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Consolidated Annual Report on Activities Implemented under the "Joint UN Programme of Support on AIDS in Uganda (JUPSA)"

Report of the Administrative Agent
for the period 1 January - 31 December 2013

Multi-Partner Trust Fund Office
Bureau of Management
United Nations Development Programme
GATEWAY: http://mptf.undp.org

31 May 2014

PARTICIPATING ORGANIZATIONS

Food and Agriculture Organization (FAO)

International Labour Organization (ILO)

Joint United Nations Programme on HIV/AIDS (UNAIDS)

United Nations Development Programme (UNDP)

United Nations Educational, Scientific and Cultural Organization (UNESCO)

United Nations Population Fund (UNFPA)

United Nations High Commissioner for Refugees (UNHCR)

United Nations Children's Fund (UNICEF)

United Nations Office on Drugs and Crime (UNODC)

United Nations Human Rights – Office of the High Commissioner for Human Rights (UN-OHCHR)

United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)

World Food Programme (WFP)

World Health Organization (WHO)

International Organization for Migration (IOM)

CONTRIBUTORS

UK Department For International Development (DFID)

Irish Aid

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EXECUTIVE SUMMARY

This Consolidated Annual Progress Report on Activities Implemented under Joint UN Programme of Support on AIDS in Uganda (JUPSA) covers the period from 1 January to 31 December 2013 and reports on the implementation of this Joint Programme. This report is in fulfillment of the reporting requirements set out in the Standard Administrative Arrangement (SAA) concluded with the Contributors. In line with the Memorandum of Understanding (MOU)n , the report is consolidated based on information, data and financial statements submitted by Participating Organizations. It is neither an evaluation of the Joint Programme nor an assessment of the performance of the Participating Organizations. The report provides the Joint Steering Committee with a comprehensive overview of achievements and challenges associated with the Joint Programme, enabling it to make strategic decisions and take corrective measures, where applicable.

The UN family in Uganda through the Joint UN Programme of Support on AIDS (JUPSA) is a strategic partner in the national HIV response. It provides support for upstream work on generation of strategic evidence, policy formulation, strategic and technical normative guidance in identified priority areas, and advocacy for an expanded and effective response at national and community level. JUPSA (2011-2014) strategies and activities target contribution to positive change at systems level and increase in service uptake at community level. Overall, JUPSA is on track to achieve the 2014 targets.

During the year, JUPSA made significant contributions to Government efforts in the HIV response by providing technical backstopping, catalytic financing, advocacy and normative guidance for the realization of the National Comprehensive Condom Programming Strategy, which was cleared for approval by the Ministry of Health Technical Working group. Additionally, the male condom procurements doubled the 2012 stock to avert stock-outs at national and sub-national service delivery points with about 129 million condoms out of 183 million from UN. There has been intensive Male and female condom campaign on-going with materials cleared by the UAC Clearance Committee and the branding for public sector condoms almost finalized. There are also discussions on post-shipment policy on-going at different level including at ADPG/MoH/UAC meeting.

JUPSA celebrates the approval of the national M&E tools for Safe Male Circumcision (SMC) to help track progress and supported the procurement of 600 reusable surgical SMC kits that have been distributed to health facilities, with a total of 4800 men circumcised during the demonstration and training on re-usable kits.

High-level advocacy for EMTCT was conducted at both the national and district level. It drew participation of the political, cultural and religious leaders. Between January and December 76% of HIV positive pregnant mothers received ARVs for PMTCT within the six focus districts. The UN mobilized an additional US$150,000 to scale-up EMTCT in the six focus districts; coverage almost reaching the planned target of 80% by end of 2013. Other efforts include an ongoing eMTCT campaign led by the First Lady of the Republic of Uganda. The campaign is anticipated to expand service coverage and uptake at both health center and community level. It is also promoting eMTCT Option B+ that has been rolled-out to all the 112 districts. Additionally, there is guidance on male involvement in SRH/HIV/child Health programmme delivery to address major bottlenecks to service uptake. Functional sexual reproductive health (SRH) /HIV programmes exist with all Faith Based Organizations (FBOs) and nine cultural institutions. Consequently, the

capacity of local leaders to mobilise communities has been significantly strengthened, leading into increased demand for services throughout the Country.

Service delivery on-going in selected districts including increased youth friendly corners from 24 to 34 in selected districts with about $900,000 mobilized to strengthen existing services and establishing 10 youth friendly corners in Kampala, Kalangala, Arua, Gulu and Pader.

The UN Provided logistical and technical support to the Uganda AIDS Commission and the Ministry of Finance Planning and Economic development to participate in the UNAIDS Southern and Eastern African regional technical meeting on the development of an investment case. Because of this meeting, a national task committee has been constituted, a road map developed and a draft investment case working paper developed. The draft includes the narrative and the brief papers for technical and political leaders.

The JUPSA also supported the updating of the policy guidelines on Post Exposure Prophylaxis (PEP) and TB/HIV collaboration as well as the Non communicable disease (NCD) screening guidelines. Furthermore, new ART guidelines in line with 2013 WHO guidance have also been developed. 2013 has also seen increased high-level advocacy for the realization of prevention and treatment targets, coordination and Governance, Human rights, resource mobilization, leadership and community engagement.

In our efforts to support the implementation of national HIV prevention interventions, seven focus districts were supported to establish baseline values for combination HIV prevention. These have been utilized and informed the development of district planning and evaluation guides for implementing the NPS. Evidence was also generated on SRH/HIV integrated service delivery to young people and Most at risk populations (MARPs) in selected districts. Further evidence on socio-cultural factors, which influence HIV prevention, maternal health and Gender based violence (GBV), was gathered to support implementation in the Karamoja region. Community systems have been strengthened targeting enhanced service uptake and sustained actions including the establishment of peer education/support structures for MARPs young people and mothers in selected districts.

JUPSA continued to support the finalization and field-testing of the comprehensive HIV Training Package. This initiative saw 66 health workers trained as Trainers of Trainers (TOTs) to support rapid scale-up of Option B+ at lower level facilities. An additional 210 frontline health workers were trained. In other efforts, support supervision for integrated pediatric HIV/AIDS care was conducted in 50 health facilities.

ART data collecting tools were revised and customized in an effort to upgrade the open eMRS system in line with the revised HMIS tools; this was initiated during the course of the year. A total of 44 health facilities were facilitated to use the Open EMRS system in order to track patients on HIV/ART services. The JUPSA also provided technical support to MoH to generate the Early Warning indicator report. Results of the report indicate a low resistance of below 5%.

A review of HIV sensitive social protection responses of the policy and legal frameworks in Uganda was undertaken. It recommended the enhancement of HIV-inclusive social protection programmes through strengthening programme designing and targeting to benefit people living with HIV and households affected by HIV and AIDS as a long-term investment in human capital formation.

The three factor criteria (orphans, disabled and out of school) has simplified the process of identifying OVCs. It is being used jointly with the vulnerability index tool developed by MGLSD,

Centre for Disease Control (DC) and UNICEF to determine levels of child vulnerability. Other service providers to identify and provide services to OVCs also use it. There are on-going negotiations with government for possible extension and expansion of the social cash transfer to include other vulnerable categories such as OVCs.

23 out of 32 districts that implemented the three factor criteria for identification of OVCs, have been financially supported to map and coordinate OVC service providers; dialogue with communities to prevent property grabbing from children and mothers, report OVC issues in the OVC MIS, and facilitate OVCs to access health, education and protection services.. Data in OVCMIS from 15 of the 23 districts shows that a total of 22,291 OVCs (47.4% girls) were linked to social services.

To support efforts to integrate gender and HIV, over 200 urban leaders from 24 municipalities were trained on gender and HIV. Consequently, 24 municipalities integrated gender and HIV activities in their strategic plans. This has improved local government capacity to mainstream HIV and AIDS and gender into planning and policy processes.

In an effort to implement the recommendations of the 2012 Mapping and population size estimation study conducted among the key populations around Kampala district, 150 sex workers, fisher folks, and '*boda boda'* cyclists received HIV counseling and testing services plus information about ART, eMTCT and SMC. In addition over 200 female sex workers were trained as peer educators and equipped to ensure fulltime access to HIV services and condoms in the HIV hotspots of Gulu, Rakai, Kiryandongo and Lyantonde.

The JUPSA continued to provide both financial and technical support for the compilation of 2012 global AIDS report, the mid-term report of the High Level Meeting to the United Nations General Assembly 2011 Political Declaration on HIV and AIDS and the Uganda 2012 HIV estimations and projections. In addition, technical and financial backstopping included the provision of a team of technical writers for development of the Global Fund interim proposal worth USD119 million for HIV and TB renewal funding worth USD11million.

The finalization of the private sector HIV and AIDS strategy has informed the implementation of HIV interventions within the private sector organizations namely, African Textile Mills, Tororo Cement Industries and three major supermarkets namely: Uchumi, Tuskeys and Shoprite. In addition the leisure and hospitality industry were supported to develop and implement HIV and AIDS workplace policies and programmes; in a total, 50 hotels in Mbale and Gulu districts were supported.

High-level advocacy and engagement led to extension of World Trade Organization (WTO) TRIPS for 8 years and there are initiations to extend flexibilities in Uganda. Emerging delays and constraints during the period remained around the issues of inadequate personnel, procurement, and limited programming for MARPS. Efforts to mitigate these challenges are in high gear at various levels to ensure effective implementation.

Overall with JUPSA contribution to national response, the following achievements were realized

- The HIV and AIDS response in Uganda has moved from complacency to high priority at various levels of government, including the office of the presidency, parliament, the office of the first Lady, ministerial, district leaders, cultural and religious leaders.
- Effective and efficient coordination of Aids Development Partners has increased commitment from the bi-lateral and multi-lateral partners in providing both technical and

financial support to the HIV response in the country, and contributing to flow of Global Fund resources.

- Strategic information has been generated in various areas, which helped to re-shape the AIDS response at various levels.
- Laws, policies, strategies, technical guidelines and tools have been developed and/or adopted to support rapid scale-up of the response to optimal levels.
- There has been expanded programme coverage and service uptake; including increased ART, Option B+, increased enrolment of mothers on HAART, reduction in number of infected babies, increased availability and accessibility to condom, HCT and SMC.

At the start of the 2013 financial year, the UN continued to use the core resources and the extra budgetary carryover to execute the implementation of the 2013 Annual Work plan. In May, 2013 Irish Aid released $1.53 Million and an additional $450,000 was received from UBRAF to implement interventions in the 2013 annual work plan. As of December 2013, the utilization rate stood at 93%.

The Multi-Partner Trust Fund Office (MPTF Office) of the United Nations Development Programme (UNDP) serves as the Administrative Agent for the pass-through funded portion of the Joint Programme. The MPTF Office receives, administers and manages contributions from Contributors, and disburses these funds to the Participating Organizations in accordance with the decisions of the Joint Steering Committee. The Administrative Agent (AA) receives and consolidates annual reports on the Joint Programme and submits to the Joint Steering Committee and contributors.

This report is presented in two parts. Part I is the Annual Narrative Report and Part II is the Annual Financial Report for the pass-through funded portion of the Joint Programme.

PART I: ANNUAL NARRATIVE REPORT

Programme Title & Project Number Programme Title: **Joint Programme of Support on AIDS in Uganda** Programme Number *(if applicable)* MPTF Office Project Reference Number: 00071635	Country, Locality(s), Priority Area(s) / Strategic Results *(if applicable)* *Country/Region:* ***Uganda/East Southern Africa Region***
	Priority area/ strategic results : **Prevention, Treatment Care and support; Governance and Human Rights**
Participating Organization(s) **FAO, ILO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, WHO, UN Women, UNODC, OHCHR and WFP[1]**	Implementing Partners Ministry of Health, 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; AMICAALL; Uganda Catholic Secretariat, CoU, SDA, UMSC, Orthodox; Uganda Red Cross Society; UHMG,UPDF, Federation of Uganda Employers
Programme/Project Cost (US$)	Programme Duration

Total approved budget as per project document: **MPTF /JP Contribution:** ***by Agency (if applicable)***	**US$** **Total US$14,574,987** **Irish Aid $10,977,587** **DFID $1,597,400**	Overall Duration *(months)*	**48 months**
Agency Contribution ***by Agency (if applicable)***	**Annual contributions of US$10,000,000**	Start Date	**January, 2008**
Government Contribution ***(if applicable)*** **Other Contributions (donors)** ***(if applicable)***		Original End Date	**31.12.12**
		Current End date	**31.12.14**
TOTAL:			

Programme Assessment/Review/Mid-Term Eval. Assessment/Review - if applicable *please attach* ☐ Yes ☐ No Date: *dd.mm.yyyy* Mid-Term Evaluation Report – *if applicable please attach* ☐es No ☐ate: *dd.mm.yyyy;* **November, 2010**	Report Submitted By Name: **Bungudu, Musa** Title: **UNAIDS Country Director** Participating Organization (Lead):**UNAIDS** Email address:**bungudum@unaids.org**

[1] UN women, OHCRHR and WFP did not participate in 2013 JUPSA implementation

ACRONYMS

AWP	Annual Work Plan
CCM	Country Coordinating Mechanism
CMG	Core Management Group
CSOs	Civil Society Organizations
DLGs	District Local Governments
EMTCT	Elimination of Mother to Child Transmission
FCO	Focal Coordination Office
HCT	HIV Counseling and Testing
JP	Joint Programme
MARPs	Most at Risk Populations
MDGs	Millennium Development Goals
MPTF	Multi Partner Trust Fund
MFPED	Ministry of Finance Planning and Economic Development
MoA	Ministry of Agriculture
MoE	Ministry of Education and Sports
MoGLSD	Ministry of Gender Labour and Social Development
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoW&T	Ministry of Works and Transport
MTR	Mid Term Review
OVC	Orphan and Vulnerable Children
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PUNOs	Participating UN Organizations
SOP's	Standard Operational Procedures
TASO	The AIDS Support Organization
ToRs	Terms of Reference
TWGs	Technical Working Groups
UAC	Uganda AIDS Commission
UBRAF	Unified Budget and Accountability Framework
UCC	UNAIDS Country Coordinator
UHRC	Uganda Human Rights Commission
UNDAF	United Nations Development Assistance Frame work
UNHCR	United Nations High Commissioner for Refugees
UNODC	United Nations Office on Drugs and Crime
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women

FOREWORD

It is with great pleasure that I present to you the third Annual Report for the UN Joint Programme of Support on AIDS in Uganda (2011-2014). The UN has continued its commitment to support the Government of Uganda to fulfill its national and global obligations to combat HIV and AIDS through provision of technical assistance, financial support and normative guidance.

The UN Joint Team members continued to leverage on JUPSA's 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 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.

Notably, the first two years (2011-2012) of implementation concentrated on the development of key national policies, strategies and guidelines to guide and direct implementation, strengthening the capacity of Government and NGOs to deliver on new areas outlined in the National strategic Plan on HIV and AIDS, supporting key sectors to implement their HIV&AIDS sector strategies and supporting generation of strategic information. The third year of JUPSA implementation focused on scaling-up efforts to support service delivery based on the frameworks, guidelines and policies developed through strengthening systems at decentralized levels.

I hope you will find this report both informative and strategic and that it will give you a greater understanding of the work JUPSA has contributed to in the national response. The 2013 annual report underscored the transcendent importance of the UN contribution as a strategic partner in the national HIV response through provision of technical and financial and leveraging support for expanding the national efforts to reach the most disadvantaged and vulnerable populations.

I am indeed pleased that that the effective and efficient coordination of AIDs Development Partners (ADPs) and the excellent working relationship with the Government is paying off. There has been increased commitment from the bi-lateral and multi-lateral partners in providing both technical and financial support to the HIV response in the country. This has resulted into a) The HIV and AIDS response in Uganda has moved from complacency to high priority at various levels of Government, including Presidency, Parliamentary, First Lady, Ministerial and District leaders, cultural and religious leaders b) About 77% of those eligible for ART have been accessing ART c) Reduction in number of babies born infected with HIV from 25,000 to 15,000 d) reduction in annual AIDS deaths to 63,000

On a special note, I am extremely grateful to Irish Aid that has continued to provide predictable multi-year commitments for the realization of work and mandate of the UN Joint Programme on HIV and AIDS in Uganda that is composed of 10 UN agencies namely The Food and Agriculture Organization (FAO), International Labour Organization (ILO) , International Organization for Migration (IOM), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Programme(UNDP), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF) and World Health Organization (WHO).

Sincerely yours

Musa Bungudu
UNAIDS Country Coordinator/
Chair Core Management of JUPSA

1 Introduction

This report of the Joint UN Programme of Support on AIDS in Uganda provides a snap shot of accomplishments for the year 2013. It builds on the previous achievements since 2011 when the 2nd Generation JUPSA was developed. The JUPSA is aligned to the national goals in the National Development Plan (NDP), the United Nations Development and Assistance Framework (UNDAF), the National HIV Strategic Plan (NSP) and related sector plans. It reports a summary of achievements aligned to the three JUPSA thematic areas of prevention, treatment, care and support and governance and human rights. Within each of the thematic area, annual results feed into thematic JUPSA outputs that also feed into selected national level outcomes hence, JUPSA annual results contribute to the selected national outcomes which many other partners contribute to.

2 Background and context

The UN programme in Uganda is supporting the Government of Uganda to address key development challenges based on the UN Development and Assistance Framework (UNDAF) and the Government of Uganda's five-year NDP. This is in line with the UN Reforms, the Paris Declaration and the Accra Agenda for Action. Upon the request of the government, the UN has adopted a "Delivering as One" approach to enable all UN Agencies in Uganda to respond jointly and more effectively to the national development priorities through the individual UN agency mandates.

The UNCT in Uganda identified thematic areas for joint programming that included HIV and AIDS as a priority for the UNDAF. As such the Joint UN Programme of Support on AIDS (JUPSA) was established to bring together efforts and resources of ten UN organizations to support the national AIDS response.

The JUPSA has been operational since 2008, and the current 2nd generation JUPSA which has

Expected outcomes from JUPSA contributions
Prevention thematic area 1.1: National Systems have increased capacity to deliver equitable and quality HIV prevention integrated services. 1.2: Communities mobilized to demand for and utilize HIV prevention integrated services. **Treatment Care and Support thematic area** 2.1. Access to ART for PLWA who are eligible increased to 80%. 2.2. TB deaths among PLWA reduced. 2.3. PLWA and households affected by HIV are addressed in all National Social Protection strategies and have access to essential care and support. **Governance and human rights thematic area** 3.1. National capacity to lead, plan, coordinate, implement, monitor and evaluate the national response strengthened by 2014. Laws, policies and practices improved to support an effective HIV response by 2014.

Annual work plans for the period 2011-2014 are developed with annual results that feed into the four-year targets and are approved by the JUPSA Steering Committee. Progress towards targets is traced throughout the implementation period, discussed and documented during end of year reviews.

2.3 JUPSA monitoring mechanisms

JUPSA is monitored through a number of mechanisms; including: Joint team technical review meetings, participation in sector review meetings, mid and end of year reviews. More information on JUPSA monitoring mechanisms is given in the paragraphs below.

Lead PUNOs conduct field visits periodically as part of implementation of agency work plans. The Monitoring of JP activities is built in the agency monitoring system as right from the development of the agency plans JP activities are incorporated in the agency periodic reporting systems.

For activities whose implementation requires the participation of more than one agency, the Lead agency usually flags the implementation timelines and calls on participating UN Organization for their participation. UNAIDS as a Secretariat continuously tracks progress of the planned, on-going and concluded activities.

There are monthly UN Joint team meetings, where each agency updates the members on the implementation progress, key issues that need joint action, and agencies share their scheduled activities.

There are thematic working group meetings (1-Prevention; 2-Treatment Care and support and 3-Governance and Human rights). These meet to discuss thematic issues that bring together all UN agencies, which contribute, to the implementation of thematic activities to monitor progress in implementation of activities. For example members discuss thematic achievements, key challenges and share key dates.

The JUPSA agency sector Leads also participate in sector TWG including sector joint field visits, where Government and IPs usually discuss implementation progress and challenges of sector interventions including those supported by JUPSA. This mechanism also helps to assess the level of implementation for resources advanced, so that by the time, the Government and or IP submits the report, the UN agency is well aware of what has been achieved on ground.

At agency level, monitoring of the JUPSA projects and agency wide activities using specified monitoring plans is done. 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 Accomplishments during the 12 months of implementation

This section reports on results that have been realised both at output and outcome level. The annual achievements contribute to the four year outcomes. The year review reports on the progress towards achievement of 2013 annual results. Overall, JUPSA is on track to achieve the set targets by end of 2014. Building on 2012 achievements, key 2013 annual result areas were identified and these feed into the 2014 high-level outputs. The summary below tracks progress and highlights emerging issues in attaining these results per thematic area.

3.1. PREVENTION THEMATIC AREA ANNUAL RESULTS

The prevention thematic area for the JUPSA 2011-2014 has two outcomes namely:

- National Systems have increased capacity to deliver equitable and quality HIV prevention integrated services
- Communities mobilized to demand for and utilize HIV prevention integrated services.

The outcomes result from five outputs as detailed below.

JP Output 1.1.1. Technical capacity for combination prevention programming service delivery strengthened (with priority focus on SMC, key populations, HCT&PMTCT and comprehensive condom programming)

JP Output 1.1.2. Leadership and coordination for HIV prevention strengthened at national and district levels

JP Output 1.1.3. Strategic information generated and utilized for evidence-based HIV prevention programming

JP Output 1.2.1. Capacity of community systems for social and behaviour change strengthened.

JP Output 1.2.2. Capacity of districts for delivery of SRH/HIV integrated services expanded

ANNUAL RESULT 1: Developed National policy and planning frameworks on SRH/HIV linkages & integration (EMTC/ MNCH/ STI/ HCT (PITC)/ASRH/GBV, CCP) translated into action at district and community levels

3.1.1.1 This result acknowledges the need to move evidence and formulated policy into practice and programming at various levels of UN priority areas of support:

3.1.1.2 Uganda experienced condom stock outs in 2012 and in January to February 2013 partly due to limited stocks coming into the country. JUPSA contributed to advocacy efforts for increased local and external resources for condom programming. The Ministry of Health Technical Working group cleared the National Comprehensive Condom Programming (CCP) Strategy for approval. This provides a basis for systematic focus on CCP at national, district and community levels.

3.1.1.3 Overall, the 2013 annual target of increasing condoms by 50% was met. A total of 183 male condoms were received of which 129m came from UNFPA in addition to 5.4m female condoms. Male condoms for the public sector were receved from USAID and Global Fund. There has been intensive Male and female condom campaign on-going with materials cleared by the UAC Clearance Committee and the branding for public sector condoms almost finalized. There are also discussions on post-shipment policy on-going at different level including at ADPG/MoH/UAC meeting.

3.1.1.4 The condom programme has been strengthened by improving functionality of stakeholder alternative arrangements for distribution at national level. Uganda Health Marketing Group (UHMG) offloads stocks from National Medical Stores (NMS) to distribute to non-public partners and distribution beyond health facilities through community points and peer mechanisms that get condoms nearer to users. MoH was also supported to conduct the process for branding of Public sector condoms. This support covered processes for conducting formative research, generating prototype brands, pretesting them in different parts of the country among targeted users and stakeholder consensus sessions on the user-preferred brands. The final brand awaits approval by MoH to inform procurements.

3.1.1.5 Uganda is implementing the National SRH/HIV linkages and integration strategy approved by MoH in 2012. During the period, JUPSA supported selected districts to conduct the SRH/HIV integration rapid assessment which is informing the development of district plans for scale-up and implementation of SRH/HIV linkages and integration. Each district is supported to conduct the assessment using the global generic template, the district stakeholders discuss recommendations from the assessment and agreed priorities from an action plan for supporting integration. Follow-up is achieved through the district RH coordination fora. This was done in 5 districts where leadership was also oriented on SRH/HIV integration by MoH.

3.1.1.6 In support for the implementation of the Health Sector Action Plan on SRH/HIV in sex work settings and roll-out of a national planning framework for key populations on SRH/HIV, JUPSA has supported key interventions namely:

a. Mobilized $130,000 from UBRAF to undertake Most at Risk Populations (MARPs) interventions at national level including the development of planning framework and population size estimation
b. Strategy note on national MARPs mapping developed, and the development of programming framework and MARPs Task Team approved by the National Prevention Committee (NPC).
c. Learning site on comprehensive service delivery to MARPs established at STD Clinic MARPI
d. MARPs population studies done by AMICAALL for Kampala City Councilor Authority (KCCA) and MARPs Network. Specifically UNDP funded the AMICAAL study while UNFPA participated in the technical teams that provided oversight to the studies
e. Service delivery to MARPs in 10 (IOM/UNFPA) districts on-going.

3.1.1.7 JUPSA supported the Sex worker peer education curricular developement that was followed with trainings and provision of services to sex workers. May, June and July 2013 were designated as months for HIV status awareness, and testing campaigns in HIV hotspot districts.

A group of sex workers ahead of deployment for HCT campaigns in Rakai

3.1.1.8 Building on the 2012 efforts, the UN initiated discussions and validation of the School Health Policy by the stakeholders. Once approved, this will guide implementation of HIV prevention activities within schools and re-enforce prevention interventions. Similarly, the National Youth Policy has been approved by Ministry of Gender, Labour and Social development.

3.1.1.9 The UN leveraged resource to support the EMTCT option B+ program. This has enabled 21 supported districts to strengthen their systems to offer EMTCT option B+, community engagement and M&E. These three areas were reached after a bottleneck analysis conducted in the districts to identify areas of interventions that require additional support

ANNUAL RESULT 2: National standards and tools to support delivery of integrated SRH/HIV prevention services (EMTC/ MNCH/ STI/ HCT (PITC)/ASRH/GBV, SMC (including training tools IMAI/IMPAC) in place

3.1.2.1 In support of adoption of SMC national documents and BCC materials in six focus districts, key interventions were concluded. These include 60 surgical teams for SMC each comprising of 3 health workers trained in 6 focus districts giving a total of 180 health workers equipped with SMC surgical skills. SMC M&E tools for SMC were finalized and approved by the National SMC task force; these were reproduced and distributed to health facilities for use in facilities that had trained surgical teams. Other accomplishments included initiation of the process for development of SMC training curriculum based on the WHO/JIPEGO generic tool. In addition 600 re-usable SMC kits were procured and distributed. Furthermore, an MOH team composed of 20 members was trained on the use SMC quality control tools and these were facilitated to conduct mentorships for SMC.

3.1.2.2 Comprehensive age appropriate and cultural sensitive Sexuality Education has been included in the new secondary school curriculum. Through Ministry of Education and Sports, the Joint UN Team supported stakeholders' consultation workshops to validate the content of the sexuality education that has been included in one of the teaching "strands" in the new lower secondary school curriculum that is expected to come into effect in 2015. This followed a logical model approach of the curriculum review process in which stake holders provided critical input in relation to health outcomes.

3.1.2.3 The development of the sexuality education curriculum for lower secondary schools is ongoing. Stakeholders' sensitization and consultations on the content of the curriculum and to build consensus is on course with FBOs, political, cultural, CSOs and religious leaders. The UN has further mobilized $190,000 from Swedish Development Agency (SIDA) to continue supporting the curriculum development process. However, it is important to note that a curriculum review process takes long and is mainly driven by government processes and procedures. In order to ensure sustainable and quality teaching of sexuality education, capacity of the teacher training institutions needs to be strengthened.

3.1.2.4 To that effect, JUPSA has supported training of principals and lecturers from Teacher Training Institutions in the country and, a teaching guide for sexuality education is being drafted.

Drafting team at work during the training workshop

ANNUAL RESULT 3: Capacity for relevant Health and community workers in selected districts built in IMAI/IMPAC/IMCI, SMC and supported to implement

3.1.3.1 In collaboration with STAR EC& STAR South West a total of 210 health workers in STAR EC districts were trained as part of the systematic rollout of the IMAI/IMPAC/IMCI/ training package. Overall, the team noted the need to explore more partnership opportunities with the other Implementing partners for rapid scale up and cost sharing. These trainings were preceded by orientation of 66 senior health workers to constitute a team of TOT that would support rapid scale up of Option B+ services.

3.1.3.2 The UN targeted a 100% scale-up of training in family planning across all the ART sites for health workers, there was however low process in attainment of the target, save for Female condom (FC 2) training which is currently on-going in selected districts. The main challenge remains inadequate funding for family planning.

3.1.3.3 Specific support was provided to train 200 health workers in Karamoja region who have now initiated option B+ services provision in health facilities in the region. The Ministry of Health is following this up with close mentorship to ensure that each of the health facilities are providing quality services and within the policy guidelines. Otherwise all the 112 districts in the country are currently offering EMTCT option B+, mostly through support from PEPFAR (CDC/USAID) using various implementing partners.

ANNUAL RESULT 4: Combination prevention implemented in 9 districts

3.1.4.1 During the last half of the year, the combination prevention baseline survey was finalized and findings disseminated in the seven districts of Arua, Gulu, Mayuge, Rakai, Kasese, Kabale, and Hoima. Given the short-term resource gaps and the increasing need to scale-up HIV interventions in Hoima district, the UN seconded a technical assistance to Hoima district for coordination, and implementation of key prevention interventions.

3.1.4.2 A generic district planning and evaluation guide was drafted and applied to the 6 districts of Arua, Kasese, Rakai, Gulu, Mayuge and Kabale. This is purposed to support district coordination and management through a robust and functional common district planning and M&E framework to cause stakeholder consultation, buy-in and convergence of resources.

3.1.4.3 High-level advocacy for EMTCT was conducted at both the national and district level. It drew participation of the political, cultural and religious leaders. Between January and December 76% of HIV positive pregnant mothers received ARVs for PMTCT within the six focus districts. The UN mobilized an additional US$150,000 to scale-up EMTCT in the six focus districts; coverage almost reaching the planned target of 80% by end of 2013.

First Lady/EMTCT Champion with UNAIDS EXD at e MTCT Launch

ANNUAL RESULT 5: Combination prevention programmes targeting selected key population groups implemented in selected districts

3.1.5.1 The districts of Kalangala, Kampala, Arua, Gulu and Pader have fully integrated MARPS in their planning frameworks and have continued to implement and scale-up MARPS interventions through UN support. Service delivery in Arua, Gulu and Pader is ongoing.

3.1.5.2 The seven districts of Gulu, Rakai, Kasese, Busia, Arua, Kiryandongo and Lyantonde were oriented on combination HIV prevention targeting sex workers, the transport sector and the fishing communities. This was in partnership with Ministry of works and Transport (MoWT) and Ministry of Agricultural Animal Industries and fisheries (MAAIF). Catalytic activities supported to initiate implementation of combination HIV prevention. Additionally, a study on condom use among circumcised officers is ongoing. Similarly, resources have been mobilized for the development of MARPS planning framework and 5 learning MARPS sites out of the targeted 15 have been established.

ANNUAL RESULT 6: HIV prevention coordination and management structures at national sector and focus districts functional

3.1.6.1 Quarterly meetings of NPC have continued to be held and developed an action plan based on the 2012 JAR aide-mémoire. This was made possible due to the periodic meetings of the NPC. In addition the NPC has been reconstituted and will be presented during the third NPC meeting. The NPC approved the Leadership advocacy strategy for finalization and the MARPS steering committee has been established.

3.1.6.2 The Uganda AIDS Commission constituted and established a Messages Clearing Committee (MCC) to regulate and guide HIV/AIDS messages. Following this, UAC prevention messages have been disseminated to district level leadership

3.1.6.3 Other coordination structures have continued to play their role. For instance, the Condom Committee met twice and resolved key condom issues in the Country, MARPs TWG which has been functioning informally presented to NPC for clearance and has held three meetings and mobilised $130,000 for MARPs TWG activities.

3.1.6.4 Ministry of Education and Sports has developed a comprehensive data base of all the service providers in HIV and AIDS in the Education sector. This followed country wide mapping of stakeholders and key HIV programmes that they are implementing. The data base will help to improve coordination and networking among HIV service providers in the education sector. It will also improve monitoring and supervision of HIV response in the sector.

3.1.6.5 Technical support was provided in the SMC NTF, CT 17 meetings and its sub-committees. The CT17 fed into the launch of HCT in KCCA with plans to expand to other regions for eventual increase of people accessing

HCT enrolled into care for those infected.

3.1.6.6 The EMTCT and ART national advisory committees have been merged and two meetings convened. The main decision made was to stop the phased approach and immediately initiate option B+ in all the 112 districts. This was followed by The First Lady's launch of Option B+ in South Western, Northern, Eastern and Karamoja regions. Other launches for Kampala, Mid Western and West Nile are scheduled for 2014.

ANNUAL RESULT 7: Existence of programmes focusing on social cultural drivers of the epidemic in faith based and cultural institutions

3.1.7.1 The programme expanded to cover 9 institutions with documentation of social cultural factors initiated in 6 more institutions. Furthermore a functional task force on culture and HIV was established to guide implementation of HIV in cultural settings. As part of programme scale-up a total of $650,000 has been mobilized from SIDA for 2013/14 to sustain work in 9 selected institutions and specifically to support establishment of bye-laws on negative practices.

3.1.7.2 There has been intensified implementation of an expanded SRH/HIV programme including leadership orientation, community mobilisation and service delivery within the five major religious institutions. An additional, $280,000 has been mobilized to support coordination and review of programmes in COU, RCC and UMSC from SIDA for 2013/14.

3.1.7.3 Ninety Training of Trainers (ToT) were conducted in the cultural institutions of Buganda, Acholi, Teso, Lango, Lugbra, Karamoja and other trainings were done for 120 cultural leaders from the five institutions. This was higher than the target of 15 cultural leaders from each of the four cultural institutions mainly due to better planning and negotiation and reduced cost of service.

3.1.7.4 Over 50 Bunyoro cultural leaders were sensitized on HIV prevention, SMC and GBV in an effort to implement the kingdom's 2-year Action Plan on HIV prevention, Gender Based Violence and Maternal health.

ANNUAL RESULT 8: Capacity for communication programming and service delivery developed at district and lower levels and for different priority population groups.

3.1.8.1 Peer education for young people, police, UPDF and sex workers and other sexual minorities is on-going in 13 districts. SRH/HIV and GBV programmes for leaders, young people, general population, are running in 5 faith denominations.

3.1.8.2 As part of efforts to support community health, health personnel and other resource persons including mentor mothers and family support groups, VHTS and FSGs were trained on option B+ in Karamoja regions. Those that were trained are currently supporting scale-up efforts of option B+ programming.

3.1.8.3 Behaviour Change Communication (BCC) materials and a leadership manual were developed in 2012 by the Roman Catholic Church. This has been translated into 6 local languages namely; Runyankole/Rukiga, Langi, Iteso, Lugbra and Ngakarimajong.

ANNUAL RESULT 9: SRH/HIV service delivery through community structures/initiatives expanded in selected districts

3.1.9.1 Service delivery is on-going in Mubende, Katakwi, Moroto, Kotido, Kabing, Oyam, Yumbe, Kanungu for the general population and in Kampala, Kalangala, Gulu, Arua, Pader for MAPRs through Sex workers.

3.1.9.2 The Government of Uganda with support from UNICEF implements health interventions in saving lives of mothers, pregnant women, infants and children. An ambulance addresses the weak referral system found in Karamoja sub-region. The riders are also trained to pass on messages on maternal health including EMTCT and pediatric AIDS.

3.1.9.3 Service delivery is on-going in selected districts including increased youth friendly corners from 24 to 34 districts with about $900,000 mobilized to strengthen existing services and establishing 10 youth friendly corners in Kampala, Kalangala, Arua, Gulu and Pader. Furthermore, reusable surgical 600SMC kits were procured and distributed to health facilities, with a total of 4800 men circumcised during the demonstration and training on re-usable kits.

3.2. TREATMENT, CARE AND SUPPORT THEMATIC AREA KEY OUTPUTS FOR 2013

The Treatment, Care and Support thematic area is hinged on three outcomes namely:

(i) Access to ART for PLHIV who are eligible increased to 80%.
(ii) TB deaths among PLHIV reduced by 50%.
(iii) PLHIV and House Holds (HHs) affected by HIV are supported in all national social protection strategies and have access to essential care and support.

As of September 2013, the country had attained a 77% enrollment on ART for eligible clients. Overall there is concern that implementation of the revised WHO guidelines for ART to a CD4 count of 500, will lead to an increase in the proportion of people that require ART. The section below provides details of outputs attained by the end of the year in treatment, care and support component of the JUPSA.

ANNUAL RESULT 1: Guidance provided and capacity built for provision of standard ART care according to the WHO recommendations

3.2.1.1 The strategic guidance document; the Comprehensive HIV Training Package was consolidated and field-tested in a training with 66 participants from health facilities in districts of Eastern Uganda to guide service delivery. In addition support supervision for integrated pediatric HIV/AIDS care was conducted in 50 health facilities.

3.2.1.2 The tracking and reporting system was strengthened to inform decision making processes. Technical Assistance has been provided to Ministry of Health which saw staff from 44 health facilities trained and supervised on the use and application of the Open eMRS to facilitate timely reporting on services delivered. This has facilitated the ease of cohort tracking in these facilities.

3.2.1.3 In terms of tracking for HIV Drug Resistance, the Ministry of Health has been supported to generate a report on Early Warning Indicators. The report shows that resistance is still low at 5%.

3.2.1.4 Training materials and service delivery guidelines for *migrant-friendly* HIV care and treatment were developed. The materials target HIV service provision for communities of sex workers, migrants and mobile populations.

3.2.1.5 Nearly 47% (48,847) of the children born to HIV positive mothers were tested for HIV nationally. 41% (39,184) of children were put on ART.

ANNUAL RESULT 2: Enhanced programming for pre-and Post-exposure prophylaxis:

3.2.2.1 The year 2013 saw increased provision of Post-Exposure Prophylaxis (PEP). We also celebrate the endorsement of the updated PEP Policy Guidelines by MoH. The Ministry has been supported to print 1000 copies of the document.

ANNUAL RESULT 3: Capacity for screening and management of non-communicable diseases associated with HIV strengthened in all ART centers.

3.2.3.1 Although the NCD screening Guidelines are at an advanced stage of development, the training materials for field testing the guidelines have not yet been developed. This has led to a delay in health worker capacity building for screening and managing common NCDs according to national guidelines.

ANNUAL RESULT 4: Procurement and supply chain management streamline

3.2.4.1 Supply of HIV commodities remains inconsistent in the country. This however is expected to improve given the conclusion of the commodity rationalization exercise. Further discussions are on-going to finalize and gain consensus on the possibility of increasing local ARV procurements and review of the post-shipment policy.

ANNUAL RESULT 5: Accelerated and streamlined implementation of HIV/TB collaborative interventions

3.2.5.1 The UN supported the review, development and approval of the TB/HIV collaborative guidelines among HIV clients for better and improved management. In an effort to scale-up TB collaborative activities in ten prison settings, US$100,000 was mobilized to support the dissemination of and the training of 40 staff from prison health facilities on the TB/HIV guidance as well as to implement the recommendations of the study on the trends of TB related deaths.

ANNUAL RESULT 6: National social protection policy, strategy and programs integrate issues of People Living with HIV and their households

3.2.6.1 A review of the HIV sensitive social protection policy and legal frameworks in Uganda was undertaken. Recommendations included supporting social protection programmes targeting people with HIV and households affected by HIV and AIDS.

3.2.6.2 As part of understanding HIV sensitive social protection responses, the JUPSA is in the process of developing guidelines to enhance understanding of approaches and advocate for inclusion of persons living with HIV and households affected by HIV and AIDS in existing complementary social services.

ANNUAL RESULT 7: Communities vulnerable to HIV have increased resilience and empowered to be food and nutrition secure

3.2.7.1 In the year 2013, activities that were planned for the food and nutrition sub-component of the Programme were to build on the achievements realized in 2012. The activities include: supporting community responses to improve livelihoods for households affected by HIV and

3.2.7.2 AIDS, building district capacities for formulation of ordinances on food and nutrition in the context of HIV and AIDS and building capacity for Local Governments in the interrelationships between agriculture livelihoods/food security and HIV and AIDS.

Over the year, the following activities were undertaken:

Training of fishing communities in Mayuge

3.2.7.3 40 people were trained. These were drawn from 7 landing sites/BMUs. They also included inland fish farmers and district local fisheries, political leaders and PLWHAs. Fishing communities were oriented on practices that enhance fish production both in the lake and inland which would reduce mobility and associated risks such as susceptibility/vulnerability to HIV and AIDS.

3.2.7.4 They also received information on the importance of food security and better nutrition as well as mitigation of the impact of HIV and AIDS. After the training, participants formed an association to promote fish production for improved livelihoods.

3.2.7.5 The training was replicated in 5 fishing communities and 10 groups of PLWHAs in Kaberamaido District and Serere District. The productivity of some of the groups (two groups of PLWHAs) was enhanced through the irrigation pumps for use during the dry season

District NAADS Coordinator taking photo of the sprinkler irrigation in operation, Serere

Woman operates a treadle pump for irrigation of vegetable nursery, Kaberemaido district

Tomatoes produced during dry season using sprinkler irrigation system

3.2.7.6 Various trainings of district personnel, political leadership and CSOs on food/nutrition and HIV and AIDS in view of building local government capacity to analyze and respond to the interactions between food and nutrition security and HIV and AIDS were conducted. The trainings were undertaken in the districts of Kabale, Rakai and Kasese with about 150 participants in total trained.

3.2.7.7 While the planned activities were undertaken, some challenges were experienced resulting in implementation delays. The challenge largely was on the delays associated with consultations with government and internal organizational procedures, as a result, activities were done within later part of the year. Based on these experiences, in 2014, mechanisms to overcome the challenges faced during the past year have been identified and will be undertaken.

3.2.7.8 The activities affected are: establishment of small scale fish cages for one fishing community in Mayuge and training/sensitization of some fishing communities on food security in context of prevention and mitigation of the impact HIV and AIDS. The activities not concluded by end of the year, are expected to be finalized by early 2014.

ANNUAL RESULT 8*:* Strengthened capacity of government to implement OVC policy and Plans for vulnerable children operationalized

3.2.8.1 The three factor criteria (orphans, disabled and out of school) has simplified the process of identifying OVCs. It is being used jointly with the vulnerability index tool developed by MGLSD, CDC and UNICEF to determine levels of child vulnerability. Other service providers to identify and provide services to OVCs also use it. There are on-going negotiations with the government for possible extension and expansion of the social cash transfer to include other vulnerable categories such as OVCs.

3.2.8.2 23 out of 32 districts that implemented the three factor criteria for identification of OVCs, have been financially supported to map and coordinate OVC service providers; dialogue with communities to prevent property grabbing from children and mothers, report OVC issues in the OVC MIS, and facilitate OVCs to access health, education and protection services.. Data in OVCMIS from 15 of the 23 districts shows that a total of 22,291 OVCs (47.4% girls) were linked to social services.

3.3. Governance and Human rights thematic area annual results

There are two outcomes within the governance and human rights thematic area:

(i) National capacity to lead, plan, coordinate, implement, monitor and evaluate the national HIV response strengthened
(ii) Laws, policies and practices improved to support gender equality and reduce human rights abuses, stigma and discrimination
The next section provides a summary of the achievements/outputs during the year for this thematic area.

RESULT 1: Capacity of national institutions to lead and coordinate the national HIV response strengthened

3.3.1.1 Operational mechanisms for the Zonal Coordination structures to promote decentralization of the national AIDS response were finalized. Consensus has been reached with district leadership for phasing the implementation of zonal structures. The first four zones to be established are Wakiso district for the central region, Mbarara for the western region, Mbale for the eastern region and Gulu for the northern region. Each of the four zones will serve 15 districts which is a total of 60 districts. The other 56 districts will be covered with support from CDC and Irish Aid. The coordination is expected to move smoothly given the recently revised district coordination guidelines that were developed. JUPSA supported the orientation of the staff, the development of coordination guidelines to use at district level and dialogue meetings with district officials. Out of the set target of four, two zonal coordinators have been recruited and posted to Gulu and Mbarara,

3.3.1.2 HIV/AIDS Partnership Mechanism Review was finalized, disseminated and results used to restructure the self coordinating entities for the effective coordination of the response. Additionally, JUPSA supported Uganda AIDS Commission staff for a week long orientation and training on change management. This was purposed to strengthen staff capacity to coordinate the AIDS response.

3.3.1.3 In an effort to strengthen the local government response to HIV/AIDS, 413 Urban leaders were provided with HIV counselling and testing services and HIV prevention messages to ensure proper coordination and harmonisation of synergies in HIV implementation at the local-urban level.

3.3.1.4 In an effort to implement the recommendations of the mapping and size estimation study conducted among the key populations around Kampala district, 150 sex workers, fisher folks, "boda-boda" cyclists have been provided with HIV counseling and testing services, information on ART, eMTCT and SMC.

RESULT 2: Improved national and local government capacity to mainstream HIV/AIDS and gender issues in planning and policy processes**:**

3.3.2.1 During this reporting period, the United Nations Development Framework (UNDAF) was reviewed and revised, and a two-year action plan was developed. This provided a platform for a critical review and assessment of the crosscutting issues including HIV/AIDS, Gender and Human rights, which have since been integrated into the UNDAF 2013-14 action plan.

3.3.2.2 Over 200 urban leaders have been trained on gender and HIV. This training aimed at addressing gender barriers of key population groups in urban municipalities. Because of the training, 24 municipalities have integrated gender and HIV activities in their municipality work plans. Consequently, 4 urban councilors have conducted HIV service delivery activities including HIV counseling, condom distribution and behavior change dialogues in Ntungamo, Kitgum, Lubaga and Masindi districts.

RESULT 3: The UAC and sector institutional capacity to plan, Monitor and Evaluate strengthened

3.3.3.1 The UN has continued to provide technical and financial backstopping to key sectors namely UAC, MoH and MOGLSD to strengthen and perform their key role as clearing houses for key sector reports. This has enabled effective functioning of the M&E TWG and the development and submission of the 2012 global AIDS report and updating of all data collecting tools for the ART program, discussions are on-going for the integration within HMIS.

3.3.3.2 JUPSA also supported the midterm review of the High Level Meeting to the United Nations General Assembly 2011 Political Declaration on HIV and AIDS. The assessment reviewed progress against targets of the Political Declaration on HIV and AIDS, referred to as the 10 targets. The review combined a critical appraisal of progress made, guided by an assessment of progress against relevant Global AIDS Response Progress Reporting indicators and other information sources, with identification of constraints, gaps, recommendations and commitments for future action.

3.3.3.3 Through UAC, the programme supported M&E capacity building for Mbale and Jinja districts with 60 records management staff trained in data management. In addition, Kasese was supported to train 23 DAT members, strengthen the office of the Focal person, oriented 25 records officers in data management, and hold the annual district forum. The district/zonal offices were retooled with systems and human capacity for effective coordination of M&E activities at the district levels. As part of facilitating the time coordination role by the National Commission, 5 internet modems were procured for key staff and these have continued to be loaded with airtime to streamline timely communication and sharing of data. As part of strengthening districts capacity to management and report the procurement process for computers and printers has been concluded now at award level, the five districts will receive one computer each.

RESULT 4: Institutional capacity for resources tracking supported

3.3.4.1 The UN as a member of the CCM oversight committee supported technical writers for the Global Fund interim proposal (worth USD$119 million) for HIV and requested for TB/HIV renewal funding worth USD$11million. In addition, technical support to draft and peer review the HIV proposal was also provided and the final applications were submitted to the Global Fund.

3.3.4.2 As a follow up on the June 2013 high level regional workshop of UNAIDS Country Coordinators and Senior Government counterparts to introduce an investment approach' for substantial and sustainable impact on the global HIV and AIDS response by 2015 and beyond. The UN provided logistical and technical support to Uganda AIDS Commission and Ministry of Finance Planning and Economic development to participate in the UNAIDS Southern and Eastern African regional technical meeting on the development of an investment case. Because of this meeting, a national task committee has been constituted, a road map developed and a draft investment case working paper developed. The draft includes the narrative and the brief papers for technical and political leaders. In addition, orientation of key players namely; the CCM, the UAC, MoH, and MoFPED has also been conducted.

3.3.4.3 The UN led and supported a delegation of Seven members of the parliamentary committee plus the UNAIDS Country Coordinator, the Director General of the Uganda AIDS Commission, the Senior Medical Officer Ministry of Health, and Irish Aid as a representative on HIV/AIDS to Zimbabwe (10th– 16thMarch) to study and learn from the HIV/AIDS trust fund mechanism. As a result of this exchange visit, a discussion paper has been developed and presented to parliament for adoption and for expedited implementation of the resolution for establishment of an HIV/AIDS Trust Fund.

3.3.4.4 The UN participated in sessions with the Zimbabwe Country Coordinating Mechanism (CCM) core writing team of the Investment case and global fund application. The Zimbabwe team was invited to share their experience and lessons on the Global Fund new funding model application process with the Uganda CCM, stakeholders and Technical Teams in HIV, Malaria, TB and health Systems Strengthening, in an effort to support Uganda develop an Interim application for the HIV grant under the Global Fund's New Funding Model (NFM). Overall JUPSA supported the writing of the interim application and the HIV investment case

3.3.4.5 Building on the 2012 Governance and Accountability mechanisms in Uganda a study report and consultations have been held with stakeholders for development of a national score card. The card is a response to the critical gap of moving beyond the M&E statistics of reporting progress in the HIV and AIDS response to rating the degree to which governments are fulfilling their commitments to respond to the epidemic. It provides for transparency, participation, consultation, analysis and consensus among stakeholders on the indicators of the success in the national response to HIV and AIDS.

RESULT 5: National capacity to gather and disseminate strategic information strengthened:

3.3.5.1, In collaboration with PEPFAR team, selected UAIS results were analysed and this has continued to be used to inform programming and advocacy works at highest levels.

3.3.5.2 Findings of the "Mapping of Education sector HIV/AIDS partners" was disseminated during the National Stakeholders Conference in Kampala. A High-level Interstate Ministerial Conference on Education for All was conducted in Kampala, Uganda.

RESULT 6: Engagement of the civil society including PLHIV, women and youth networks and the private sector in the national HIV response strengthened and streamlined

3.3.6.1 As part of UN mandate to support effective engagement of Civil Society, the Network of People Living with HIV (NAFOPHANU) was supported to undertake a midterm review of its strategic plan, a new plan was developed, and implementation is ongoing.

3.3.6.2 A PLHIV action plan to facilitate the meaningful participation of PLHIV in EMTCT Option B+ was developed, funded and implemented in 4 districts, under the leadership of the National Council of Women Living with AIDS (NACWOLA)

3.3.6.3 Giramatsiko, a PLHIV Post Test Club was supported to implement interventions under the Red Ribbon Award Funding which has scaled-up service delivery in Sheema district. Key achievements include: refresher training for 18 peer educators from 18 parishes focusing of EMTCT option B+, orientation meetings carried out with health workers and community leaders from health centre threes, a financial audit of the organization was undertaken and, documentation of experiences of peer educators and clients in the community was also completed.

3.3.6.4 This reality puts into perspective the challenges faced by rural women during pregnancy and delivery. Key challenges include long distances and lack of transport facilities to the nearest health centre, and lack of knowledge among TBAs on how HIV is transmitted through contaminated blood and instruments. As way forward, TBAs in the community should be provided with adequate information on HIV transmission and skills to manage deliveries in the context of HIV. Peer educators should be linked to TBAs and the TBAs provided with free mother kits.

3.3.6.5 The UN supported capacity building in Results Based Management for the Uganda National AIDS Service Organization (UNASO), with 40 programme/M&E officers from 10 AIDS service organizations trained. This training is expected to translate into improved programming, reporting and use of the results. The pool of experts will work as Training of Trainers to train other AIDS service organizations. RBM capacity building is urgently needed for a critical mass in implementing agencies (national/district) to achieve impact.

3.3.6.6 A national score card on HIV/AIDs was developed to facilitate governance and accountability mechanisms at the national and civil society level. Stakeholders meetings have been organized at national and civil society level; technical working groups have been formed and mobilized to facilitate implementation of the score card.

3.3.6.7 In order to facilitate information gathering and capacity building at the local government level, a study to review the status of HIV and gender mainstreaming in five selected local governments was initiated. This study is meant to identify bottlenecks and promising practices in integrating gender and HIV at the local government structures, policies and strategies. In terms of practice, majority of the respondents understood HIV and gender mainstreaming mainly in terms of designing activities to address HIV and gender issues; ensuring fair representation and participation of women and men (positive and negative) in national and non national programmes. Aspects such as building technical capacity, promoting accountability on the delivery of gender equality and HIV, as well as creating a supportive organizational culture for HIV and gender mainstreaming did not feature prominently in respondents' practices of HIV and gender mainstreaming. JUPSA will advocate for review of key messages to include key missing aspects.

3.3.6.8 The private sector HIV and AIDS strategy was finalized. Two regional dissemination workshops for private sector organizations were organized in central (Kampala) and eastern (Mbale) regions. The dissemination workshop in Eastern region has enabled private sector to be represented at the districts AIDS planning forums. The African Textile Mills represents and coordinates private sector HIV/AIDS responses in Mbale, while Tororo Cement Industries represents private sector organization in Tororo District. In addition, three major supermarkets, namely: Uchumi, Tuskeys and Shoprite were supported to develop and implement HIV and AIDS workplace policies and programmes.

3.3.6.9 The Joint UN Team on AIDS supported the Ministry of Education and Sports to conduct a national wide survey of the education sector HIV and AIDS service providers to establish capacity building gaps. This report was presented and discussed in a national stakeholder's conference resulting into an aide memoire signed by the District Education Officers committing to plan for and implement HIV and IDS programmes in their respective districts. A coordination mechanism was also discussed and approved during the stakeholders' conference.

3.3.6.10 Support was extended to the retail supermarkets; UCHUMI, Tuskys and Shoprite to establish HIV& AIDS work place initiatives. The key activities implemented included training of peer educators, development of workplace policies for the respective supermarkets, establishment of management committees and development of HIV/AIDS prevention and education programmes. Efforts were also made to facilitate partnerships with HIV/AIDS service providers such as AIC, UHMG and Sail Uganda with the respective supermarkets for continuous provision of HIV preventive services.

3.3.6.11 JUPSA mobilized the Uganda Hotels and Owners Association (UHOA) to develop a roadmap for integrating HIV and AIDS into the operations of the hotel hospitality industry. As a result 50 hotels in Mbale and Gulu were trained in developing and implementing HIV and AIDS workplace policies and programmes.

3.3.6.12 Technical backstopping was provided to the Young people Self-coordinating entity during the development of the 2013/14 proposal that has been submitted for funding through the partnership forum. This was preceded by development of young people self-coordinating entity Operational guidelines. The support to the youth group was based on the need to ensure a functional young people's self-coordinating entity given the previous challenges.

3.3.6.13 JUPSA also provided support to MOES to strengthen national capacity to provide essential sexual and reproductive services to young people. This was done through development of School Health policy that provides a frame work to address sexual and reproductive health needs of young people. The policy aims at improving the health of students, school personnel, families and other members of the community, and nurture the model of "Health – Promoting Schools". The policy has been finalized and is awaiting official endorsement of MOES.

3.3.6.14 Furthermore, we supported increased access to sexual and reproductive services and products by young people. This was done through mobilising young people to take active part in programmes through social media which has over 150,000 young people subscribed. The Joint UN Team on AIDS further stepped up Youth friendly service corners from the previous 25 to 45 across the country, reaching over 300,000 young people with ASRH services. Peer education and Green Tree campaign strategies have been effectively used to reach the young to demand for and increase uptake of adolescent sexual reproductive health services.

RESULT 7: Capacity of UN Joint Team strengthened to coordinate, Monitor and Evaluate

3.3.7.1 The UN convened the 3rdJSC meeting which reviewed and approved the 2013 annual work plan. The work plan development process adopted a consultative mechanism involving the Government, CSO and AIDS development partners that first reviewed the 2012 accomplishment, challenges and lessons learnt that informed the 2013 annual work plan. Implementation and monitoring has continued to be guided by the periodic Joint team and Core management Group meetings, which review progress of implementation, and address implementation issues.

3.3.7.2 The end of 2012 annual report, which included the consolidated narrative, and financial reports was developed and presented for review and approval by the Joint steering committee. In line with the Joint programme Memorandum of understanding (MoU), the report was uploaded on the Multi Partner Trust Fund Office Website (MPTF Office GATEWAY) and shared with development partners, government and civil society organizations.

3.3.7.3 The UN as part of its role of strengthening capacity for Government supported staff from MoH, UAC and from the UN to attend the HIV/AIDS Estimates and Projections Regional Training Workshop in Johannesburg, South Africa. This resulted in the generation of 2013 HIV/AIDS estinates that were approved in July 2013 by Government of Uganda and have been used in informing planning and prioritization.

3.3.7.4 JUPSA continued to coordinate and facilitate timely ADPG monthly meetings where key coordination, harmonization and alignment issues have been discussed. Key efforts include; high level meeting between the UNCT, USG ambassador and WB, meeting between the speaker, RC,UNCT, and bi-laterals, constant communication and updating ADPs members, ADPG annual 2012/13 annual assessment, follow-up on key actions for effective functioning of the ADPG forum. In addition, an ADGP retreat was held to review the 2012/13 workplan and develop the 2013/14 AWP, this was preceded by a joint ADPG, GoU and CSOs joint field visits in districts of Sironko and Bududa to share experiences with district leadership.

RESULT 8: Relevant laws, policies and practices that support effective responses to AIDS identified and implemented.

3.3.8.1 Four staff from the Ministry of Trade, National Bureau of Standards and Ministry of Justice and Order were sponsored to attend international meetings on Intellectual property rights where they contributed to the development of global briefs and also presented the Ugandan situation which added to the various voices that justified the need to extend the World Trade Organization (WTO) trade related intellectual property rights for 8 years (WTO TRIPS).

Success story - Influencing the LDC TRIPS EXTENSION

With Support from UNDP, CEHURD led civil society advocacy efforts that influenced the decision of the TRIPS Council of WTO on 11 June 2013 to allow Least Developed Countries (LDCs) to delay implementation of the TRIPS Agreement until 1 July 2021. At the end of this period, LDCs and Uganda can request for a further extension.

CEHURD with support from UNDP led the coalition working on issues of trade, access to medicines, Intellectual property rights and Health in Uganda to lobby the East African Legislative Assembly (EALA) to pass a resolution that persuaded members of the TRIPS Council in Geneva to award LDCs an eight (8)year extension to enforce intellectual property rights (find the EALA resolution here and see TRIPS Council decision here)

The terms of the 11 June 2013 decision are better than the terms in the previous extension, granted in 2005. This is largely due to the pressure, determination and skill of many civil society groups around the world. The new extension period is longer than the seven and a half years transition period provided in the 2005 decision and thus an improvement, though very slight. It also eliminated the condition introduced in the earlier 2005 decision that LDCs

cannot roll-back the level of implementation of the TRIPS agreement that they have already undertaken in their national legislation.

This gain in policy space provides assurance that LDCs like Uganda can retain their policy space and continue to have full flexibilities to overcome their capacity constraints and develop a sound and viable technological base to be able to produce and provide medicine for HIV populations locally. The best outcome would have been an indefinite extension as requested by LDCs but given the circumstances, the 11 June 2013 decision to extend the transition period was welcomed as it is a gain for LDCs like Uganda.

By way of the 2002 decision, LDCs are not required to provide protection to patents or test data in relation to pharmaceutical products, until 1 January 2016. Thus, we need to continue to make use of the policy space provided by the 2002 Decision but also this acts as an eye opener for a even a stronger campaign for access to medicines in Uganda. There were several media coverage on the issue such as

the observer, the independent, in depth news and the new vision

3.3.8.2 Five advocacy meetings were held for parliamentarians to enable them adopt favorable provisions for Uganda's intellectual property law. Policy briefs that were developed a year before have been used to re-engage parliamentarians so that they can suggest provisions with pro-access to medicine to be incorporated provisions in the bill. As a result a revised national policy brief on flexibilities and patents has been developed. The brief is yet to be presented to parliament for discussion. In June 2013 the bill was passed with provisions to access to medicines.

3.3.8.3 Three meetings under the umbrella organization of UWOPA were held with 80 members of parliament of whom 50 were women parliamentarians in an effort to advocate and interest policy makers to hold positive discussions on the impact on public health and human rights of the passed HIV bill in its current form and contents.

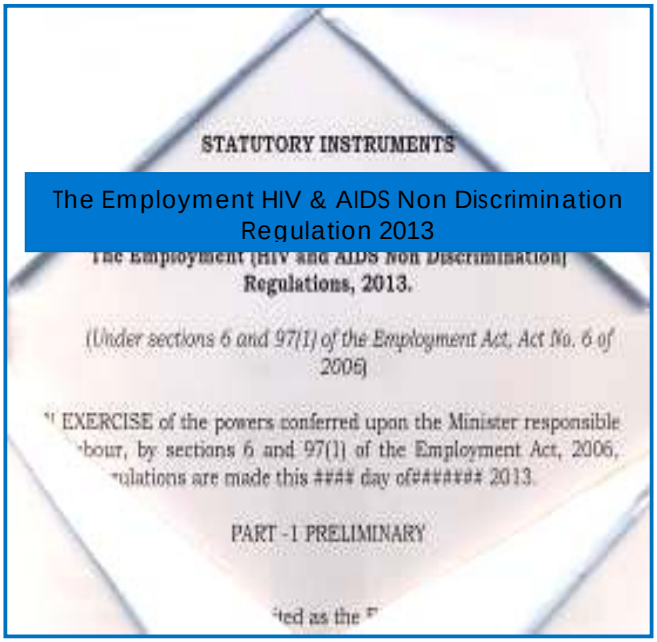
3.3.8.4 The Stigma index Survey report was finalized and disseminated, and an action plan to implement recommendations from the report is currently being developed for implementation in 2014.

3.3.8.5 In an effort to advocate and influence tabling of the Tobacco control bill of 2011 in parliament, advocacy materials including T-shirts, Policy briefs, stickers and fact sheets were developed to sensitize policy makers and law enforcement officers on what needs to be fronted during advocacy. Further to address non communicable diseases sensitization meetings have been held for the journalist about the impact of tobacco control and non-communicable diseases. The intent was to increase the number of media prints about Non communicable disease and tobacco control . As a result several publications have been made by the media.

RESULT 9: National capacity to reform laws, policies and practices that block the effective AIDS response enhanced

3.3.9.1 National leaders have been mobilized and trained on laws and policies for effective HIV response. As a result of these trainings, a national reference team that provides oversight on HIV laws and policies has been created. It comprises Noreen Kaleeba; Chairperson AMREF and founder of TASO, Lady Justice Kisakye; Chief Judge in the high court, BenTwinomugisha; Dean Faculty of Law Makerere University, Beatrice Were; Human rights and Gender Activist and, Dr. Twa-twa – Member of Parliament and chair of the HIV committee in parliament and HIV Activist.

3.3.9.2 In an effort to engage and use social media for effective communication and publications on HIV Prevention policies and the law, over 20 journalists and broad casters have been trained on HIV Prevention and the law. This was in an effort to increase the number of HIV law issues and advocacy messages published in the newspapers and shared with the public over radios and televisions. 16 Civil Society Coalition members have been sensitized and trained on using twitter, face book and coalition network to raise debates and forums on contagious issues of the HIV prevention Bill plus other health related issues pertaining to the bill.


STATUTORY INSTRUMENTS

The Employment HIV & AIDS Non Discrimination Regulation 2013

The Employment (HIV and AIDS Non Discrimination) Regulations, 2013.

(Under sections 6 and 97(1) of the Employment Act, Act No. 6 of 2006)

EXERCISE of the powers conferred upon the Minister responsible bour, by sections 6 and 97(1) of the Employment Act, 2006, ulations are made this #### day of####### 2013.

PART - 1 PRELIMINARY

ted as the

3.3.9.3 The National Action frame work for women, girls, gender Equality and HIV (NAP-WGGE) was disseminated to clan leaders of Bunyoro kingdom and draft action plans are being developed. Active involvement of positive mothers and fathers in EMTCT was supported through mama's club.

3.3.9.4 NAP-WGGE was rolled out and the development of the National HIV and Gender Score card is in progress. Trainings on HIV Prevention and human rights have been conducted in 3 districts in northern Uganda as a step towards implementing the NAP-WGGE. In an effort to promote HIV–non-discrimination policies and practices, the JUPSA in collaboration with the Ministry of Justice and Constitutional Affairs and the Judicial Services Institute organized a seminar on strengthening capacity of the judiciary and legal professionals to address HIV-related discrimination. During the training of 30 legal professionals, a handbook on HIV/AIDS for judges and legal professions was developed and disseminated by ILO headquarters.

3.3.9.5 Additionally, a roadmap for the adoption of the handbook was developed. ILO is in the process of collaborating with the Judicial Services Institute to integrate HIV and AIDS training modules for judges and legal professionals, as one of the strategies that will influence HIV sensitivity in the Justice, Law and Order processes.

3.3.9.6 As a result of engaging with the judicial authorities, a new statutory instrument on employment and HIV-non discrimination regulations was developed in collaboration with the Ministry of Justice and Constitutional Affairs and the Office of the Attorney General. The statutory instrument will ensure compliance and protection of rights to employment of workers with HIV and AIDS.

4 Delays in implementation, challenges and lessons learned

4.1.1.1 The proceeding narrative provides a summary of the delays and the nature of constraints and challenges, actions taken to mitigate future delays and lessons learned in the process. The

section further provides an updated analysis of the risks identified during the 2013 Annual work planning process.

4.1.1.2 During the period, JUPSA continued to experience inadequate human capacity within the UN Agencies, government ministries including health facilities, which affected timely implementation and delivery of programme priorities. However, the UN continued to dialogue and advocate for increased human resources for health care, coordination and management of HIV programmes at national sector and district levels.

4.1.1.3 One of the broader health challenges that remains include delays in Government procurement systems especially for commodities such as ARVs and condoms. Prolonged stock-out of these commodities reverses the otherwise good gains made through the catalytic activities supported by the JUPSA arrangement. There has been high level and technical engagement between the UN heads of Agencies, Ambassadors, Minister of Health and Uganda AIDS Commission Chair to resolve this. Though the issue is yet to be resolved, dialogues and discussions with National Medical stores and Ministry of Health have continued.

4.1.1.4 One key area that has been identified as a cause for the delays is poor quantification at health facility at district level. The UN and bilateral agencies have committed to re-examine the possibility of enhancing the capacity for excellent and timely quantification and this is expected to address the long out-standing procurement issues. The discussions have further moved a step forward to look at the post shipment issues for condoms and concerted efforts by local ADPs to support comprehensive condom programming. The UN has and will continue to play its role as an honest broker while engaging with development partners and government for a more sustainable and systematic strategy to address shortage of commodities and supplies.

4.1.1.5 The limited comprehensive programming for most at risk populations (MARPs) has been resolved following a south-to-south exchange visit that has resulted in consensus to develop a key population implementation action plan. There is also emerging government commitment to take lead on MARPs harmonized programming with potential for expanded funding.

4.1.1.6 There are noted delays in Government providing comprehensive and timely reporting on the progress on the response, this however has been partly resolved by introduction of DHIS. Thus it is expected that by the end of the year, the prevalent issues on reporting would improve.

4.1.1.7 The restructuring within MoH created a learning curve for partners thus affecting timely implementation of interventions. The UN will continue to engage and learn the best fit, to ensure that there is no reduced enthusiasm for work at MoH and expedited implementation including timely fund utilization, reporting and accountability. Most ACP staff members have been working on very short-term contracts for over 15 months and have not been motivated to take on previously anticipated workloads. A similar approach will be used to move forward the seemingly slow processes at Ministry of Gender, Labour and Social Development.

4.1.1.8 Apart from the core UN agency funds for implementation of the 2013 Annual work plan, the other funds were received late from the donor, which affected timely execution. The 2013 year review, called on UN agencies to expedite implementation, and timely identification of activities that will be carried over to 2014, given that some of the funds for the JUPSA 2013 work plan were received in May 2013.

Lessons learnt

4.2.1.1 The transition of eMTCT services to option B+ has come with changes in the tools to be used. These must be aligned with the program requirement. These tools were presented as an addendum to the HMIS and are currently being used to collect data.

4.2.1.2 The ADPG forum has continued to provide a forum of strengthened partnerships to support the national HIV and AIDS response and scale-up of key interventions e.g. WHO/STAR-EC case.

4.2.1.3 The JUPSA has been able to provide technical backstopping to the development of national HIV and AIDS instruments and unblocking some of the critical obstacles to scaling-up implementation using key frameworks, policies, guidelines and tools developed in previous years.

5 Selected Case Studies

Uganda's mTrac Initiative Wins Top Africa eHealth Award

KAMPALA, Tuesday, 9 July, 2013 – The African Development Bank (AfDB) has recognized the Ugandan Ministry of Health's mTrac initiative as one of the top ten eHealth projects of 2013. The first AfDB eHealth award aims to encourage the production and sharing of knowledge on eHealth solutions.

Led by the Ugandan Health Ministry, mTrac is a joint initiative supported by UNICEF and the World Health Organization (WHO) with funding from UKAID, and implemented through a variety of partners including the Medicines and Health Services Delivery Monitoring Unit, National Medical Stores, Malaria Consortium and the Stop Malaria Programme.

"mTrac addresses a crucial need of the Ministry of Health, ensuring that accurate, real-time information from every health facility is available to national and local government stakeholders for action. Timely delivery of this information can greatly improve health sector performance," Minister of Health, Dr Ruhakana Rugunda explains.

mTrac is a Rapid SMS-based health tool designed to strengthen health systems in Uganda. It was launched in December 2011 to improve Health Management Information System (HMIS) reporting on disease surveillance and medicine tracking systems in all 5,000 health facilities in Uganda, as well as speeding up response time and bolstering health sector accountability.

Data derived from mTrac shows that health facilities without stock-outs of anti-malarial medicines have increased from 74.8% to 88.1% In addition, 5,472 actionable reports were received via mTrac's anonymous hotline in 2012 of which 3,234 high priority cases were forwarded to the Medicines and Health Services Delivery Monitoring Unit for investigation.

Nearly 70 percent of these cases were successfully resolved. MoH is exploring new ways to strengthen the national health system using mTrac.

"mTrac is proving instrumental to multiple UN agencies by providing timely information on critical bottlenecks within the health system, allowing for course correction during programme implementation," says AhunnaEziakonwa-Onochie, United Nations Resident Co-ordinator in Uganda. "This has allowed us to work closely with government counterparts to quickly correct problems while highlighting structural issues which require larger support," she adds.

In April 2013, the Uganda National Expanded Programme on Immunization (UNEPI) used mTrac to conduct a rapid survey to identify bottlenecks in the vaccine supply chain.

mTrac is being recognized internationally for real time monitoring of diseases, tracking of essential medicines, and improving health service delivery. Other AfDB award winners include Health Information Systems Programme's DHIS2 and Grameen Foundations' MoTECH. The awards will be presented in Tunisia in September, later this year.

6 Other Assessments or Evaluations

6.1.1.1 In an effort to highlight existing opportunities for improving social support and protection of households affected by the effects of the HIV epidemic, the UN Joint Programme of Support on AIDS undertook a study to review and analyze HIV sensitive social protection responses in Uganda.

6.1.1.2 The study observes the need to promote HIV inclusive social protection, in terms of its ability to ensure inclusion, address rights of access and participation of persons with HIV and households affected by HIV and AIDS.

6.1.1.3 The study report recommends as one of the future process the development of guidelines and promotion of approaches that will enhance understanding and implementation of HIV sensitive social protection programming to benefit persons with HIV and households affected by HIV and AIDS.

7 Resources

This section provides information on financial management resources

7.1.1.1 The 2013 AWP focused on scaling-up implementation using key frameworks, policies, guidelines and tools reviewed/developed during the first two years. The work plan has been financed through core agency resources, carryover funds and Irish Aid as per table below

	2013 Budget	2013 Sources of income					Fund Utulisation as of 31st Dec 2013					
Agency		Carryover	IA 2013 allocation	UBRAF HIC	Core Resources	Total funds	IA 2013+ carryover	UBRAF HIC	Core/RR	Total	%ge	IA 2014 Carryover
FAO	**340,000**	49,920	87,822	0	100,000	**237,742**	76,738	-	100,000	176,738	**74**	61,004
ILO	**315,000**	68,311	91,481	40,000	93,000	**292,792**	101,052	36,000	90,000	227,052	**78**	58,740
IOM	**345,000**	0	182,963	0	110,000	**292,963**	97,731	-	105,000	202,731	**69**	85,232
UNAIDS	**910,166**	187,986	257,977	0	229,000	**674,963**	384,503	-	210,000	594,503	**88**	61,460
UNDP	**611,643**	20,554	77,759	0	551,101	**649,414**	98,313	-	551,544	649,857	**100**	0
UNESCO	**468,546**	84,724	88,737	0	251,500	**424,961**	100,018	-	182,000	282,018	**66**	73,443
UNFPA	**6,405,594**	686,824	82,333	0	4,730,000	**5,499,157**	769,157	-	4,730,000	5,499,157	**100**	-
UNHCR	**250,000**	0	103,481	0	80,000	**183,481**	82,075	-	80,000	162,075	**88**	21,406
UNICEF	**4,727,000**	3,052	228,703	150,000	3,868,048	**4,249,803**	231,754	135,000	3,715,350	4,082,104	**98**	0
WHO	**520,000**	351,852	338,481	260,000	378,000	**1,328,333**	492,963	260,000	297,950	1,050,913	**79**	182,728
Total	**14,892,949**	**1,453,223**	**1,539,738**	**450,000**	**7,622,601**	**13,833,610**	**2,434,304**	**171,000**	**885,008**	**12,927,148**	**93**	558,657

At the start of the financial year, the UN continued to use the core resources and the extra budgetary carryover to execute the implementation of 2013 Annual Work plan. In May, 2013 Irish Aid released USD1.53 Million and an additional USD450,000 was received from UBRAF to implement interventions in the 2013 annual workplan.

Part II: Annual Financial Report of the Administrative Agent of the JP Uganda Support for AIDS

for the period 1 January to 31 December 2013

DEFINITIONS

Allocation
Amount approved by the Steering Committee for a project/programme.

Approved Project/Programme
A project/programme including budget, etc., that is approved by the Steering Committee for fund allocation purposes.

Contributor Commitment
Amount(s) committed by a donor to a Fund in a signed Standard Administrative Arrangement with the UNDP Multi-Partner Trust Fund Office (MPTF Office), in its capacity as the Administrative Agent. A commitment may be paid or pending payment.

Contributor Deposit
Cash deposit received by the MPTF Office for the Fund from a contributor in accordance with a signed Standard Administrative Arrangement.

Delivery Rate
The percentage of funds that have been utilized, calculated by comparing expenditures reported by a Participating Organization against the 'net funded amount'.

Indirect Support Costs
A general cost that cannot be directly related to any particular programme or activity of the Participating Organizations. UNDG policy establishes a fixed indirect cost rate of 7% of programmable costs.

Net Funded Amount
Amount transferred to a Participating Organization less any refunds transferred back to the MPTF Office by a Participating Organization.

Participating Organization
A UN Organization or other inter-governmental Organization that is an implementing partner in a Fund, as represented by signing a Memorandum of Understanding (MOU) with the MPTF Office for a particular Fund.

Project Expenditure
The sum of expenses and/or expenditure reported by all Participating Organizations for a Fund irrespective of which basis of accounting each Participating Organization follows for donor reporting.

Project Financial Closure
A project or programme is considered financially closed when all financial obligations of an operationally completed project or programme have been settled, and no further financial charges may be incurred.

Project Operational Closure
A project or programme is considered operationally closed when all programmatic activities for which Participating Organization(s) received funding have been completed.

Project Start Date
Date of transfer of first instalment from the MPTF Office to the Participating Organization.

Total Approved Budget
This represents the cumulative amount of allocations approved by the Steering Committee.

2013 FINANCIAL PERFORMANCE

This chapter presents financial data and analysis of the JP Uganda Support for AIDS funds using the pass-through funding modality as of 31 December **2013**. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address: http://mptf.undp.org/factsheet/fund/JUG00.

1. SOURCES AND USES OF FUNDS

As of 31 December 2013, two contributors have deposited **US$ 12,574,987** in contributions and **US$ 17,460** has been earned in interest, bringing the cumulative source of funds to **US$ 12,592,447** (see respectively, Tables 2 and 3).
Of this amount, **US$ 12,536,765** has been transferred to 14 Participating Organizations, of which **US$ 11,193,760** has been reported as expenditure. The Administrative Agent fee has been charged at the approved rate of 1% on deposits and amounts to **US$ 125,750**. Table 1 provides an overview of the overall sources, uses, and balance of the JP Uganda Support for AIDS as of 31 December 2013.

Table 1. Financial Overview, as of 31 December 2013 (in US Dollars)*

	Annual 2012	Annual 2013	Cumulative
Sources of Funds			
Gross Contributions	1,585,320	1,543,200	12,574,987
Fund Earned Interest and Investment Income	250	491	9,377
Interest Income received from Participating Organizations	1,572	489	8,083
Refunds by Administrative Agent to Contributors	-	-	-
Fund balance transferred to another MDTF	-	-	-
Other Revenues	-	-	-
Total: Sources of Funds	**1,587,143**	**1,544,180**	**12,592,447**
Uses of Funds			
Transfers to Participating Organizations	1,648,629	1,527,738	12,536,765
Refunds received from Participating Organizations	-	-	(72,926)
Net Funded Amount to Participating Organizations	**1,648,629**	**1,527,738**	**12,463,839**
Administrative Agent Fees	15,853	15,432	125,750
Direct Costs: (Steering Committee, Secretariat...etc.)	-	-	-
Bank Charges	0	51	77
Other Expenditures	-	-	-
Total: Uses of Funds	**1,664,482**	**1,543,221**	**12,589,666**
Change in Fund cash balance with Administrative Agent	**(77,340)**	**959**	**2,781**
Opening Fund balance (1 January)	79,162	1,822	-
Closing Fund balance (31 December)	**1,822**	**2,781**	**2,781**
Net Funded Amount to Participating Organizations	1,648,629	1,527,738	12,463,839
Participating Organizations' Expenditure	3,228,086	2,167,385	11,193,760
Balance of Funds with Participating Organizations			**1,270,079**

* Due to rounding of numbers, totals may not add up. This applies to all numbers in this report.

2. PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to this Fund as of 31 December 2013.

Table 2. Contributors' Deposits, as of 31 December 2013 (in US Dollars)*

Contributors	Prior Years as of 31-Dec-2012	Current Year Jan-Dec-2013	Total
DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID)	1,597,400	-	1,597,400
IRISH AID	9,434,387	1,543,200	10,977,587
Grand Total	**11,031,787**	**1,543,200**	**12,574,987**

3. INTEREST EARNED

Interest income is earned in two ways: 1) on the balance of funds held by the Administrative Agent ('Fund earned interest'), and 2) on the balance of funds held by the Participating Organizations ('Agency earned interest') where their Financial Regulations and Rules allow return of interest to the AA. As of 31 December 2013, Fund earned interest amounts to **US$ 9,377** and interest received from Participating Organizations amounts to **US$ 8,083**, bringing the cumulative interest received to **US$ 17,460**. Details are provided in the table below.

Table 3. Sources of Interest and Investment Income, as of 31 December 2013 (in US Dollars)*

Interest Earned	Prior Years as of 31-Dec-2012	Current Year Jan-Dec-2013	Total
Administrative Agent			
Fund Earned Interest and Investment Income	8,887	491	9,377
Total: Fund Earned Interest	**8,887**	**491**	**9,377**
Participating Organization			
UNDP	3,392	-	3,392
UNESCO	-	489	489
UNFPA	3,941	-	3,941
UNWOMEN	260	-	260
Total: Agency earned interest	**7,594**	**489**	**8,083**
Grand Total	**16,480**	**980**	**17,460**

4. TRANSFER OF FUNDS

Allocations to Participating Organizations are approved by the Steering Committee and disbursed by the Administrative Agent. As of 31 December 2013, the AA has transferred **US$ 12,536,765** to 14 Participating Organizations (see list below).

Table 4 provides additional information on the refunds received by the MPTF Office, and the net funded amount for each of the Participating Organizations.

Table 4. Transfer, Refund, and Net Funded Amount by Participating Organization, as of 31 December 2013 (in US Dollars)*

Participating Organization	Prior Years as of 31-Dec-2012			Current Year Jan-Dec-2013			Total		
	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded
FAO	350,785	-	350,785	104,416	-	104,416	455,201	-	455,201
ILO	425,874	-	425,874	80,481	-	80,481	506,355	-	506,355
IOM	716,245	-	716,245	182,963	-	182,963	899,208	-	899,208
OHCHR	172,912	(70,940)	101,972	-	-	-	172,912	(70,940)	101,972
UNAIDS	1,467,356	-	1,467,356	257,978	-	257,978	1,725,334	-	1,725,334
UNDP	1,201,757	-	1,201,757	78,758	-	78,758	1,280,515	-	1,280,515
UNESCO	325,614	(1,986)	323,628	88,736	-	88,736	414,350	(1,986)	412,364
UNFPA	1,385,986	-	1,385,986	89,333	-	89,333	1,475,319	-	1,475,319
UNHCR	272,029	-	272,029	95,482	-	95,482	367,511	-	367,511
UNICEF	1,705,601	-	1,705,601	246,704	-	246,704	1,952,305	-	1,952,305
UNODC	85,600	-	85,600		-	-	85,600	-	85,600
UNWOMEN	42,800	-	42,800		-	-	42,800	-	42,800
WFP	160,500	-	160,500		-	-	160,500	-	160,500
WHO	2,695,968	-	2,695,968	302,887	-	302,887	2,998,855	-	2,998,855
Grand Total	**11,009,027**	**(72,926)**	**10,936,101**	**1,527,738**	**-**	**1,527,738**	**12,536,765**	**(72,926)**	**12,463,839**

5. EXPENDITURE AND FINANCIAL DELIVERY RATES

All final expenditures reported for the year 2013 were submitted by the Headquarters of the Participating Organizations. These were consolidated by the MPTF Office.

5.1 EXPENDITURE REPORTED BY PARTICIPATING ORGANIZATION

As shown in table 5 below, the cumulative net funded amount is **US$ 12,463,839** and cumulative expenditures reported by the Participating Organizations amount to **US$ 11,193,760**. This equates to an overall Fund expenditure delivery rate of 90 percent. The agencies with the three highest delivery rates are: UNDP, UNHCR and UNODC with 100% delivery rate.

Table 5. Net Funded Amount, Reported Expenditure, and Financial Delivery by Participating Organization, as of 31 December 2013 (in US Dollars)*

Participating Organization	Approved Amount	Net Funded Amount	Expenditure			Delivery Rate %
			Prior Years as of 31-Dec-2012	Current Year Jan-Dec-2013	Cumulative	
FAO	455,201	455,201	300,865	82,036	382,901	84.12
ILO	506,355	506,355	357,563	90,053	447,616	88.40
IOM	899,208	899,208	716,245	35,828	752,073	83.64
OHCHR	172,912	101,972	52,965	-	52,965	51.94
UNAIDS	1,725,334	1,725,334	1,077,658	437,389	1,515,047	87.81
UNDP	1,280,515	1,280,515	1,181,203	106,890	1,288,093	100.59
UNESCO	414,350	412,364	238,905	77,603	316,508	76.75
UNFPA	1,475,319	1,475,319	821,938	649,595	1,471,533	99.74
UNHCR	367,511	367,511	272,029	95,482	367,511	100.00
UNICEF	1,952,305	1,952,305	1,687,903	221,000	1,908,903	97.78
UNODC	85,600	85,600	85,600	-	85,600	100.00
UNWOMEN	42,800	42,800	15,406	-	15,406	36.00
WFP	160,500	160,500	139,100	-	139,100	86.67
WHO	2,998,855	2,998,855	2,078,995	371,509	2,450,504	81.71
Grand Total	**12,536,765**	**12,463,839**	**9,026,375**	**2,167,385**	**11,193,760**	**89.81**

5.2 EXPENDITURE REPORTED BY CATEGORY

Project expenditures are incurred and monitored by each Participating Organization and are reported as per the agreed categories for inter-agency harmonized reporting. In 2006 the UN Development Group (UNDG) established six categories against which UN entities must report inter-agency project expenditures. Effective 1 January 2012, the UN Chief Executive Board (CEB) modified these categories as a result of IPSAS adoption to comprise eight categories. All expenditures incurred prior to 1 January 2012 have been reported in the old categories; post 1 January 2012 all expenditures are reported in the new eight categories. The old and new categories are noted to the right.

Table 6 reflects expenditure reported in the UNDG expense categories. Where the Fund has been operational pre and post 1 January 2012, the expenditures are reported using both categories. Where a Fund became operational post 1 January 2012, only the new categories are used.

In 2013, the highest percentage of expenditure was on General operating (34%). The second highest expenditure was on (33%) and the third highest expenditure was on Transfers and grants (23%).

2012 CEB Expense Categories

1. Staff and personnel costs
2. Supplies, commodities and materials
3. Equipment, vehicles, furniture and depreciation
4. Contractual services
5. Travel
6. Transfers and grants
7. General operating expenses
8. Indirect costs

2006 UNDG Expense Categories

1. Supplies, commodities, equipment & transport
2. Personnel
3. Training counterparts
4. Contracts
5. Other direct costs
6. Indirect costs

Table 6. Expenditure by UNDG Budget Category, as of 31 December 2013 (in US Dollars)*

Category	Expenditure			Percentage of Total Programme Cost
	Prior Years as of 31-Dec-2012	Current Year Jan-Dec-2013	Total	
Supplies, Commodities, Equipment and Transport (Old)	513,271	-	513,271	4.85
Personnel (Old)	1,162,577	-	1,162,577	10.97
Training of Counterparts(Old)	419,910	-	419,910	3.96
Contracts (Old)	2,642,138	-	2,642,138	24.94
Other direct costs (Old)	751,131	-	751,131	7.09
Staff & Personnel Costs (New)	238,527	140,290	378,817	3.58
Suppl, Comm, Materials (New)	269,224	(202,763)	66,461	0.63
Equip, Veh, Furn, Depn (New)	31,324	45,028	76,352	0.72
Contractual Services (New)	743,939	732,228	1,476,167	13.93
Travel (New)	388,887	105,283	494,169	4.66
Transfers and Grants (New)	780,834	491,095	1,271,930	12.01
General Operating (New)	600,228	740,626	1,340,854	12.66
Programme Costs Total	**8,541,989**	**2,051,787**	**10,593,776**	**100.00**
Indirect Support Costs Total	484,386	115,597	599,984	5.66
Total	**9,026,375**	**2,167,385**	**11,193,760**	

Indirect Support Costs: The timing of when Indirect Support Costs are charged to a project depends on each Participating Organization's financial regulations, rules or policies. These Support Costs can be deducted upfront on receipt of a transfer based on the approved programmatic amount, or a later stage during implementation.

Therefore, the Indirect Support Costs percentage may appear to exceed the agreed upon rate of 7% for on-going projects, whereas when all projects are financially closed, this number is not to exceed 7%.

6. COST RECOVERY

Cost recovery policies for the Fund are guided by the applicable provisions of the JP Project Document, the MOU concluded between the Administrative Agent and Participating Organizations, and the SAAs concluded between the Administrative Agent and Contributors, based on rates approved by UNDG.
The policies in place, as of 31 December 2013, were as follows:

- **The Administrative Agent (AA) fee:** 1% is charged at the time of contributor deposit and covers services provided on that contribution for the entire duration of the Fund. In the reporting period **US$ 15,432** was deducted in AA-fees. Cumulatively, as of 31 December 2013, **US$ 125,750** has been charged in AA-fees.
- **Indirect Costs of Participating Organizations:** Participating Organizations may charge 7% indirect costs. In the current reporting period **US$ 115,597** was deducted in indirect costs by Participating Organizations. Cumulatively, indirect costs amount to **US$ 599,984** as of 31 December 2013.
- **Direct Costs:** The Fund governance mechanism may approve an allocation to a Participating Organization to cover costs associated with Secretariat services and overall coordination, as well as Fund level reviews and evaluations. These allocations are referred to as 'direct costs'. In 2013, there were no direct costs charged to the Fund.

7. ACCOUNTABILITY AND TRANSPARENCY

In order to effectively provide fund administration services and facilitate monitoring and reporting to the UN system and its partners, the MPTF Office has developed a public website, the MPTF Office Gateway (http://mptf.undp.org). Refreshed in real time every two hours from an internal enterprise resource planning system, the MPTF Office Gateway has become a standard setter for providing transparent and accountable trust fund administration services.
The Gateway provides financial information including: contributor commitments and deposits, approved programme budgets, transfers to and expenditures reported by Participating Organizations, interest income and other expenses. In addition, the Gateway provides an overview of the MPTF Office portfolio and extensive information on individual Funds, including their purpose, governance structure and key documents. By providing easy access to the growing number of narrative and financial reports, as well as related project documents, the Gateway collects and preserves important institutional knowledge and facilitates knowledge sharing and management among UN Organizations and their development partners, thereby contributing to UN coherence and development effectiveness.