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**THE JOINT UN PROGRAMME OF SUPPORT ON AIDS IN UGANDA (JUPSA)
ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2019**

Programme Title & Project Number <ul style="list-style-type: none"> Programme Title: Joint Programme of Support on AIDS Programme Number (if applicable) MPTF Office Project Reference Number:³ 		Country, Locality(s), Priority Area(s) / Strategic Results² (if applicable) Country/Region Uganda/East Southern Africa Region	
Participating Organization(s) UNICEF, UNFPA, FAO, UNwomen, WHO, WFP, ILO, IOM, UNESCO, UNHCR, UNAIDS, UNDP		Priority area/ strategic results Prevention, Treatment Care and support; Governance and Human Rights Implementing Partners National counterparts (government, private, NGOs & others) and other International Organizations: Government: Ministry of Health, MoES, Ministry of Gender, Ministry of Agriculture, Ministry of Works and Transport, Uganda AIDS Commission; Ministry of Education & Sports, Private Sector, MoJCA, MoTIC CSOs: AIDS Information Centre; AMICAAL; Community Initiative for the Prevention of HIV (CIPA), Inter-religious Council of Uganda IRCU) Uganda Red Cross Society; UHMG, PLHIV Networks, Parliament of Uganda, RHU, UHMG, UPDF, Federation of Uganda Employers, National Organization of Trade Unions. German Leprosy & Tuberculosis Relief Association (GLRA), Africa Network for Care of Children Affected by HIV/AIDS (ANECCA), Baylor- Uganda, Mothers 2 Mothers (M2M), Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), Medici con l'Africa (CUAMM), BRAC, Straight Talk Foundation.	
Programme/Project Cost (US\$)		Programme Duration	
Total approved budget as per project document: MPTF /JP Contribution ⁴ : • by Agency (if applicable)	\$80,223,365	Overall Duration (months)	60 months (Five years)
Agency Contribution • by Agency (if applicable)	\$70,223,365 of which €7,435,205 is for KARUNA/HP	Start Date ⁵ (dd.mm.yyyy)	1st January, 2016
Government Contribution (if applicable)	In kind	Original End Date ⁶ (dd.mm.yyyy)	
Other Contributions (donors) (if applicable)	€10,900,000	Current End date ⁷ (dd.mm.yyyy) 30 th	31st December, 2020
TOTAL:			
Programme Assessment/Review/Mid-Term Eval.		Report Submitted By	
Assessment/Review - if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: dd.mm.yyyy Mid-Term Evaluation Report – if applicable <i>please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: dd.mm.yyyy		<input type="checkbox"/> Name: Karusa Kiragu <input type="checkbox"/> Title: UNAIDS Country Director <input type="checkbox"/> Participating Organization (Lead): UNAIDS <input type="checkbox"/> Email address: KiraguK@unaids.org	

¹ The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document.

³ The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as “Project ID” on the project’s factsheet page the [MPTF Office GATEWAY](#)

⁴ The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

⁵ The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the [MPTF Office GATEWAY](#)

⁶ As per approval of the original project document by the relevant decision-making body/Steering Committee.

⁷ If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

EXECUTIVE SUMMARY

During the period January- December 2019, JUPSA continued to leverage on its added value to the National HIV/AIDS response by: Re-engaging leadership at all levels as neutral brokers; supporting the country through various sectors to adopt international normative guidance for HIV prevention; catalyzing scale-up of implementation of proven HIV prevention and control strategies; and supporting critical research and documentation of efforts towards accelerated HIV prevention and control within the country. This has contributed to over 1.2 million PLHIV being on ART by end of 2019 and achieving the 90-81-73 treatment cascade with 89% knowing HIV status, 84% on ART and 75% virally suppressed. Overall, there has been a reduction of 44% in HIV infection in the country from 2010 to 2019 to 53,000 new HIV infections and about 60% reduction in AIDS related deaths to about 21,000 by end of 2019. Children and men continue to present low coverage level.

The specific UN supported resulted in the following key achievements

Prevention area

- a) A 44% decline in new HIV infections – but not hitting ambitious 2020 targets
- b) The Presidential Fast Track Initiative that revitalized focus on HIV prevention and ownership of the response at all levels
- c) Endorsement of the National HIV Prevention Roadmap 2018-2025 aligning to Global HIV prevention priorities
- d) Endorsement of the National HIV Mainstreaming Policy Guidelines that mandate allocation of 0.1% of budget of government entities to HIV
- e) Cultural and religious institutions on board as key players in SRH/HIV programming with endorsed policy guidance that mandates use of owned resources
- f) Endorsement of the National Sexuality education translated into lower secondary school curriculum and implementation guidelines for the extra curricula platform
- g) School curriculum and implementation guidelines for the extra curricula platform
- h) Expanded capacity for SRH/HIV service delivery for adolescents and young people based on HW training and mobilization of resources for service delivery. Introduction of holistic programming for AGYW e.g. under DREAMs
- i) Uninterrupted and expanded programming for KPs hinged on UN supported government programming frameworks even with the AHA Bill and generated strategic information
- j) Expanding programming for gender equality, women socio-economic empowerment and prevention/management of GBV, access to justice as major HIV prevention enablers
- k) Expanded condom programming up to 300m annual procurement and penetration in Karamoja region
- l) Adoption and expansion of new prevention technologies including PrEP, HIV self testing

Treatment thematic area

- a) Country supported to adapt more efficacious HIV treatment regimen- DTG roll-out the consolidated treatment and prevention guidelines.
- b) The National Drug misuse and Alcohol treatment guidelines, which were develop with TA from UCO, is being used to initiate Medically Assisted Therapy (including OST) for PWIDs in Uganda.
- c) The Health Integrated Refugee Response Plan was launched in and is now a guiding document for implementation of integrated services in settlements with districts taking lead.
- d) Uganda Prisons Service developed National HIV Testing Services (HTS) Standard Operating Procedures (SOPs) for prison settings tailored to the unique characteristics of the prison environment.

Governance and human rights thematic area

- a) A National Action Plan (2017-2021) on Women, Girls and Gender Equality and HIV&AIDS developed
- b) A Gender Bench Book (GBB) to guide adjudication of GBV cases by Judicial Officers was developed.
- c) A Gender Policy Action Plan for the Uganda Police Force (UPF) was developed to promote gender responsiveness, non-discrimination, just and fair treatment in the provision of general policing services.
- d) The policy regulation on Employment HIV Non-Discrimination was launched by the Ministry of Gender Labour and Social Development
- e) Major HIV funding streams prioritise interventions that advance GEWE, equity and human rights especially for PLHIV, women and key populations
- f) Gender, equity and human rights strategy for AIDS TB and Malaria response in Uganda

- g) Social protection strategy that will support government roll out Gender and human rights assessment
- h) Increased funding for prevention and management of VAWG – one of the key drivers of the HIV epidemic
- i) Increased attention to stigma reduction – annual campaigns led by peers, leaders and civil society including advocacy for law reforms
- j) Economic empowerment programmes targeting young people and PLHIV

Financing and Strategic information

- a) UN provided technical and financial assistance to the Government of Uganda (GOU) for the strengthened coordination of the development and submission of the national requests for grant funding from the Global Fund. In addition to strengthening the CCM structures and systems for effectively overseeing Global Fund programmes and grants in Uganda. This has enabled Uganda to secure, implement, monitor, and report on its total Global Fund grant portfolio US Dollars \$506,896,346 for the period 1st January 2018 to 31st December 2020.
- b) HIV mainstreaming guidelines approved and MOFPED through 2019/20 Budget Call Circular, instructed all MDAs to provide for HIV mainstreaming budget (0.1% of their sectoral budgets) in their Mid-Term Expenditure Framework (MTEF) allocation.
- c) Improved capacity for data generation and use to inform implementation and prioritization of interventions. The Country has been supported to have a harmonized data management system (DHIS2) being used by Government and partners to meet national and international reporting obligations.
- d) Other key strategic information products supported include: i) A consolidated Key and Priority Population Size Estimates for Uganda ii) Country HIV status report that was presented at the 2018/2019 Joint Annual AIDS Review iii) The generation of 2019 HIV estimates and projections used to inform country planning, prioritization and reporting, iv) Scaled-up capacity for integrated data quality and use in eight SRH/HIV/GBV SIDA supported districted with managers generating dashboards and informing quarterly reviews and planning sessions. v) Health sector has been supported to develop Health sector HIV/AIDS strategic plan 2018/19-2022/23 and HIV sector M&E plan vi) Revised National Integrated Management of Acute Malnutrition (IMAM) guidelines which include nutritional support and care for PLHIV.

Resource mobilization:

The 2019 JUPSA workplan was implemented with a total budget of US\$12,811,949 from Embassy of Ireland US\$2,406,246, UBRAF US\$600,000, SIDA/SRH US\$1,196,375, UN Core regular resources US\$8,609, 327.

Key Gaps

- a) Human rights issues and Enabling policy frameworks –weak enforcement
- b) Low coverage of prevention and treatment interventions especially for adolescents and young people
- c) Increased leadership commitment but persistent governance issues: ownership, resource management, mutual accountability and Weak coordination of efforts at district/community level
- d) Very low primary prevention funding
- e) Recurrent HIV commodity stockouts (Medicines, Laboratory reagents and HIV test kits);
- f) Risks of Dolutegravir use in women of reproductive age group reduced the roll-out pace;
- g) Communities are faced with multiple issues affecting their capacity to be food and nutrition secure;

Future actions

- Support development of Country's national HIV Investment Strategy 2020- 2030
- Support development of 2020/21- 2024/2025 HIV Strategic plan
- Development of 4th Joint UN Programme of Support on AIDS in Uganda (2020-2025) aligned to UN Cooperative Assistance Framework, National Development plan (2020/21- 2024/25) and NSP (2020/21- 2024/25).

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1.0 Purpose

This 2019 annual report provides an overview of JUPSA outputs, resources and a synthesis of performance highlighting key programmatic achievements, lessons learnt, emerging issues and challenges. The report further presents mitigation actions in support of the national AIDS response.

1.1. Background and context

The UN, through JUPSA established in 2007, is a key partner in the national HIV response working through 11 member agencies including FAO, ILO, IOM, UNAIDS, UNDO, UNESCO, UNFPA, UNHCR, UNICEF, WFP and WHO that work through established partnerships with government, civil society institutions at national, sector and local government levels that expedite delivery of UN-funded programmes. JUPSA has also nurtured strong partnerships with development partners resulting in sustained pooled funding that facilitates harmonized UN approaches for a stronger national HIV response.

The year 2019 was the fourth year of implementation of the third JUPSA (2016-2020) whose outcomes are presented in Table below. The table further shows the linkages between the National HIV strategic Plan, the United Nations Development assistance framework and the JUPSA outcomes.

Table 1: Linkage between NSP, UNDAF and JUPSA

NSP	UNDAF	JUPSA
NSP Sub-goal 1: To reduce the number of new youth and adult HIV infections by 70% and the number of new paediatric HIV infections by 95% by 2020	UNDAF Outcome 2.2: By end 2020, strengthened national capacity to deliver improved health outcome and nutrition through delivering preventive, promotive, curative and rehabilitative services that are contributing to: reduced mortality and morbidity, especially among children, adolescents, pregnant women and other vulnerable groups, and sustained improvements in population dynamics	JUPSA Outcome 1.1 Increased adoption of safer sexual behaviors among adolescents, young people and MARPS Outcome 1.2: Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up
	UNDAF Outcome 2.2: By end 2020, strengthened national capacity to deliver improved health outcome and nutrition through delivering preventive, promotive, curative and rehabilitative services that are contributing to: reduced mortality and morbidity, especially among children, adolescents, pregnant women and other vulnerable groups, and sustained improvements in population dynamics	Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access. Outcome 2. 3: Programs to reduce vulnerability to HIV /AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced.
NSP Sub-Goal 4: An effective and sustainable multi-sectoral HIV/AIDS service delivery system that ensures universal access and coverage of quality, efficient and safe services to the targeted population by 2020	UNDAF Outcome 2.5: By end 2020, a multi-sectoral HIV & AIDS response that is gender and age-responsive, well-coordinated, effective, efficient and sustainably financed to reverse the current trend and reduce the socio-economic impact of HIV and AIDS	JUPSA Outcome 3.1: A well-coordinated, inclusive and rights based multi-sectoral HIV and AIDS response that is sustainably financed to reverse the current trend of the epidemic JUPSA Outcome 3.2: Capacity to implement and coordinate the JUPSA interventions

2.0 JUPSA ACHIEVEMENTS 2019

The analysis of achievements is aligned to the three thematic areas of prevention, treatment, care and support and governance and human rights.

2.1 PREVENTION THEMATIC AREA ACHIEVEMENTS

The JUPSA 2016-2020 HIV prevention thematic area contributes to two NSP sub-goals. Under prevention thematic area, the key outcome targets have been achieved for increased adoption of safer sexual behaviors and increased coverage of prevention services as demonstrated in tables below.

Outcome 1.1 Increased adoption of safer sexual behaviors among adolescents, young people and MARPS

Key progress indicators	B-line	T-2020	Progress Dec 2019	Comments
% of young people 15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV	T: 39% F: 39% M: 39%	F: 70% M: 70%	46% F 45% M	UPHIA 2017 13-14years T:25.6% F: 26.3%
%ge people aged 15-24 who have had sexual intercourse before the age of 15 years.	T: 13% F: 13% M: 12%	F: 7% M: 7%	T: 14% F: 10% M: 17 %	F decline, M increase
% of adults 15-48 who use a condom at the last high risk sex	35%	75%	T: 32% M: 38% F: 29%	Low coverage
% of women 15-49 yrs who experience sexual and GBV	28%	23%	11%	UPHIA estimate 11% for 15-24yrs

Outcome 1.2: Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up

Key progress indicators	B-line	T-2020	Progress by Dec 2019	Comments
% of HIV-positive pregnant women who receive ART to reduce risk of MTCT	92%	98%	>95%	Consistent achievement over the years
%ge of Child HIV infections from HIV+ women delivering in the past 12 months	6 wks = 6% After B/F =14%	6 wks =4% After B/F = 8%	6 weeks = 2%	6 wks = 2% After B/F = 7%
Number of males circumcised per year.	878, 109	1,000,000 annually	Cumulatively about 5M,	SMC for young people stood at 68% - 2019
%ge of adults aged 15-49 yrs. who tested for HIV in the last 12 months and know their results.	47% (2013)	80%	99% = (8,445,382/ 8.473,606)	proportion that received their results

The achievement of the above key outcome targets was facilitated by the following key breakthroughs

- a) A 44% decline in new HIV infections – but not hitting ambitious 2020 targets
- b) The Presidential Fast Track Initiative that revitalized focus on HIV prevention and ownership of the response at all levels
- c) Endorsement of the National HIV Prevention Roadmap 2018-2025 aligning to Global HIV prevention priorities
- d) Endorsement of the National HIV Mainstreaming Policy Guidelines that mandate allocation of 0.1% of budget of government entities to HIV
- e) Cultural and religious institutions on board as key players in SRH/HIV programming with endorsed policy guidance that mandates use of owned resources
- f) Endorsement of the National Sexuality education translated into lower secondary school curriculum and implementation guidelines for the extra curricula platform
- g) School curriculum and implementation guidelines for the extra curricula platform
- h) Expanded capacity for SRH/HIV service delivery for adolescents and young people based on HW training and mobilization of resources for service delivery. Introduction of holistic programming for AGYW e.g. under DREAMs
- i) Uninterrupted and expanded programming for KPs hinged on UN supported government programming frameworks even with the AHA Bill and generated strategic information
- j) Expanding programming for gender equality, women socio-economic empowerment and prevention/management of GBV, access to justice as major HIV prevention enablers
- k) Expanded condom programming up to 300m annual procurement and penetration in Karamoja region
- l) Adoption and expansion of new prevention technologies including PrEP, HIV self-testing

JUPSA prioritizes HIV prevention to contribute to national efforts to significantly reduce on the number of new HIV infection to reduce HIV-related deaths and investment into HIV treatment.

New infections among the young people declined by 34% to 19,000 from 2010 to 2019. For the period between 2016 to 2019 the decline was 15%. This may in part due to intensified programmes at country for young people including the UN led initiatives and USG DREAMS. Below are number of interventions that contributed to reduction in new HIV infections among young people:

- a) Supported MoES and developed the in-school Sexuality Education (SE) Operational Guideline, which will guide all SE related work in the country. The National Curriculum Development Center was supported to integrated SE into curriculum for the lower secondary school education and SE resource materials for teachers were developed as well as 20 short SE readers and a SE package for the 61 schools of the deaf.
- b) Supported a national summit on life skills that brought together student's leaders from different regions to air their voices to the country's top leadership on SHRR needs for young people (YP). Innovative approaches to community mobilization were employed including using sports under the HIV Protect the Goal Campaign, work with cultural and religious structures, working with urban center leadership to run mobilization outreaches.
- c) Supported the MGLSD to develop a National Multisectoral Adolescent Girl strategy aimed at improved coordination of all actors working towards the betterment of the wellbeing of adolescent girls. The framework launched by the First Lady of Uganda has a costed action plan that will guide on accountability for a multi-sectoral response for adolescent girls. The MGLSD also developed a Sexuality Education delivery guideline for out of school young people anchored on the National SE Framework and clearly articulating the various segments of young people out of school and how best to reach them with sexuality education as a means of empowering them to make better health choices
- d) Supported government of Uganda to ensure that learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development.

- e) Improved income security for marginalized women: The emerging women entrepreneurs have acquired Entrepreneurship and life skills, business finance and management, savings and small loans management through specialist training and business mentor ships. More than half [55%] of the business teams have grown their business beyond break-even point and are using their profits to run small scale village savings and loan schemes (VSLAs), they have also used their profits to start individual enterprises, improve their nutrition, conduct community awareness and sensitization campaigns, and cater for children's scholastic material. forty-three business groups with thriving businesses have been shortlisted for Women Enterprise Programme (WEP) grants managed by the respective district local governments on behalf of the central Ministry of gender labor and social development in Uganda. Individual members have secured loans from their group profits to start and sustain own enterprises demonstrating the need for dedicated strategies to boost individual business development for vulnerable women.

The proceeding sections provides a detail of what has been achieved under each of the JUPSA output areas within the prevention thematic area.

Output 1.1.1: HIV integrated into investment, annual and financing plans of key sectors that address identified structural drivers of the HIV epidemic

- a) Within the framework of the Presidential Fast Track Initiative (PFTI) and the Global HIV Prevention Coalition Roadmap and following the high-level advocacy, JUPSA facilitated the constitution the and functionality of the Board of the Uganda AIDS Commission (UAC). The HIV Prevention Roadmap, in-line with 2016 Political Declaration targets, was developed and adopted during the first ever National HIV Prevention Symposium.
- b) JUPSA initiated and conducted first ever National Key Populations Size Estimation exercise. These results are being used in setting up targets of new National Strategic Programme on HIV, COP 2021 and GFATM proposal.
- c) The National Drug misuse and Alcohol treatment guidelines, which were develop with technical assistance from UN is being used to initiate Medically Assisted Therapy (including OST) for PWIDs in Uganda.
- d) Ten Presidential Fast Track Public Service Announcement were developed and broadcast as result of UCO advocacy to interview with the H.E. President of Uganda and his HIV prevention messages.
- e) Convincing evidence for advocacy is generated through supporting a study to identify the human rights abuses suffered by PWU/IDs when they come into conflict with the criminal justice system in Uganda. The study determined/documented the most common human rights abuses faced by PWU/IDs during arrest, prosecution, and the conducting of sentences in Uganda.
- f) JUPSA established strong platform to partner with CSOs, Uganda Boxing Federation being supported to reach out to men. The Friends of Canon Gideon Foundation (FOCAGIFO) was supported to strengthen the capacity of faith-based chaplains and their networks to respond to HIV, GBV & SRH with a specific target of reaching out to at least 1000 men and boys in Kampala and Wakiso districts.

Output 1.1.2: Programmes addressing underlying socio-cultural and economic drivers of the HIV epidemic expanded

Karamoja region remains the least socially and economically developed in Uganda, with 61 percent of the total population of 1.2 million living in poverty (UNHS, 2016/17). The region is semi-arid and experiences chronic food insecurity. Gender inequality and GBV are common in Karamoja and are perpetuated by cultural norms, low literacy levels and poverty. Objective 2 provides KARUNA an opportunity to interface with community members, public and non-public institutions at community and districts levels to examine the above-mentioned structural factors that impact on Sexual and Reproductive Health (SRH) and HIV outcomes at individual and household levels. This brings on board new concepts in HIV programming and non-traditional actors that are critical in a concerted response in the region. The following approaches have been used under this objective include.

- a) Empowerment and Livelihood for Adolescents (ELA+) clubs for boys and girls
- b) Male Action Groups
- c) Involving cultural and religious leaders
- d) Provision of youth friendly services at through the 3-point access model (facility, school and community
- e) Social Behavior Change Communication including use of multimedia campaigns
- f) Junior famer fields

- g) Community monitoring, accountability and programme sustainability
- h) Junior farmer fields
- i) Economic empowerment for women living with HIV

Also, JUPSA has established partnership with all major cultural institutions and all major religious institutions congregating under the Inter-religious Council (IRCU) of Uganda including the Roman Catholic Church of Uganda, Anglican Church of Uganda, Uganda Muslim Supreme Council, Uganda Seventh Day Adventist Church, Uganda Orthodox Church, Baptist Union of Uganda, and Born-Again Federation. As gatekeepers of culture and influencers held in high esteem by community members, cultural and religious leaders have been mobilized to develop mechanisms for sustainable programming using existing structures and resources. KARUNA has sustained capacity building for mediation of GBV cases that are resolved through the traditional justice system. Through the Uganda Association of Women Lawyers (FIDA) tools and instruments of work including clerk books and the Karimojong principles handbook. Community level paralegals support households and survivors to access formal justice through awareness raising campaigns and community level dialogues, mediation for civil cases and referral for criminal cases.

Output 1.1.3: Social and behavior change communication focusing on adolescents, young people and key populations

JUPSA supports the efforts to increase low comprehensive knowledge about HIV in Uganda. For example, to address the challenge of standard guidelines, JUPSA provided technical and financial support to UAC to support development of SBCC guidelines. The guidelines were used to orient of 386 stakeholders in Karamoja region including (political, religious, cultural and CSO leaders) on commonly agreed SBCC principles to strengthen reporting and delivery of SBCC interventions in the region

During the period under review, the UN supported some SBCC programs targeting adolescents & young people out of school and key populations. For example, UNFPA lead multimedia SRHR campaign 'Live Your Dream' that prioritizes focus on prevention of teenage pregnancies, keeping girls in school, promoting intergeneration discussions and empowering youth with life and livelihoods skills to fulfil their potential. The campaign developed in partnership with Ministry of Health and CSOs runs at national level with expanded focus in 25 districts including the Karamoja region. During the period under review, live your dream campaign messages were integrated in various programs delivered to young people. IEC materials with live your dream messages were translated into local languages and distributed with the community in addition to live your dream radio program in local language that reached majority of the young people. 100,000 adolescent and young people in Karamoja region are estimated to be reached with SRH/HIV/GBV information regularly through the campaign that ran throughout the period under review.

In the same reporting period, UNWomen continued to roll out the targeted HIV and repeat teen-pregnancy risk reduction campaigns aimed at addressing critical barriers to HIV/GBV/SRH service utilization barriers such as disclosure, poor adherence and loss to follow, sex under the influence of alcohol, stigma and discrimination and poor nutrition formed part of the running community level themes led by expert clients. The campaign benefited a total of 615 HIV-positive couples and 1,365 (F-924, M-432) community members were made to understand that governments aim is to sustain a rapid ART scale-up despite severe health system constraints.

Outcome 1.2 Coverage and utilization of biomedical HIV Prevention interventions

Output 1.2.1: Availability of stocks of HIV prevention commodities at service delivery points

Comprehensive condom programming expanded; JUPSA through UNFPA sustained leadership in advocacy and support for delivery of the comprehensive condom programme in the country. A rapid assessment was undertaken by end of 2019 and revealed progress on all the global UNFPA CCP 10 steps. Specifically, with JUPSA support:

- a) The National Condom Coordination Committee (NCCC) met on a quarterly basis assisting to guide actions at policy and programming level and unblock bottlenecks hindering access to free and private sector condoms. Specifically, advocacy was sustained to transition from one alternative distribution provider to another to unlock flow of global fund procured condoms.
- b) Sustained advocacy for condom resources exploiting platforms such as the Global Fund CCM Board, the AIDS Development Partners group where JUPSA presents monthly on a standing agenda item on CCP. Joint efforts yielded an increase on condom resource by Global Fund to about \$9m for the 2018-2020 grant cycle. About 114m male condoms were received in the country in 2019 from Global Fund. Private sector condom procurement increased steadily with the disruption of the free to user condom with estimates of about 20m on

a monthly. UNFPA procured up to 350,000 female condoms. As a result, stock out was been experienced in less than 7.5% of service delivery points.

- c) The global condom estimate tool was applied at country level through stakeholder consultations and a report generated. This has been utilized to inform revision of the National Condom Strategy and resource mobilization including through Global Fund proposal development early 2020 MoH conducted an assessment on condom distribution and the dispenser distribution mechanism and findings were discussed at the NCCC. Findings are informing reforms in the free condom distribution mechanisms especially in the context of the growing private sector portion
- d) A comprehensive technical support supervision exercise was conducted to partners supporting condom data capture through the condom logistics information management system (CLMIS) in 14 districts. An assessment report was generated, and findings will be utilized to advocate for expansion of the system under the Global Fund country proposal
- e) Uganda hosted a regional condom commodity quality assurance workshop that resulted in improved post market surveillance by the National Drug Authority utilizing domestic resources.

Output 1.2.2: Biomedical HIV prevention interventions delivered to optimal coverage levels

Prevention of mother to child transmission (PMTCT)

during the year under review, MoH with the support of partners continued to provide eMTCT services through a package of interventions under the four prongs offered simultaneously within the platform of MNCAH services to achieve the elimination of mother to child transmission of HIV and syphilis in-line with the national 90-90-90 targets for HIV epidemic control by 2030.

- a) **Maternal Cascade:** Overall, PMTCT coverage stands at about 95%, there are though still high new child HIV infections occur during breastfeeding and mothers that initiate on PMTCT rate. During the period, there were 1,833,089 first Antenatal clinic visits (ANC 1) across the country of which 98% knew their HIV status showing an increase from 96% of mothers who attended ANC1 from the previous year (2017/18). 32,922 women were newly identified to have HIV at the first time of testing during ANC, Labor & Delivery (L&D), or Postnatal with 90% of them enrolled on Anti-retroviral Therapy (ART) compared to 84% registered in 2017/18 which is 6 percentage point increase for eMTCT ART provision for Pregnant Women during the year under review.
- b) The Path to Validation meeting is presently under way. Regarding 95-95-95, there is need to disaggregate data to highlight the plight of children. Over 96% (1,671,443) of mothers who attended ANC1 (1,741,443), took an HIV test or already had an HIV + status and 97,722 (6%) were identified as HIV positive requiring immediate ART. The HIV positivity rate was highest in the Central 1 region (9.4%) and lowest in North East and West Nile regions (1.4% and 2.1% respectively). Four Regions (Central, Central 2, Kampala and South Western) had HIV positivity rate above average.
- c) **Technical and financial support to the national eMTCT Impact evaluation; evidence from the Impact Evaluation will inform the development of the MTCT elimination plan.** HIV/syphilis Duo Test Kits and confirmatory kits for a total of 2700 mothers enrolled for follow up were procured and delivered to the Ministry of Health. The test kits were distributed across all 250 health facilities where the mother-baby pairs were recruited for the exercise. To ensure effective implementation with credible/valid results, UNICEF provided MOH with financial support towards the training of health workers on the use of the duo test kits from other core resources.
- d) **Increase access to skilled care (primarily PMTCT) for poor and vulnerable women.** The objective of The World Bank's UG-Reproductive Health Voucher Project is to increase access to skilled care, including PMTCT, for poor and vulnerable women living in rural and disadvantaged areas during pregnancy and delivery. The target population also includes PLHIV among its vulnerable group. So far under this project, 129,794 women have received essential HNP services. Within this, the number of women tested for HIV is currently 83%, and those with HIV who receive EMTCT is 3,278. A positive factor to consider regarding the quality of these services is the percentage of mothers satisfied with the services which currently stands at 93%.

HIV testing guidelines and tools integrating self-testing and use of lay testers

JUPSA advocacy and leadership has contributed to country's making impressive progress in attainment of 90-81-73. As at end of December 2019, the Country had achieved 89% people knew their HIV-positive status, 84% of the

people were on treatment, 75% on treatment were virally suppressed. HIV testing continues to be provided as an integrated service in the different points of care at all health facilities.

- a. Presidential Fast Track Initiative Regional launches and WAD were used to accelerate HIV Testing, treatment and HIV awareness messages run during World Cup. Support was also extended to UNYPA for Viral load testing campaign and fighting stigma and discrimination. Uganda Boxing Federation has been supported to reach out to men. FOCAGIFO supported to strengthen the capacity of faith-based chaplains and their networks to respond to HIV, GBV & SRH with a specific target of reaching out to at least 1000 men and boys in Kampala and Wakiso districts.
- b. **HTC SOPs for Prison Settings.** Through the support of UNRAAF funding and the technical support of UNODC, Uganda Prisons Service developed National HIV Testing Services (HTS) Standard Operating Procedures (SOPs) for prison settings tailored to the unique characteristics of the prison environment, provide solutions for prison specific barriers and challenges to ensure access to health service that is equivalent to that available in the wider community. This was achieved through the recruitment of a national consultant, one inception meeting and three consultative workshops. Participants included Uganda Prisons service, Ministry of Health, international organizations, and civil society. The final SOP has been shared for validation and is planned to be launched in mid-March 2019.

Scale up Sex work programming: With support from JUPSA, sex work activities targeted at improving access to HIV/AIDS services were also implemented in Nakivale and Oruchinga. A total of 527 Sex workers were mapped in the different villages in the settlements. A total 1,167 Sex workers and clients were reached with HIV prevention messaging. HIV testing was conducted for all sex workers at least once during the year, with the results that 25 (4.7%) who tested positive and were linked to care and initiated on ART. Screening for Sexually transmitted Infections was also provided and 8 sex workers who tested positive for syphilis were given treatment. A total of 19,430 male condoms were distributed to the sex workers and 173 were enrolled onto family planning other than condoms.

Output 1.2.3: SRH/HIV interventions for adolescents and young people delivered at optimal coverage levels

KARUNA supported the MoH and DLGs to revise the National HIV prevention, care and treatment guidelines based on WHO guidance. Further support was provided to train 70 Training of Trainers health workers in five districts of Karamoja region (Napak, Kaabong, Amudat, Nabilatuk and Nakapiripirit) on the Guidelines through classroom based and hands on practical onsite training.

The UN joint programme support has also promoted an integrated service delivery and strengthened community-based programmes through leveraging partnerships and coordination of the regional Karamoja partners, including Straight Talk Foundation (STF), AIDS Information Centre (AIC), BRAC, Action Africa Help (AAH) and Prevention of HIV & AIDS in the Communities of Karamoja (PACK) who are also receiving similar support from the Embassy of Ireland to strengthen community facility linkages.

The targeted adolescent mobilization and programming through mechanisms such as the Presidential Fast Track Initiative, catalytic funding by Global Fund, Joint UN SRH/HIV/GBV programme and peer support model by MOH are meant to improve access to services by this age group. There has been a minimal improvement in the coverage of HIV testing among adolescents and young women at both regional and national level. The reduction in the number of tested adolescents follows the adoption and implementation of the 2018 testing guidelines which call for targeted testing. Linkage to care improved from (56/164) 34 per cent during the same period in 2018 to (40/56) 71 per cent in 2019. Drawing on the learnings from the improved linkage to care in the region, UNICEF in partnership with other UN agencies and their partners will continue to scale up youth responsive services through an integrated approach, using different service entry points, including through outreach modalities; in effort to extend services to the most underserved communities in Karamoja.

Coverage and utilization of SRH, HIV and GBV services in humanitarian settings

JUPSA supports comprehensive maternal health services, AYSRH and GBV services and delivery of the Minimum Initial Service Package for Reproductive Health (MISP) in all refugee settings and areas hit by emergencies in the country. Refugees are from South Sudan and DR Congo while local communities in Bundibugyo, Sironko, and Bududa were affected by devastating floods, landslides and windstorms, which necessitated the need for emergency attention. In 2018-2019, the following results were documented

- a) A total of 188 health workers trained on the Minimum Initial Service Package (MISP) for SRHR, 466 on GBV case management, 347 on obstetric emergency care and 42 on clinical management of rape contributing to 56% of survivors accessing appropriate clinical care within 72 hours of incident in humanitarian settings.
- b) A total of 171,936 people, of which 90,125 were adolescents and youth received SRH/HIV/GBV services and over 30,000 births occurred under skilled delivery.
- c) UNFPA Implementing partners contributed data to the GBV IMS managed by UNHCR reflect up to 1,754 GBV survivors, including women, men, girls and boys, were facilitated to access quality essential services i.e. life-saving healthcare services, psychosocial services, safety and security and legal justice.
- d) 3,965 dignity kits were procured and distributed to new mothers and selected survivors.
- e) The SASA! Methodology was used to sustain conversations on GBV and its effects in the humanitarian and development settings with over 300,000 community members reached with messages through 2,875 trained community activists.

Reaching men with SRH/HIV/GBV services with 500,000 testing for HIV annually through mobilization by religious and cultural institutions.

As a contribution to the implementation of the Presidential Fast Track, that provides priority focus on HIV infections among adolescent girls and men, JUPSA innovated around working with cultural and religious institutions and leaders as mechanisms for reaching men with socially acceptable messages on HIV prevention. Below are the achievements

- a) JUPSA has set up partnership with all major cultural institutions and all major religious institutions congregating under the Inter-Religious Council of Uganda. As gatekeepers of culture and influencers held in high esteem by community members, cultural and religious institutions have been mobilized to develop common SRH/HIV/GBV programming tools and leaders oriented to mobilize and interact with communities through face-to-face sessions as well as mass media channels especially those owned by cultural and religious institutions
- b) A total of 350 community religious leaders were oriented to support community awareness and education process basing on commonly agreed tools for religious leaders. Men in Uganda have poor health seeking behaviors, are constrained by socio-cultural norms and values that need to be transformed through various approaches to enhance informed decision-making and access to information and services for themselves and for their partners and other family members.
- c) Cultural and religious leaders through community dialogues, scheduled institutional scheduled events as well as community radio programming reached over 2,000,000 with information on SRH/HIV/GBV information.
- d) Up to 430,000 people were reached with a package of integrated services including HIV testing, VMMC, cervical cancer screening and family planning services as well as information on GBV and linkages for further treatment and support.

2.2 TREATMENT, CARE AND SUPPORT THEMATIC AREA – ACHEIVEMENTS

Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access

During the period, the UN Joint Team members continued to leverage on JUPSA's added value to the National HIV/AIDS response by supporting the country through various sectors to adopt international normative guidance for HIV prevention; catalyzing the scale-up of implementation of proven HIV prevention and control strategies; and supporting critical research and documentation of efforts towards accelerated HIV prevention and control within the country.

The achievement of the above key outcome targets was facilitated by the following key breakthroughs

- a) Country supported to adapt more efficacious HIV treatment regimen- DTG roll-out the consolidated treatment and prevention guidelines.
- b) The National Drug misuse and Alcohol treatment guidelines, which were develop with TA from UCO, is being used to initiate Medically Assisted Therapy (including OST) for PWIDs in Uganda.
- c) The Health Integrated Refugee Response Plan was launched in and is now a guiding document for implementation of integrated services in settlements with districts taking lead.
- d) Uganda Prisons Service developed National HIV Testing Services (HTS) Standard Operating Procedures (SOPs) for prison settings tailored to the unique characteristics of the prison environment.
- e) 35 district mentors in HIV Testing Services (HTS) for all seven districts of Karamoja Region (Napak, Abim, Amudat, Nakapiripirit, Nabilatuk, Karenga and Kaabong).
- f) A total of 24 facilities were mentored in the 5 districts and these included 3 General hospitals, 2 HC IVs, 17 HC IIIs and 2 HC IIs. to provide quality HTS services in line with the National policy guidance.

The thematic area has three outcomes and the tables below present outcome level targets and achievements:

Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access.

Key progress indicators	B-line	T-2020	Progress by Dec 2019	Comments
% of adults and children with HIV infection receiving antiretroviral	50% (DHIS 2 2014)	80% (2020)	87% (1223513/1412137) PLHIVs on ART Dec 2019	Adult ART cov. 88%, Adult F: 94%, adult male 79% and children 68%
# of health workers trained in revised WHO policies and guidelines	0	480 (2020)	JUPSA-286; 19,456/31,742	Specialists, doctors & clinical officers (2,539)
# of health workers trained in commodity quantification;	50	480 (2020)	285 Pharmacy personnel	To do more in Karamoja, Luuka / Kween
# of additional Health facilities using Open eMRS;		200 (2020)	17	Off track Inadequate resources
# of survey reports generated and disseminated for PDR and ADRS	0	2 PDR survey report (Yrs. 1 \$ 4), 2 ADR survey reports (Yrs. 3 and 5)	One PDR study done 08/2016/03/ 2017; 2 ADR studies done (12&48 months on 1st line medicines	PDR of 15% provided evidence for adoption of TLD; ADR common virally failing clients (10% after 48 months on Rx);
# of Health workers trained on screening and management of co morbidities.	50	300 in Hepatitis, 200 trained in Visceral Leishmaniasis	JUPSA-286 9,718 for all co-morbidities 15 Trainers to cascade the screening throughout Karamoja	An integrated training model was adopted for the rolling-out the 2018 consolidated HIV prevention and treatment guidelines

Outcome 2.2 Programs to reduce vulnerability to HIV /AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced.

Key progress indicators	B-line	T-2020	Progress by Dec 2019	Comments
% of care, protection and support to OVCs and their families through case Mgt	60%	90%	>89% served as per core program areas	(2,770,615 vs 2,474,340) were served
% of households receiving social assistance	4.50%	6%	168,534 beneficiaries (M=63,330 F=105,204)	HH with clients received protective rations of cereal, pulses, vegetable oil and sugar.
Proportion of girls aged 15–19 who have experienced sexual violence	18.90%	At least 5% reduction	9.9 %	9.9 % Ever experienced Sexual violence 5.3% experienced sexual violence- 12 months

This has contributed to over 1.2 million PLHIV being on ART by end of 2019 and achieving the 90-81-73 treatment cascade with 89% knowing HIV status, 84% on ART and 75% viral suppressed. Overall, there has been a reduction of 44% in HIV infection in the country from 2010 to 2019 to 53,000 new HIV infections and about 60% reduction in AIDS related deaths to about 21,000 by end of 2019.

Output 2.1.1: Guidance provided, and capacity built for provision of standard ART care according to the new WHO recommendations:

JUPSA provided both financial and technical support towards the pre-elimination investigation and related processes. A total of 42 members of the National Validation Committee were trained on the validation process and its requirements. Field data collection, analysis and report writing was also supported. A final report in place, the findings to guide country direction in the Elimination plan II towards duo elimination of HIV& Syphilis

Output 2.1.3 Institutional capacity for tracking, retention, and adherence monitoring of PLHIV on treatment strengthened.

- Translating WFP's global role as co-convenor of the work on HIV in emergency contexts, the World Food Programme supported Ministry of Health to conduct an in-service training on Nutrition Assessment, Counselling and Support (NACS) which targeted health workers offering ART/TB, maternal and child health services in the refugee hosting districts within South-Western Uganda. The training covered all the three components of NACS (Nutrition Assessment, Nutrition counselling and Nutrition Support). The first four days were standardized for Basics on Nutrition, assessment and classification of malnutrition; Management of acute malnutrition, infant and young child feeding and maternal nutrition during pregnancy/lactation; Nutrition care and support for people with HIV/TB; health facility and community linkages; and reporting for HIV and nutrition.
- A total of 105 health workers from government operated and not-for-profit health facilities in the five (5) districts of Kabarole, Kikube, Kamwenge, Isingiro and Kyangwali were trained on the six (6) day NACS course. The training strengthened health service providers' ability to integrate NACS at all health service delivery points, including antenatal, maternity, post-natal, young child clinics, family planning, HIV, inpatient wards and outpatient clinics, community outreach. Health workers were equipped with knowledge on assessment and referral of People Living with HIV (PLHIV) with Moderate Acute Malnutrition to the Therapeutic Supplementary Feeding Programmes (TSFP) run by WFP in refugee settlements.
- Strengthened capacity of HIV Expert Clients. To meet the treatment and care needs of the increasing number of people living with HIV (PLHIV) in Karamoja sub-region with the limited number of health workers (1 physician to 24,000 clients), WFP and the Ministry of Health organized a support supervision and mentorship exercise for HIV expert clients on nutrition care and support of PLHIV. These work as peers to provide

voluntary routine nutrition education and counselling and follow up of PLHIV at household level and perform nutrition screening to establish the nutrition status of clients, offer dietary and drug adherence counselling and refer malnourished clients to the nearby referral facilities. A total of 193 expert clients were mentored during the exercise by a team of mentors from the Ministry of Health and the respective district local governments and this was done in all the nine (9) districts of Karamoja.

Retention in care; UNICEF in collaboration with ADPs and the MoH, provided technical and financial support,

- Toward the successful launch of the 'Free to Shine' campaign championed by the First Lady; through the campaign all district level stakeholders including implementing partners were re-engage to surge community and facility level interventions for improved retention of mother- baby pairs along the continuum of care.
- Toward the roll out of Family Connect-eMTCT module, a digital solution application, that sends automated SMS appointment reminders for mother-baby pairs, in a bid to improve retention in care; a total of 77 facilities in 6 districts were reached.
- Toward targeted community dialogue meetings to increase uptake and continued utilization of HIV services by mother-baby pairs and adolescents in the 39 UNICEF focus districts
- Toward peer-led patient -tracking mechanisms including active follow-up of missed appointments and family support groups for PMTCT mothers and their partners in the 39 UNICEF focus districts
- Toward monthly on-site mentorships and quality improvement coaching on mother-baby cohort monitoring and data quality to improve the quality of recording and reporting as well as continued data utilization for improvement in retention.
- Toward the implementation of the Group Antenatal care model pilot at 30 health facilities; the pilot is a differentiated service delivery platform that uses a peer approach to provide adolescent friendly MCH and HIV services. It aims to improve the retention of adolescents in care along the RMNCH/HIV continuum of care.

As a result of the above interventions, retention at 6 and 12 months for pregnant women living with HIV in the general population was reported at 68 per cent and 70 respectively (MoH reports).

Outcome 2.2: Quality of HIV care and treatment improved

Output 2.2.3: Institutional capacity for HIV treatment and care quality improvement enhanced

The aim of the trainings was to build capacity of health service providers at all levels to integrate nutrition assessment, counselling, and support (NACS) into all health service delivery points. The trainings were also aimed at enhancing the referral linkages of people living with HIV (PLHIV) with Moderate Acute Malnutrition from the HIV clinics to the existing nutritional programmes in the region.

The training of these health workers was carried out to increase their knowledge on assessment and referral of people living with HIV with Moderately Acute Malnutrition to the Community Based Supplementary Feeding Programmes (CBSFP) run by WFP in the Karamoja region. The Participants were drawn from government facilities, private not for profit health facilities, and Non-Governmental Organizations implementing community nutrition interventions in the districts of Moroto, Kotido, Abim, Napak, Kaabong, Nabilatuk, Amudat and Nakapiripirit. The trainees comprised of nutritionists, Clinical Officers, Enrolled Nurses, Nursing Officers, and midwives Nursing Assistant, among others.

WFP supported the training and mentorship of Expert HIV Clients on extension of nutrition services to health facilities and communities. This is an intentional delegation of activities including extending services to the communities from the highly skilled health workers to less skilled workers. A total of 55 Expert Clients and 20 district health workers were mentored in this peer-to-peer model. This covered the whole Karamoja region which includes the districts of Abim, Kotido, Kaabong, Moroto Napak, Nakapiripirit and Amudat. These are monitored and supervised by the health facility in-charges and district HIV/Nutrition focal person with reported monthly performance.

Outcome 2. 3: Programs to reduce vulnerability to HIV /AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced.

- a) A National Action Plan (2017-2021) on Women, Girls and Gender Equality and HIV&AIDS developed
- b) A Gender Bench Book (GBB) to guide adjudication of GBV cases by Judicial Officers was developed.
- c) A Gender Policy Action Plan for the Uganda Police Force (UPF) was developed to promote gender responsiveness, non-discrimination, just and fair treatment in the provision of general policing services.
- d) The policy regulation on Employment HIV Non Discrimination was launched by the Ministry of Gender Labour and Social Development
- e) Major HIV funding streams prioritise interventions that advance GEWE, equity and human rights especially for PLHIV, women and key populations
- f) Gender, equity and human rights strategy for AIDS TB and Malaria response in Uganda
- g) Social protection strategy that will support government roll out Gender and human rights assessment
- h) Increased funding for prevention and management of VAWG – one of the key drivers of the HIV epidemic
- i) Increased attention to stigma reduction – annual campaigns led by peers, leaders and civil society including advocacy for law reforms
- j) Economic empowerment programmes targeting young people and PLHIV

Output 2.3.2: Strengthened community capacities for food security, nutrition, and economic livelihood to mitigate the socio-economic impact of HIV/AIDS

Districts supported to conduct a food security and nutrition situation assessment for PLHIV, the World Food Programme in collaboration with the government of Uganda undertook a study to determine the Nutrition Food Security and Vulnerability status for PLHIV in the Karamoja region. Uganda is one of the fast track countries in the East African region and like many other countries, it has integrated the nutrition component in its national response to fight against HIV/AIDS in the drought and food insecure Karamoja region. Yet, there is limited evidence on the prevalence of malnutrition among people living with HIV, their food security status and their level of vulnerability. Such considerable weakness, particularly vis-a-vis advocacy, led to poor justifications of the proposed activities. Districts were supported to disseminate the results to all stakeholders and district specific action plans were developed.

The study provided insights into the nutrition situation in the region. Some of the key results from the study included: more than 90% of PLHIV had been enrolled into ART treatment; 31.5% of the assessed clients were undernourished with a BMI for age/BMI below the normal thresholds, with a high prevalence among the males (42%). 70% indicated that their workability had improved after initiation of ARVs while 30% indicated that their workability had declined. 26% indicated that they had missed ART treatment in the last 30 days. The main reason for missing treatment was indicated as lack of food (21%) followed by travel difficulties to the health facility (17.6%). Most households relied on less preferred food (91.3%) or reduced number of meals (88.5%) as a response to lack of food. 60% of the respondents indicated access to agricultural land. 58% had credit or debt to repay and the biggest reason for borrowing was to buy food (48%).

3.0 HIV GOVERNANCE AND HUMAN RIGHTS SUMMARY OF ACHIEVEMENTS

Outcome 3.1: A well-coordinated, inclusive and rights based multi-sectoral HIV and AIDS response that is sustainably financed to reverse the current trend of the epidemic

The following are key achievements under the thematic area

- a) HIV mainstreaming guidelines approved and MOFPED through 2019/20 Budget Call Circular, instructed all MDAs to provide for HIV mainstreaming budget (0.1% of their sectoral budgets) in their Mid-Term Expenditure Framework (MTEF) allocation.
- b) Sustained support to Global Fund application, implementation and report
- c) Harmonized M&E system for the HIV and AIDS response at national and Karamoja levels- meeting country and global reporting- DHIS2 functional and revised to provide for granular data, HIV Estimates/projections, Key population size estimate.
- d) Revised Health sector HIV/AIDS strategic plan 2018/19-2022/23

Output 3.1.1: Functional capacity of HIV and AIDS coordination structures at national and subnational levels strengthened

JUPSA Output 3.1.2: Sustainable financing mechanisms for the HIV Response in Uganda strengthened

Multi-prong approach to the sustainability of the HIV response adopted that looks beyond finances. Progress has been registered in the areas of domestic resource mobilization, expenditure tracking, gender mainstreaming, strategic information, and coordination to provide assurances for achievement of desired results. The funding for the HIV response remains hugely borne by Development Partners by PEPFAR led USG, Global Fund, the UN Group, and other bilateral agencies. Domestic financing is limited, with Government of Uganda direct budget support only covering about 12% of the response. While domestic funding for ARVs by GoU has improved a little to about US\$150 billion, there is hardly any domestic funding for condoms, SMC services, HIV rapid tests, and laboratory supplies that continue to be largely funded by external donors.

- a) UN provided technical and financial assistance to the Government of Uganda (GOU) for the strengthened coordination of the development and submission of the national requests for grant funding from the Global Fund. In addition to strengthening the CCM structures and systems for effectively overseeing Global Fund programmes and grants in Uganda. This has enabled Uganda to secure, implement, monitor, and report on its total Global Fund grant portfolio US Dollars \$506,896,346 for the period 1st January 2018 to 31st December 2020. Through this support. The strengthening of the overall coordination of the multi-sectoral responses to HIV&AIDS, Tuberculosis and Malaria, including oversight of the Global Fund programmes and the Principal Recipient(s) of the Global Fund grants in Uganda. Strengthened coordination of the development and submission of the national requests for grant funding from the Global Fund. Strengthened the CCM structures and systems for effectively overseeing Global Fund programmes and grants in Uganda. This includes the strengthening of the CCM Secretariat's capacity for improved CCM oversight and coordination role/function. Strengthened the CCM's oversight of the management & implementation of Global Fund grants; including Finances and HIV & AIDS, TB and Malaria Programmes while ensuring effectiveness, efficiency and value for money.
- b) Effective advocacy and strategic technical assistance to the Ministry of Finance, Planning and Economic Development, that has resulted in the 2019/20 Budget Call Circular, instructing all Ministries, Departments and Agencies (MDAs) to provide for HIV mainstreaming budget (0.1% of their sectoral budgets) in their

Mid-Term Expenditure Framework (MTEF) allocation. This development is substantial step forward to increase and sustain national funding HIV response.

- c) Efficiency gains study completed and identified savings of about USD40 Million annually as the main cost drivers for the response and informed development of an implementation to realize efficiency. The findings informed the development of 2020- 2030 HIV Investment case and National HIV Strategic plan (2020/21-2024/25).

Sustainable financing mechanism

Key progress indicators	B-line	T-2020	Progress by Dec 2019	Comments
HIV national policy composite index scores	55%	95%	>90%	Country has achieved milestones on policy and legal entrainment save for issues of key population and financing
%age of domestic and international AIDS Spending categories and financing sources	GOU 11.2 External 68 Out of pocket 20.8	GOU 40 External 50 Out of pocket 10	9.5%	MOFPED through 2019/20 Budget Call Circular, instructed all MDAs to provide for 0.1% of their sectoral budgets ATF advocacy Increased GOU funding to ARVS and UAC budget
# of GFATM proposals developed and submitted in time	0	6 Proposals 2020	3 On track	<ul style="list-style-type: none"> Malaria, HIV/TB & catalytic funding proposals) CCM annual support \$75,000

Output 3.1.3: A harmonized monitoring and evaluation system for the HIV and AIDS response built at national and sub national levels

- a) **Improved capacity for data generation** and use to inform implementation and prioritization of interventions. The Country has been supported to have a harmonized data management system (DHISII) being used by Government and partners to meet national and international reporting obligations.

Key progress indicators	B-line	T-2020	Progress by Dec 2019	Comments
# of UAC and sectoral joint programme reviews conducted	1 Annual JAR 3 Sectoral Reviews	5 Annual JAR, Annual HIV Country reports, NSP MTR/ and end evaluations, HIV gender Assessments	<ul style="list-style-type: none"> 4 JARs held, New NSP dev't New NPAP Annual GAM ACP/MOH 2018-2023 plan 	Noted improvement in reporting and meeting country and Global reporting
Existence of a fully functional and centralized tracking and reporting system	DHIS	One	<ul style="list-style-type: none"> DHIS OVC MIS 	Country have harmonized numbers for advocacy
# of National, regional and Districts HIV estimates and projections	One National and Nine regional	national, 10 regional and 112 district HIV estimates	<ul style="list-style-type: none"> 4 Annual national estimates 2019 district estimates 	National estimates on track, save districts estimates

b) Other key strategic information products supported include:

- A consolidated Key and Priority Population Size Estimates for Uganda
- Country HIV status report that was presented at the 2018/2019 Joint Annual AIDS Review
- The generation of 2019 HIV estimates, and projections used to inform country planning, prioritization, and reporting.
- Scaled-up capacity for integrated data quality and use in eight SRH/HIV/GBV SIDA supported districted with managers generating dashboards and informing quarterly reviews and planning sessions.
- Health sector has been supported to develop Health sector HIV/AIDS strategic plan 2018/19-2022/23 and HIV sector M&E plan
- Revised National Integrated Management of Acute Malnutrition (IMAM) guidelines which include nutritional support and care for PLHIV.

c) The Uganda Nurses and Midwives Council was supported to scale up the Geographic Information System (GIS) to improve effective tracking of midwives and provision of information on midwifery workforce requirements. Nineteen districts were covered including sensitization of stakeholders and training of health workers, and 1,775 midwives enrolled into the database. The GIS report has been utilized to redistribute midwives within the facilities to increase service access and prioritize training needs and thus improving quality of services.

d) Maternal and Prenatal Deaths Surveillance and Response (MPDSR) facility based training was conducted for 470 HWs to enhance quality review, 100 HWs selected from facilities in Key population's hot spot areas were trained on provision friendly SRH/HIV and GBV services to key population groups (KP)

e) **Midterm evaluation of Karamoja United Nations HIV programme (KARUNA). The findings were presented to the 13th JUPSA Steering Committee and is informing the development of next phase.**

Key findings – Relevance

- KARUNA design is largely being implemented as designed

It was deliberately aligned to the UN 90-90-90 Strategy, and the Start Free, Stay Free, and AIDS Free Framework for pediatric HIV prevention and treatment.

It also contributed to global efforts to end the epidemic, particularly United Nations post 2015 agenda to end the AIDS epidemic by 2030. The Programme assimilated new instruments and strategies as they emerged.

It contributes towards attainment of African Union Agenda 2063 as well as Africa regional commitments towards fighting HIV and AIDS, including the Abuja Declaration (2001); the Abuja call (2006), the Kampala Declaration (2010) and the African Union Road Map (2012).

It is further aligned to the sub-goal 1 of Uganda's National Strategic Plan 2015-2020 on reducing new HIV infections, JUPSA Strategic Plan 2016-2020, the United Nations Development Assistance Framework (UNDAF) and the National Strategic Plan (NSP) 2016-2020.

Program interventions are guided by national guidelines on HIV prevention, care, and treatment that were developed by the relevant government agencies with support from KARUNA.

KARUNA and PACK complement each other, and efforts were made to avoid duplication of interventions.

Key findings- Effectiveness

Overall, most indicators at outcome and output level seems to be on track although there are some areas that will need more effort.

<ul style="list-style-type: none"> i. Reduction of new HIV infections from 1,086 to 852 in 2019 (22%) ii. ART coverage (80% from 60% at baseline), iii. Viral load suppression receiving antiretroviral therapy (79%) iv. Increased knowledge on how HIV is transmitted v. Enhanced functionality of DHIS and OVC HIS (100%) vi. Reduced stigma (10%) vii. Approval and implementation of 0.1% mainstreaming guidelines viii. JAR, NASA, country HIV status report done ix. Establishment of UAC zonal office in Karamoja 	<ul style="list-style-type: none"> i. HIV testing among 10-24 yrs (F-55%, M-57%) Vs. target of (F-80%, M-60%) ii. Knowledge of ways of preventing sexual transmission of HIV (M-54%, F-62%)-far below target of (M-90%, F-90%) iii. % of HIV and AIDS funding that comes from GoU)10%-far below target of 40%) iv. Three Lot Quality Assurance Surveys have not been done replaced with baseline & MTE v. NADIC was not functional vi. DACCs strengthened but no fully functional
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Achieved indicators

Indicators that were way below the target

Strengthen National and Karamoja capacity for planning, financing and data use

- 1. Sustainable financing:** The 0.1% mainstreaming guidelines, National AIDS Spending Assessment, AIDS Trust Fund and the One Dollar Initiative (ODI), Global Fund applications, CCM strengthening and financial support, PEPFAR COP processes, HIV Investment Case.
- 2. Coordination mechanisms:** UAC self coordinating entities (SCEs), District AIDS Coordination Committees were strengthened, UAC established a zonal coordination in Karamoja
- 3. Planning, reporting and reviews:** National Strategic Plan development, 4 Joint AIDS Annual reviews, NSP-Midterm evaluation, 4 Country Annual HIV Status reports, 4 Karamoja Stakeholders meetings in Moroto, Kotido and Nakapiripirit, 7 districts in Karamoja supported to develop HIV/AIDS Strategic plans, HIV Health Sector strategic and M & E plan 2019-2023, functional DHIS and OVC-MIS, Annual HIV projections and estimates.

Key challenges

- Late release of funds which affects the implementation of activities, affecting reporting
- Unharmonized funding cycle between the UN Agencies, funding agency, and the Government of Uganda Partners.
- Late reporting which affects disbursement of funds
- Low absorption capacity by IPs
- The nature of the UN processes and systems requires sufficient time to engage and contract partners
- Some IPs are weak, some were changed while others who should be based in Moroto operate from Kampala
- Very high turn over among district leadership
- Coordination between different implementing partners is still poor

KARUNA MTE Findings

Lessons learnt

- UN implemented a highly HIV/SRH/GBV integrated programme through the use of a multidisciplinary and multifaceted approach supported by use of varied technical resources from the UN family and partners.
- Where a Programme has been implemented in a multisector and multidisciplinary and multifaceted manner, a centralized M&E system that allows the tracking of progress for each of the implementing partners.
- An integrated approach to HIV/AIDS provides opportunities for piloting innovative models and approaches for possible replication in other HIV/AIDS Programmes both within and outside Karamoja region;

KARUNA MTE Findings

Recommendations

- There is need for a centralized database on the performance of the different activities by the different implementing partners.
- Strengthen and agree on a mechanism for timely release of funds
- Harmonise the funding cycle for key stakeholders involved in the programme
- Strengthen the coordination and enhance capacity of IPs
- Engage with district leadership for non-transfer of staff from high volume sites
- Strengthen the full functionalization of the DACC

Recommendations

- KARUNA to further disseminate the models and innovative approaches used during the remaining programme period and support full-scale implementation of HIV and AIDS related guidelines, laws and policies
- Fast-track realization of options/alternatives for sustainable financing of HIV response in Karamoja region and support implementation of 0.1% mainstreaming guidelines
- Develop an exit and or sustainability strategy for KARUNA to ensure systematic scale-up of interventions and or phase-out of the programme.
- There is need for continued efforts by health workforce to collect, analyze, interpret and use health data for improving the quality of services in their respective district.

KARUNA MTE Findings

World Food Programme (WFP) under the Nutrition development partners group and Health Development Partners Group supported the review and dissemination of new health information system indicators and tools for nutrition and HIV. This was aimed at supporting the reporting on HIV and nutrition indicators that correspond to the interventions contributing to the national health strategic plan.

The review process included country wide and regional consultations. As a result of these consultations, the Health Management Information System (HMIS) indicators were updated and revised indicators put in place. This is also in line with WFP priorities of aligning innovative systems like SCOPE CODA to national HMIS.

Output: 3.1.4: Strategic alliances and Partnerships enhanced for the multi-sectoral HIV response

Over 5 million men covered/offered with HIV prevention/testing services as result of innovative partnership with CBS FM Radio station under Buganda Kingdom. Also, this effective partnership with Buganda Kingdom supported the establishment of online network of 40 teachers, representing all schools in Central Region, who initiated HIV prevention campaigns in schools through song performance competition, knowledge camps etc.

Output 3.1.5: Reforms in national and sub-national laws, policies, and strategies for better alignment to international standards

- a) Institutional capacity strengthened of the Uganda Investment Authority to develop and implement a policy tool-kit on HIV&AIDS and the world of work as a guide for promoting HIV&AIDS and the world of work among foreign high capital enterprises. The tool kit that was jointly developed by Uganda AIDS Commission, Federation of Uganda Employers, Association of networks for Persons Living with HIV, National Organization of Trade Unions and Government, provides knowledge and information on HIV&AIDS, including zero tolerance for stigma and discrimination and abuse of workers' right at the work place.
- b) Capacity of Moroto and Napak district local governments strengthened to develop and implement HIV&AIDS workplace responses for the public sector workers. The capacity building process involved technical support of UNAIDS, UAC and the District administration. 30 heads of departments of the key sectors of Agriculture, Health, Education, Labor, Community Development and Finance were trained on the knowledge and skills on developing and implementing HIV&AIDS workplace policy and programmes, including understanding of the existing policy frameworks on HIV&AIDS, Labor and Gender mainstreaming. HIV&AIDS workplace policies and management committee for Moroto and Napak are in place, to be formally endorsed by the respective District Councils.

Output 3.1.6: Capacity of key government and non-government institutions in gender responsive and human rights sensitive HIV programming strengthened

- a) Over the period, JUPSA through UNFPA contributed to health worker capacity building through training in various SRHR areas to boost system capacity to provide services in a sustainable manner. These included:
- b) Support to a structured and collaborative clinical training programme for improving quality in midwifery education especially at practicum sites for 60 midwifery schools over 4,500 trainees have been reached in these schools.
- c) A total of 367 health workers were trained on Comprehensive Family planning including sayana press DMPA SC.
- d) UNFPA supported orientation on SRH/HIV/GBV integrated service delivery for in- charges and HWs of 7 Regional Referral Hospitals (RRH) and 24 program HFs. The RRH teams will support continuous support supervision for quality and acceptable services.
- e) UNFPA supported a Training of Trainers (TOTs) of 38 HWs on clinical management of rape (CMR) who then trained 420 HWs bring the total trained in the reporting period to 792 HWs. Up to 137 HW were trained on provision of psychosocial support GBV survivors
- f) Hinged on this contribution to HR capacity building, an analysis of HMIS data from 34 UNFPA supported districts indicate that up to 1,168,913 FP users, 1,819,708 reached with HIV testing. Up to 20,000 accessing GBV services, pregnant women newly tested for HIV at 458,275 with 6,542 testing HIV positive at any visit, pregnant women tested for syphilis at 423,878 and clients who accessed PAC services at 22,729 in 2019. Over 15,000 GBV survivors were provided psychosocial support
- g) The purpose of this Village Health Teams (VHT) training was to provide technical knowledge and skills to the VHT members related to nutrition screening and HIV/AIDS which they will use to mobilize and empower households and community members for health action. By the end of December, 500 VHTs in the Karamoja Region were trained to support nutrition and HIV programmes in the country.
- h) The involvement of grass root stakeholders facilitates the transformation of communities, reduction of poverty, instant delivery of health messages, and the translation of the nutrition messages into reality at community and household levels.

Outcome 3.2: Capacity to implement and coordinate the JUPSA interventions

3.2.1 Administrative and technical capacity for JUPSA implementation enhanced

Participating Organizations continued to use UNDP MPTF Office to serve as the Administrative Agent (AA) for this Joint Programme. The AA is responsible for a range of fund administration services, including: (a) receipt, administration and management of donor contributions; (b) transfer of funds approved by this Joint Programme to Participating Organizations; (c) consolidate annual financial statements and reports, based on the submissions provided to the AA by each Participating UN Organization; (d) submission of annual and final consolidated reports to donors. The final consolidated financial and narrative reports are also uploaded at the MPTF Office Gateway at <http://mptf.undp.org/factsheet/fund/JUG00>, by 31st May every year. A financial summary report up to December 2019 is provided as part of this report generated through agency systems.

3.2.2 JUPSA monitoring and evaluation and performance tracking strengthened

JUPSA during the period was monitored through monthly UN Joint team meetings, engagement with sectors during sector performance reviews, Joint meetings, district joint SRH/HIV coordination meetings, individual agency monitoring visits to the region, submission, review and provision of feedback to IPs reports, meetings of thematic leads that prepared and presented the annual report to JUPSA Joint steering committee, KARUNA/PACK coordination meetings at regional level were held around the launch of the programme and Joint supervision visits between Irish Aid, PACK and KARUNA-HP. UNAIDS as a Secretariat for Joint team continuously tracks progress of the planned, on-going and concluded activities. There are monthly UN Joint team meetings at national and regional levels, where each agency updates the members on the implementation progress, approaches to joint action are discussed, and agencies share their scheduled activities. Specifically, Agencies have also continued to proactively participate in providing technical backstopping as IPs implement by reviewing reports and in participating in some of the IP activities.

3.2.3 Enhanced advocacy and resource mobilization to support JUPSA implementation

The JUPSA 2016-2020 is funded from participating UN agencies existing agents' core budgets and extra budgetary funds, with an estimated US\$80 million for the 3rd JUPSA generation. During the year, a total of US\$12,811,948 was mobilized and used for implementation of the programme.

Agency	Ireland	UBRAF	SRH/GBV SIDA	UN CORE Agency/Cities Funds	Total funds
FAO	192,936	0	0	0	192,936
ILO	51,579	50,000	0	52,000	153,579
IOM	70,548	0	0	0	70,548
UNAIDS	708,761	0	195,000	2,282,000	3,185,761
UNESCO	58,833	20,000	0	0	78,833
UNFPA	465,667	100,000	278,486	3,694,640	4,538,793
UNICEF	333,909	120,000	430,431	2,279,884	3,164,224
UNWOMEN	210,843	80,000	0	200,803	491,646
WFP	125,890	70,000	0	100,000	295,890
WHO	187,280	80,000	292,458	0	559,738
UNDP	0	80,000	0	0	80,000
UNHCR	0	0	0	0	0
Total	2,406,246	600,000	1,196,375	8,609,327	12,811,948

4.0 KEY ISSUES AND LESSONS LEARNED

The training on data management contributed to the awareness on data usage for planning purposes, more health workers were reached using the mentor-ship approach, while enabling them to have more time at the duty station. engagement of community structures (VHTs, peer educators/expert clients and community leaders/ Refugee Welfare Committees (RWCs); realized instantaneous significant outputs in supporting community TB programs; e.g. mobilization for mass community TB awareness campaigns & screening, intensified community TB suspicion and referral, as well as follow up of TB cases and contacts. The community-based case finding (intensified case search and finding) yielded more TB cases when implemented.

The involvement of district leadership in the planning, implementation and monitoring of joint programmes such as KARUNA has built district ownership of the programme, helped strengthen their capacity for effective coordination, and resulted in a more integrated, effective and efficient approach to programming.

The use of the online OVC MIS feedback platform and help desk has built the capacity of district teams in providing OVC services, especially the quality of case management and reporting.

Young people including adolescent girls and young women require leadership training and mentorship to better articulate the issues affecting their lives. Through the dedicated leadership programme by UNWomen, several young women have made it to decision making tables such the SRHR alliance, GFATM CCM and technical working groups to inform programme design and programming.

Projects like KEEP targeting poverty-stricken regions like Karamoja need to be better resourced to achieve the desired impact.

ii) Indicator Based Performance Assessment:

CUMMULATIVE JUPSA PROGRESS AS AT 4TH YEAR OF IMPLEMENTATION (DECEMBER 2019)

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2019)	Comments
Outcome 1.1: Increased adoption of safer sexual behaviours among adolescents, young people and MARPS					
Outcome Indicators	% of young people 15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission (strategic)	Total 38.9% Women 38.6% Men 39.3% (UAIS 2011)	Women 70% Men 70%	46% F 45% M (UDHS,2016)	UPHIA 2017 provided for age group 13-14years as below Total : 25.6% Girls: 26.3%
	Proportion of young women and men aged 15-24 who have had sexual intercourse before the age of 15 years.	Total 12.6% Female 13.1% Male 11.9% (UAIS 2011)	Female 7% Male 7%	Total: 13.6% Female: 10.2% Male: 17.3 % (UPHIA)	Decline among females, with male rates increasing
	% of adults 15-48 who use a condom at the last high risk sex (sex with a non-marital partner) increased from 35% to 75%	35%	75%	Total : 32% Male: 37.6% Female: 29% (UPHIA)	Low coverage
	% of women 15-49 years who experience sexual and gender-based violence reduced from 28% to 23%	28%	23%	18%	No data available Need to update with 2020 UDHS. For 14-25 aged UPHIA gave Physical Sexual violence 11.1%
Output 1.1.1: HIV integrated into investment, annual and financing plans of key sectors that address identified structural drivers of the HIV epidemic	# of sectors budgets with HIV reflected in budget papers, sector HIV budget lines and expenditure reports	3 (2013)	9 (2020)	7 on track	- Key achievements: Mainstreaming guidelines and compliance tools for the 0.1% budget allocation for MDAs. PFTI - UAC, MoH, MoES, MoD, MoWTC, MoTWA, MoJCA, implementing HIV programs with domestic funds. Mainstreaming policy to expand to all & LGs. 5 of 7 districts (Moroto, Kotido, Kaabong, Napak and Abim) planning and budgeting for gender and HIV in the Karamoja region
Output 1.1.2: Programmes addressing underlying socio-cultural and economic drivers of the HIV epidemic expanded	# of cultural institutions with structured programs addressing structural and behavioural drivers of the HIV epidemic.	4	9	12 Achieved	Studies on harmful practices, leadership orientation, policy positions, message concepts, action plans, M&E& resource mobilization strategies, community engagements, 9 designated cultural institutions with action plans, M&E and resource mobilization frameworks. Working with up to 12 Cls. Source JUPSA reports. Key achievement: Work with 7 major religious denominations resulting in endorsement of pastoral letters (policy guidance) on HIV prevention, MNH,

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2019)	Comments
					teenage pregnancy, FP & GBV. Work with Cross Cultural Foundation of Uganda to compliment the work of MoGLSD I building stronger networks and institutions of cultural leaders to address the norms and practices that propel vices child marriage and inheritance restrictions for women and girls in 9 cultural institutions.
	# of adolescents and girls reached with SRH services.	200,000 (2016)	450,000	650,000 Achieved	Increased resource mobilization for hard to reach areas.
	# of municipalities implementing Cities Fast Track HIV programmes targeting priority population groups	1	6	7 Achieved	Worked with AMICAAL to develop and implement a CFT for 41 municipalities Leadership orientation, integration into annual commitments & accountability protocols, development of delivery frameworks. Worked with KCCA to finalize a safe cities scoping study. Started a new safe cities initiative focusing on reducing violence (murders, rape and sex exploitation) and creating safe spaces and
Output 1.1.3: Social and behaviour change communication focusing on adolescents, young people and key populations	# of adolescents and young people out of school reached with HIV information annually	500,000	3,000,000	4,500,000	Coverage by various campaigns & channels including mass media, community dialogues, cultural and religious institutions, sports, education institutions in various districts. Up to 300,000 in Karamoja.
	# of regions that have implemented the Protect the Goal project.	0	12	2	Karamoja and Lango regions. PFT annually conducted in Karamoja districts for out of school reaching average 100,000 with services. PTG Institutionalized to deliver through school sports season. Risk reduction campaigns reaching 615 HIV positive couples and 1,365 adolescent girls and young women 15-24years through targeted small community sensitization and education sessions on HIV risk reduction
	# of peers trained in MARPS Programming to support community engagement initiatives.	50	500	450	Expanded programming beyond MoH designated KP hubs to Karamoja region. The geographical focus of the peers trained

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2019)	Comments
					has been conducted in the 3 districts focusing on the sub counties with critical MARPS(cross border and the mining sites in Amudat-Karita and Moroto Rupa and Tapac, Kabong-Loyoro.
Outcome 1.2: Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up					
Outcome Indicators	Proportion of HIV-positive pregnant women who receive anti-retroviral therapy (ART) to reduce risk of mother to child transmission.	92% HIV estimates 2014	98%	>95%	Consistent achievement over the years
	Estimated percentage of Child HIV infections from HIV positive women delivering in the past 12 months	6 weeks = 5.7% After Breastfeeding = 13.6% (2013)	6 weeks = 4.24% After Breast-feeding = 7.93%	6 weeks = 1.9%	6 weeks = 1.9% After Breastfeeding = 6.5% (2017, NSP MTR)
	Number of males circumcised per year.	878, 109 (2014 DHIS 2)	1,000,000 annually	Cumulatively about 5M,	SMC for young people stood at 68% by end of 2019
	Percentage of adults aged 15-49 yrs. who tested for HIV in the last 12 months and know their results.	47% (2013)	80% (2020)	99%=(8,445,382/8.473,606)	Indicator adjusted to read of all those that tested, proportion that received their results
Output 1.2.1: Availability of stocks of HIV prevention commodities at service delivery points	# of Health workers trained in Procurement Supply Chain Management	50	600	160	MoH established the Condom Logistics management information system (CLMIS) with training of users. CLMIS rapid roll to all hotspots planned
	% unmet need for FP among people living with HIV	41% (MoH 2017)	10% (2020)	41% (2016)	MoH, 2016/17 survey supported by GF/UNFPA. Awaiting new survey results. Study conducted by Makerere school of public health and MOH
	# of additional districts supported to establish the e-ordering system	40	200		Ministry of Health in 2013 launched the Web-based ARV/PMTCT medicines ordering and Reporting System (WAOS) and majority of the ART sites (97%) are currently using it to order and report to their respective warehouses
	% of designated community condom distribution points with stocks of female and male condoms	0	80%	70%	In Karamoja region working through VHTs attached to HFs and designated community points. Achievement: Increasing number of HF reporting dispensing condom in

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2019)	Comments
					Karamoja increasing
	# of Male condoms procured	60,000,000	100,000,000	150,000 average annual	About 560m male condoms procured and received in the country (USAID, GF, UNFPA) in the last 4 years. Annual figures vary from 60 to 300m
Output 1.2.2: Biomedical HIV prevention interventions delivered to optimal coverage levels	# of district Health workers trained in SMC for sustainable service delivery.	20	160	120 On-track	Surgical teams trained in both adult and early infant MC. Reusable SMC kits procured to facilitate service delivery at facility level provided
	# of adults reached with HCT services in selected districts annually	0	1,000,000	1,295,031	In 14 KARUNA and SRHR districts with a positivity 3.4% 35 regional mentors oriented and mentored on the comprehensive HTS guidelines.
	% of all people living with enrolled HIV treatment centres receiving SRH services including FP	TBD	60%	TBD	Need for a mini-survey to establish this. Baseline surveys indicate that over 80% HFs providing integrated services but no user surveys yet. Data systems being strengthened to capture data
	# of MARPs in 6 regional hotspots reached with SRH/HIV services	5000	10000	40,000 annually	Cannot do % without knowledge of denominator in the supported hubs Up to 40,000 KPs and clients annually reached with SRH/HIVGBV services in the 22 MARPs designated sites around the country and about 4000 in Karamoja region
	# of MTCT community engagements conducted in targeted districts./ # of functional Family support groups (FSGs) in targeted districts	50	400	294 On-track	Planned expanded focus on FSGs as part of the Free to Shine EMTCT Campaign. A minimum of 148 MTCT community engagements were conducted during this period including targeted community dialogues, outreaches and follow up of missed appointments by mentor mothers
Output 1.2.3: SRH/HIV interventions for adolescents and young people delivered at optimal coverage	# of refugees supported with SRH/HIV, at all stages of humanitarian programming	0	300,000	650,685 achieved	Expanded HW training in SRH/HIV/GBV in refugee settings. Within refugee setting: 650,685 HIV tested, 18,628 on ART, Attended 4+ ANC Visits 69,393
	# of health workers trained in delivery of friendly SRH services to adolescents and young people.	200	600	3000	About 1700 HW and 1500 teachers trained on delivery of friendly AYSRH in all Karamoja and eastern Uganda districts

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2019)	Comments
levels	% of HCs in selected 15 districts providing AYFSRH/HIV services	10%	50%	53%	53% in 29 targeted districts where at least 2 HWs were trained on AYSRH skills
Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access.					
Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access.	% of adults and children with HIV infection receiving antiretroviral	50.1% (DHIS 2 2014)	80% (2020)	87% (1223513/14 12137) PLHIVs on ART by end of December 2019	Adult ART coverage 88%, Adult female 94%, adult male 79% and children 68%
Output 2.1.1: Guidance provided and capacity built for provision of standard ART care according to the new WHO recommendations	# of health workers trained in revised WHO policies and guidelines.	0	480 (2020)	JUPSA-286; 19,456/31,74 2	Specialists, doctors and clinical officers (2,539) On-track pending Karamoja trainings
Output 2.1.2: Institutional capacity for procurement and supply chain management systems enhanced	# of health workers trained in commodity quantification;	50	480 (2020)	285 Pharmacy personnel	More to be trained in Karamoja, Luuka and Kween
	# of additional health facilities with functional Web based ordering systems	0	200 (2020)	136 out of 2000 current users	97% of ART sites are currently using it to order and report to their respective warehouses
Output 2.1.3: Institutional capacity for tracking, retention and adherence monitoring of PLHIV on treatment strengthened.	# of additional Health facilities using Open eMRS;	0	200 (2020)	7	Off track Inadequate resources
Outcome 2.2: Quality of HIV care and treatment improved.					
Output 2.2.1: Institutional capacity for HIV care and treatment monitoring	# of survey reports generated and disseminated for PDR and ADRS	0	2 PDR survey report (Yrs. 1 \$ 4), 2 ADR survey reports (Yrs. 3	One PDR study done 08/2016/03/2017; 2 ADR studies	PDR of 15.4% provided evidence for adoption of TLD; ADR common virally failing clients (10.1% after 48 months on Rx); limited mutations to protease inhibitors

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2019)	Comments
including scaling up of viral load monitoring and surveillance of drug resistance and toxicity enhanced.			and 5)	done (12&48 months on 1 st line medicines);	
Output 2.2.2 Accelerated and streamlined implementation of HIV Co morbidities interventions	# of Health workers trained on screening and management of co morbidities.	50	300 in Hepatitis, 200 trained in Visceral Leishmaniasis,	JUPSA-286 9,718 for all co-morbidities 15 Trainers to cascade the screening throughout Karamoja	An integrated training model was adopted for the rolling-out the 2018 consolidated HIV prevention and treatment guidelines
Joint Programme Outcome 2. 3: Programs to reduce vulnerability to HIV /AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced.					
Outcome indicators	% of care, protection and support to orphans and other vulnerable children (disaggregated by sex) and their families through case management.	60%	90%	>89% served as per core program areas	Number receiving services as per CORE PROGRAM AREAS (2,770,615 vs2,474,340)were served
	Ratio of Orphans to non-orphans (10-14yrs attending school)	0.9	0.96		Through Government Programs, 31,096 OVC households were given agricultural /farm inputs, 123,153 elderly most of who are taking care of orphans are benefiting from SAGE program in 40 districts.
	% of households receiving social assistance	4.50%	6%		
	Proportion of girls aged 15–19 who have experienced sexual violence	18.90%	At least 5% reduction	9.9 % [ever experienced sexual violence in their lifetime] 5.3% [experienced sexual violence within the 12mons before the survey]	Girls in this aged group are less likely to report incidence of sexual violence. This gets even worse with higher levels in education attainment.
Output 2.3.1: Enhanced capacity of government and	# of social welfare workers trained in basic skills and practices of child protection.	–	500 (2020)		

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2019)	Comments
communities to mainstream the needs of PLHIV, OVC, adolescents and other vulnerable groups into other development programs.	Household dietary diversity score among targeted households	North 5.7, Karamoja 3.8	6.5 (2020)	Data collection exercise for the Karamoja FSNA ongoing	Malnourished pregnant and lactating women as well children 6-59 months receive rations of specialised nutritious foods to improve their nutrition status.
Output 2.3.2: Strengthened community capacities for food security, nutrition, and economic livelihood to mitigate the socio-economic impact of HIV/AIDS	Assessment and guidelines for integrating FNS in HIV counselling, care and treatment services developed	-	TBD (2020)	Done	The assessment was completed. Food and Nutrition Support for individuals with chronic conditions including HIV and TB integrated was integrated into the revised IMAM guidelines which are in the final stages and will be launched soon.
	# of households/communities trained on good agricultural practices, basic nutrition in context of mitigation of impact of HIV and AIDS.		TBD (2020)	32 communities reached targeting both in and out-of-school youth. These comprise 960 Junior Farmer Field/ Life School (JFFLS) members.	Four districts of Napak, Amudat, Kotido and Moroto targeted. Each district has 08 JFFLS comprising 04 in school and 04 out-of-school youth groups.
GOVERNANCE AND HUMAN RIGHTS					
Outcome 3.1: A well-coordinated, inclusive and rights based multi-sectoral HIV and AIDS response that is sustainably financed to reverse the current trend of the epidemic*					
Outcome indicators	HIV national policy composite index scores	55%	95%	>90%	Country has achieved milestones on policy and legal entrainment save for issues of key population and financing
	%age of domestic and international AIDS Spending categories and financing sources	GOU 11.2 External 68 Out of pocket 20.8	GOU 40 External 50 Out of pocket 10	9.5%	A flat lining of resources for the response was witnessed. The same period saw a stagnation of the resources from the GoU, estimated to be approximately 9.5% of the national HIV response funds. A finance gap analysis of the NSP 2014/15 -2019/20 shows an overall funding gap of US \$

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2019)	Comments
					195.5 Million in FY 2018/19 and US \$ 272.7 Million in FY 2019/20.
Output 3.1.1: Functional capacity of HIV and AIDS coordination structures at national and subnational levels strengthened	# of LGs with functional AIDS Task Forces.	-	90%	14 districts out of 128 (10.9%) off track	a) 7 districts in Karamoja & 8 SRH districts b) National structures functional (NPC, M&E, Estimates, KPs, CCM)
	# of Committee meeting conducted.	-	24.00	Quarterly meetings	7 districts in Karamoja and 8 SRH districts
Output 3.1.2: Sustainable financing mechanisms for the HIV Response in Uganda strengthened	Existence of functional HIV trust fund	None (2015)	One	On-going ATF advocacy .0.1% allocation among pilot MDAs .Health Insurance Bill tabled in parliament	Ministry of Finance, Planning and Economic Development, through its the 2019/20 Budget Call Circular, instructed all Ministries, Departments and Agencies (MDAs) to provide for HIV mainstreaming budget (0.1% of their sectoral budgets) in their Mid-Term Expenditure Framework (MTEF) allocation. This development is substantial step forward to increase and sustain national funding HIV response
	# of AIDs funds tracking surveys conducted.	0	3 (2020)	One On track	Call for bidders for 2017/18, 2018/2019 placed to cover NASA & Out of pocket expenditure study
	# of GFATM proposals developed and submitted in time	0	6 Proposals 2020	3 (Malaria, HIV/TB & catalytic funding proposals)	a) (Malaria, HIV/TB & catalytic funding proposals), the 2020 preparations ready for March submission b) CCM annual support \$70,000
Output 3.1.3: A harmonized monitoring and evaluation system for the HIV and AIDS response built at national and sub national levels	# of UAC and sectoral joint programme reviews conducted	1 Annual JAR Conducted (2015) 3 Sectoral Review Conducted (2015)	Annual JAR, Annual HIV Country reports, NSP Midterm, and end term evaluations, HIV gender Assessments by	NSP developed, MTR done, 4 JARS held On track	Country supported and concluded: 2016/2020 NSP developed, implemented, evaluated through MTR and JARS. Four Annual Joint AIDS Reviews convened, four Annual Country progress reports done, ACP/MOH 2018-2023 plan and M&E finalized and in use. Overall: Noted improvement in reporting and meeting country and Global reporting
	Existence of a fully functional and centralized tracking and reporting system	One (2015)	One	<ul style="list-style-type: none"> DHIS OVC MIS 	A harmonized DHIS 2 for the country being used by all partners. OVC MIS was rolled out and functional across country

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2019)	Comments
	# of National, regional and Districts HIV estimates and projections	One National and Nine regional	One national, 10 regional and 112 district HIV estimates	Annual National estimates and 2019 districts level estimates generated On track	Four annual national HIV estimates and projections produced. District level HIV estimates generated for 2019
Output 3.1.4: Strategic alliances and Partnerships enhanced for the multi-sectoral HIV response	# JUPSA program reviews conducted	0	1	Three annual reviewed held On track	JUPSA supported KARUNA Baseline, and undertook annual HIV reviews in Karamoja region and a midterm evaluation
	# of non-traditional partnership promoted for social responsibility	2	6 (2020)	Four strategic partnership have been secured	The key partnerships include: KPC pharmaceuticals of China /JMS – Syringes/ARVs, STAR Times , Airtel and Kabaka Run and Masaza Cup, CBS system, Uganda Boxing Federation, VCT@work initiative was piloted in 5 -Roads and Construction companies
Output 3.1.5: Reforms in national and sub-national laws, policies and strategies for better alignment to international standards	Second Stigma index report produced	1st Stigma index report Produced (2013)	2nd Report produced by 2020.	One study On track	Stigma index study done. There are on-going advocacy and implementation of its recommendations
	% of PLHIV and CSO coalitions to with gender responsive and human rights included in their HIV plans and budgets	0	60#	Quarterly CSOs meetings held to support alignment of interventions.	Global Fund Breaking Barrier. Advocacy with the DPP Ministry of Judiciary, HIV Prevention, Control Act and Anti Stigma policy translated to a local language Continuous Advocacy for enabling environment Policy regulations of HIV – Non Discrimination in the world of work developed and finalized
		0		Finalized	