[The Joint UN Programme of Support on AIDS in Uganda]
MPTF OFFICE GENERIC ANNUAL PROGRAMME[1] NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2016

Programme Title & Project Number	**Country, Locality(s), Priority Area(s) / Strategic Results[2]**
• Programme Title: **Joint Programme of Support on AIDS** • Programme Number *(if applicable)* • MPTF Office Project Reference Number:[3]	*(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)	**Implementing Partners**
FAO, ILO, IOM, UNAIDS, UNESCO, UNFPA, UNICEF, UN Women, WFP, WHO	**National counterparts (government, private, NGOs & others) and other International Organizations**: Ministry of Health, MoES, Ministry of Gender, Ministry of Agriculture, Ministry of Works and Transport, Uganda AIDS Commission; Ministry of Education & Sports, Private Sector, MoJCA, MoTIC ,CSOs, AIDS Information Centre; AMICAAL; Uganda Catholic Secretariat, CoU, SDA, UMSC, Orthodox, Uganda Red Cross Society; UHMG,UPDF, PLHIV Networks, Parliament of Uganda, RHU, UHMG, UPDF, Federation of Uganda Employers, National Organization of Trade Unions.

Programme/Project Cost (US$)		**Programme Duration**	
Total approved budget as per project document: MPTF /JP Contribution[4]: • *by Agency (if applicable)*	**$80,223,365**	Overall Duration *(months)*	**60 months (Five years)**
Agency Contribution • *by Agency (if applicable)*	**$70,223,365 of which €7,435,205 is for KARUNA/HP**	Start Date[5] *(dd.mm.yyyy)*	***1st January, 2016***
Government Contribution *(if applicable)*	In kind	Original End Date[6] *(dd.mm.yyyy)*	
Other Contributions (donors) *(if applicable)*	**€10,900,000**	Current End date[7]*(dd.mm.yyyy)* *30th December, 2020*	**31st December, 2020**
TOTAL:			

Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Assessment/Review - if applicable *please attach* ☐ Yes ☐No Date: *dd.mm.yyyy* Mid-Term Evaluation Report – *if applicable please attach* ☐ Yes ☐No Date: *dd.mm.yyyy*	o **Name**: Amakobe Sande o **Title:** UNAIDS Country Director o **Participating Organization (Lead)**: UNAIDS o Email address: sandec@unaids.org

[1] The term "programme" is used for programmes, joint programmes and projects.
[2] Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document;
[3] The MPTF Office Project Reference Number is the same number as the one on the Notification message. It is also referred to as "Project ID" on the project's factsheet page the MPTF Office GATEWAY
[4] The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the MPTF Office GATEWAY
[5] The start date is the date of the first transfer of the funds from the MPTF Office as Administrative Agent. Transfer date is available on the MPTF Office GATEWAY
[6] As per approval of the original project document by the relevant decision-making body/Steering Committee.
[7] If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the original end date. The end date is the same as the operational closure date which is when all activities for which a Participating Organization is responsible under an approved MPTF / JP have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities.

SUMMARY

The report present the key programme made during the period January- December, 2016. During the period The United Nations, through the Joint UN Programme of Support on AIDS in Uganda remained a key partner in the national HIV response. The programme established strong delivery mechanism through 11 member agencies and enhanced partnerships with government and civil society institutions at national, sector and local government levels. This facilitated and expedited the delivery of programmes funded by the UN and Irish Aid and also nurtured strong partnerships with other bilateral partners resulting in increased funding and harmonized approaches.

The UN has initiated and is implementing a third strategic programming cycle for 2016-2020 that is fully aligned to the key national and global strategic and development frameworks. In the second half of 2016, Irish Aid renewed her funding partnership with JUPSA. A nested project within the JUPSA strategic framework was developed with specific results aligned to the JUPSA results framework. The project titled KARUNA/HP supports some national level activities with priority focus on the underserved Karamoja region. KARUNA is currently the only project providing additional pooled to agency core resources in a pooled manner at country level. This annual report integrates achievements from this project as part of the wider JUPSA achievements.

The report is presented along the three broader thematic areas of prevention, treatment Care and support and Governance and human rights, within each theme area, there is an analysis of achievements, in addition to a focused detail of what has been achieved under the nested KARUNA/HP. 2016 was the first year of implementation of the JUPSA 2016-2020 Strategic Plan and most activities focus on laying a foundation for achievement of the 5-year targeted results. Efforts focused on advocacy for a conducive policy and legal environment, evidence generation, defining national technical normative guidance, strengthening coordination and governance structures as well as service delivery systems.

The following were key accomplishments under the thematic prevention area support for generation and development of strategic guidance documents including national HIV prevention road map, review and revision of the National HIV Condom Strategy, development of SRH/HIV priority action plans for 7 districts of karamoja, Support to SRMNCAH/HIV integration processes under the leadership of Ministry of Health, a systems capacity assessment for SRH/HIV integrated service delivery, supported Ministry of Gender Labour and Social Development to develop an SRH/HIV tool for government community development extension workers, developed and pilot-tested a curriculum for the Migration Health Training Course.

The First Lady of Uganda in her roles as the national safe motherhood ambassador, EMTCT and adolescent health champion formed a Parliamentary champions group with resolutions on maternal health and specifically midwifery. In addition support was extended to nine cultural institutions and seven national faith based denominations were supported to review and/or develop SRH/HIV/GBV action plans. As part of enhancing SBCC a comprehensive campaign on SRH/HIV for Karamoja region and Ministry of Works and Transport was developed. Condom programming was strengthened (installed at the Alternative RH Commodity Distribution Facility (UHMG) and 7 MARPs hotspot districts) with focus on systems strengthen increased supply of stock and guarding against condom stock outs.

At Karamoja regional level, JUPSA supported a community mapping exercise working with DHOs, HIV & Condom Focal points and community leaders to identify and establish 526 distribution points. These also covered MARPs hotspots, workplaces and entertainment centers, etc. Up to 204 Peer distributors were identified as well and linked to specific Health Facilities'. A total of 1.7m condoms were moved to the region and 500,000 distributed to the community. The Ministry of Health finalized and endorsed the National HIV Testing Services Policy and implementation guidelines based on the 2015 WHO Global guidance that among

other aspects provide for access to unaccompanied young adolescents from 12 years of age . supported procurement and distribution of 300 reusable Safe Male Circumcision kits and 30 sterilizers for 30 lower level health facilities.

Under treatment and care thematic area the following were achieved: The UN Team provided technical and financial support to the MoH to develop and update components of the National Consolidated HIV Prevention and Treatment guidelines based on the 2015 WHO guidance. The Ministry of health is currently being supported with technical and financial support to develop and update the national comprehensive HIV training package as well as the related tools and job aides. The UN Joint Team continued to strengthened national capacity for uninterrupted supply of essential commodities such as ARVs, HIV test kits and EID related logistics and supplies. Following finalization of the tool, the UN family leveraging on both core and JUPSA funding, supported the orientation of 70 National and Regional mentors on the updated mentorship tool.

Within the governance thematic area, there was noted improvement in reporting as evidenced by holding of the joint annual AIDS review, the 2016 country HIV progress report and finalization of Karamoja baseline study report. Systems for data management including DHIS 2 and GBV data bases have been enhanced to provide timely and accurate reports. Further there has been noted support for the preparation of concept note under Global Fun, finalization of process for the national Aids Spending assessment, finalization of national HIV resource mobilization strategy and the launch of the KARUNA/PACK HIV programme in Karamoja.

Notwithstanding the achievements registered at the national and regional level, there are still constraints that impact on programme delivery.

Disparities exist in programme coverage with some regions underserved such as the Karamoja sub-region. The baseline study raised a number of service gaps that exist in Karamoja region. Across all the districts in the country there is still suboptimum service delivery for prevention and treatment services. JUPSA plans to support programming in the region to inspire optimal coverage and document practices for replication in other sub-regions. The engagement in the Global Fund and PEPFAR Country operation plan processes provides a platform for the UN to advocate for equitable allocation of resources and serving the areas whose coverage is low.

The noted weak health and social services systems coupled with a long dry spell have put a strain on the already constrained sector especially in the Karamoja region. JUPSA will engage with the wider development groups including Health Development group, the AIDS Development Partners Group and the Karamoja Development group for engagement on key issues for a harmonized position of support.

Being the first year of a five year programme, there was noted delayed implementation, but this is expected to gain momentum during the 2nd year of implementation.

1.0 Purpose

This 2016 annual report provides an overview of the Joint UN Programme of Support on AIDS in Uganda (JUPSA) outputs, resources for full implementation and details of achievements. It further gives a synthesis of the Joint Programme (JP) performance highlighting key programmatic achievements and. The report further presents mitigation actions in support of the national AIDS response.

The year 2016 was the first year of implementation of the third Joint UN Programme of Support on AIDS in Uganda (JUPSA) 2016-2020 whose outcomes are presented in Table below. The table further shows the linkages between the National HIV strategic Plan, the United Nations Development assistance framework and the JUPSA outcomes ;

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

Various JUPSA outputs feed into the five JUPSA outcome areas. Identified JUPSA indicators guide development of the JUPSA annual workplan with annualized targets.

In the first half of 2016, Irish Aid renewed her funding partnership with JUPSA. A nested project within the JUPSA strategic framework was developed with specific results aligned to the JUPSA results framework above. The project titled KARUNA supports some national level activities with priority focus on the underserved Karamoja region. KARUNA is currently the only project providing additional pooled to agency core resources in a pooled at country level.This annual report integrates achievements from this project as part of the wider JUPSA achievements. Table 3 below presents an alignment of JUPSA outcome areas and KARUNA objectives:

JUPSA outcome areas	Karamoja United Nations HIV Programme Objectives
1.1 Increased adoption of safer sexual behaviors among adolescents, young people and MARPS **1.2 Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up** **2.1 Utilization of antiretroviral therapy increased towards universal access** **2.2 Quality of HIV care and treatment improved**	1. To scale up coverage, utilization and access to quality SRH, HIV prevention, treatment, care and support services for adolescents (10-19 years) and young people (10-24 years) in Karamoja sub-region over the period 2016-2020
2.3 Programs to reduce vulnerability to HIV/AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced	2. To address socio-cultural and economic barriers that hinder HIV preventive behaviors and constrain timely access to sexual reproductive health, HIV prevention, treatment and care services among adolescents and youth 10-24 years
3.1 A well-coordinated, inclusive and rights based multi-sectoral HIV and AIDS response that is sustainably financed to reverse the current trend of the epidemic **3.2 Capacity to implement and coordinate the JUPSA interventions enhanced**	3. To strengthen national and Karamoja region's capacity for planning, coordination, sustainable financing and information systems for tracking programs

2.0 HIV Prevention Summary of achievements

The JUPSA 2016-2020 HIV prevention thematic area contributes to two NSP sub-goals as shown in Table 3 above. JUPSA prioritizes HIV prevention to contribute to national efforts to significantly reduce on the number of new HIV infection so as to reduce HIV-related sicknesses and deaths and investment into HIV treatment. On the other hand, Antiretroviral therapy (ART detailed under the second JUPSA thematic area is also considered a prevention intervention under the combination HIV prevention package that prescribes a focus on behavioural, biomedical and structural interventions. The HIV prevention strategic direction includes two outcomes and six high level outputs (Table 2). The summary of achievements is presented under each of the output areas

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

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

Strategic guidance for HIV prevention

Despite impressive reductions in numbers of new HIV infections in the country since 2012, Uganda is among the few countries in Sub-Saharan Africa contributing the highest number of new HIV infections annually. The country revived her prevention efforts under a specific National HIV Prevention Strategy running from 2011 to 2015 and new guidance towards achieving elimination targets is needed. JUPSA supported Uganda AIDS Commission to initiate the process for drafting of a National HIV Prevention Road Map 2016-2025. A draft is in place pending stakeholder validation and consensus building early 2017. The Roadmap is hinged on the

country's 2015 HIV Investment case targets and will facilitate domestication of global HIV program targets emanating from the 2016 UNAIDS High Level Meeting. The Roadmap will also provide an accountability framework for achievement of targeted results

Integration of HIV into development programming

Uganda AIDS Commission was supported to conduct consultations with government sectors on HIV and development and recommendations from the process confirmed a need for updating the 2008 macro-economic HIV impact assessment to generate evidence that will influence short and medium term sector development planning. A study concept note was developed and approved by key stakeholder for implementation in 2017.

Seven districts from the Karamoja region were supported to develop SRH/HIV priority action plans and approaches for integration into district development plans also agreed on. In addition, Orientation of the country's new political leadership on SRH/HIV integrated programming was conducted covering selected members of Parliament, district political leaders and members of district AIDS Coordination Committee in seven Karamoja districts. The intervention that reached about 200 leaders acknowledged the critical role of leadership in sustainable programming, oversight and accountability for results

Integration of HIV into sexual reproductive maternal neonatal child and adolescent health (SRMNCAH) services**:** SRMNCAH/HIV integration is globally acknowledged among the approaches for achievement of the newly established Sustainable Development goals. HIV has previously been addressed as emergency with programmes and services delivered in a vertical manner. The global funding landscape currently requires systematic transition to supporting resilient and sustainable systems that can ably address many other challenges and the SRMNCAH platform is among directly related systems of focus. During the reporting period, JUPSA provided technical and financial support to various SRMNCAH/HIV integration processes under the leadership of Ministry of Health:

- A rapid assessment on implementation of the 2012 National SRH/HIV Linkages and Integration Strategy was conducted and outcomes were utilized to draft a revised Strategy due for validation and endorsement in 2017.
- Health sector systems development aspects were supported to enhance integrated programme delivery. A multi-partner, multisectoral National SRH/HIV integration Task Team chaired by the Director General of Health Services was established by the Ministry of Health to spearhead harmonized and expanded SRH/HIV programming and service delivery.
- The first National SRH/HIV Stakeholder meeting was held bringing together various partners from national and district levels who shared experiences and made input into the draft Linkages and Integration strategy.
- District level SRMNCAH/HIV platforms were facilitated in the 7 Karamoja districts to promote dialogue and harmonized approaches.
- A systems capacity assessment for SRH/HIV integrated service delivery was also conducted in the Karamoja region and findings will be utilized to inform district and facility level improvements in 2017.
- A rapid/desktop assessment on SRH/HIV integration in the 2014 country Concept note, granting process and programme implementation was conducted and outcomes will be utilized to inform development of the next country concept note early 2017

The First Lady of Uganda in her roles as the national safe motherhood ambassador, EMTCT and adolescent health champion formed a Parliamentary champions group with resolutions on maternal health and specifically midwifery. The forum will also be utilized to advocate for strengthened SRMNCAH/HIV integrated approaches and continuation of the national EMTCT campaign.

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

Socio-cultural factors contribute significantly to the spread of HIV in the country. Cultural and religious leaders are among key gatekeepers that can transform societal norms, values and practices to enhance prevention behaviours and promote service uptake at community level. Similarly, there has been under exploitation of existing structures in the social development sector to deliver SRH/HIV messages to the mainly community members (often the most vulnerable) the system interfaces with. JUPSA sustained support for developing local systems capacity to identify and address socio-cultural drivers of the HIV epidemic in communities.

- Nine cultural institutions (Buganda, Tooro, Busoga, Karamoja, Acholi, Lango, Busoga, Bugisu, Tieng Adhola) were supported to review and/or develop SRH/HIV/GBV action plans, M&E and resource mobilization strategies that are intended to expand leadership ownership, mobilization of locally available resources for SRH/HIV programme expansion, community mobilization for uptake of services and mutual accountability. Ministry of gender entered into MoUs (cleared by the Government Solicitor General) that allow for transfer of funds to these cultural institutions to develop their systems to manage their programmes. MoGLSD retains the support supervision and mentorship role to maintain focus on national policy and quality community programming.

- Seven faith denominations (Church of Uganda, Moslem Supreme Council, Seventh Day Adventist, Orthodox Church, Born Again Federation, Baptist Union of Uganda, and the Women's Conference under Miracle Centre Churches) all organized under the Inter Religious Council of Uganda (IRCU) were supported to review and/or develop SRH/HIV action plans define their M&E plans and orient leaders at national, sub-national and lower levels to mobilize communities hinged on previously agreed leadership handbooks on SRHMNCAH/HIV/GBV. About 700 religious and cultural leaders were oriented on SRMNCAH/HIV/GBV tools developed by respective institutions to support integrated messaging in routine work.

- About 2.5 people are estimated to have received SRH/HIV messages through platforms of cultural and religious institutions during the year including radio programming and integration of messages into routine community mobilization work.

- UN supported Ministry of Gender Labour and Social Development to develop an SRH/HIV tool for government community development extension workers. A draft is in place developed pending validation and endorsement in 2017. The tool will inspire institutionalized services through the social services sectors at minimal additional resource investment

Gender equality, women, girls and HIV

JUPSA mobilized and built capacity of cultural leaders in Buganda Kingdom to champion reforms for common cultural norms and practices that make women and girls vulnerable to HIV infections in Uganda:

Through support to the **Nnabagerekka Development Foundation, Her Royal Highness the Queen of Buganda- the Nnabagerekka mobilized, sensitized and built capacity of cultural leaders from various counties of the Buganda Kingdom. A total of 150 (108men, 42feamale) cultural leaders from 3 counties of Buddu, Mawogola and Busujju in Bugabda Kingdom including Honourable Ministers** of Health, Gender, and Culture and technical teams were trained as stewards of the reform campaign on gender equality. The Campaign pitched in "Obuntubulamu concept" which literally translates to mean "the alignment of basic cultural values within an individual or society" was meant to promote some of the values that the Ganda people still cherish, and if well nurtured would reduce the vulnerabilities that young women and adolescent

girls face in the context of HIV. These values included Ensonyi (dignity), *Obugunjufu* (intelligence), *Obwetowaze* (humility and respect for others), *Okufaayo* (empathy), *Obuyonjo* (hygiene), *Obuvunanyizibwa* (responsibility), *Okweyimirizaawo* (self-reliance), *Empisa* (morality), *Obukulembeze* (leadership), *Obwerufu* (transparency) *Obwesimbu* (integrity) and *Amazima* (honesty). To support the Campaign, JUPSA provided technical guidance and resources to develop messages that were used to mobilise and sensitize the leaders using various media – theme songs and drama; radio messages, paper posters and cloth printings.

Sexual reproductive health and rights (SRH&R) and HIV/AIDS.

The HIV epidemic in the country is partly driven by the lack of awareness of individual rights but also the limitations in developing rights-based programme and service delivery approaches. Some studies for example had documented denial of services at health facilities on the basis of age, gender and HIV status while for other groups such as the disabled services are not tailored to enhance their access. During 2016, JUPSA supported several initiatives:

- A national inquiry concerning the exercise of reproductive rights and right to sexual and reproductive health was conducted by the National Human Rights Commission. Outcomes were utilized to develop an accountability tracking tool for SRH&R that will be integrated into human rights monitoring tools once validated and pretested in 2017
- Ministry of Health conducted a pilot on rights to access to RMNH/FP services including a focus on maternal death audits at Naguru Hospital in Kampala. Outcomes will be utilized to inform reviews of service delivery models in the health system
- Ministry of Health spearheaded processes for development of a national SRMNCAH scorecard in 2015 that will be applied at facility and other levels to establish quality of rights-based services. Related to this JUPSA supported a CSO, the Uganda National Health Consumers Organization (UHCO) to consult among civil society partners and community members to develop a community rights awareness and accountability tool that will be utilized to generate civil society shadow reports on delivery of health/SRH/HIV programmes to inform evidence based-advocacy for rights-based programming
- JUPSA contributed to a study by the International Community of Women Living with HIV ((ICW+) Uganda Chapter) in 2015 on violation of SRH rights for women living with HIV in the health care system. As a follow-up intervention in 2016, ICW+ was supported to develop an advocacy strategy and materials that were validated by stakeholders for roll-out in 2017.
- JUPSA supported a sex worker-led organization (Lady Mermaid) to conduct systematic consultations in the community and develop an advocacy paper that they can be facilitated to present at different fora for expanded rights-based SRH/HIV programming for unique but currently illegal population groups

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

- A comprehensive SBCC campaign on SRH/HIV for the Karamoja region was developed. A formative study was conducted and outcomes utilized to design the region specific campaign and communication materials some with focus on condom use for dual protection. Campaign implementation begins in 2017

- JUPSA provided technical support to UAC and Ministry of Works and Transport (MoWT) to develop the National HIV Social and Bahaviour Change Communication (SBCC) Strategy for fishing communities in Uganda, and the National Action Plan (NAP) for HIV and Mobility for the Ministry of Works MARPS Sector (2015/16-2017/18). The SBCC Strategy is aligned with the NSP for HIV and AIDS (2015/2020) and MARPs Priority Action Plan (2015-2017). The strategy will guide HIV SBCC message developer and implementing partners to target specific components of the desired change outcomes among the fishing communities through a coordinated process guided by UAC and MOH and in collaboration with

development partners and other stakeholders. On the other hand, the NAP will facilitate a coordinated response among the MoWT, its agencies and stakeholders in the provision of combination HIV prevention interventions to the key populations and host communities at hotspots along the transport corridor in Uganda.

- Working closely with MOH and UAC, JUPSA support development of a Radio Drama Series titled 'The Desire' (in Luganda and Luo languages). This initiative is part of the national social and behavioral communication campaign to address the HIV behavior aspects for migrants/MARPS in hot spots along the transport corridor and cross-border points. The 13-episode drama series covers contraception, HIV counseling and testing and condom use. The drama has been aired on local radio FM stations – Buddu FM in Masaka and Kibanda FM in Kigumba- Masindi with great appreciation by the target communities of Rakai (Mutukula border post and Kasensero Landing Site), Bweyale Town Council and the surrounding districts. As a result, knowledge on HIV and STI's prevention, risk perceptions, sexual behaviours and potential harmful social norms has substantially increased.

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

JUPSA is a key player in comprehensive condom programming the country with a focus on ensuring easy access to a condom for every high risk sexual encounter. In 2016, there was focus on systems strengthening, programme coordination and management & advocacy for leveraging partner resources for expanded comprehensive condom programming (CCP) with the following achievements:

1. Findings from a 2015 condom programme assessment informed the drafting of the revised National Condom Programming Strategy and the 1st National Condom 5-year Operational Plan pending government endorsement early 2017.
2. The National Condom Coordination Committee at Ministry of Health was fully functional mobilizing and coordinating actions of the various actors for harmonized programme delivery.
3. A fairly adequate amount of 302m male condoms were procured and received in the country in 2016 all from Global Fund. About 240m of condoms in the country were distributed including 30m 2015 JUPSA stock. There were no reported condom stock-outs at the national warehouse levels. JUPSA contributed 1.2m (all) of the female condoms.
4. The National Condom Logistics Information Management System (CLMIS) developed in 2015 with JUPSA support was installed at the Alternative RH Commodity Distribution Facility (UHMG) and 7 MARPs hotspot districts with training of about 30 users. Maiden reports from the CLMIS are expected early 2017.
5. UNFPA has previously contributed to the capacity building of the National Drug Authority (NDA) to handle post shipment issues. NDA was in 2016 able to test and clear all condom backlog batches and improve the testing turnover rate for the newly procured condoms.
6. Male and female condom demand generation initiatives have been sustained in the country largely through leveraging resources from PEPFAR partners who sustained delivery of the 2013 condom campaign initiated by JUPSA. About 4m people are estimated to have been reached with condom information during the reporting period through multimedia channels including radio, television and interpersonal communication approaches
7. At Karamoja regional level, JUPSA supported a community mapping exercise working with DHOs, HIV & Condom Focal points and community leaders to identify and establish 526 distribution points. These also covered MARPs hotspots, workplaces and entertainment centers, etc. Up to 204 Peer distributors were identified as well and linked to specific Health Facilities. A total of 1.7m condoms were moved to the region and 500,000 distributed to the community.

8. Through persistent advocacy, the Ministry of Health for the first time approved an initiative for socially marketing Global Fund procured condoms to promote the Total Market Condom programming approach in the country.

2016 condom programming actions, with JUPSA contributions, have greatly enhanced Uganda's achievement of the global standard of 10-step CCP implementation stage considering the focus on the key gaps areas of operational planning and programme monitoring. These have been boosted by JUPSA support to human resources at the MoH condom coordination unit

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

JUPSA prioritized focus on selected biomedical interventions in line with the 2014 HIV Investment Case that defined high impact interventions. These include, HIV testing, eMTCT, SMC, condom and ART. JUPSA mainly focuses on upstream aspects on programming in this area including evidence generation, development of policies and normative technical guidelines, human resource capacity building and advocacy for focus on systems bottlenecks. During the reporting period, JUPSA provided technical and financial support that led to the achievement of the following:

HIV Testing

- The Ministry of Health finalized and endorsed the National HIV Testing Services Policy and implementation guidelines based on the 2015 WHO Global guidance that among other aspects provide for access to unaccompanied young adolescents from 12 years of age. This is intended to address the legal impediment to access without adult consent for children below 18 years of age. Under the new policy framework, young adolescents will be able to access HIV testing services and those testing positive will be linked to HIV care to receive a full package of HIV/SRH services. JUPSA contributed technical and financial support to processes for review of the previous policy implementation framework and development of the new policy and implementation guidelines.
- Ministry of Health developed the National Consolidated HIV Prevention and Treatment guidelines based on the 2015 WHO guidance
- Ministry of Health updated the National HIV comprehensive mentorship tool and supported the orientation of 70 National and Regional mentors on the updated mentorship tool.

Safe Medical Male Circumcision

- JUPSA supported procurement and distribution of 300 reusable Safe Male Circumcision kits and 30 sterilizers for 30 lower level health facilities.

EMTCT

- Following approval of the concept note and IATT mission to Uganda in May 2016, JUPSA provided support to MOH towards planning and startup of implementation of the national EMTCT Impact assessment in 2017 including mapping of the planned 200 survey sites and provision of over 200 smart phones and 2 servers for data collection, storage and processing.
- Efforts at improving retention in care focused on IATT supported case study of progress achieved by Uganda in longitudinal ANC follow up, enhanced monitoring and web-based electronic monitoring through Open MRS. Results show improved retention across the different levels of care facilities
- Districts in Karamoja region were among the sample for ALL-IN assessment in 2016 that have provided broad base data on Adolescent related indicators. Scoping mission in Karamoja region for a quick

identification of Karamoja specific barriers to adolescent HIV care and support. A rapid assessment in Karamoja region on the capacity for HIV testing including EID and VL testing in the districts. Amudat has been prioritized for support in strengthening sample transportation and establishment of a hub system to facilitate sample collection, transportation and reducing turnaround times for EID and VL testing. JUPSA supported IPs (CUAMM and Baylor Uganda) for training of health workers on cohort analysis and monitoring in Karamoja region.

- Mentorship guidelines and tools for Pediatric and Adolescent HIV care were developed for effective mentorship of health workers, including an APPs for clinical mentorship
- 90 midwives were recruited and posted in 30 hard to reach districts; supported formal training for 50 midwives selected and recruited through a district bonding system; supported further training for 20 midwifery tutors to attain degree level qualifications: and built capacity of 18 midwifery institutions to train midwives at international standards. Up to 124 health workers from 100 facilities were trained in Emergency obstetric care in 25 districts and EmoNC equipment procured for 30 districts. There is documented increase in the number of skilled birth attendance and in new family planning users in the 25 supported districts.

- Ministry of Health evaluated, updated and disseminated the Reproductive Health Commodity Security (RHCS) and Alternative Distribution Mechanism (ADM) strategies (2016-2020) targeting securing partner commitment to increase equitable access and availability of RH commodities. An updated Annual contraceptive procurement plan was compiled and guided RH commodity procurements and distribution in 2016 and quarterly RH commodity stock status reports were generated and shared. A total of 140 health workers were trained in supply chain management; and 768 health workers were trained in provision of both short and long term family planning methods using tailored curriculum including the Human Rights Based approach

- A Total Market Approach (TMA) study to segment market for reproductive health commodities in Uganda was conducted and a national consensus building meeting held to agree on the study recommendations. This will inform the strategic direction for Family Planning market segmentation in the Country with the view to maximize limited resources. A national FP formative research study was conducted and findings were utilized to inform development of the national Family Planning Social Behavioral Change Communication Strategy that aims at ensuring accurate, age appropriate and consistent FP messaging targeting various audiences including people living with HIV. As an innovation, the Global Mobile Application (GMA) was developed to increase access to SRH/FP information among young people and linkages to services

Programming for MARPs

JUPSA prioritizes focus on most at risk population groups (MARPS) also known as key populations to expand access to HIV prevention and care services. During the reporting period, JUPSA sustained focus on leadership advocacy for government to embrace rights-based programming at national and local government levels including for MARPs groups that are illegal in the country e.g. sex workers and MSM with a focus on integrating MARPs friendly services into routine health facility services with the following achievements:

- 7 out of the Ministry of Health designated MARPs hubs in the country including Kampala City and municipalities of Wakiso, Mbarara, Fortportal, Hoima, Gulu and Mbale were facilitated to manage MARPs programmes, Five out of the seven targeted MAPRs hubs were functional by end of year having had MoUs signed with Regional Referral Hospitals to host and coordinate friendly MARPS services as well as adequate oriented health workers and peer members in designated facilities around the hubs.

- Government endorsed the National MARPs Action Plan boosting the confidence of service providers to act within a regulated policy environment despite the non-supportive legal frameworks. The plan was developed with JUPSA support from 2015

- Evidence from hotspot mapping from 6 JUPSA targeted hubs was utilized to develop district MARPs action plans and M&E frameworks that will form the basis for advocacy for integration of MARPs issues into district and urban centre development programmes in the coming two years.

- Political and civil leadership (about 160) in the 7 MAPRs hubs/urban centres including members of Parliament was mobilized and oriented on SRH/HIV issues with specific focus on MARPs and vulnerable young people. Resolutions for expanded and prioritized programming were also made that will serve as a basis for implementing the UNAIDS Fast Track Cities initiatives in these urban centres for the next 4 years.

- Poverty on one side and mismanagement of spare income on the other side are documented among HIV vulnerability factors for at risk population groups. An assessment of livelihood skills and opportunities was conducted in the 7 hubs and training of about 160 largely female sex workers on life and livelihood skills conducted. These will be followed up through the facilitated MARPs community dialogue with approaches for systematic linkup to existing livelihoods programmes in the various localities

- Through the combined efforts of partners, about 60,000 members of MARPs groups are estimated to have accessed services in the various regional hubs in 2016. Specifically, 10,000 were reached with services during the JUSPSA supported HIV prevention drives conducted in the 7 hubs during the World AIDS Day week. 97 people out of the 10,000 tested HIV positive

- JUPSA contributed to increased coverage of migration-friendly comprehensive SRH/HIV services by building the capacity of health service providers and facilities located along the transport corridors in Kasensero, Mutukula, Lyantonde, Gulu town and Bweyale Town Council in the districts of Rakai, Kiryandongo, Gulu and Lyantonde. The trainings aimed at equipping the Sex Worker Peer Educators and Health Workers with the knowledge and skills necessary for the provision of eMTCT/ Option B+ including family planning, HIV care and treatment services. In total, 216 participants were trained in 5 separate training sessions. The trained were facilitated by IOM and MoH ACP PMTCT trainers and implemented in partnership with other UN agencies and local implementing partners especially private clinics in the fishing communities and hot spots in Kasensero, and Mutukula in Rakai and Lyantonde. Joint technical support supervision was conducted to the districts of Rakai and Wakiso to ensure the targeted fishing communities received quality HIV prevention and SRH services

Humanitarian settings

The UNDAF prioritizes focus on humanitarian settings. JUPSA has translated this principle to expand SRH/HIV programming especially for refugees and host communities in West Nile, Western and South Western Uganda with the following achievements:

In collaboration with the Makerere University College of Humanities and Social Sciences, JUPSA supported development and pilot-testing of a curriculum for the Migration Health Training Course hosted in the Makerere Univeristy School of Social Sciences. Capacity of 21 Makerere University Academic Staff (Professors) and partners as Trainers was built for this course through a Training of Trainers. 29 participants from government departments, Universities, other UN agencies and NGOs with representation from Uganda, Kenya, Tanzania, South Sudan and Rwanda and Norway attended the first training on migration and health

held in October 2016. This training program is the first multidisciplinary, university-based program in the region devoted to systematically studying the health consequences of local and international population movements and developing more effective strategies to address them using a human rights-based approach. Within this collaboration, there has been successful integration of migration health into various undergraduate and graduate courses in the School of Social Sciences. Specifically, eight (8) courses in the Departments of Social Work and Social Administration as well as Sociology and Anthropology have been modified to include critical aspects of migration health with focus on topics that cover infectious (HIV) and non-infectious diseases. This annual regional post graduate course will be further developed and accredited to attract transferable credit units.

JUPSA contributes to delivery of the Minimum Initial Service Package for Reproductive Health (MISP) in all refugee settings in the country and contributed to the following results during the reporting period:

1. 17,498 pregnant women were attended to by skilled health personnel during childbirth; a total of 7,279 new FP users were served (71% received depoprovera, 20% implants, 6% pills and 3% IUDs); over 2m male condoms were distributed;

2. PMTCT services are provided with the midwifery staff and they are part of the maternal and child health services. There are no stand-alone services. Prong 1 and 2 of EMTCT are provided alongside adolescent sexual and reproductive health services and family planning services that are both static and through outreaches to the community. Although the number of ANC visits is high, the proportion of complete ANC coverage (4 complete ANC visits) improved from 77%. Never the less, 78% of all the first time ANC attendants receive EMTCT services. All malnourished and HIV positive pregnant women are part of the supplementary feeding programme. Institutional delivery/skilled delivery improved to 91% which was attributed to improved referrals because additional 3 ambulances were procured, improved infrastructure, equipment and supplies like mama kits and initiated dialogues with CHWs, TBAs, and safe motherhood promoters who refer or escort pregnant women to the health centre. All HIV positive pregnant women are linked to care and adherence is ensured using trained peers (referred to as mentor mothers) that ensure that their peers adhere to treatment and escort them to health facilities. Early infant diagnosis is carried out in all the health facilities with support from Ministry of Health and other NGOs. Exclusive breastfeeding is promoted among the HIV positive mothers as it promotes the AFASS principle 100% of HIV positive delivered planned to exclusively breastfeed. Couple counselling and testing is encouraged at MCH clinics where women that come with their partners are fast-tracked and/or provided with motivational packages with messages. Family 'Know your child status' days are arranged for clients of comprehensive care clinics where all the children are provided with counselling and testing and linked to care early enough.

3. 11 youth friendly spaces were established and equipped in 9 refugee settlements in 2016. A total of 76,198 young people were reached livelihood skilling programmes

4. A national inter agency GBV technical working group was established in July 2016 co-led by UNFPA and UNHCR in partnership with MGLSD, OPM, UNICEF, and other humanitarian stakeholders. The working group mapped GBV referral actors in the different settlements, reviewed SOPs and jointly monitored implementation noting areas of strength and improvement. A total of 864 GBV cases were recorded in the refugee settings of which 37% were of sexual violence in nature including rape and 63% other types including physical, emotional among others. 1269 reported survivors of GBV received appropriate medical and psychosocial support. 85% of reported rape cases benefited from clinical management within 72 hours of incident; 123,716 young people were reached with information and services on GBV and SRH; and overall, 351,761 women and girls reached with SRH services in humanitarian settings

5. JUPSA supported procurement of post rape kits contributing to 85% of rape survivors in refugee camps receiving appropriate clinical care within 72 hours

6. JUPSA support reached 128 settlement-based MARPs (sex workers) continued to be actively followed up on a quarterly basis where they are screened and treated for HIV, syphilis and other STIs as well as pregnancy. 36 new hot spots were mapped and interventions established

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

Evidence shows that most new HIV infections are occurring among you people 17-24 years and especially among young girls. JUPSA prioritizes focus on this population groups specifically on HIV prevention interventions target adolescents and more especially girls 10-19 years, young people 15-24 years, couples and MARPs to increase comprehensive knowledge of HIV prevention, increase the age at sexual debut among adolescents (reduce the proportion of adolescents having sex by age 15 years), reduce risky sexual behaviours (reduce multiple sexual partnerships and increase condom use at high risk sexual encounters, and promote consistent condom use especially among MARPs), impart life skills to adolescent boys and girls, increase awareness about gender based violence (GBV) with special effort to reduce sexual gender based violence, support to GBV community level response mechanisms working with cultural and religious leaders and reduce vertical transmission of HIV. During the reporting period, the following results were achieved:

In-school young people

- Comprehensive Sexuality Education (CSE) was a controversial topic in the country through 2016 and the suspension of CSE related processes by Parliament impacted on HIV prevention interventions among adolescents and young people. Acknowledging the role of religious leaders in this area, JUPSA through the Interreligious Council of Uganda (IRCU) supported dialogues that resulted in a resolution on CSE that will be discussed with the First Lady of Uganda in her capacity as the Minister of Education. Outcomes are anticipated to shape an agreed CSE agenda especially for the in-school young people in the country

- JUPSA sustained support to the Ministry of Education and Sports to integrate sexuality education into the lower secondary education curriculum according to national standards with a specific focus on development of a National Framework on Sexuality Education for In-School Young People intended to address the paralysis on CSE and provide commonly agreed guidance on the country-accepted sexuality education. The framework that is developed through a consultative approach takes into consideration the cultural values, the age specific content and scientific information. Support to the Inter ministerial Committee was sustained to provide a platform for exchange of ideas and policy reform on cross-sector issues

- Young People Living with HIV and AIDS' greater involvement in and increased access to SE services and information and support linkages and referral mechanisms to Youth Friendly Services Friendly Services. Reduction in Stigma and Discrimination among young positives has been reported as evidenced by a successful beauty pageant where young positives were able to assert themselves and openly speak out and demonstrate their capability and skills. Further still, there has been increased visibility and confidence in the programmes for young positives both nationally and internationally. Uganda Network of Young People Living with HIV and AIDS (UNYPA) has been invited to present papers on good practice in International for such as ICASA and in national events, including radio and TV talk shows. BBC made a documentary featuring young positive mothers under auspices of UNYPA.

- *JUPSA* supported the Ministry of Education and sports to communicate HIV prevention messages through sports and games. This enhanced the participation and involvement of young people through peer-to-peer communication and information.

- Support was prioritized for integration of AYSRH/HIV prevention information and service referrals in informal and formal vocational training for young people with a focus on 23 vocational training institutes and 50 small and medium youth-led enterprises in 2 districts directly contributing to 86,734 young people accessing AYSRH services. Documentation of experiences in these districts is on-going to inform adaptation and replication in other settings.

- Studies done by Non communicable disease alliance (2014) have indicated that the Major killer of females living with HIV is cervical cancer, In an effort to reduce on HIV mortality rate UNDP regional service center in conjunction with UNDP Uganda Country office supported a Non communicable disease STEPS survey to understand the gravity of non- communicable diseases in the general population. Study indicated increasing rate of mortality rates due to mental illness and cancer among the Youth. In an effort to address this problem in 2014, UNDP facilitated the formation of health clubs in four Universities in Uganda, youth leaders in the four universities were facilitated to register health awareness clubs with the University guild offices of Makerere University, Nkumba University, Uganda Christian University and Kampala International University. By the end of 2015, there were over 5000 students currently registered in all four health clubs. Capacity building was done for over 200 members of the university clubs on HIV Prevention in relation to communicable diseases, these groups have formed peer to peer groups that are sensitizing the fellow young people about HIV Prevention and health lifestyles. A communication data base has also been created to facilitate one way mobile phones texts as a mechanism of disseminating information related to HIV and non-communicable diseases among University students. In 2016 the Health club of Makerere University launched a health awareness camping that brought together a total population of 10,000 students who were sensitized on non-communicable diseases and HIV Prevention. Over 200 students tested for HIV Prevention

Out-of school young

While in school adolescents and young people have the opportunity of a platform that can be easily exploited to deliver SRH/HIV information and linkages to services, the country faces a challenges of reaching the diverse out of school young with services. JUPSA contributed technical and financial support to comprehensive adolescent and young SRH/HIV programming processes:

1. The Ministry of Gender, Labour and Social Development initiated processes for development of the National Guideline on Sexuality Education for Out-of-School Young People. A draft is in place and work will continue in 2017.

2. JUPSA supported decentralized capacity building to address adolescent health workforce skill gaps through training on adolescent and youth friendly SRH/HIV services. Specifically, Ministry of Health and 29 District Local Governments were supported to strengthen delivery of adolescent and youth friendly health services in 53% (271) of all health facilities in the targeted 29 districts. This included training of 20 national trainers who in turn trained 726 health professionals across 19 hospitals, 30 Health Center IVs, 166 Health Center IIIs, 30 Health Center IIs and 26 other health centers as well as training of 100 village health teams. Consequently, UNFPA directly contributed to 867,404 young people access SRH/HIV services (of which 37% sought HIV counseling and testing, 25% ANC, and 38% FP services. Similarly, UNFPA contributed to the strengthening of the school health system for delivery of SRH/HIV information and service referrals in primary and secondary schools in 17 districts. This included training 700 teachers across 608 primary schools and 65 secondary schools in AYSRH/HIV friendly services directly contributing to 52,920 young people accessing SRH prevention services.

3. There was continued support to the 'Protect the Goal' Campaign (PtG) through a football tournament for 7 districts in the Karamoja region. Up to 500 young men from 98 sub-counties participated in the tournament, about 60,000 young people were reached with SRH/HIV information and services linked to this tournament including 12,000 taking the HIV test with a positivity rate of 1%.

4. JUPSA rolled out the livelihood programmes to improve young people's resilience to SRH problems in targeted districts. Up to 1,112 Empowerment and Livelihoods for Adolescents (ELA) clubs were established across 16 districts in 2016 directly contributing to 22,259 young marginalized girls obtaining prevention information and service referrals on ASRH/FP/HIV and livelihood skilling (basic numeracy and literacy). Acknowledging that the ELA curriculum largely targeted girls and specifically out of school with limited content on HIV, BRAC was supported to review the curriculum and instruction tools to expand focus to HIV and young boys. The new tools will be applied beginning 2017

5. Evidence on AYSRH was generated through the National AYSRH Assessment, Adolescent Health Risk Behavior Study, Youth Enterprise Model Mid-line and the Child Marriage and Teenage Pregnancy Formative research, which informed the need to review the Adolescent Health (ADH) policy and service standards especially for marginalized girls

6. JUPSA supported ICT innovative approaches to SRH/HIV programming by supporting young people's participation in innovation projects. This resulted in completion of SafePal, GetIN and the Zone projects mobile applications developed and pretested by young people from various backgrounds, and pilot recommendations will be rolled out in 2017. The SafePal application targets real-time reporting of gender-based violence in school and other settings and GetIN focuses on young women access to SRH/maternal health information and services. A national awareness campaign launched as part of the Innovation Accelerator program reached over 185,000 young people and generated a Public Relations (PR) value of over USD 64,000. Through social media programming, more than 1.4 million people have been reached and over 245,000 people directly engaged

7. A young people leadership programme (Karamoja Youth Connect) on SRH/HIV programming was established in the Karamoja region. Tools were developed and orientation of identified young people (up to 30) conducted. The young people will be facilitated to participate in the monitoring delivery of programmes and participating in review and other platforms to hold leaders accountable

Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access

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

The UN Team provided technical and financial support to the MoH to develop and update components of the National Consolidated HIV Prevention and Treatment guidelines based on the 2015 WHO guidance. A fulltime technical consultant was deployed to lead the technical discussions as well as input the contributions of key stakeholders into the consolidated new set of guidelines. In addition, WHO actively participated in the national launch and dissemination of the new guidelines. The 2016 version of the “Consolidated Guidelines for Prevention and Treatment of HIV in Uganda” now expands the HIV “Test and Treat” policy to all adolescents and adults diagnosed with HIV. In compliance with WHO recommendation, all limitations on eligibility for ART among all people living with HIV were removed: all populations and age groups are now eligible for treatment. This is a significant policy change aimed at consolidating the gains made in the past

decades to reverse AIDS as a public health problem in Uganda. In addition, the guidelines do recommend HIV Pre-Exposure Prophylaxis for HIV uninfected persons at substantial risk of HIV acquisition.
In order to make service delivery easier, the guidelines provide additional guidance on service delivery modalities for targeting different client categories. This will catalyze the pace towards achieving universal access to ARVs. With more targeted approaches for identifying and managing persons living with HIV, there will be efficiency gains creating financial savings for use in procurement of more medicines thereby scaling up treatment for HIV prevention.

The Ministry of health is currently being supported with technical and financial support to develop and update the national comprehensive HIV training package as well as the related tools and job aides.

By the end of September 2016, a cumulative total of 922,140 HIV positive individuals were already initiated on lifelong ART. These include 64,540 out of 89,102 infected children representing a 72% pediatric ART coverage. In addition, 857,600 out of 1, 418,373 infected adults accessed ART representing 61% adult ART coverage. The country also initiated a total of 42,094 HIV positive pregnant women on ART for eMTCT as captured from different entry points such as Ante Natal Clinics (32,280), Post Natal Clinics (5,064) and Maternity wards during labor (4,750).

Output 2.1.2: Institutional capacity for procurement and supply chain management systems enhanced
The UN Joint Team continued to strengthened national capacity for uninterrupted supply of essential commodities such as ARVs, HIV test kits and EID related logistics and supplies. We strengthened our involvement in supporting the logistics information system which allows the country to generate systematic strategic information to guide quantification and forecasting, budgeting and procurement planning, and progress on scaling up access to ARV treatment. Through this system, we are able to consistently track and correct numbers of reported cases with missing ARV regimens. There is strong advocacy from the global level for Uganda strengthen this activity within LMIS to be expanded to other health products in particular HIV diagnostics (RDTs, CD4, VL and EID tests), TB and malaria medicines. This demonstrates that our logistics monitoring system is working well. Capacity for quantification of HIV related commodities has been built in 10 high volume facilities and at national level. We have been able to generate a national ART need and quantified the financial resource gap to meet the anticipated demand for HIV related medicines and laboratory commodities and supplies. An updated ARV procurement plan has been compiled for integration within the Global Fund Concept note.

Output 2.1.3: Institutional capacity for tracking, retention and adherence monitoring of PLHIV on treatment strengthened.
The tracking of patients on ART is crucial for treatment success. The UN Joint Team members view this as an important step towards reducing the viral load in the population. Successful viral suppression ensures reduced HIV transmission and emergency of drug resistant HIV strains. Over the course of 2016, there has been strong focus on strengthening electronic systems that guarantee tracking of individual patients as they stay on ART and in care. The electronic patient monitoring system has been scaled up now over 500 health facilities with support from JUPSA, CDC and other PEPFAR funded implementing partners.

Support was provided to Implementing Partners such as CUAMM and Baylor Uganda for training of health workers on cohort analysis and monitoring in Karamoja region. In addition, the MOH was supported with evidence generation on Uganda's Option B+ follow up and retention achievements through the IATT case studies on maternal cohort retention monitoring. There is therefore, enhanced patient monitoring and with the web based electronic monitoring records (WEMR) across several facilities in the country, more reliable

information on patient adherence and treatment response is increasingly being gathered. So far, the results show improved retention across the different levels of care facilities.

Outcome 2.2: Quality of HIV care and treatment improved

Output 2.2.1: Institutional capacity for HIV care and treatment monitoring including scaling up of viral load monitoring and surveillance of drug resistance and toxicity enhanced.

In an effort to harmonize quality improvement efforts, the Joint UN Team supported the country to pilot and finalize the Adult and Pediatric ART as well as the TB/HIV components of a national comprehensive HIV mentorship tool. These components were in addition to an already finalized section of the tool that focusses on eMTCT. This comprehensive tool is key in ensuring uniform assessment of quality gaps and interpretation of the findings in order to guide the mentorship exercises.

Following finalization of the tool, the UN family leveraging on both core and JUPSA funding, supported the orientation of 70 National and Regional mentors on the updated mentorship tool. This orientation exercise preceded another important activity and JUPSA achievement of a successfully conducted mentorship exercise covering 72 health facilities in the country. The main finding of this mentorship exercise included capacity gaps in managing HIV exposed infants born to HIV positive mothers who delivered outside the health facilities. There is also need to further mobilize resources for the procurement of INH for TB prophylaxis among HIV positive clients in addition to strengthening health worker knowledge of its administration.

The management of viral load monitoring is based on the hub system and a centralized testing and feedback platform. One of the challenges to which the attention of the UN Team was drawn was the high rates of sample rejection upon arrival at the Central Public Health Laboratories. In order to address this sample quality issue, we supported CPHL to update its sample collection job aide and facilitated a laboratory sample collection, handling and packaging mentorship exercise. A total of 30 high volume health facilities including regional referral and general hospitals were supported. The exercise included a practicum on sample collection and record filling before sample dispatch. Health workers in all these 30 facilities were also mentored on how to quantify commodities for this important VL measurement responsibility.

Working closely with MOH and UAC, we developed a Radio Drama Series titled ‘The Desire’ (in Luganda and Luo languages). This initiative is part of the national social and behavioral communication campaign to address the HIV behavior aspects for migrants/MARPS in hot spots along the transport corridor and cross-border points. The 13-episode drama series covers contraception, HIV counseling and testing and condom use. The drama has been aired on local radio FM stations – Buddu FM in Masaka and Kibanda FM in Kigumba- Masindi with great appreciation by the target communities of Rakai (Mutukula border post and Kasensero Landing Site), Bweyale Town Council and the surrounding districts. As a result, knowledge on HIV and STI’s prevention, risk perceptions, sexual behaviours and potential harmful social norms has substantially increased.

Output 2.2.2 Accelerated and streamlined implementation of HIV Co morbidities interventions

The major cause of death among HIV clients on ART is TB. The other common comorbidity that complicates HIV management is viral hepatitis B and C. Focused support has been provided during the course of the year to strengthen management of TB among HIV clients. As a follow on activity to the support previously provided to MoH to produce a job aide (Flip Chart) on Isoniazid Preventive Therapy in Uganda, we provided financial and technical support to conduct two regional health worker trainings. In each of the trainings held in Mbale and Mbarara regions and hosted by the regional referral hospitals, 30 health workers were trained

giving a total capacity enhancement of 60 competent staff. These have to-date scaled up this knowledge to more than 300 health workers countrywide.

We have also focused our advocacy efforts on the challenge posed by the high prevalence of viral hepatitis in the country. There is greater health worker and patient as well as community mobilization for improved awareness of this problem. Although actual medicines for treatment of this comorbidity have not yet become prioritized, there is greater government commitment to address this challenge. We have planned for a bigger stakeholder engagement in this regard in the near future in order to galvanize the country efforts for this challenging response.

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

Under this output, the team supported the Ministry of Health in the process of accrediting more health facilities for delivery of ART and eMTCT services in the country. By the end of the year, we had more than 1,500 health facilities delivering life-saving ARVs to the HIV infected individuals around the country.

As indicated in the previous outputs, the delivery of quality services revolves around well-groomed health workers. In this regard, we supported the MoH in the process of updating of the National HIV comprehensive mentorship tool.

In addition, the team contributed to increased coverage of migration-friendly comprehensive SRH/HIV services by building the capacity of health service providers and facilities located along the transport corridors in Kasensero, Mutukula, Lyantonde, Gulu town and Bweyale Town Council in the districts of Rakai, Kiryandongo, Gulu and Lyantonde. The trainings aimed at equipping the Sex Worker Peer Educators and Health Workers with the knowledge and skills necessary for the provision of eMTCT/ Option B+ including family planning, HIV care and treatment services. In total, IOM trained 216 participants in 5 separate training sessions. The trained were faciliated by IOM and MoH ACP PMTCT trainers and implemented in partnership with other UN agencies and local implementing partners especially private clinics in the fishing communities and hot spots in Kasensero, and Mutukula in Rakai and Lyantonde. IOM in collaboration with other UN Agencies, and MOH provided joint technical support supervision to the districts of Rakai and Wakiso to ensure the targeted fishing communities received quality HIV prevention and SRH services.

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

Output 2.3.1: Enhanced capacity of government and communities to mainstream the needs of PLHIV, OVC, adolescents and other vulnerable groups into other development programs.

Under this output, there were changes in the programming environment. Government requested for a comprehensive child policy that involved a review of the current OVC policy; drafting of a new child policy with a component on HIV/AIDS and the second decade of life (adolescence) and a national Child Protection Policy. With JUPSA support in December 2016, Maestral International have been identified and are in the process of implementing phase one—review of the current OVC policy. Activity shall be multi-sectoral and wide consultations will be conducted with various stakeholders including the ADP and JUPSA Team in 2017.

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

In 2016, the Joint Team under the leadership of FAO executed various interventions to support development of strategies, programmes and build capacity at national, district and community level to enhance/promote food security and livelihoods especially among vulnerable communities including persons living with HIV and AIDS.
Notably, with Irish Aid funded Joint UN programme on HIV and AIDs, training of district local government authorities, CSOs and farmers as well fishing communities in Mayuge were undertaken. About 12 farmer groups involving about 240 persons underwent trainings on food security and nutrition in context of prevention and mitigation of the impact of HIV and AIDS.

Besides, various other interventions to address food and nutrition security were undertaken in 2016. These include continued support to the IPC Technical Working Group to carry out food security analyses. In 2016, FAO supported one national level IPC analyses to update the Acute IPC food security classification for Uganda for the period July to November 2016. This acute food insecurity analysis is a snapshot in time of the current or projected severity of the situation, regardless of the causes, context, or duration. This analysis provided the food security situation as of July 2016 and projected how the food security situation in the country would evolve up to November 2016. The purpose was to inform short-term strategic interventions for the communities facing food security issues in all regions of Uganda.

Micro and macro-water/irrigation infrastructures to support access to water for production and domestic water hence, reducing the labor burdens on the vulnerable communities including women and PLWHAs in fetching water in the areas of Luwero, Nakasongola, Mubende, Sembabule and Kiboga. Access of livestock and crops to water was enhanced through water for production investments in the cattle corridor under the GCCA and ERKP projects. These investments have enabled the communities to adapt to climate change by increasing access to water for production for households and livestock.

Livestock vaccination was undertaken with the objective of strengthening livestock disease surveillance, diagnostic capacity, veterinary services and animal nutrition in Karamoja under the framework of enhancing resilience in Karamoja. This was essential in ensuring resilience of the livelihoods of the karamoja communities that are largely dependent on livestock.

Through the farmer field schools methodology, FAO contributed towards bridging the existing extension gap in rural agriculture with facilitators who are based in the same localities as the farmers. Through this, more communities including PLHWAs have benefited from access to agronomic knowledge, financial literacy, life skills and climate adaptation knowledge.

Under the integrated country programme on decent rural youth employment, FAO contributed to increased awareness on the specific employment needs of rural youth, as demonstrated by the decision of the Ministry of Agriculture, Animal Industry and Fisheries to engage in the development of a National Youth in Agriculture Strategy. The concerns of the impact of HIV and AIDS were taken into account.

In collaboration with the Ministry of Health (MoH), nutrition division, WFP Uganda conducted training on Nutrition Assessment Counselling and Support (NACS) for the Government staff and Non-Government Organization (NGO) at national level and regional level of Karamoja region. At national level, the training was conducted in Kampala from the 27th of November until 3rd December 2016, the participants were 37 staff of nutritionist and nursing officer from 18 districts and 3 NGOs. At regional level, the training was conducted in Moroto district from 5th to 10th of December 2016, the participants were 35 staff of nutritionist, nursing officer and NGOs from 7 districts of Karamoja region.

The main objective of the NACS training was to build capacity of health care providers to integrate NACS into health service delivery. Specifically to enable health providers appreciate the importance of nutrition in promoting good health and development; to equip health providers with knowledge, techniques and skills to: assess the nutrition status at both facility and community levels, provide counseling and appropriate support on nutrition actions to all clients, including pregnant and lactating women, TB and HIV infected individual, apply quality improvement principles in implementing NACS; collect, monitor, report, disseminate and use NACS data, foster linkages among the health facility, community, and other services for improved food security and economic development

Further, WFP supported the MOH to print copies of the NACS training and facilitators' guides for use by health workers.

2.3 HIV Governance and Human Rights Summary of achievements

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

The Joint UN Programme of Support on AIDS in Uganda governance and human rights thematic area addresses the broader result of A well-coordinated, inclusive and rights based multi-sectoral HIV and AIDS response that is sustainably financed to reverse the current trend of the epidemic. Correspondingly the thematic area addresses Objective three of *Karamoja United National HIV programme, "To strengthen national and Karamoja region's capacity for planning, coordination, sustainable financing and information systems for tracking program"*

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

3.2 Strengthen capacity of national and karamoja planning and coordination structures

The UN supported integration and Implementation of HIV intervention in national and district development agenda: At National level the UN has continued to provide technical support to sector ministries for the enhancement of planning and coordinating the national HIV response. The sectors supported include Uganda AIDS commission for the leadership on the development of HIV prevention Road map and the Ministry of Health for the launch and dissemination of the test and treat guidelines and HIV and testing services guidelines.

The UN supported functionality of National coordination mechanisms for an improved HIV response. The National Prevention Committee (NPC) was fully functional and members met to provide guidance on the national prevention Road Map, the National M&E technical working grouped continued to provide support to the national M&E processes including the country HIV status report, and other reporting obligations. Other national coordination mechanisms supported include the Country Coordination mechanism of Global Fund, the national HIV and estimates team, the Safe Medical Circumcision at Ministry of Health and the gender working group.

UN has continued to strengthen the coordination of ADPG for a harmonized voice and alignment to national priorities. This has been possible due to a) convening of monthly ADP meetings with targeted agenda items, b) ADPG continued to influence the national priorities and presentation of key note address at key national events e.g. MTCT launches, WAD, Philly Lutaya day and Joint Annual AIDS review/Partnership Forum c) Development and implementation and review of annual ADPG workplan/ADPG retreat d) facilitating the change of leadership and orientation of new members. Joint ADPG, HDPG and accountability TWG supported MoH to address challenges in the GF Grant.

Partnerships, mobilization and innovation: Initiated partnership with one private sector and demonstrate cooperate social responsibility in the response to HIV and AIDS 1: Partnership has been created with RIHAM group of companies that has produced drinking water with HIV prevention messages as per the attachment below, 2. A memorandum of understanding has reached at with Start times Uganda to Disseminate regular HIV Prevention information on popular programming through scrolls, lower thirds, relevant graphics and logos with key messages targeting the young people and adolescent viewers agreed upon by both parties

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

The UN intensified advocacy and re-engagement with the Presidency, Office of the Prime Minister, Ministry of Finance, Planning and Economic Development, Minister of Health Minister of Education/ first lady and the Rt. Hon. Speaker of Parliament for actualization of the Trust Fund. This advocacy has resulted into increased commitment from the Ministry of Health to take to cabinet the regulations and cabinet paper, the members of parliament have been fully brought on Board and awaiting cabinet presentation. Aids Trust Fund has continued to be a focus area and included in key messages on key events including WAD messages, candle light and Philly Lutaaya day and Private Sector engagement on HIV Prevention.

As part of intensifying sustainable financing technical support was extended for the development, validation and dissemination of the HIV resource mobilization strategy. The National resource mobilization strategy along with the national HIV strategic plan have informed the framework to support the development of district HIV/AIDS priority plans for the seven districts of Karamoja that is scheduled for the period February – March 2017.

The United Nations System in Uganda provided technical and financial support for the development of Global fund related concept notes and proposals. The areas of support included technical assistance for Uganda CCM to undergo an eligibility and Performance of Assessment (EPA) as pre-condition for submission of funding request under the global Fund new Funding model. A successful EPA will unlock a minimum of USD 465.1 million in grants for HIV/AIDS, Tuberculosis, Malaria and Resilient an Health systems strengthening programmes (RHSS) to be implemented between 2018-2020. In addition UN is supporting the leader writer and Costing consultant for HIV/TB proposal and RHSS and lead writer for Malaria. During the period UN continued to provide technical support during gap analysis, priority setting, and ongoing concept note writing and in the relevant committees of the CCM. As part of strengthening the CCM Secretariat the UN disbursed USD39,590 as 1st tranche to CCM and the balance for the first year to be released upon submission of activity report and accountability.

The United Nations provide technical and financial assistance to UAC for tracking AIDS spending by sector (NASA). Institutionalization process of NASA is underway, training of key stakeholders in NASA methodology, tools and software conducted. A memorandum of understanding between Uganda AIDS Commission and Makerere School of Public Health has been signed, and this formed the basis for the development of the protocol, detailed workplan, listing of institutions to be surveyed and formation of coordination team. The recruitment and training of data collectors is planned for March to be followed with data collection and analysis.

The United Nations is supporting the efficiency study gains to inform dialogue between the Ministry of Health and Ministry of Finance Planning and Economic Development on the areas of efficiency gains and in the service model chain and advocate for increased financing to HIV and AIDS.

Under the leadership of UNAIDS as Secretariat for the UN Joint team on AIDS, provided technical assistance for the evaluation of the consulting team, the review of inception report, data collection tools and final report of Karamoja UN/PACK HIV programme baseline study. The validated and final report is being used to refine the 2016-2020 baseline values and to inform programme targets. The report presents an HIV situation in Karamoja region, aysnoposho of the key gaps, and mapping of hotspots.

Study concluding summary: *Other than differences in ethnicity, a closer analysis of the seven districts of Karamoja reveals differences in socio-cultural practices, perceptions and knowledge of key aspects related to HIV and SRHR, economic opportunities and access to social services. The socio-demographic dynamics of the sub-region render it more susceptible to increase in the prevalence of HIV and its devastating effects, for majority of the population is sexually active and out of school. Young women face a disproportionate risk, including early sexual debut, rape, and forced marriages. There is limited comparator data from national surveys to strictly gauge the situation of Karamoja as at 2016 in relation to other regions and country at large (mainly due to time lag since authoritative national data was picked about five years ago). Nonetheless, in many aspects of knowledge and preventive practices, access to information, and sexual and SRH practices, Karamoja is doing poorer compared to the rest of the country. A deeper analysis of knowledge and practices of young people in Karamoja related to SMC, eMTCT, ART, HCT, condom use and HIV prevention generally reveals that nearly all districts in Karamoja will require interventions of varied intensity to fill this gap, targeting especially girls and younger adolescents generally.*

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

UN provided technical and financial assistance to Uganda AIDS Commission for the strengthening of National Information and documentation center for tracking, analyzing and regular reporting on all structural and behavioral response indicators. The support included learning mission to Kenya for the establishment of HIV situation room. A team of five official from Uganda AIDS Commission, Ministry of Health, UNAIDS and Civil Society undertook an HIV situation room learning mission in Kenya and the government has accordingly agreed to establish one in Uganda, a detailed concept note and budget have been agreed upon, and implementation will commence in March 2017.

Technical and financial support was extended to Uganda AIDS Commission to plan and convene the 2015/16 regional and national Joint annual AIDS review. The summary of key achievements (Uganda 2016 Country HIV progress report) and key actions have been used to inform the next cycle of Global Fund funding to Uganda. Similarly the UN is providing support to Ministry of Health/AIDS Control progamme for review and building consensus on the concept note for the Development of the New Sector HIV/AIDS Strategic Plan 2015-2020. The UN as part of its role of strengthening capacity for Government supported staff from MoH, UAC and from the UN to for data review and use of programme data in the HIV/AIDS Estimates and Projections.

Strengthen functionality of related sector management information systems including the HMIS, the education EMIS, and national GBV database at national and functionality of DHIS II and OVC MIS in seven districts of Karamoja including the central regional database

UN provided technical leadership and advocacy for ensuring the accessibility of DHIS II data and institutionalization of quarterly data review and cleaning exercises. Consensuses has been reached on cutoff

date for locking data at end of the quarter and hence provide a platform for data cleaning, analysis, and feedback and ability to refer to an agreed number.

Harmonization of GBV data base and other data bases within MGLSd was priotizeded for 2016.. As a first step towards harmonization of routine administrative data collection systems, UNICEF prioritized harmonization of tools for data collection at the district level. The UN initially supported the creation of GBV database and the tools supporting the data collection of the ministry largely focused on GBV in adults. In discussion with Ministry of Gender Labour and Social Development, indicators were expanded to include other forms of violations that predispose adolescent girls to vulnerability of getting infected by HIV. These included child marriage, early or forced marriage, FGM/C, defilement etc. Other areas discussed and introduced were unique identifier number for all incidence of cases reported to track case management and service provision at different point of care for adolescents as well as age. Age is critical as this would enable us determine if/number (of) adolescent girls and boys being **served.**

The ministry has since harmonized the incident reporting tool to include all the parameters listed above in their online database and hard copy of the tool was reprinted, distributed and 24 district local governments including the 7 districts of Karamoja have been re-oriented on its use and reporting with UN financial and technical assistance**.**

In 2017, effort will be placed on monitoring of data collection, collation for evidenced based programming in at least all districts of Karamoja. The GBV database will transition into a case management tool and will share the same plight form as Uganda Child Helpline using the hotline "SAUTI 116". Further linkage will be created between the OVC MIS and the SAUTI and at least 2 districts of Karamoja will be using the harmonized system.

Other evidence generation processes

UN provided technical support for the execution of surveys namely a) Review of protocol, data collection tools for the Uganda Population-based HIV Impact Assessment Survey (UPHIA) data collection is ongoing b) PMTCT impact evaluation, the protocol has been concluded and data collection is ongoing c).

UN supports national data generation processes to inform policy and programming: During the year, UN supported the following SRH/HIV related data processes:

1. Data analysis and compilation of the 2014 Final Census report that was launched in 2016 providing the country with a new disaggregated dataset for planning and decision making at the lowest planning level. Two census electronic products i.e. census applications and census mobile website were developed to expand dissemination of census data. Population Projections up to sub county level were done and reports await printing.
2. Support to utilization of Census and other survey data to develop the Sustainable Development Indicator (SDG) baseline which is in line with the National Development Plan and National Standard Indicator framework.
3. Contributed to the compilation of the Uganda Demographic survey 2016. A final report is expected early 2017.
4. Development of a youth monograph is on-going (the report structure and tabulation plan are under development. Work on the in-depth analysis to continue in 2017 based on identified indicators.
5. Supported updating of the Integrated Management information System which is on-going with 2014 dataset by the Uganda Bureau of Statistics. The harmonised Database was operational in 14 districts supported by UNFPA. UNFPA was also a key partner in the national discussions to harmonise and integrate management information systems with one unique identifier - National Identification Number with the National Identification Registration Authority on Civil Registration and Vital

Statistics (CRVS). Proposals to use the national ID to track people in HIV treatment and care would benefit from this arrangement

6. Two (2) assessments on IDP profile and Humanitarian Crisis Assessments with disaggregated data by sex, vulnerability were done. Data profiling of internally displaced people and refugee hosting areas was done using the 2014 census results. Report expected early 2017.
7. Popularization of the demographic dividend was done at sub-national levels through public and non-public structures including cultural and religious institutions. A process for developing the Demographic dividend roadmap was initiated targeting engagement of sectors to ensure sector plans incorporate interventions aimed at accelerating the demographic dividend. This also affects planning for HIV/AIDS in the country

UNFPA and Global Fund co-funded a national study on SRH/FP choices for people living with HIV of reproductive age. A preliminary report is expected early 2017.

Supported CSOs participation in the HLM and International AIDS Conference. B) Development of a two year proposal to intensify HIV prevention among the key populations. • Contributed to the development of a two year proposal for EJAF/UNAIDS/PEPFAR to intensify HIV prevention among the key populations • Supported CSOs involvement LGBT Deep Engagement grant and KP Investment Fund a) Advocated for improved legal and policy frameworks to increase uptake and utilization of HIV combination prevention services among key populations. • Supported Uganda Network on laws and ethics to organize a petition to contest the interpretation of the HIV Prevention and Control Act. • Advocacy was undertaken with CSO's office of the first lady , new members of Parliament, Office of the Prime Minister on the need to address ATF, and Sexuality Education • Stigma Index Policy has been reviewed. c) Dissemination of 90-90-90 to the key populations • Review of the National Action plan for women and girls 2016 -2021 to align with the NSP and NDP II.

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

1) Gender & human rights: Empower Civil Society Organizations to increase gender and human rights awareness on key populations. a) Supported CSOs participation in the HLM and International AIDS Conference. b) Development of a two year proposal to intensify HIV prevention among the key populations. • Contributed to the development of a two year proposal for EJAF/UNAIDS/PEPFAR to intensify HIV prevention among the key populations • Supported CSOs involvement LGBT Deep Engagement grant and KP Investment Fund 2) Legal & policy reform: Advocate for improved legal and policy frameworks to increase uptake and utilization of HIV combination prevention services among key populations. • Supported Uganda Network on laws and ethics to organize a petition to contest the interpretation of the HIV Prevention and Control Act. • Advocacy was undertaken with CSO's office of the first lady , new members of Parliament, Office of the Prime Minister on the need to address ATF, and Sexuality Education • Stigma Index Policy has been reviewed. c) Dissemination of 90-90-90 to the key populations 3) Mainstreaming: Promote gender mainstreaming into national planning frameworks through implementation of the GAT. • Review of the National Action plan for women and girls 2016 -2021 to align with the NSP and NDP II.

HIV-related legal and policy reforms catalysed and supported UNHCR, UNDP, UNFPA, UNODC, ILO

In 2016, UNDP regional support center with technical support from UNDP Country office facilitated a team of 7 Ugandans that comprised of sex workers and Men having sex with men to attend the HIV and Human rights trainings. The team has translated the Knowledge to fellow peers which in the long run has facilitated capacity building of the local Non-governmental organizations for the LGBTI communities

In 2016, UNDP regional support center with technical support from UNDP Country office facilitated 2 High Court Judges to attend Africa regional judges' forum on HiV, human rights and the law in Johannesburg South Africa. The strategic objectives of the Johannesburg meeting were to provide a collegial environment for Judicial Officers to, *inter alia*, update their knowledge on **Disability and HIV** and the new international convention on disability rights; to update their knowledge on **transgender issues** and **criminalization of HIV transmission** focusing on specifically the registration of organizations working on transgender rights and changing gender markets, including how having different gender markets actively affect people's lives; and to update their knowledge on **statutory rape and transmission of HIV, using and asking for scientific evidence** in countries where advanced scientific testing is not available, or when such evidence was not presented in a case.

In addition, UNDP regional support center with technical support from UNDP Country office facilitated 3 participants from Uganda to attend Africa Partnership and Coordination Forum for AIDS, TB and Malaria, Johannesburg South Africa

In 2016, Uganda elected new parliamentarians; 86% of the parliamentarians were new and had never served before in national leadership Portfolios. In an effort to build their capacity, UNDP together with UN Women facilitated a 3 days training for over 240 members of parliament on Gender and HIV Mainstreaming. During the meeting Parliamentarians were sensitized on HIV Prevention, as a result of this sensitization, the HIV Committee is one of the most vibrant Parliamentary committees that has put the government to account for the fulfillment of the international protocol of allocating 15% of domestic resources to Health. Recently the same committee moved a motion of not passing the Health Budget for the financial year 2017/2018 until it was increased by 2.1%. Currently the committee has made several statements regarding the establishment of the AIDs trust Fund.

Country capacity to meet the HIV-related health and education needs of young people and adolescents strengthened

Improving Access to Justice and Essential Services for Women and Girls through Strengthening and Engendering Informal Justice Structures. Working with the Federation of Women Lawyers in Uganda (FIDA-Uganda), UN Women was able to mobilise 60 (12 females, 48male) cultural and community leaders and 78 (6 male,72 female) leaders of PLHIV and enhanced their capacity through training and mentorships to be able to address the intersections of gender discrimination, gender based violence (GBV) and HIV/AIDS through improving access to justice and essential services for women and girls. This was purposed to improve and create stronger and gender aware community justice structures in the districts of Moroto and Kaabong. Cultural and community leaders were mobilised and trained on the basic interpretation and potential implications of human rights violation, discrimination of on the basis of known or perceived HIV status, violence against women and girls and the application of international and national legal frameworks protecting the rights of women and girls.

Finalized a mapping for actors along the GBV referral pathway that saw a total of 40 various actors added to the resource pool for both public and non-government players (20 organizations in Kaabong and 20 in Moroto). 35 organizations out of the 40 signed the compact to collaborate and work with the informal courts to expedite access to justice for WGLHIV cases referred to them.

The elders and community leaders were also facilitated to apply the knowledge acquired during the 3-modular trainings through mentorships provided by the community legal volunteers. This initiative has increased the

levels of competence by the elders and subsequently reduced the incidences of women and girls especially those confirmed or suspected to be living with HIV being judged harshly in the community/family courts.

Increasingly, access to justice and essential services for women and girls LHIV has improved as is observed from the pathway for resolving family and community based disputes and/or referrals to the formal justice system where cases have been referred and followed through to their logical conclusion. Evidence in form of short texts and scenarios depicting community court sessions and the circumstances leading to referral have been documented to demonstrate efficacy of the informal justice mechanisms in delivering expeditious justice to women and girls including those LHIV. There is also improved collaboration between informal and formal justice systems in Moroto and Kaabong districts.

Women Business Enterprises (incl YWGLHIV business enterprises) have increased access to financing and markets

In an effort to increase entrepreneurship and business management capacity for for young women and girls living with HIV, UNWomen has mobilised and trained 253 young women/men living with HIV (15-34years) in the districts of Moroto and Kaabong. This is attained through the Karamoja Economic Empowerment Project (KEEP), where YWLHIV have been mobilised and provided training to boost their capacity and competences in managing sustainable and profitable business ventures and enterprises.

JUPSA Outcome 3.2: Capacity to implement and coordinate the JUPSA interventions

Information on other funding resources available to the JP.
The JUPSA 2016-2020 is funded from participating UN agencies existing agents' core budgets and extra budgetary funds, with an estimated US$80 million for the 3rd JUPSA generation. About $70million is total commitment expected from PUNOs via their respective headquarters or their regional offices or Unified Budget and Accountability Framework (UBRAF) and U$11.6million (10.9 million Euroes) is from Irish Aid. Irish Aid released 1,950,000 Euroes (US$ 2,126,609) in August 2016 towards implementation of 1st year workplan.

The Administrative Agent. Participating Organizations continued to use UNDP MPTF Office to serve as their Administrative Agent (AA) for this Joint Programme. The AA is responsible for a range of fund management services, including: (a) receipt, administration and management of donor contributions; (b) transfer of funds approved by this Joint Programme to Participating Organizations; (c) Consolidate financial statements and reports, based on submissions provided to the AA by each Participating UN Ogranisation; (d) synthesis and consolidation of the individual annual narrative and financial progress reports submitted by each Participating Organization for submission to donors through the Joint Steering Committee. Transparency and accountability of this Joint Programme operation is made available through Joint Programme web site of the MPTF Office GATEWAY at http://mptf.undp.org/factsheet/fund/JUG00.

Support Programme coordination. Over the past 10 years of effective operation in Uganda, the UN Joint team established strong partnerships with Irish Aid whose financial support remained critical for JUPSA demonstrated results in the HIV response. Thus in 2016, the UN developed the five year Karamoja UN HIV programme with Irish Aid funding of 10.9 million Euroes and UN core resources 7.4 million Euroes. This programme is aligned to the UN wide development Assistance framework to Uganda, the national HIV stratic plan and the Irish Aid strategic plan. The programme was launched in Karamoja in last week of November, 2016 and was presided over by the Minister for Karamoja, and attended by Irish Aid Deputy Head of cooperation, the Heads of UN agencies in Uganda, and high level representatives from Uganda AID Commission, umbrella NGOs and members of parliament and political and technical leadership from the

seven districts of Karamoja. Pre-launch activities including mobolisation of communities, dialogue meetings, validation of KARUNA/PACK HIV baseline study findings, protect the Goal campaign and provision of integrated prevention and treatment services were provided.

UN provide technical guidance and financial support for meeting Karamoja region, National and international reporting obligations. At Karamoja level, the UN supported a baseline study to establish the situation of HHIV on the ground and use the finding as benchmark against which the five year programme will be evaluated. At National and international level the UN provided technical and financial support for generation of key strategic information outputs namely: a) Submission of 2016 Global AIDS online reports b) generation of 2016 country HIV estimates and projections c) Development of standard operation procedures for the harmonization of reporting that informed the generation of single 2015/2016 Joint Annual AIDS report/country progress report.

Facilitated the compilation of the final JUPSA consolidated narrative, and financial reports that was released on 31st May, 2016 in line compliance with the Joint Programme Standard Administrative Arrangement (SAA) between Irish Aid and the AA. 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.

The UN (Secretariat and Cosponsors) reviewed and documented achievements, challenges, and lessons learned over the period 2014-2015 under Joint Programme Monitoring system as it was the end of the UBRAF reporting. The 2014/2015 UBRAF report was prepared and disseminated and informed the 2016 HLM. The achievements forms a baseline for the 2016 period as it is the first report against the 2016-2021 UBRAF

Challenges:

Notwithstanding the achievements registered at the national and regional level, there are still constraints that impact on programme delivery.

Disparities exist in programme coverage with some regions underserved such as the Karamoja sub-region. The baseline study raised a number of service gaps that exist in Karamoja region. Across all the districts in the country there is still suboptimum service delivery for prevention and treatment services. JUPSA plans to support programming in the region to inspire optimal coverage and document practices for replication in other sub-regions. The engagement in the Global Fund and PEPFAR Country operation plan processes provides a platform for the UN to advocate for equitable allocation of resources and serving the areas whose coverage is low.

The noted weak health and social services systems coupled with a long dry spell have put a strain on the already constrained sector especially in the Karamoja region. JUPSA will engage with the wider development groups including Health Development group, the AIDS Development Partners Group and the Karamoja Development group for engagement on key issues for a harmonized position of support.

Being the first year of a five year programme, there was noted delayed implementation, but this is expected to gain momentum during the 2nd year of implementation.