2009 Annual Progress Report
The Joint UN Programme of Support for AIDS in Uganda
(2007 – 2012)

June 2010

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Acronyms

AA ..... Administrative Agent
ADPs..... AIDS Development Partners
AIDS ..... Acquired Immune Deficiency Syndrome
ANC ..... Ante-natal care
ART..... Anti-Retroviral Therapy
ARVs ..... Anti-retroviral drugs
BCC..... Behaviour Change Communication
CBOs ..... Community Based Organizations
CP..... Country Programme
CSOs..... Civil Society Organizations
GFATM..... Global Fund to Fight AIDS, Tuberculosis, and Malaria
GoU..... Government of Uganda
HBC ..... Home Based Care
HC ..... Health Centre
HCT ..... HIV Counseling & Testing
HIV ..... Human Immunodeficiency Virus
Hoax..... Heads of Agencies
IDPs..... Internally Displaced Persons
IEC..... Information, Education & Communication
ILO..... International Labor Organization
IOM..... International Office on Migration
JAR ..... Joint AIDS Review
JP ..... Joint Programme
M&E..... Monitoring & Evaluation
MARPs ..... Most At Risk Populations
MDGs ..... Millennium Development Goals
MDTF.....Multi-Donor Trust Fund
MoGLSD..... Ministry of Gender Labor and Social Development
MoH..... Ministry of Health
MoLG ..... Ministry of Local Government
MTCT..... Mother-to-Child Transmission
NGOs..... Non-Governmental Organizations
NSP ..... National Strategic Plan
OHCHR..... Office for the Coordinator of Humanitarian Affairs
OVCs ..... Orphans & Vulnerable Children
PEAP..... Poverty Eradication Action Plan
PEPFAR..... President's Emergency Plan for AIDS Relief
PHA ..... Persons living with HIV (see PLHIV)
PLHIV ..... People Living with HIV (preferred term)
PMMP..... Performance Measurement & Management Plan
PMT ..... Programme Management Team
PMTCT..... Prevention of Mother to Child Transmission
PO ..... Participating Organization
STIs..... Sexually Transmitted Infections
TB..... Tuberculosis
ToRs ..... Terms of Reference
TWGs ..... Technical Working Groups
UAC..... Uganda AIDS Commission
UACP..... Uganda Aids Control Project
UACS ..... Uganda Aids Control Secretariat
UCC ..... UNAIDS Country Coordinator
UN..... United Nations
UNAIDS ..... United Nations Joint Programme on
UNCT ..... United Nations Country Team
UNDAF ..... UN Development Assistance Framework
UNDP ..... United Nations Development Programme
UNFPA..... United Nations Populations Fund
UNGASS ..... United Nations General Assembly Special Session
UNICEF..... United Nations International Children's Education Fund
UNODC..... United Nations Office on Drugs and Crime
UNTWG..... UN Technical Working Groups
USAID..... United States Agency for International Development
WFP..... World Food Programme
WHO ..... World Health Organization

Executive Summary

Millennium Development Goal (MDG) six calls on the UN to support countries to halt and begin to reverse the spread of HIV. The complex evolution of the epidemic has, however, underscores the possibility of reversal of past gains in the country. According to the HIV/AIDS surveillance report (2005-2007) the National HIV sero-prevalence was estimated at 6.2%. There were an estimated 110,694 new HIV infections that occurred in 2008 countrywide, approximately 61,306 people died from AIDS in the same year. The number of HIV patients on treatment was 200,213 as of September 2009.

The UN in Uganda is a key player in assisting government and non-governmental stakeholders in the national HIV and AIDS response. In order to improve effectiveness for results, the UN is, since 2007, reforming in how it delivers its support to the government and partners in the national HIV response. this reform has is reform aims to promote the UN agencies to work as one UN family. The new system also clarifies a technical division of labor (DoL) which builds on the complementarity of agency capacities and focus to avoid conflict and enhance synergy from overlapping mandates. The key elements are establishing the *Joint UN Team on AIDS (Joint Team)* and developing the *Joint UN Programme of Support on AIDS (Joint Programme) that is aligned to national development and HIV priorities*. The Joint Team as of 2009 had 22 full time HIV programme staff and 37 part time staff members from 15 agencies, funds and programmes. The Joint Team is responsible for implementing the five-year Joint Programme of Support for AIDS that covers the period 2007-2012. The first two years of this reform the joint team concentrated on establishing operational, management and governance systems in this new way of working, in the third year is looking at how the reform has impacted the results of UN support to HIV response.

Experiences of Delivering as one UN on HIV in Uganda

- **2009 Achievements**: The UN remains committed to responding effectively to HIV as reflected in the new UN Development Assistance Framework (UNDAF) 2010 – 2014. Finalized in 2010, the UNDAF aims to align closely with Government's new National Development Plan (NDP) 2010 – 2014. There is evidence of application of the UN technical DoL for AIDS by development partners and some government sectors. The Joint Team also applied the DoL in the development of the UNDAF. In 2009, the UN mobilized and increased staffing capacity for multi-sectoral prevention and for working with strengthening civil society partnerships. In addition, FAO fully joined the activities of the Joint programme and team. UNESCO finalized recruitment of technical assistant to lead in UN engagement in HIV prevention in the Education Sector.

- The extra budgetary pooled funds for the joint programme received from Irish Aid and DFID[1] for the period 2007-2009 have provided an incentive for joint planning, for collaboration and accountability for agencies. In addition, they have enabled the UN to support key sectors such as transport and prisons to engage in the HIV response. The pooled funds support key priorities for many agencies and constitute a considerable percentage of several agency funds for HIV e.g. 95% of WHO funds for HIV and 100 % for HIV work for FAO, UNIFEM, UNOCHR and IOM.

- The experiences and lessons learned in implementing the joint programme on HIV continue to offer a platform for learning for the other joint programmes on Gender and Population being developed by UN in Uganda.

- **Challenges** in 2009 in implementing the joint programme included high staff turn-over/absence in agencies leading in key thematic areas. Efforts to harmonize UN support for HIV to the government sectors is mixed for the different sectors and more is required to improve this engagement.

- **Key priorities for 2010** include: reviewing the joint programme/team with a view to align it with the results and the timeline of the new UNDAF, agency country programmes and the UNAIDS Outcome Framework 2009 – 2011. This is intended to correspond to the mid-term review of the NSP and to complement the joint UN programmes on gender and Population. It will also take cognizance of the continuous efforts to deliver as one UN in general. The UN country team needs to mobilize adequate UN capacity to fulfill the UN mandate for HIV. The Joint team will need to continue the dissemination of the UN technical DoL for HIV to national partners to clarify on relationships and partnerships.

UN support to implementing the national HIV response

2009 Achievements

- UN support to the multi-sectoral prevention agenda in 2009 has been to ensure that new evidence and key strategic information to guide planning and programming for prevention is available and disseminated to key stakeholders. During the second half of 2009, there was progress towards developing a comprehensive prevention strategy and associated sectoral plans based on the new evidence to guide resource alignment to prevention. The national prevention strategy/plan conceptual process was endorsed by the National Prevention Committee and key sectors. The sectors include Education, Gender, Agriculture, Local Government, Internal Affairs, and Public Service, Works and transport and Health. Resources for preparation of these plans have been mobilized and the consultation process is underway.

- The UN collaborated with partners (PEPFAR/CDC/USAID) to support scale up of PMTCT service delivery in the 23 focus districts. UN support for upstream work in

[1] Department for International Development

PMTCT included strengthening of PMTCT Technical Working Group at the MOH, support to joint monitoring visits, and the development of common service delivery and monitoring tools for integration of PMTCT into ANC/MNCH/Pediatric AIDS interventions. UN advocated for inclusion of Uganda in Phase II of UNITAID support which will support the scale up of PMTCT at national level. Delivery of USD 11 million of UNTIAD PMTCT supplies over the next two years will commence in January 2010.

- There was increased commitment by national leadership to move with the safe Male Circumcision (SMC) agenda forward in the second half of 2009. A draft Safe Male Circumcision Policy in line with the 2007 WHO/UNAIDS recommendations is available for approval by the Minister of health. The national task force bringing together MOH, implementing partners and UN agencies was launched and is meeting regularly.

- The UN provided support to the MOH to develop and review policies and guidelines that would enable the Ministry and its partners to ensure standardization and improvement in the quality of services. In terms of capacity building, the MOH Integrated Management of Adult Illnesses (IMAI) training materials were revised. The report of assessment of Early Warning Indicators for HIV Drug resistance covering the period between September 2007 and August 2008 was disseminated to all partners and to all facilities where data were collected. In relation to procurement and supply chain management, the UN collaborated with other AIDS and health development donors for high level advocacy with Ministry of Health on resolving issues of commodity stock outs. This is with a view to ensuring that procurement of supplies is done in an integrated, harmonized, timely and coordinated manner.

- Advocacy by the UN with the senior management of MOGDL resulted to enhanced recognition for the need for harmonization and alignment of partners supporting the work of Orphans and Vulnerable Children (OVC). A national - level coordination mechanism at the technical level was established and selected national level stakeholders sensitized on the need for harmonization and coordination. UN also supported the MoGLSD to develop an OVC Resource Tracking tool that was field tested in selected districts. The national OVC Situation Analysis is ongoing and will inform the development of the next strategic plan (NSPPI 2) in 2010.
- UN support to UAC and National Planning Authority (NPA) for the National Development Plan (NDP) resulted into articulation of HIV as a social issue within the plan. 2009 saw the commitment by Ministry of Finance to establish an HIV resource tracking mechanism. The UN supported MOH- AIDS Control Programme (ACP) to ensure better harmonization of capacity building activities in particular for in-service of health care providers. UN supported the ministry to improve coordination and collaboration with PEPFAR and its implementing partners and participated in joint review missions of MOH and partners evaluating their programmes (reference to PEPFAR ART Review).

- UN support to make GFTAM resources to work for the country included development of GFTAM round nine proposal, which, was submitted on time but was unsuccessful; development of procurement plan for the existing and future grants; and establishing a mechanism for civil society to access global fund resources through a second Principle Recipient for Round 9. The UN has collaborated effectively with the other development partners in hosting GFTAM related missions. The missions related to the Inspector General of GFTAM to Uganda are bearing some fruits. There was recovery of funds and prosecution of some culprits found guilty. The process also provided an opportunity to understand issues and challenges of the national systems impeding effective implementation of programmes.

- The UN supported the Uganda Law Reform Commission, PLHIV and the Parliament to hold consultations related to the HIV Prevention and Control Bill to address contentious issues

- The UN supported process of collecting and validating data for the 2008 Universal Access progress report, while the first steps to develop the 2009 UNGASS and UA reports have been agreed upon with the Uganda AIDS Commission, the AIDS Control Programme and the UN agencies. The Uuniversal Access report has been submitted.

- UN also supported the finalization of the HIV/AIDS Epidemiological Surveillance Report for the years 2005, 2006 and 2007 that has since been disseminated. The HIV/AIDS projections and estimates report was also available and preliminary national estimates produced and submitted for inclusion in the global report. The UN also supported laboratory testing of the 2002, 2003 and 2004 back-log of ANC samples. Results of this analysis will help to re-establish the ANC surveillance trends analysis in Uganda.

Challenges

- Despite available evidence on the epidemic, most interventions are not yet aligned to this latest evidence and strategic information. Coordination of the national prevention agenda is still weak as the National Prevention Committee has not been active and urgently needs to be reactivated and high level membership participation enhanced. Capacity for prevention in UAC and sectors need also to be enhanced.

- Challenges experienced in delivering the PMTCT programmes include poor coordination to ensure a more equitable distribution of PMTCT support to all districts. The linkages between PMTCT, EID, EPI and HIV care need to be institutionalized and operationalised.

- There was limited work by the UN related to prevention of HIV in discordant relationships and positive prevention. There is urgent need to scale up the Safe Male Circumcision work in the country.

- Despite progress in the delivery of HIV/AIDS services, challenges remain in the implementation, management and coordination of the response of the health sector. At the health service delivery and district levels, human resources are still lacking in both quantity and quality to ensure clinical management of the patient as well as planning and management of the services.

- The new guidance for antiretroviral therapy in adults and adolescents, for PMTCT and for infant feeding released by WHO in late 2009 will need to be adapted by the country, taking into account the current programme implementation and funding available. Even though the national pediatric and adult ART committees agree on principle with the recommendations of starting ART as early as possible, there will be a need to analyze the impact on human resources, infrastructure and availability of ARVs for first and second line regimen as well as to anticipate the actions that the ACP/MOH will need to take to ensure that quality of care is not compromised while access to services is increased.

- The UN in collaboration with partners supported the UAC to streamline annual planning to guide the national response. Despite continued support, the UAC still faces challenges in executing its mandate to lead and coordinate national multi-sectoral response effectively. The ongoing forensic audit of the Commission (UAC) Partnership Fund has impacted the work of the Uganda AIDS Commission and as a subsequent has major implications for the coordination and leadership of the HIV response.

- Challenges related to modalities for Uganda accessing GFTAM funds using the national systems have posed a considerable challenge. Due to a number of factors the actual implementation of the four grants has been slow for instance the performance of HIV grant at 2.2%.

- Much of the UN support to operationalize the monitoring and evaluation framework (PMMP) started with momentum but stalled towards the second half of 2009. Multiple M&E systems by partners and sectors continue to challenge effective monitoring of the national response, and so is the lack of a central national M&E Database and MIS for HIV/AIDS.

Key priorities for 2010

- The UN will intensify advocacy for high level political, religious and traditional/cultural leadership for revitalized HIV/AIDS response. There will be continued support to national and regional level dissemination of new evidence and strategic information to influence planning and programming; support development of a national HIV

prevention strategy and associated seven sector HIV Prevention strategic plans and provide oversight in its implementation; support for scaled PMTCT programming including implementation of the new WHO guidelines; and support to implementation of RH/HIV linkages and integration strategy and operational plan including focus on Sexual and Gender based violence.

- The UN will provide ongoing technical assistance to ensure reduced stock outs for Reproductive Health and HIV commodities and build capacity for improved logistics management at both central and facility delivery level; and improve capacity for management of treatment and care services, including patient tracking and monitoring.

- MGLSD will be supported to build institutional capacity to plan coordinate and monitor the national OVC response and generate evidence on the long-term dynamics of the impact of HIV and AIDS on livelihoods

- There will be support to the establishment of a national resource tracking system for HIV to provide and conduct the National AIDS spending Assessment (NASA). The UN will continue to work with other partners to ensure that Uganda fully accesses and utilizes GFTAM and other HIV resources effectively

- The UN will broker and participate in the management of outcome from the forensic audit of the Uganda AIDS Commission and the implementation of the relevant audit report recommendations. This includes lobbying and providing ongoing technical and financial support to implement key reforms to rebuild and restructure the UAC.

- The UN will continue to support processes for strengthening monitoring of the epidemic and response in the country, including finalization of reporting for UNGASS, Universal Access and MDG reporting; supporting key sectors for their involvement in PMMP; conducting advocacy and technical support for undertaking and disseminating the AIDS Indicator Survey findings. This important survey will provide updated information on the trends of the epidemic of the country and on the areas that still need to continue support.

Financial report

Currently, most of the budget for UN support for HIV comes from agency budgets via headquarters and regional offices. The total budget for the joint programme in 2009 was USD 14, 952, 571. By the end of 2009 total UN funds for HIV was US$ 13,874,458. This is about $ 2 million dollars less than in 2008 (**$ 15, 787,027).** The UN utilized US$ 12,295,484 representing 89% of all mobilized resources. Extra-budgetary resources of USD 4.5 million were mobilized from DFID and Irish Aid covering 2007-December 2009. UNDP is the Administrative Agent of the extra-budgetary funds. The overall delivery rate for these funds was at 75% by end of 2009.

In the second quarter of 2009, the UNDP as AA introduced the new Multi-Donor Trust Fund Office, Bureau of Management (MDTF) in UNDP headquarters. MDTF established new operational modalities for financial and programme reporting for joint programmes that use UNDP as the AA. However, it seems that there was a lack of clarity on fund transfer process and the Country Team decided to transfer the fund locally, and this caused a major delay in release of 2009 extra budgetary funds which caused subsequent delay in implementation. Since May 2010, the fund transfer will be done by the MDTF Office to Participating Organizations' Headquarters. In 2010 the UN Country Team will seek to streamline financial management for extra budgetary funds and request for an extension of agreement between the UN and the Partners.

Introduction

This is a report of the 2009 work plan of the Joint UN Programme of Support for HIV (2007 – 2012) by the Joint UN Team on AIDS in Uganda. The first section summarizes HIV epidemic update and key issues related to the national HIV response. The second section presents the UN experience in delivering as One UN on HIV and provides recommendations for improvement. Section three highlights key programmatic achievements, challenges towards achieving the Joint programme 2009 results in support of the National HIV Strategic Plan (NSP), followed by 2009 financial report and conclusion.

1. HIV Epidemic and the national response in Uganda[2]

1.1 HIV Epidemic status update

Millennium Development Goal (MDG) 6 calls on the UN to support countries to halt and begin to reverse the spread of HIV. In the 1990s, Uganda was one of the few countries globally to have made progress toward this MDG and thereby reduce the human suffering associated with AIDS. The complex evolution of the epidemic has, however, meant that there is now possibly reversal of past gains.

According to the HIV/AIDS surveillance report 2005-2007 the National HIV sero-prevalence is estimated to be 6.2%. The ANC prevalence data of 2007 show a prevalence of 7.4% among pregnant women, there was an estimated 1,101,317 people living with HIV/AIDS in Uganda as of December 2008, (Females 631,195 and Children 0-14 years 120,000). There were an estimated 110,694 new HIV infections that occurred in 2008 countrywide, with approximately 61,306 people died from AIDS in the same year (2008).

The 2008 Incidence modeling[3] reveals that of the new HIV infections (in the past 12 months) among the 15-49 years, 37% of infections are attributable to multiple partnerships, 35% occurred within

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[2] Hladik W, Musinguzi J, Kirungi W, Opio A, Stover J, Kaharuza F, Bunnell R, Kafuko J, Mermin J. 2008. The estimated burden of HIV/AIDS in Uganda, 2005-2010.AIDS.

MoH 2006. Uganda HIV/AIDS Sero-Behavioural Survey 2004-2005. Ministry of Health, Uganda

UAC 2008. Report on the implementation of the National HIV and AIDS Strategic Plan FY 2007/2008. October 2008.

MoH 2009, The HIV/AIDS epidemiological Surveillance report , GoU/MoH/ACP, Kampala

Kirungi W,Opio A, Musinguzi J, al, HIV Prevalence and Heterogeneity of risk in Uganda; Results
Ministry of Health: Health Sector Strategic Plan II 2005/06-2009/2010, Volume 1. 2005, Kampala, Uganda

[3] UAC 2008. The Modes of Transmission Study. Uganda Country Synthesis Report. Uganda AIDS Commission/UNAIDS

discordant monogamous couples, 18% were due to MTCT while 9% arose in commercial sex networks. There has also been a shift in concentration of the epidemic from younger to older individuals with the highest prevalence for men being among 35-39 year olds (9.9%) while for women its among 30-34 year olds (12.1%). Commercial sex workers, their clients and partners of clients were estimated to contribute 10% of new infections.

The number of HIV patients on treatment continues to increase, from 153,718 in September 2008 to 200,213 in September 2009, or 54% of the people who need ARV according to a CD4 count of less than 250 cell/mm3 and 8.5 percent of the people on treatment are children aged <15 years. The PMTCT programme continues to reach more pregnant women but to a lesser extent exposed babies. During the financial year 2008/09, 92.4 % of the pregnant women attending their first ANC received HIV counseling, were tested and received same day results while 82% of the women who tested positive (57,301) received ARV medicines for PMTCT. During the same period only 31% (28,327) of all HIV exposed babies in the country received DNA PCR between 6 weeks and 18 months. Out of those who were tested, about 12% (3,382) tested HIV positive as at the time of taking off the sample from the baby. Of those found positive, 1300 (38.4%) were initiated on ART, revealing the big challenges that the programme still faces in reaching babies.

1.2 Key issues in the National HIV response

Despite earlier prevention successes, there is now increasing evidence of stagnation and, in some cases, worsening trends in HIV indicators beginning in about 2000 and the epidemic appears to continue to expand faster than the national response can reach. This worrying trend confirms the need for Government and partners to rethink and re-double efforts in the national response if Universal Access to prevention, treatment and care is to be reached. The central aim of reducing HIV incidence is to be achieved by realigning prevention efforts to where new infections are now occurring, focusing on rolling out cost-effective interventions.

The new guidance for antiretroviral therapy in adults and adolescents, for PMTCT and for infant feeding released by WHO in late 2009 will have cost, programmatic and health system implications for the increasing number of people who need treatment

There seems to be diminishing political commitment towards HIV/AIDS and apparent disconnect between the technical and policy levels in relation to the HIV response across the board. There is therefore an urgent need to revitalize and re-engage leadership for continued commitment for HIV response.

Weak sectoral linkages for HIV/AIDS planning, implementation, monitoring and evaluation exist**.** In addition, establishment of parallel systems and structures for HIV and AIDS is undermining existing institutions and processes of governance and limits delivery of integrated comprehensive services. These parallel systems are more evident in the health sector, where partners supported mainly with PEPFAR funding generally use parallel monitoring systems, parallel HIV commodities procurement and logistics systems and sometimes provide parallel HIV care and treatment services in the public health facilities. Limited human resource capacity in both skills and numbers to meet the requisite

HIV/AIDS services coupled with poor motivation has led to failure to achieve universal access targets. Weaknesses in procurement and supply management cycle as well as heavy reliance on GFATM funding for ARV and other HIV/AIDS commodities result in frequent stock-outs at central and facility levels

The UN in collaboration with partners supported the UAC to streamline annual planning to guide the national response. Despite continued support, The Uganda AIDS Commission still capacity and governance faces challenges in executing its mandate to lead and coordinate national multi-sectoral response effectively. The 2009 forensic audit of the Partnership has implications not only on the functioning of UAC but also the coordination and leadership of the national HIV response. Management of outcome from the audit demand cautiousness and provision of technical and financial support to implement key reforms to rebuild and restructure the UAC.

The decentralized response to HIV and AIDS has been described as weak and poorly coordinated with shallow mainstreaming and integration of HIV/AIDS into district development plans. Government systems for coordination and delivery of services including that of HIV/AIDS in the district need to be re-built.

With regard to public finance management, there is a mismatch of resources and identified need (resources are not allocated according to priorities) and; poorly coordinated and unsustainable off - budget investment for HIV/AIDS. Under-funding and dependency on external sources (up to 95%), mostly off-budget, create challenges of sustainability and predictability of funding for HIV services. Despite concerted national effort to unblock GFTAM, the performance of GFTAM in Uganda performance of the HIV grant was at 2.2% in 2009, the only funding released being used for emergency procurement of ARV.

1.3 UN reform to support the HIV response in Uganda.

The UN in Uganda is a key player in assisting government and non-governmental stakeholders in the national HIV and AIDS response[4]. To this end, it is in its third year of reform in how it supports the government and partners in the national HIV response. The key elements are establishing the *Joint UN Team on AIDS (Joint Team)* and developing the *Joint UN Programme of Support on AIDS (Joint Programme) as aligned to national priorities*. The reform aims at promoting consistency and effectiveness in the UN's response by encouraging the UN agencies to work as one UN family, agreeing on technical positions, priorities and speaking with one voice. The new system also clarifies a technical division of labor which builds on the complementarity of agency capacities and focus to avoid conflict and enhance synergy from overlapping mandates (See Annex 1 Technical Division of Labor).

[4] Brain Trust Consult, Ltd., Opinion Survey for External Validation of Strategic Priorities for the UN System in Uganda, March 2009

The Joint Team as of 2009 had 22 full time HIV programme staff and 37 part time staff members from 15 agencies, funds and programmes[5]. The Joint Team is responsible for implementing the five-year Joint Programme of Support for AIDS that covers the period 2007-2012.

The 5 year Joint UN Program of Support builds on the comparative advantage and expertise of all UN agencies in the system. It outlines the 'unity of purpose', the collective influence and responsibility of all the UN Agencies toward the national HIV response. It therefore comprises the entirety of the UN contribution (technical and financial) to the HIV response in Uganda. It was developed to align to the priorities of the National HIV and AIDS Strategic Plan 2007/8-2011/12. The Programme of Support has one overarching outcome and four strategic country programme outcomes (See below). It is the operational plan for the previous UNDAF Outcome on HIV and AIDS

Table 1: Joint Programme on HIV Results Matrix

Joint Programme Outcome
Reduction of HIV incidence by 40% during the period of the NSP with a strategic focus on addressing the social, cultural, & economic causes of vulnerability & better targeting of high risk groups
Country Programme Outcome
- **Country Programme Outcome: AIDS response is mainstreamed & sustained across government with improved planning, programming, budgeting, coordination, systems integration & a stronger policy & legislative environment (which is human rights based & gender sensitive).** - **Country Programme Outcome: Universal access to evidence based, quality assured HIV prevention services that lead to improved service uptake, sustained behavior change & a reduction in the number of new infections.** - **Country Programme Outcome: Quality of life of people infected & affected by AIDS improved & their vulnerability reduced.** - **Country Programme Outcome: Effective management of response to HIV/AIDS pandemic by all actors is being guided by generation & use of strategic information & a comprehensive system of results based measurement & surveillance.**

In terms of governance, accountability for HIV in the UN system is vested in the Resident Coordinator (RC) who chairs the UN Country Team (UNCT) which consist the heads of agencies. The Core Management Group provides technical oversight over the functioning of the joint team and joint programme and reports to the UNCT. There are five Thematic Working Groups (TWGs) which provide technical advice and leadership on implementation of the Joint Programme and correspond to the country outcome areas. They are as follows

- Mainstreaming and Rights (Convening agency - UNDP)
- Multi-sector HIV Prevention & Education (Convening agency - UNFPA)
- Treatment & Care (Convening agency - WHO)
- Social Support (Convening agency - UNICEF)
- Multisectoral, M & E, surveillance & strategic information (Convening agency - UNAIDS)

[5] These include UNODC, WFP, WHO, UNDP, FAO, UNICEF, UNFPA, UNHCR, UNOCHR; UNESCO, UNAIDS Sec, UNIFEM, IOM, World Bank; ILO

2. Delivering as one UN on HIV in Uganda: *Achievements, challenges and Recommendations*

This section summarizes the experience of the UN in Uganda delivering as one UN on HIV. These include achievements, challenges and recommendations of implementing the reform.

2.1 Achievements are as follows:

- The UN remains committed to addressing HIV as reflected in the new UN Development Assistance Framework (UNDAF) 2010 – 2014 finalized in 2010 to align closely with Government's new National Development Plan (NDP) 2010 – 2014. In this new UNDAF, HIV is a special area of focus and is reflected as a cross-cutting issue and therefore mainstreamed across the three Country UNDAF Outcomes[6]. This is in keeping with the global guidance to remove AIDS from isolation and link it to the broader international health and development agenda. New agency country programme documents developed to operationalise the UNDAF indicate that most agencies have retained the same level if not more of commitment in terms of level of results, financing and staffing during the life of the new UNDAF. The Joint team on AIDS successfully applied the UN technical division in development of the UNDAF

- In 2009, the UN technical division of Labor for HIV was disseminated to internal and external audiences to clarify to partners how to relate to the UN. To date there is evidence of application of this DoL by development partners and some government sectors at the central level which include MGLSD, MLG, MOH and MOFPED.

- In 2009, the UN mobilized and increased staffing capacity for multi-sectoral prevention and for working with strengthening civil society partnerships. In addition, FAO fully joined in the activities of the Joint programme and team. It is anticipated that through their participation, UN support related to HIV impact mitigation, food security and livelihoods will improve. In the last quarter 2009, UNESCO finalized recruitment of technical assistant to lead in UN engagement in HIV prevention in the Education Sector.

- In relation to governance systems for the joint programme the Core Management Group which provides guidance and oversight of the programme on behalf of the UN Country Team is functioning effectively. They meet regularly and provide support to the functioning of the joint team and implementation of the joint programme. The Multisectoral Prevention and Education; Social Support thematic working groups continue to meet regularly for planning reporting and joint programming purposes.

The extra budgetary pooled funds received from Irish AID and DFID continue to provide an incentive for joint planning, for collaboration and accountability for agencies. In 2009 the funds have enabled the continuous engagement of IOM, UNODC and UNOCHR on key issues related to work in the prison department, transport sector and on HIV Prevention and Control Bill respectively. Without extra budgetary funding, UN would not be otherwise involved in these crucial sectors/priorities. The

[6] UNDAF 2010 – 2014 country Outcomes relate to: i) Governance and Human Rights; ii) Sustainable Livelihoods; and iii) Quality Social Services.

funds continue to fund key priorities for many agencies. They consist 100% of FAO, IOM, UNODC,UNOCHR and UNIFEM funds for HIV; 98 % of WHO budget for HIV related work in 2009; and about 40% of ILO work related to HIV. The funds are useful resources for functioning of the joint programme and the joint team and other key priorities.

- The experiences and lessons learned in implementing the joint programme on HIV continue to offer a platform for learning for the other joint programmes being developed by UN in country. These include the joint programme for gender finalized in 2009 and the initiated joint programme on population. The UN in Uganda also shares lessons learned with other countries in the region.

- In terms of harmonization and alignment, there has been systematic engagement of key partners in joint planning including PEPFAR who support 85% of the implementation support.

2.2 Challenges

Challenges related to implementing the joint programme and making the joint team function are summarized below.

- In the first half of 2009, there has been staff turn-over/absence in agencies leading in key thematic areas. This includes UNDP the convener of Mainstreaming and Rights TWG, a part time staff is holding fort as the position is under recruitment. There was absence of UNICEF the convener of social support TWG for most of 2009. UNOCHR position for HIV also fell vacant and work had to be picked by officers with other work loads and this may not be sustainable. The Monitoring and Evaluation Advisor position at the UNAIDS Secretariat also fell vacant in the third quarter of 2009. High turnover of Monitoring and Evaluation staff at UNAIDS Secretariat has impacted on the implementation of the established M&E system for the Joint programme and also delivering on the national M & E mandate. UNODC a non-resident agent was not able to fully participate in Joint programme in the second half of 2009**.**

-. UN support to HIV and its link to gender remains weak.

- There still remains limited understanding by the key local government and district authorities and the civil society on the application of the UN technical DoL for HIV and how to access technical assistance from the UN.

-Efforts to harmonize **UN support for HIV to the government sectors** are mixed and more efforts are required to improve this engagement. In 2009, the UN engagement with the Ministry of Gender, Labor and Social Development, Uganda AIDS Commission, Ministry of Finance, Planning and Economic Development and the National Planning Authority was more coordinated and harmonized. The UN needs to continue streamlining and institutionalizing their engagement with MOH which would lead to reduced transaction costs largely arising from challenges to limited coordinated approaches within the Ministry.

There is need to strengthen the functioning of Thematic Working Groups for Mainstreaming, Treat and Care, social support and that of Monitoring and Evaluation. They need to meet more regularly for joint planning and programming purposes. The participation of agencies in the Treatment and Care TWG needs to increase beyond that of WHO, for example including UNICEF beyond the HIV/AIDS unit. However even within the current framework there is varied broad participation of the WHO staff working in the area of medicines, tuberculosis, child health to ensure a more health system approach to the treatment and care problematic of HIV. Due to the vacant position of the Convener, the Mainstreaming TWG has only met for planning purposes.

2.3 Key priorities for 2010

Key priorities for the 2010 are as follows:

- In 2010, the UN will review the joint programme/team with a view to align it with the results and the timeline of the new UNDAF, agency country programmes and the UNAIDS Outcome Framework 2009 – 2011 and correspond to the mid-term review of the NSP. It will be reviewed to take into consideration other existing joint programmmes and the ongoing efforts to deliver as one UN in Uganda. The review serves as mid term review of the joint programme. It will provide an opportunity to address the new areas that need prioritization, existing gaps in the UN technical Division of Labor (DoL) for HIV and drop those that are not priorities. Scheduled in first half of 2010, the review will also take into account the functioning of the various structures of the Joint team to address challenges experienced currently.
- Advocate to the UN country team to mobilize adequate UN human capacity for the gaps identified for the UN to fulfill its mandate for HIV. This includes encouraging heads of agencies to leverage wider agency resources and advantage by extending HIV mandate beyond agency HIV staff.
- Streamline financial management for extra budgetary funds. This includes orienting the Operation Management Team (OMT)[7] of the UN System and the joint team on AIDS on the new Multi Donor Trust Fund modalities to streamline reporting for extra budgetary funds.
- Continue the dissemination of the UN technical DoL and UN reform for HIV at the district level and to the remaining line ministries and the civil society.
- Continue strengthening UN collaboration and harmonization with the Key line ministries and the civil society.
- Harmonization of support areas with other donors especially PEPFAR

[7] The OMT is a standing committee of the UN system for the heads of Operation for UN agencies. The group meets monthly and provides guidance and support related to operations of the UN system

3 Performance of the UN towards supporting the National HIV response

This section summarizes UN performance towards the planned programme outcomes and outputs of the joint programme. It then articulates the achievements, challenges experienced in 2009 in implementing the joint programmes and key priorities for the remaining period. Please refer to the excel matrix in **annex 2** for more details to this section.

3.1 Achievements

3.1.1 Prevention

- UN support to the multi-sectoral prevention agenda in 2009 has been to ensure that new evidence and key strategic information to guide planning and programming for prevention is available and disseminated to key stakeholders. The Modes of Transmission study completed in 2008 continue to provide a solid basis for planning and programming. Other evidence and strategic information available through UN support relate to the Most at Risk Populations (MARPS) and SRH/HIV linkages and integration. These include a report on profiling sex work in Kampala[8]; profiling of MARPs[9]; a report on populations along the transport corridors[10] and a report on prisoners. A study was also supported on sexual and reproductive health choices for people living with HIV and a rapid assessment on SRH/HIV linkages and integration was conducted by the Ministry of Health. The draft reports will be finalized and disseminated in the first quarter 2010.

- The UN supported the development of policy and strategic guidance for multisectoral prevention. The final draft of the National HIV Prevention Policy Guideline was developed and submission for approval awaits the approval of the National Overarching HIV/AIDS Policy that is before Cabinet. To address challenges of fragmentation, uncoordinated, non-prioritized multi-sectoral communication, the Uganda AIDS Commission was supported to develop through stakeholder consultations, the Comprehensive Communication Strategy. The final document is due for printing and dissemination.

- The UN supported audience specific communication programming aligning to latest evidence on the epidemic and the response. Most of the guidance were in final draft by end of 2009 and are scheduled to be finalized early 2011. Behavior Change Communication (BCC)

[8] Magnitude, Profile and HIV/STD-Related Knowledge and Practices of Commercial Sex Workers in Kampala, Uganda

[9] Profiling of most at risk populations in Uganda and development of a plan of action to address their vulnerability, susceptibility to the growing epidemic

[10] HIV Hot-spot Mapping and Situational Analysis along the Kampala – Juba transport route.; A Response Analysis of HIV/AIDS programming along Transport Corridors in Uganda; HIV Knowledge, Attitudes and Practices of truckers and female sex workers along major transport corridors In Uganda; Service Availability Mapping for MARPs at hot-spots along the Kampala – Juba transport corridor Validated, not yet published; HIV risks and vulnerabilities of Undocumented Migrants in Uganda. [draft report, not yet validated].studies 1&2 can be downloaded from http://uganda.iom.int/publications.htm

materials targeting sex work were developed by MOH; a communication framework and IEC/BCC common message concepts for uniformed forces were drafted; a BCC Toolkit for the transport sector[11] was compiled In addition the UN Supported implementation of BCC/IEC interventions and delivery of prevention services to CSW, youth and other MARPs in Acholi districts.

- During the second half of 2009, there was progress towards developing a comprehensive prevention strategy and associated sectoral plans based on the new evidence to guide resource alignment to prevention. The national prevention strategy/plan conceptual process was endorsed by the National Prevention Committee, and key sectors. The sectors include Education, Gender, Agriculture, Local Government, Internal Affairs, and Public Service, Works and transport and Health. Resources for preparation of these plans have been mobilized and consultation is underway. Finalization of these plans will be a key undertaking in 2010. The UN also continued to place Technical Assistance within the UAC to lead and coordinate the prevention agenda.

- The UN collaborated with partners (PEPFAR/CDC/USAID) supporting MOH to scale up PMTCT service delivery in the 23 focus districts. UN support for upstream work in PMTCT included strengthening of PMTCT Technical Working Group at the MOH, support to joint monitoring visits, the development of common service delivery and monitoring tools for integration of PMTCT into ANC/MNCH/Pediatric AIDS interventions; production of integrated protocols (SRH/HIV/GBV) and training of service providers.

- The UN supported harmonization for PMTCT and Pediatric Programme through support to the Ministry of Health to effectively steer the planning and implementation of the national PMTCT Programme. Other key changes at national level included the revision of several registers (the integrated ANC, maternity and post-natal registers) and the launch and dissemination of Infant and Young Child Feeding (IYCF) guideline.

- A five-year national PMTCT and infant care scale up plan is being developed and will be ready early 2010. Early Infant Diagnosis (EID) of HIV was integrated into the Child Health Days plus programme and HIV exposed children are now tested during immunization sessions.

- UN advocated for inclusion of Uganda in Phase 2 of UNITAID support which will support the scale up of PMTCT at national level. Delivery of USD 11 million of PMTCT supplies over the next two years will commence in January 2010. The third National pediatric HIV Conference was a high profile event that contributed to ensuring that children are at the centre of the national HIV/AIDS response. UN also continued to support staff members in the M & E unit of the national HIV/AIDS Control Programme.

[11] BCC toolkit entitled the ***Thorn Eaters***. The *Thorn Eaters* package includes radio spots, video clips, serial radio drama, the communication campaign logo, bumper sticker, and Truckers' information booklet, Peer educator guide for Female Sex Workers, Poster series on condom use, STD treatment and HIV counseling and testing. The *Thorn Eater* materials will be translated into various languages for localized use nationwide

- Globally, there is an increased focus on integrated service delivery especially for **SRH/HIV/GBV**. In response to this and basing on findings of the rapid assessment, the UN supported the Ministry of Health to draft a National SRH/HIV Linkages and Integration Strategy and Operational Plan that is due for approval by MoH top management. Ministry of Health also finalized the national ASRH strategy and guidelines and tools for youth friendly services and dissemination is on-going. Training of health workers in the management of sex abuse victims was also conducted in selected districts.

- There was an increased commitment by national leadership to move forward the safe Male Circumcision agenda in the second half of 2009. A draft Safe Male Circumcision Policy in line with the 2007 WHO/UNAIDS recommendations is available for approval by the Minister of health. The national task force bringing together MOH, implementing partners and UN agencies was launched and is meeting regularly.

- The STI treatment guidelines were revised to ensure better management of patients at the health facility level.

3.1.2 Treatment and care

- The UN through WHO provided support to the Ministry of Health to develop and review policies and guidelines that would enable the Ministry and its partners to ensure standardization and improvement in the quality of services. The Home Based Care Policy guidelines were finalized and training materials revised in line with the WHO/IFRC generic materials. In addition, the ART treatment guidelines for adults, adolescents and children were revised, though more updates will be required soon to take into account of the recently released global guidelines

- Provided technical assistance to HCT policy review and participation in the CT 17
- In terms of capacity building, the MOH Integrated Management of Adult Illnesses (IMAI) training materials were revised. These were utilized for training of trainers at regional level and service providers with the financial support of PEPFAR partners. UN also supported ACP to field-test several training materials that should assist MOH to continue to scale up quality HIV/AIDS services using a public health approach. These materials included the IMAI Operations Manual to be used by health workers when starting new treatment and care services, the Clinical Mentoring material to develop the skills of clinicians who will mentor lower health workers and the District Clinician manual. Those materials were considered very useful by the MOH and partners involved in the field testing and adaptation to the Ugandan context.

- The UN also collaborated with Baylor Foundation Uganda for the rapid expansion of the pediatric AIDS services (from 5 to 33 districts) and support to three regional pediatric HIV care and support centers of excellence.

- Supported the equipping of ART clinics in four refugee settlements (Isingiro, Kyenjojo, Hoima and Kiryandongo) as part of the improving access antiretroviral therapy to the vulnerable refugee population.

- The report of assessment of Early Warning Indicators for HIV Drug resistance covering the period between September 2007 and August 2008 was disseminated to all partners and to all facilities where data were collected. Weaknesses in drug supply, client retention, appointment keeping and record keeping were the main findings of the assessment. The facilities with poor EWI were identified and together with MOH will develop plans to improve their performance.

- The UN is also involved in the revision and roll out of **patient monitoring tools** that will enable the MOH to have more accurate data on the different HIV programmes (PMTCT, ART, and TB). Revision and field testing of the national HIV patient monitoring tools was finalized. Training of health workers from facilities from six out of eight regions of the country took place with WHO and other partners' funding It is anticipated that the new tools will assist the health workers to follow up their patients while the data submitted to MOH will be more standardized, therefore facilitating programme monitoring.

- The UN is supporting the MOH in testing an electronic record system that will facilitate management and analysis of patient data. All those efforts will assist MOH to improve planning and priority setting, including in HIV commodities procurement. Following the evaluation of the pilot OpenMRS system implemented in Mbarara, Masaka and Mbale regional hospitals, MOH expressed interest in using OpenMRS as the electronic medical record system for HIV patients. WHO supported the development of a proposal to implement OpenMRS Express. That improved version of OpenMRS uses the three interlinked patient monitoring tools just adopted by the MOH, therefore facilitating harmonization across sites. It is also more user-friendly and it will be easier to implement data control.

- In relation to procurement and supply chain management, the UN has collaborated with other AIDS and health development donors for high level advocacy with Ministry of Health on resolving issues of commodity stock outs. In addition the UN has to some extent supported efforts to harmonize efforts with HDPs and ADPs to address issues related to the Procurement of HIV commodities. This is with a view to ensuring that procurement of supplies is done in an integrated, harmonized, timely and coordinated manner. Other areas of UN support includes the ongoing procurement of Reproductive Health commodities including condoms, supporting development of Reproductive Health strategy, supporting female condom situation analysis the

informed the development of an operational plan and pilot project on re-introducing the female condom in Uganda, and supporting the position of RH Commodity Security Advisor in the Ministry of Health.

3.1.3 Social Support

- There has been transition in UN support towards ensuring integration of nutrition into HIV and AIDS programming from direct food aid to strengthening the policy framework. Progress has been made on an HIV and nutrition study to ensure integration of key indicators into the HMIS. Nutrition in the context of HIV education at Health Centers and communities in 24 districts has been operationalised. National nutrition guidelines developed through the UN support include: Strategy documents on nutrition in the context of HIV, and a communication strategy for nutrition in the context of HIV. Progress is being made on capacity building of key stakeholders in 2 key districts of Gulu and Amuru to ensure integration of HIV and nutrition in district and Sub-county plans. The UN also supported building capacity of agricultural planners to conceptualize, analyze and respond to the interactions between HIV and AIDS and food security.

- Advocacy by the UN with the senior Management of Ministry of Gender resulted to enhanced recognition for the need for harmonization and alignment of partners supporting the work of Orphans and Vulnerable Children (OVC). A national - level coordination mechanism at the technical level was established and selected national level stakeholders sensitized on the need for harmonization and coordination. The orientation by MGLSD of key national-level stakeholders to further harmonization and coordination (including reporting) is ongoing; a post for a harmonization Institutional capacity of MoGLSD to coordinate, lead and manage the national response was strengthened. The UN regularly participates in the MGLSD coordination meeting.

- To enhance coordination, the UN supported the OVC NIU through provision of a vehicle, IT materials and training of staff. The National OVC Steering Committee and the District and Sub county OVC committees were revitalized in over 60 districts in Uganda.

- Another key support area was improving coordination within MoGLSD. A two-year National OVC work plan with budget was developed and its implementation includes key activities like development of the new national strategic plan (NSPPI-2), capacity development for district staff in OVC MIS management, and an OVC resource tracking tool.

- UN supported the MoGLSD to develop an OVC Resource Tracking tool that was field tested in selected districts. The national OVC Situation Analysis is ongoing and will inform the development of the next strategic plan (NSPPI 2).

- Consensus on the need for streamlining of the fragmented OVC and child labor coordination structures was reached during a national think tank meeting attended by all actors. Agreement was also reached on timeline and work plan for development of the new NSPPI-2.

- The UN also supported the integration/mainstreaming of child labor issues in the districts of Mbale, Wakiso and Rakai and offices were established in these districts to support them to plan and implement integral programmes on preventing and reducing incidences of child labor.

- UN support to livelihoods and its link to HIV included the establishment of 72 farmer field schools with low labor intensive enterprises in the three districts of Adjumani, Katakwi and Kitgum to cater for HIV affected persons and other vulnerable groups. In addition the Joint Farmer Fields Learning Schools have been integrated into National Plan of Action for OVC. Monitoring field visits were undertaken by UN as well as by national level counterparts from MOH and Uganda AIDS Commission

3.1. Mainstreaming and rights

- In 2009 the UN supported the dissemination of findings and recommendations of the macro – economic impact of HIV on sectors report[12] which was finalized in 2008 to key policy and decision makers. The report findings influenced the prioritization and inclusion of HIV in the draft National Development Plan (NDP).

- UN support to UAC and National Planning Authority (NPA) for the National Development Plan (NDP) resulted into articulation of HIV as a social issue within the plan. Its inclusion was influenced an issues paper developed through support to the UAC. The UN will continue to support the process to ensure that appropriate HIV indicators are included in the monitoring framework.

- 2009 saw the commitment by Ministry of Finance to establish an HIV resource tracking mechanism. A pre-assessment of existing resource tracking systems/processes exercise in key sectors started late 2009 is ongoing. This will provide a basis for the full National AIDS Spending Assessment (NASA**)** exercise. The Terms of Reference for the full NASA exercise have been finalized and adopted and resources mobilized. The exercise will be a major undertaking in 2010.

- The UN supported MOH- AIDS Control Programme (ACP) to ensure better harmonization of capacity building activities in particular for in-service of health care providers. UN supported MOH to improve coordination and collaboration with PEPFAR and its implementing partners and participated in joint review missions of

[12] MoFPED 2008. Assessing the Macro-economic Impact of HIV/AIDS in Uganda. Ministry of Finance Planning and Economic Development/ UNDP

MOH and partners evaluating their programmes (reference to PEPFAR ART Review). UN is contributing to the process for conducting the evaluation of the 2007 – 2010 health sector HIV/AIDS strategic plan using the WHO health systems building blocks as the framework of analysis. The results of the evaluation will be used to identify the bottle necks for programme implementation, key strategies for the HIV/AIDS programme within the Health Sector Strategic Plan III and for realignment of donors to MOH's programme.

- UN supported the development of the National Plan of action for HIV in the world of work, a tool that will aid resource mobilization and programming for expansion of HIV/AIDS in the workplace both in the public and private sectors. The process provided an opportunity to understand institutional capacity gaps to implement HIV/AIDS workplace programmes in the public sectors. This includes limited understanding of HIV/AIDS impact issues in the public sector and the informal economy. This limits ability to define appropriate action areas for intervention.

- UN Support addressing HIV/AIDS in peace and recovery development programme in Northern Uganda was limited to specific activities as HIV is captured as only a health issue in that document. There were earlier efforts to support cluster exit process and transition for uptake of roles on HIV by the government for Health, Education and gender sectors but more work needs to be done.
- UN support to make GFTAM resources to work for the country included development of GFTAM round nine proposal which, was submitted on time but was unsuccessful; development of procurement plan for the existing and future grants; establishing a mechanism for civil society to access global fund resources through a second Principle Recipient for Round 9. The UN has collaborated effectively with the other development partners in hosting GFTAM related missions. The missions related to the Inspector General of GFTAM to Uganda bore some fruits. There was recovery of funds and prosecution of some culprits found guilty. The process also provided an opportunity to understand issues and challenges of the national systems impeding effective implementation of programmes.

- The UN supported Uganda Law Reform Commission, PLHIV and the Parliament to hold consultations related to the HIV Prevention and Control Bill to address contentious issues within the Bill. Towards the end of 2009 a revised draft was in place. There will be need further consultations to establish the extent to which proposals for improving the Bill have been brought on board

3.1.5 Monitoring; Evaluation and Strategic Information

- The UN supported the UAC to disseminate the monitoring and evaluation framework (PMMP) to districts and this exercise is ongoing.

- The UN supported the MOH in the process of collecting and validating data for the 2008 Universal Access Progress Report, while the first steps to develop the **2009 UNGASS and**

UA reports have been agreed upon with the Uganda AIDS Commission, the AIDS Control Programme and the other partners. The Uuniversal Access report **(2008)** was been submitted.

- UN supported consultation to strengthen the Joint AIDS Review (JAR) process. This was intended to ensure that the outcome of the JAR led by the UAC has added value to key government sectors in their reviews and in planning processes. Although the country did not hold a JAR in 2009, it is anticipated that the outcome will add value to the 2010 JAR

- UN supported the laboratory testing of the samples and the drafting and finalization of the HIV/AIDS Epidemiological Surveillance Report for the years 2005, 2006 and 2007 that has since been disseminated. The HIV/AIDS projections and estimates report was also available and preliminary national estimates produced and submitted for inclusion in the global report. The UN also supported laboratory testing of the 2002, 2003 and 2004 backlog of ANC samples. Results of this analysis will help to re-establish the ANC surveillance trends analysis in Uganda.

- Other additional studies undertaken in 2009 include report for undocumented migrants assessment of HIV risks and vulnerabilities which has been disseminated and shared with stakeholders

- In collaboration with the MOH, the UN continued to work with other USG partners in finalizing the protocol for the 2010 **AIDS Indicator Survey**. This important survey will provide updated information on the trends of the epidemic of the country and on the areas that still need to continue support.

3.2 Challenges

3.2.1 Prevention

- While the UN supported the UAC to develop a concept for strengthening National Prevention Committee, progress towards implementing the process has stalled. The NPC has not been active and urgently needs to be reactivated and high level membership participation enhanced.
- Capacity for prevention in UAC and sectors while in place need to be enhanced to support realignment of interventions to available evidence.
- Challenges experienced in delivering the PMTCT programme are as follows:
    - Coordination needs to improved to ensure a more equitable distribution of PMTCT support to all districts;
    - linkages between PMTCT, EID, EPI and HIV care (including Cotrimoxazole prophylaxis and treatment programmes) need to be institutionalized and operationalised
    - Human resource constraints and high staff turnover in public sector;
    - Poorly coordinated medical supplies and logistics system at the MOH
    - Parallel PMTCT reporting system not completely integrated into national Health Management Information System.

- There was limited work related to on prevention of HIV in discordant relationships;, positive prevention
- There is urgent need to scale up the SMC work in the country.

3.2.2 Treatment and Care

- Despite progress in the delivery of HIV/AIDS services, challenges remain in the implementation, management and coordination of the response of the health sector.

- At the health service delivery and district levels, human resources are still lacking in both quantity and quality to ensure clinical management of the patient as well as planning and management of the services.
- At the MOH level, coordination of the HIV response and HIV data management and analysis have become quite complicated and it has been difficult to ensure the coverage, quality, and cost-effectiveness of some HIV health services being provided in Uganda. Uganda's HIV response is also suffering from the effects of the global economic downturn on major HIV funding sources and this is compounded by the difficulties encountered in accessing the existing GFATM funds, and PEPFAR's transition from Phase 1 to Phase 2. Financial resources for the response seem to have reached a peak, calling for a closer look at the health sector's interventions to ensure "value for money". In the last two years, the Government of Uganda has committed funds for procurement of ARVs. However there is a need for GoU to increase its contribution to the HIV/AIDS programme, and specifically to increase the number of professional staff at ACP under the government payroll. For example, the ART review of the PEPFAR programme of September 2009 recommended, among others, to reinforce ownership of the treatment programme by the GoU. PEPFAR support over the next few years will also aim at ensuring district planning for HIV/AIDS service delivery. This definitely has implications for the ACP and MOH as a whole, in terms of financial and human resources at central and decentralized level.
- The ACP Programme Manager has taken measures to improve communication sharing and monitoring of the work undertaken by the PEPFAR implementing partners. There is now a need to continue supporting the process and to reinforce that ownership by the MOH at higher level and across the divisions/units despite the vacancy of of a few senior management positions, i.e. permanent secretary, director general, director of planning.
- The new guidance for antiretroviral therapy in adults and adolescents, for PMTCT and for infant feeding released by WHO in late 2009 will need to be adapted by the country, taking into account the current programme implementation and funding available. Even though the national pediatric and adult ART committees agree on principle with the recommendations of starting ART as early as possible, there will be a need to analyze the impact on human resources, infrastructures and availability of ARVs for first and second line regimen as well as to anticipate the actions that the ACP/MOH will need to take to ensure that quality of care is not compromised while access to services is increased.

3.2.3 Social support

Challenges experienced include:

- Persistent weakness in coordination of multiple partners in the OVC response at national and sub national levels;
- Inadequate integration of OVC issues in other line ministries such as education, health, etc;
- Insufficient and out-of-date data for planning and decision making as a result of lack of routinely collected data through either civil society or government programmes concerning the numbers of OVC reached with various interventions or the outcomes of those interventions. This has been exacerbated by weak OVC MIS and lack of district reporting to the central level ;
- Continued less coverage of support services for OVC i.e. only 11%,
- Inadequate staffing at district and sub county levels in the government services,
- Inadequate leadership and advocacy for OVC leading to less public resources allocation.
- Finally, there is lack of an updated comprehensive and integrated plan for supporting vulnerable children.

3.2. 4 Mainstreaming and Rights

- The UN in collaboration with partners supported the Uganda AIDS Commission (UAC) to streamline annual planning to guide the national response. This included the development of the 2009/10 UAC integrated work plan.. In an effort towards streamlining and aligning financial and technical support to UAC UN supported the development of joint Memorandum of Understanding (MOU) Governing the relationship between the Commission and the ongoing support to AIDS Development Partners (ADPs) which is yet to be signed. Developments around an audit of the Partnership Fund Account instituted by ADPs in July 2009 however curtailed progress on most of the institutional development initiatives and implementation of the integrated work plan.
- Despite continued support, the UAC still faces challenges in executing its mandate to lead and coordinate national the multi-sectoral response effectively. These include challenges related to application of procurement of service and goods, weak internal systems/ procedures- e.g. budgeting, reporting, and harmonization of allowances structure. There are also challenges related to functions, staffing and structure of the Commission. The ongoing forensic audit of the Uganda AIDS Commission (UAC) Partnership Fund has impacted the work of the Uganda AIDS Commission and as a subsequent has major implications for the coordination and leadership of the HIV response. There is need to draw attention to the key issues that are affecting the UAC's ability to effectively lead and coordinate national multi-sectoral response with a view to assist the UAC address the institutional challenges and inefficiencies related to their function and mandate so as delivering on results on the national HIV/AIDS strategy. The planned review will provide an opportunity for formulating institutional reforms, strategies and actions to improve institutional performance.

- Challenges related to accessing GFTAM funds using the national systems have posed a considerable challenge in accessing these resources. Due to a number of factors the actual implementation of the four grants has been slow for instance the performance of HIV grant was at 2.2% in 2009. One key issue relates to whether GFTAM funds received through the mainstream budget will ensure that GFATM maintains traceability of funds. Despite concerted national effort to unblock GFTAM; including many high level missions and country visits by GFTAM board and Secretariat, there is limited progress in accessing the funds. The non –action and decision on GFTAM has impacted on commodities and the lives of people and contributed to an already existing stock out of essential commodities for health**.** The challenge a rises out of the interruptions in Global Fund financing, and risks related to weaknesses of country-level procurement and supply management (PSM) systems. The UN will continue to collaborate with development partners to support Government of Uganda address challenges; strengthen governance of CCM; strengthen capacity.

- Towards the third quarter, the UN collaborated with development partners to strength the Parliamentary Select Committee for HIV for enhanced accountability and oversight of the HIV response. Initial work articulated major areas of intervention but this work has stalled. The UN needs to work with partners to support the country understand how to manage PLHIV and stakeholder expectations versus ensuring compliance with internationally-agreed good practices and to strengthen MPs' understanding of human rights issues in legislation. In addition the UN needs to focus on legislators, to address two issues: (i) clarity of legislative purpose, and (ii) use of enforcement approaches in regulating social issues.

- The introduction of the private members Anti-homosexuality Bill in Uganda is an extremely sensitive and political issue and has received much attention and consumed much effort by all stakeholders. The UNCT has engaged in diplomacy and high level advocacy for its withdrawal.

- As noted earlier, UN support to addressing HIV and its link to gender was limited due to limited capacity gaps within the lead agency. The joint team will need to prioritize defining UN support to gender and its link to HIV for inclusion in the joint programme on gender which will be implemented in 2010.

3.2.5 Monitoring and Evaluation

- Much of the UN support to UAC in relation to making operational the monitoring and evaluation framework (PMMP) started with momentum but stalled towards the second half of 2010. This was mainly due to the limited capacity for UN and UAC and at sector and district levels except MoH for M & E.

- While the PMMP was disseminated to districts and there was some progress towards establishing district centers of excellence work, major challenges remain including: non involvement of key sectors in role out of the PMMP and unclear linkages between the PMMP and the sector M&E and information systems. There is still limited dissemination of information collected and limited involvement of lower levels in data collection and analysis.

- The UN will continue to broker and manage the outcome of the forensic audit and the implementation of the relevant audit recommendations. This includes providing technical and financial support to review AIDS Commission and Partnership Committee in the context of AIDS architecture with a view to strengthen accountability structures to restore trust and confidence of stakeholders

- Multiple M&E systems by partners and sectors continue to challenge effective monitoring of the national response, and so is the lack of a central national M&E Database and MIS for HIV/AIDS.

3.3 Key priorities for 2010

3.3.1 Prevention

- Continue to support the national and regional level dissemination of new evidence and strategic information to influence planning and programming.
- Support effective functioning of multi-sectoral National Prevention Committee to operate effectively to lead the national prevention agenda.
- Support development of a national HIV prevention strategy and associated seven sector HIV Prevention strategic plans and provide oversight in its implementation.
- Re-energize leadership commitment to HIV prevention to specifically utilize systems and structures e.g. for the cultural and religious sectors to expand coverage of interventions
- Support development of policy guidance and roll out of new proven prevention technologies including safe MMC and Positive Health Dignity and Prevention
- Support for PMTCT – implementation of the new WHO guidelines
- Support Implementation of RH/HIV strategy and operational plan including focus on Sexual and Gender based violence

3.3.2 Treatment and Care

- Procurement Supply Management issues: provide ongoing TA to ensure stock outs for RH commodities reduced and build capacity for improved logistics management at both central and facility delivery level
- Continue support to review of the HCT policy and of the monitoring tools

- Review ART Guidelines for adults and children

- Continue support for scale up of quality services, for adults and children
- Continue support to develop of materials for capacity building
- Improve capacity for management of treatment and care services, including patient tracking and monitoring
-

3.3.3 Social Support

- Continue ongoing efforts to strengthen institutional capacity of MGLSD to plan coordinate and monitor the national OVC response. This includes the finalization and dissemination of the National OVC Strategic Plan & M&E framework and support the MGLSD to advocate for integration of OVC issues into sector plans and budgets of ministries in line with SWAP modalities
- The capacity of Local Government and selected CSO in north and north east Uganda to implement farmer field and life schools methodologies
- Generate evidence on the long-term dynamics of the impact of HIV and AIDS on livelihoods

3.3.4 Mainstreaming and Rights

- Advocacy for high level political, religious and traditional/cultural leadership for revitalized HIV/AIDS response.
- Conduct the National AIDS spending Assessment.
- Review existing support to decentralized response with a view for alignment and harminsation for better service delivery.
- Provide ongoing technical assistance to ensure Uganda accesses and utilizes GFTAM and other HIV resources effectively.
- Broker and manage the outcome of the forensic audit of the Uganda AIDS Commission and the implement of the relevant audit report recommendations..
- Strengthen the Parliamentary Select Committee on HIV for continued oversight and accountability of the national response.
- Support consultations to ensure that HIV/AIDS Prevention and Control Act uphold international Human Rights and gender standards.
- Define UN support for Gender and is link to HIV

3.3.5 Monitoring and Evaluation

- Finalize reporting for UNGASS, Universal Access and MDG reporting. In line with this support the UAC and MOH to develop annual national M&E report that integrates UNGASS, Universal Access and MDG reporting requirements.
- Support key sectors for their involvement in PMMP adaptation including establishment of clear linkages with sector M&E and information management systems and support towards strengthening of M&E systems at decentralized levels.
- Strengthen and document HIV M&E systems in 3 pre-sting districts through Ministry of Local Government and UAC- (undertake LQAS, development of districts strategic

plans and M&E plans, strengthen data Mgt systems, train district staff in M&E) (pre-testing PMMP)
- Support the MOH to update the Annual ANC surveillance reports and clear backlog
- Revitalize STI surveillance reporting
- Conduct advocacy and technical support for conducting and disseminating the AIDS Indicator Survey report.

Conclusion

The UN in Uganda continues to implement the UN reform in relation to delivering as one on HIV. This has been mainly due to strong commitment by the joint team for joint action. The UN Division of labour continues to minimize duplication, clarify roles and responsibilities, and improved the quality, magnitude and accessibility of technical support. Capacity challenges remain an important barrier to successful implementation of the Division of Labour. It is important that the UN continually reviews the implementation of this reform and take into account of the changing national context in order to ultimately improve impact for results.

4. Financial Report

4.1 Source and Use of Fund

The UN Joint Programme on HIV/AIDS in Uganda started towards the end of 2007. The report period, covers two years of the Programme implementation. As at the end of 2009, a total of USD 4,168,017.44 had been received from the donor as follows:

2007 - USD 589,970.50
2008 - USD 1,881,553.94
2009 - USD 1,696,493.00

The Programme is being implemented by fourteen (14) UN Agencies. The UN agencies participating in the implementation of the Programme are; FAO, ILO, IOM, UNOHCHR, UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, UNODC, WFP, and WHO. UNDP was appointed to act as the Administrative Agent (AA). Resources received by UNDP in her capacity as AA were transferred to the participating agencies as follows:

2008 - USD 2,420,268.27
2009 - USD 1,678,711.00
Total - USD 4,098,979.27

The AA received a total of USD 41,680.17 administrative fees in accordance with the MOU. By the end of 2009, the balance of funds available within the AA amounted to USD 31,016 of which USD 3,658 represents interest earned. The details of the resources received and transferred to participating UN agencies and the Administrative Agent are summarized in table 4.1 below.

Table 4.1 Sources, Uses, and Balance of Fund, as of 31 December 2009, in US$ Thousands

	Prior Years	2009	Total as of 31 December 2009
Source of Funds			
Gross Contributions	0	4,168	4,168
Fund Earned Interest Income	0	4	4
Participating Organization Earned Interest Income	0	0	0
Total - Source of Funds	**0**	**4,172**	**4,172**
Use of Funds			
Transfers to Participating Organizations	**0**	**4,099**	**4,099**
From Donor Contributions	0	4,099	4,099
From Earned Interest	0	0	0
Refund of Unutilized Balances on Closed Projects			
by Participating Organizations	0	0	0
Administrative Agent Fees	0	42	42
Direct Costs: (Steering Committee, Secretariat … etc.)	0	0	0
Other Expenditures from Earned Interest	0	0	0
Bank Charges	0	0	0
Total - Use of Funds	**0**	**4,141**	**4,141**
Balance of Funds Available	**0**	**31**	**31**

4.2 Donor Deposits

Table 4.2 Total Donor Deposits, cumulative as of December 2009, in US$ Thousands

	Gross Donor Deposits	
Donor Name	**2009**	**Grand Total**
IRISH AID	4,168	4,168
Grand Total	**4,168**	**4,168**

Up to the end of 2009, the donor had transferred a total of USD 4,168,017. Of this total, USD 589,970.50 (2007) and USD 1,881,553.94 (2008) were transferred to country office while the remainder of USD 1,696,493 (2009) was transferred to the MDTF office.

4.3 Transfer of Funds

Details of transfers to participating UN agencies are summarized in table 4.3 below. As can be noted from the table, WHO received most funding (1,359,000, 33%) while UNESCO received the lowest funding (32,000, 8%) among the Participating Organizations during the two-year period Programme implementation period.

Table 4.3 Transfer of Funds by Participating Organization, as of 31 December 2009, in US$ Thousands

Participating Organization	Funds Transferred		
	Prior Years	2009	Cumulative as of 31 Dec 2009
FAO	0	65	65
ILO	0	171	171
OHCHR	0	173	173
UNDP	0	224	224
UNESCO	0	32	32
UNFPA	0	252	252
UNHCR	0	176	176
UNICEF	0	658	658
UNIFEM	0	43	43
WFP	0	161	161
WHO	0	1,359	1,359
IOM	0	286	286
UNAIDS	0	415	415
UNODC	0	86	86
Total	**0**	**4,099**	**4,099**

Of the total USD 4,098,979.27 transferred to participating agencies, USD 2,420,268.27 was transferred in 2008 while the balance of USD 1,678,711.00 was paid in 2009.

4.4 Delivery

For the two years of the Programme implementation, a total of USD 2,823,412 has so far been reported as actual expenditure. This represents an overall delivery rate of about 69% (expenditure compared with the amounts transferred to the participating agencies). Table 4.4 summarizes the above statement.

Table 4.4 Financial Delivery Rates, for 2009 and cumulative as of 31 December 2009, in US$ Thousands

	Cumulative			**2009**	
	Total Transfers	Expenditures	Delivery in %	Transfer	Expenditures
JP – Uganda Support for AIDS	4,099	2,823	68.88	4,099	2,567
Total	**4,099**	**2,823**	**68.88**	**4,099**	**2,567**

4.5 Expenditure

As can be seen from table 5.1. below, the highest expenditure of the funds was made on contracts 60.33%, followed by personnel at 19.25%, the lowest expenditure was incurred on other direct costs 3.94%.

This report is generated from the MDTF UNEX portal. Each year, the Headquarters of participating agencies are expected to update the portal with performance data. At the beginning of the Programme, like any other new activity, procedures were not very clear to all participating agencies. It will therefore be noted that reported figures in the prior year(s) are less than expected or stated in table 4.4 above.

Table 4.5.1 Total Expenditure by Category and Reporting Period, in US$ Thousands

Category	Total Expenditures		% of Total Programme Costs
	Prior	2009	
Supplies, equipment	44	215	9.97
Personnel	20	480	19.25
Training of counterpart	66	103	6.49
Contracts	109	1,460	60.33
Other direct costs		103	3.94
Programme Costs Total	**240**	**2,361**	**100.00**
Indirect costs	17	206	8.55
Total Expenditure	**257**	**2,567**	

Table 4.5.2 below highlights expenditures reported by each participating UN agency. As stated in Table 4.5.1 above, the reported figures may be less than expected because agencies HQs were not able to report expenditures as the Country Offices expected. Agencies like UNDP, and UNAIDS spent part of the funds advanced to them but seem to have not been able to report the amount spent as was required. From the agencies records and reports presented at the Country office level, it can be seen that UNDP spent a total of USD 134,407.75 while UNAIDS spent USD 253,963.07. This will be taken care of in the next reporting cycle.

Table 4.5.2 Expenditures reported by Participating organizations, cumulative as of 31 December 2009, in US$ Thousands

Participating Organization	Transfers		Expenditures		
	Budget Amount	Funds Transferred	2008	2009	Cumulative
FAO	65	65	0	39	39
ILO	171	171	10	86	95
IOM	286	286	0	192	192
OHCHR	173	173	0	53	53
UNAIDS	415	415	0	0	0
UNDP	224	224	0	0	0
UNESCO	32	32	0	32	32
UNFPA	252	252	0	218	218
UNHCR	176	176	0	163	163
UNICEF	658	658	247	313	560
UNIFEM	43	43	0	3	3
UNODC	86	86	0	86	86
WFP	161	161	0	9	9
WHO	1,359	1,359	0	1,375	1,375
Total	**4,099**	**4,099**	**257**	**2,567**	**2,823**

Total amount transferred to agencies amounted to USD 4,098,979.27. During the period under review, WHO received the highest amount, USD 1,359,114 representing 33% of the total amount, followed by UNICEF, USD 657,515 representing 16%, and then, UNAIDS that received USD 414,698 representing 10%. UNESCO received the lowest amount USD 32,100 representing 0.8% of the total disbursements.

As seen in table 4.5.2 above, by the end of 2009 cumulative expenditures amounted to USD 2,283,412. This represents 69% of the total disbursements to the participating agencies. This left 31% of the funds disbursed to the agencies unaccounted for. Of the total expenditure, WHO disbursed the highest amount which represents 49%, followed by UNICEF 20% and UNFPA 7.72%. UNDP and UNAIDS had no expenditure reported through UNEX system.

The lack of reporting of activities carried out by UNDP and UNAIDS must have been an omission on the agencies' part. The amount spent will be reported and captured in the next reporting cycle. The two agencies reported locally (to UNDP CO) the following expenses UNDP, USD 134,407.77 and UNAIDS USD 253,963.07.

Table 4.5.3 Total Expenditure by Participating UN Organization with breakdown by category, cumulative as of December 2009, in US$ Thousands

Participating Organization	Funds Transferred	Total Expenditure	Expenditure by Category					Total	
			Supplies, equipment	Personnel	Training	Contracts	Other direct costs	Programme Cost	Indirect costs
FAO	65	39	0	7	29	0	0	36	3
ILO	171	95	0	36	25	20	7	89	6
IOM	286	192	11	97	0	43	28	179	13
OHCHR	173	53	0	0	0	50	0	50	3
UNAIDS	415	0	0	0	0	0	0	0	0
UNDP	224	0	0	0	0	0	0	0	0
UNESCO	32	32	0	0	0	30	0	30	2
UNFPA	252	218	18	109	0	71	6	204	14
UNHCR	176	163	47	39	1	34	31	152	11
UNICEF	658	560	62	16	61	384	0	523	37
UNIFEM	43	3	0	0	0	0	0	0	3
UNODC	86	86	4	15	22	33	5	80	6
WFP	161	9	0	0	0	0	0	0	9
WHO	1,359	1,375	118	180	30	905	25	1,259	116
Grand Total	**4,099**	**2,823**	**259**	**501**	**169**	**1,569**	**103**	**2,601**	**222**

Table 4.5.3 above shows agency reported expenditure figures by category. The total reported amount of USD 2,823,412 when analyzed by category shows that the highest expenditure was incurred/made on contracts (56%). Total Programme costs amounted to USD 2,601,000, 92% while USD 222,000, 7.8% was spent on indirect costs**.**

Table 4.5.4 Total Expenditure by Participating UN Organization with breakdown by Category, 1 January - 31 December 2009, in US$ Thousands

Participating Organization	Funds Transferred	Total Expenditure	Expenditure by Category					Total	
			Supplies, equipment	Personnel	Training	Contracts	Other direct costs	Programme Cost	Indirect costs
FAO	65	39	0	7	29	0	0	36	3
ILO	171	86	0	32	21	20	7	80	6
IOM	286	192	11	97	0	43	28	179	13
OHCHR	173	53	0	0	0	50	0	50	3
UNAIDS	415	0	0	0	0	0	0	0	0
UNDP	224	0	0	0	0	0	0	0	0
UNESCO	32	32	0	0	0	30	0	30	2
UNFPA	252	218	18	109	0	71	6	204	14
UNHCR	176	163	47	39	1	34	31	152	11
UNICEF	658	313	17	0	0	275	0	292	20
UNIFEM	43	3	0	0	0	0	0	0	3
UNODC	86	86	4	15	22	33	5	80	6
WFP	161	9	0	0	0	0	0	0	9
WHO	1,359	1,375	118	180	30	905	25	1,259	116
Grand Total	**4,099**	**2,567**	**215**	**480**	**103**	**1,460**	**103**	**2,361**	**206**