or delivery company) according to the schedule, indicated in point 7.9. of the set Rules.

8.5. The Organizer has a right to change the terms, time of the reward transfer by informing a Participant-winner in the sensible terms verbally via the phone.

8.6. The delivery of the reward to the Participant is being done on the condition of presenting the following documents:

- Copy of the passport;
- Copy of the Individual Tax Number;
- Other package of the documents, recommended to be presented by the consultant of the Program.

8.7. According to the conditions of the current Tax Code, motivation of the Participants with valuable presents is an additional good, which is provided in non-monetary form and should be taxed on the condition, that if their value exceeds 50% of 1 minimal salary (calculated for one month), - the Organizer becomes a tax agent for the Participants of the Program and depicts in the tax calculation the sum of the profit, transferred (paid) to the interest of the tax payer according to the form №1 DF.

8.8. If the winner of the Program cancels receiving a gift, according to the terms of this Program the winner does not have a right to ask any compensation from the Organizer.

9. Other conditions

9.1. Organizer of the Program does not bear any responsibility for the quality of the provided goods.

9.2. The Organizer does not bear any responsibility for the goods after their acceptance by the winner of the Program.

9.3. The winner-Participants agree, that in the case of the gift acceptance, their names and photos can be used by the Organizer in printed, audio and video materials connected to the Program (including the advertisement goal), without any material compensation.

- 9.4. Acceptance of the gift by the winner of the Program means full agreement with all the conditions of these Rules of the Program.
- 9.5. The Organizer has a right to add or change information of these Rules in a unilateral manner. Informing about any additions or changes of the Rules will be done on the official page in Facebook.
- 9.6. The results of the Program are definitive and cannot be appealed.

FAMILIARIZING OF MEDICAL WORKERS WITH MOTIVATION PROGRAM

No	Name of Health facility	Position	First and second name of medical worker/paramedic	Telephone number*	Data	I am acquainted with the Motivation program and agree with the processing of personal data (signature)

* Compliance officer of Alliance and Network of PLWH can check if healthcare workers are acquainted with the Motivation program according to the contact details provided.

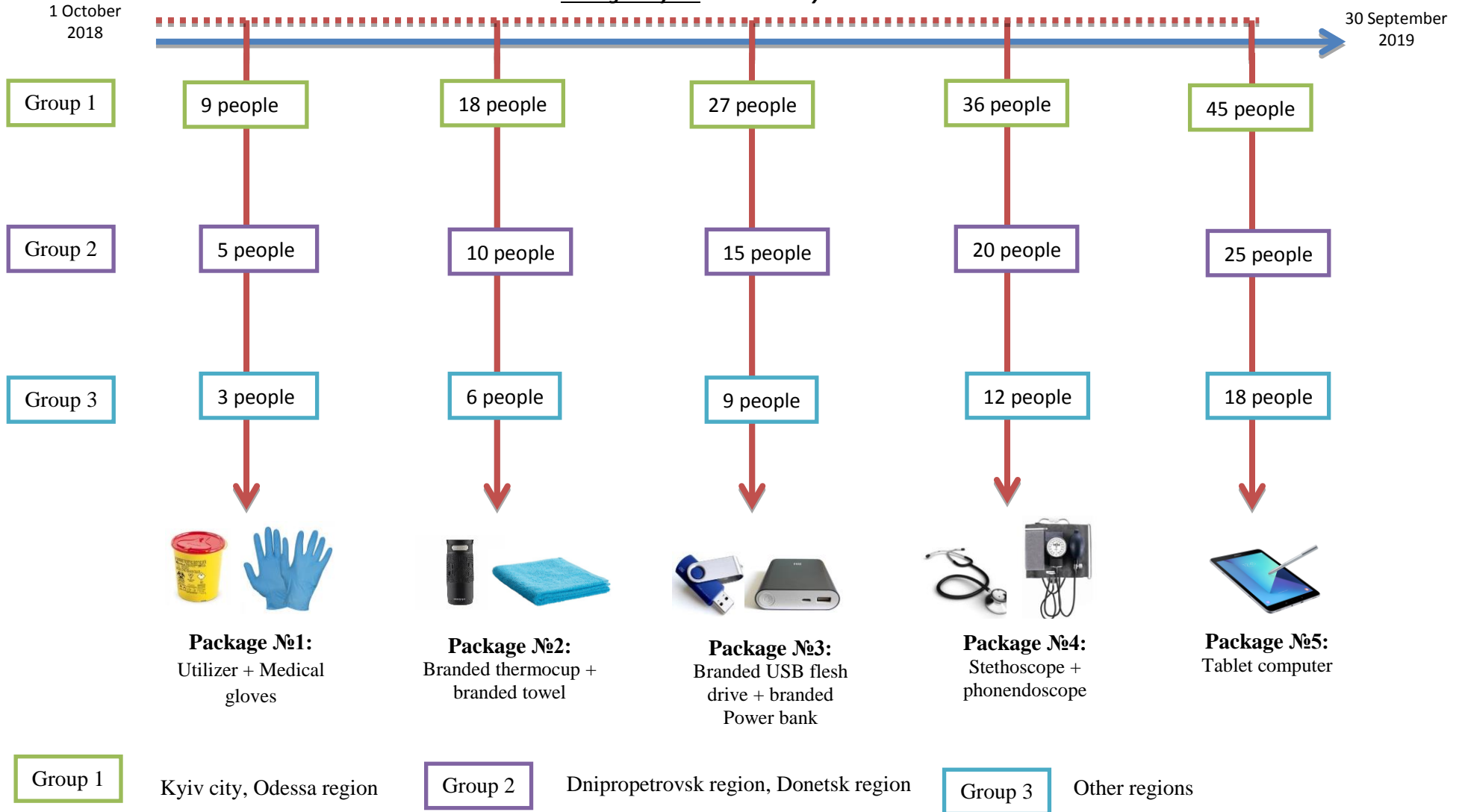
** Under this signature, medical worker / paramedic confirms that he/she is acquainted with the Motivation program and agrees to participate in the Program in accordance with the established Rules. Under this signature, medical worker / paramedic confirms the consent to the transfer and processing of personal data and other information provided within the framework of the Program and in accordance with the current legislation on personal data protection. Under his/her signature, the person also confirms his/her acquaintance with the fact that the personal data provided by him/her are entered into the information system – the data base of the participants of the Program, as well as the rights granted to him/her as a subject of personal data in accordance with Article 8 of the Law of Ukraine "On Protection of Personal Data" and the provisions of the current legislation.

Data ____/____/2018

Compliance officer _____/_____
Signature Name

Single-time motivation for medical workers from health facilities

The number of new HIV + patients (that are set on D-registration) detected by medical worker during the year cumulatively



Single-time motivation for paramedics of ambulance teams

The number of new HIV + patients (that are set on D-registration) detected by paramedic during the year cumulatively

1 October 2018

30 September 2019

All regions

2 people

4 people

6 people

8 people

10 people



Package №1:
Utilizer + folder -
tablet



Package №2:
Branded thermocup +
refrigerator bag +



Package №3:
Branded USB flash
drive + branded
Power bank



Package №4:
Stethoscope +
phonendoscope



Package №5:
Tablet computer

An example of calculating the results of the Participant:

Name of medical worker (paramedic): Ivanova Olga Vasylivna

Position: infectionist

Name of health facility: Kyiv City Hospital №5

Telephone number of medical worker (paramedic): +380637554545

Region: 1

Indexes	October	November	December	January	February	March	April	May	June	July	August	September
<i>Number of new HIV + patients that are set on D-registration (from the number of new detected), ppl.</i>	3	4	4	3	3	4	4	5	4	5	4	5
Cumulatively, ppl:	3	7	11	14	17	21	25	30	34	39	43	48
Reward when the indicator is reached			Package 1			Package 2		Package 3		Package 4		Package 5
Note			<i>The indicator has been met: 9 new HIV + patients have been verified on the D-registration</i>			<i>The indicator has been met: 18 new HIV + patients have been verified on the D-registration</i>		<i>The indicator has been met: 27 new HIV + patients have been verified on the D-registration</i>		<i>The indicator has been met: 36 new HIV + patients have been verified on the D-registration</i>		<i>The indicator has been met: 45 new HIV + patients have been verified on the D-registration</i>

List of medical workers for awarding within the Motivation program in accordance with the results of the work

for the period from __/__/__ to __/__/__

No	Name of medical worker	Position of medical worker	Name of Health facility where the medical worker works	Region	Recipient of rewards (to fill the package)	Number of new HIV + patients, detected by medical worker, that are set on D-registration (cumulatively)	Number of package within the Motivation program	Address and telephone number of medical worker for delivering rewards

Filling date of the document: _____

Data prepared: _____ / _____
Signature Name, position

! The file is presented in Excel format

Example of filling (!The file is presented in Excel format):
List of medical workers for awarding within the Motivation program in accordance with the results of the work
for the period from 01.10.2018 to 30/04/2019

<i>No</i>	<i>Name of medical worker</i>	<i>Position of medical worker</i>	<i>Name of Health facility where the medical worker works</i>	<i>Region</i>	<i>Recipient of rewards (to fill the package)</i>	<i>Number of new HIV + patients, detected by medical worker, that are set on D-registration (cumulatively)</i>	<i>Number of package within the Motivation program</i>	<i>Address and telephone number of medical worker for delivering rewards</i>
1	Ivanov Ivan Ivanovych	Infectionist	Odesa Regional Center for AIDS Prevention and Control	Odesa region	Bilous	27	Package №3	Telephone number of recipient: 0504444444 Address of recipient: 5, Khimichna str, Malynovsky district, Odesa city, Odesa Regional Center for AIDS Prevention and Control
2	Nechayeva Oksana Petrivna	Therapist	Kyiv City Hospital №5	Kyiv city		9	Package №1	
3	Voloshyn Viktor Oleksandrovych	Narcologist	Kyiv Regional Dermatovenerologic Dispensary	Kyiv city		12	Package №1	
4	Levytska Liliya Dmytrivna	Infectionist	Cherkasy City Hospital №3	Cherkasy region		3	Package №1	
5	Rus Sergiy Andriyovych	Urologist	Odesa City Hospital №10	Odesa region		20	Package №2	
6	Kovalenko Nadiya Petrivna	Gynecologist	Mykolayiv City Hospital №3	Mykolayiv region		9	Package №3	
7	Ткачук Павло Андрійович	Infectionist	Дніпропетровський обласний центр профілактики та боротьби зі СНІДом	Dnipropetr ovsk region		21	Package №4	
8	Zasieyev Mykola Petrovych	Paramedic	Ambulance Department, Kyiv City Clinical Hospital of Emergency Medical Aid	Kyiv city		2	Package №1	
9	Nikolenko Ivan Ivanovych	Paramedic	Department of ambulance advisory drug treatment, Kyiv City Narcological Clinical Hospital "Sociotherapy"	Kyiv city		4	Package №2	

Filling date of the document: 06.05.2019

Data prepared: _____ / Petrenko Nazar Igorovych, Program officer
Signature *Name, position*