

I. Purpose

1.1 UN-Kenya Joint Programme of Support on AIDS (2010-2013)

The UN-Kenya Joint Programme of Support on AIDS (UNJP) is designed to increase effectiveness and harmonization of UN support to the national HIV and AIDS response. The Joint Programme is the front runner of UN reform ‘Delivering as One’ and is anchored in the UN Development Assistance Framework (UNDAF). The first UNJP was finalized in 2007 covering the period 2007-2012 and was fully aligned with the second generation of Kenya National HIV and AIDS Strategic Plan (KNASP II, 2005/06-2009/10). Following review of KNASP II in 2009 and development of KNASP III (2009/10-2012/13), the UNJP (2007-2012) was also reviewed in order to align with KNASP III (2010-2013).

The UN-Kenya Joint Programme of Support on AIDS (2010-2013) contributes to six outcomes of KNASP III by contributing through 12 specific output areas. However, the UNJP’s strongest comparative advantage and greatest emphasis is to deliver results in the area of HIV prevention and to improve accountability through leadership and building the capacity of key institutions. The UNJP has the following 12 specific output result areas:

KNASP III Outcomes	UN-Kenya Joint Programme Outputs	KNASP III Outcomes	UN-Kenya Joint Programme Outputs
Outcome 1: Reduction of risky behaviour among the general, infected, most-at-risk and vulnerable populations	1.1 Advocacy for PwP programs and new HIV prevention strategies. 1.2 Prevention diplomacy in support of MARPs, especially those in Conflict with the Law. 1.3 Universal knowledge of HIV status among the general population and MARPs. 1.4 Virtual elimination of babies becoming infected with HIV 1.5 Prevention among Populations of Humanitarian Concern	Outcome 4: HIV mainstreamed in sector specific policies and sector strategies.	4.1 HIV and AIDS mainstreaming in public and private sectors
Outcome 2: Proportion of eligible PLHIV on care and treatment increased.	2.1 Treatment and Care focusing on equity and quality, case finding of TB in HIV, infant and young children feeding and improved quality of life for PLHIV	Outcome 5: Communities respond to HIV within their local context...	5.1 Community interventions programming and strategic information
Outcome 3: Health systems deliver comprehensive HIV services.	3.1 Health Systems Strengthening focusing on commodity surveillance and taking HIV out of isolation and mainstreaming interventions in the broader health sector agenda.	Outcome 6: KNASP III stakeholders aligned and held accountable for results.	6.1 Strengthened national leadership and accountability for HIV prevention 6.2 Know your epidemic and know your response 6.3 Governance and policy coordination

The total budget for the UNJP (2007-2012) was estimated at US\$93.3 for the period 2007-2012. Out of this amount, the Department for International Development (DFID) committed to provide a total of US\$20 million spread over four years. US\$38.6 million was projected to be covered through internal UN resources and the US\$34.7 million unfunded balance was expected to be covered through existing commitments and joint resource mobilization from external donors. A further US\$68.0 million credit contribution by the World Bank brought the total funding proposed through the UN system to US\$161.3 million (UNAIDS, 2010).

How it relates to UNDAF

UN support to Kenya is guided by the overall five-yearly UN Development Assistance Framework (UNDAF), which currently runs from 2009 to 2013 negotiated with the Government of Kenya at the highest level. The UNDAF spells out agreed areas of cooperation in support of Government policies and priorities, as articulated in the Kenya Vision 2030 and first Medium Term Plan 2008 -2012 as well as the Millennium Development Goals (MDGs). The UNDAF represents not just the legal basis for UN work in-country, but also the starting point for preparation of country programmes by respective UN agencies. Responding to the HIV pandemic and protecting the rights of those affected is one of the key cornerstones and major outcome areas of the Kenya UNDAF. Embedded firmly in the framework is a focus on UN reform, harmonization and alignment of the UN system's work on HIV, particularly as it relates to increased alignment with the KNASP and promotion of the "Three Ones" principles. The HIV and AIDS components and interventions of the current UNDAF (2009-2013) that presently support the KNASP are: ***UNDAF Outcomes 2.3: Evidence-informed and harmonized national HIV response is delivering sustained reduction in new infections.***

Main implementing partners/Participating Organizations, their roles and responsibilities and their interaction with each other.

The UNJP is implemented by the UNJT, which operates under the UN Resident Coordinator system and consists of technical UN staff working on HIV. It comprises 17 agencies, namely: FAO, ILO, IOM, UNAIDS, UN Cares (UNON), UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UN Women, UNODC, OCHA, WFP, WHO and World Bank. As of 2010, the UNJT had a membership of 38 from the above-listed agencies.

The Joint Programme is implemented through cluster approach based on the six outcome and 12 output areas of the UNJP. The membership of different agencies to each cluster is based on their areas of strength, mandate and Global Division of Labour (DoL). The clusters are then coordinated through a UNJT Management Group that brings together representatives from each participating agency.

II. Resources.

The total budget for the UNJP (2007-2012) was estimated at US\$93.3 million. US\$38.6 million was projected to be covered through internal UN sources while DFID committed to provide a total of US\$20 million spread over four years and the remaining US\$34.7 million funding gap which was expected to be covered by existing commitments and through joint resource mobilisation from external donors.

Comparison of UNJP 2010 Expenditure with 2010-2011 biannual work plan budget and available work plan funding

In 2010, the UNJT developed a biannual work plan covering the period 2010-2011. The total budget for work plan was estimated at US\$61.6 million, comprising US\$22.8 million available funding (US\$7.4 million of agency own funds and US\$15.4 million from other sources) leaving a US\$38.8 million (62.98%) funding gap. While funding gaps are generally expected in budgets, the funding gap in the biannual work plan indicates a serious under-funding of the biannual work plan.

In 2010, the UNJP spent a total of US\$15.9 million out of US\$22.8 million available funding for 2010-2011 biannual work plan budget, representing a 69.58% overall utilization during the year (Table 2). Interestingly, expenditure was higher than available funding in Outcomes 1 and 6 while utilization of available funding in Outcomes 2, 4 and 5 was very low.

UNJP Overall Expenditure on HIV and AIDS 2007-2010

In total, US\$15.9 million was spent in 2010, down from US\$26.3 million in 2009 and US\$16.14 million in 2008 (Table 3). At the close of reporting year, US\$72.3 million of the US\$93.3 million UNJP budget (78.56% had been spent with two more years remaining).

During the reporting year, eighty-one percent (80.5%) of the US\$15.9 million was spent on Outcome 1 in 2010, compared with 8.89% on Outcome 6 and less than 5% in the rest of the outcome areas.

Although UNJP expenditure on HIV prevention has been rising fast since 2007, there has been marginal increase in overall UNJP HIV and AIDS expenditure between 2007 and 2010.

Human Resources:

The Joint Programme is implemented by the Joint UN team on AIDS which has representation from all the Participating Organizations. The team collectively and individually has the responsibility for two functions:

- Provision of technical guidance and support on behalf of the UN system in the areas UN is best positioned to strengthen the Kenya national HIV response
- Developing, implementing and monitoring the UN-JP as the framework for UN system accountability on HIV to the Government of Kenya.

III. Implementation and Monitoring Arrangements

The UNJP is implemented by the UNJT, which operates under the UN Resident Coordinator system and consists of technical UN staff working on HIV. It comprises 16 agencies, namely: FAO, ILO, IOM, UNAIDS, UN Cares (UNON), UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UN Women, UNODC, OCHA, WFP, WHO and World Bank. As of 2010, the UNJT had a membership of 38 from the above-listed agencies.

The Joint Programme is implemented through cluster approach based on the six outcome and 12 output areas of the UNJP. The membership of different agencies to each cluster is based on their areas of strength, mandate and Global Division of Labour (DoL). The clusters are then

coordinated through a UNJT Management Group that brings together representatives from each participating agency.

Interventions implemented under the UN-JP were subject to standard agency procedures for monitoring and evaluation. Most of the interventions undertaken under this Joint Programme were implemented either through direct execution, technical support or the agency transferred funds to the implementing partner based on approved amounts. Leadership and membership of each of the UNJP's output areas is summarized below;

UNJP Outcomes	Output Areas	Output¹ Leader and Members
1. Reduction of risky behaviour among the general, infected, most-at-risk and vulnerable populations	1.1 Advocacy for PwP programs and new HIV prevention strategies	WHO , UNFPA, UNICEF
	1.2 Prevention diplomacy in support of MARPs, especially those in Conflict with the Law	UNODC , UNFPA, IOM, WFP, UNAIDS.
	1.3 Universal knowledge of HIV status among the general population and MARPs	WHO , UNFPA, IOM, UNICEF, UNODC, WFP, UNHCR, UNAIDS
	1.4 Virtual elimination of PMTCT babies becoming infected with HIV	UNICEF , WHO, UNFPA, UNICEF, UNAIDS
	1.5 Prevention with populations of humanitarian concern	IOM , UNAIDS, OCHA, UNHCR, FAO, UNDP, UNICEF, WHO, WFP, UNFPA
2. Proportion of eligible PLHIV on care and treatment increased and sustained.	2.1 Treatment and Care	WHO , WFP, UNICEF, FAO, UNDP
3. Health systems deliver comprehensive HIV services	3.1 Health Systems Strengthening (HSS)	WHO , UNICEF, UNFPA, World Bank, UNAIDS, UNDP
4. HIV mainstreamed in sector-specific policies and sector strategies.	4.1 HIV and AIDS mainstreaming in public and private sectors	UNDP , ILO, IOM, UNESCO, WFP, WB, WHO, UNICEF, UNODC, FAO, UNON
5. Communities respond to HIV within their local context	5.1 Community Interventions Programming & Strategic Information	UNICEF , UNDP, WFP, UNIFEM, UNESCO, UNFPA, WHO, FAO
6. KNASP III stakeholders aligned and held accountable for results	6.1 Strengthened National Leadership and accountability for HIV prevention	UNFPA , UNAIDS, UNICEF
	6.2 Know Your Epidemic and Know Your Response	UNAIDS , UNICEF, WHO, UNFPA, UNODC, IOM
	6.3 Governance and Policy Coordination	UNAIDS , World Bank

¹ Organizations in bold are Output Leaders

IV. Results

A. UNJP Outcome 1: Support towards Prevention of new HIV infections

The UN-Kenya Joint Team on AIDS (UNJT) has a comparative advantage in supporting prevention of new HIV infections, strongly embedded in the belief that without a strong focus on HIV prevention, the number of new infections each year will continue to outstrip those who are able to newly enrol on AIDS treatment. The UNJT spent US\$12.8 million on prevention, up from US\$7.2 million in 2009 and US\$3.7 million in 2008.

In fact, UNJP's expenditure on prevention has grown rapidly from US\$4.2 million in 2007 to US\$12.8 million in 2010. Of the overall US\$15.9 million spent in 2010, the expenditure on prevention represents 80.54% of the total UNJP expenditure on HIV and AIDS during the reporting year. This increase in expenditure underlines the UNJT's shift in focus and the decision to contribute strategically towards reduction of new HIV infections in Kenya.

Along with the funding commitments in supporting the Kenya national response, the UNJT support in this outcome area went towards: evidence informed advocacy and technical assistance towards elimination of Mother to Child Transmission (MTCT), campaign based HIV testing and counselling (HTC), condom programming with emphasis on the female condom and capacity strengthening of Ministry of Health for a scaled-up Voluntary Medical Male Circumcision (VMMC). The campaign based HTC was so successful that the Rapid Results Initiative (RRI) saw 1.2 million people tested while 1.05 million people were tested through the 2010 World Cup Campaign. On the other hand, the integration of HIV testing into talents and arts fairs which saw 10,000 youth tested and counseled in Nairobi at the International Year of the Youth event held in September 2010.

In terms of Most at Risk Populations (MARPs), the Team undertook strategic advocacy, in collaboration with other partners, to ensure that prevention and treatment services are accessible to all Kenyans, including MARPs in conflict with the law and other vulnerable groups. Other efforts in this area during the reporting year included development of national framework for MARPs programming, establishment of 2 Wellness Centres and Scaling up of outreach services for IDUs and drug-using men who have sex with men (MSM) and sex workers. The first National MARPs Symposium was held, and Members of Parliament agreed to support the adoption of conducive legislation and evidence-informed interventions to prevent HIV among injecting drug users and in prisons, Government and civil society organizations were also supported to provide effective HIV prevention services for injecting drug users, including drug dependence treatment.

B. UNJP Outcome 2: Support Towards Equitable Access to Treatment and Care

The UNJT support in the area of treatment and care during 2010 focused on development of the necessary policies guidelines and systems to facilitate equitable access to treatment and care for all Kenyans. Compared with the previous year, there was less UNJT support towards treatment and care both in terms of programming and financing. As Figure 1 earlier depicted, UNJP expenditure in 2010 on this outcome has been the lowest over the 2007-2010 period. The expenditure for this outcome in the reporting year was US\$455,580 (Table 3), sharply down from US\$6.1 million in 2008 and US\$9.7 million in 2009. This sharp drop partly reflects the shift UNJT focus to reduction of new HIV infections which saw increased funding utilization during the reporting year.

Programmatically, key UNJP contributions to equitable treatment and care included support towards revision of patient assessment tools and capacity strengthening which was carried out in order to improve TB case finding among HIV clients. As a result of the revisions, service providers are now able to routinely assess HIV clients using the revised tools. Support was also provided towards monitoring HIV drug resistance (DR) specifically through an HIV DR threshold survey and specimen collection including genotyping of the samples. In line with World Health Organization (WHO) 2008 guidelines, tools for inter-linked monitoring of ART and care, PMTCT, Tuberculosis and ART and care patient monitoring have been revised and selected sites are now implementing the revised cohort monitoring tools.

During the reporting year, support was also given towards nutritional assistance for 78,000 malnourished affected and infected persons and households. With UNJT financial and technical assistance, nutrition and HIV operations research targeting 1000 households was also initiated in Kilifi/Mariakani District Hospitals.

C. UNJP Outcome 3: Support towards health systems strengthening (HSS)

During the reporting year, the UNJT spent US\$176,740 towards Outcome 3 (Health systems deliver comprehensive HIV services) against biannual work plan (2010-2011) budget of US\$920,000. The main UNJT support to HSS during 2010 went towards HIV and AIDS commodity surveillance; development and roll-out (to 50percent of HTC sites) of a proficiency quality assurance system; the preparation of 2-year HIV commodities quantification plan covering all HIV and AIDS commodities in the health sector and development, piloting and finalization of harmonized ARV logistics site tools for monitoring ARV consumption across programmes that use ART. UNJT members also participated in post-market surveillance and quality monitoring for essential drugs (including ARVs) and production of regular ARV post market surveillance reports.

D. UNJP Outcome 4: Support towards mainstreaming of HIV in sector specific policies and sector strategies

UNJT played critical roles in supporting HIV mainstreaming in sector specific policies and strategies. The UNJT support went towards technical assistance for development of HIV mainstreaming guidelines and the dissemination of the national code of practice and legal aspects of HIV and AIDS in the workplace and human rights, dissemination of gender and GIPA principles. It is expected that the dissemination will increase stakeholder knowledge in HIV mainstreaming. The UNJT also supported capacity enhancement for 63 Human Resource Managers and HIV Coordinators on KNASP III. NACC was also supported to effectively integrate gender in all HIV and AIDS programmes by supporting gender mainstreaming capacity assessment within the decentralized structures and strengthening of the gender desk to consolidate the gains in gender mainstreaming.

The private informal sector institutions were strengthened, strategic information on how HIV affects the sector generated and as a result mainstreaming of HIV has been enhanced with key services being customized for the sector.

In terms of expenditure on this outcome area, a total of US\$322,500 was spent against a biannual work plan budget of US\$2.7 million. The 2010 UNJP expenditure for this outcome was lowest over the 2007-2010 period (Figure 1), having dropped from US\$7.99 million in 2009.

E. UNJP Outcome 5: Support towards community interventions

During 2010, UNJP supported various community interventions to enable communities respond to HIV and AIDS within their local context, spending US\$722,842 of the US\$19.97 million biannual work plan budget. The UNJT supported scaling up of the Cash Transfer for Orphans and Vulnerable Children Programme (CT-OVC) from 65,000 households in January 2010 to 81,047 households (~ 243141 beneficiaries) and supporting impact mitigation activities at community level and reaching out to 1215 OVCs through Junior Farmers Field and Life Skills activities.

Networks of People Living with HIV and AIDS (PLHIV) play a critical role in the national response in Kenya. With UNJT technical support, institutional capacities of networks of people living with HIV have been strengthened as well as policy influencing and advocacy skills. As a result the National Empowerment Network of People Living with HIV in Kenya (NEPHAK) managed to advocate and influence 2010 national budget allocation from the domestic resource envelope totalling US \$ 10,706,638 million towards treatment programmes. An institutional capacity assessment for the Network to Empower People Living with HIV and AIDS in Kenya was completed and findings from the assessment will inform the strategic repositioning of the network so that it can effectively serve its constituencies. Following from the completion of the institutional capacity development, the UNJT also supported constitutional review, strategic plan development and review of organizational policies and procedures of NEPHAK. Support was also provided for capacity strengthening for 21 implementation partners from Women Fighting AIDS in Kenya (WOFAK) to review their HIV and AIDS workplace policies in order to be aligned to existing legislation on HIV and AIDS, National Code of Practice on HIV and AIDS at the workplace and the new recommendations on HIV and AIDS and the World of Work.

F. UNJP Outcome 6: Support towards holding KNASP III stakeholders aligned and held accountable for results.

Besides prevention of new HIV infections which has seen rapid increases in HIV expenditure by the UNJT, this is the only other UNJP outcome area which saw increased expenditure, albeit gradually from US\$0.91 million in 2007 to US\$1.23 million in 2008 to US\$1.38 million in 2009 to currently US\$1.41 million (Figure 1). Programmatically, UNJP's support in this outcome area went towards generation of strategic information for an evidence-informed response; strengthening of national M&E coordination framework; advocacy and development of frameworks for sustainable HIV financing, strengthened HIV leadership and governance, reform of the Kenya Country Coordinating Mechanisms (CCM) and support towards national resource mobilization through Global Fund Round 10 Proposal processes leading to an award of the Kenya's largest ever grant and the largest award globally under Round 10 (US\$345,103,870).

Support was also provided towards Kenya's fulfilment of its international reporting commitments on United Nations General Assembly Special Session on HIV and AIDS (UNGASS), Millennium Development Goals (MDG) and Universal Access (UA). In helping to ensure an evidence-informed national response, the UNJT supported strategic information generation through HIV sentinel surveillance survey, generation of strategic information on MARPs (Integrated Biological and Behavioural Surveillance (IBBS) research among "vulnerable migrant women" and the Sex Worker Mapping and MARPs population estimates.

Highlights of other achievements in relation holding KNASP III stakeholders aligned and held accountable for results to which the UNJP contributed include;

- Technical support towards revision of terms of reference, development of guidelines and operationalization of Health Sector M&E TWG, reconstitution of National M&E TWG, re-

launching of National M&E and Research TWG and establishment of Surveillance TWG. These efforts have resulted in a much strengthened national M&E Coordination Framework. At a regional level, monitoring and evaluation was strengthened through the harmonized Regional M&E Forums to which the Joint Programme provided technical support

- Initiated discussions and lobbied national partners on the need for Kenya to explore locally sustainable HIV financing mechanisms.
- Supported essential reforms and the application of KNASP III structures. The National Oversight Committee of KNASP III was established as part of the operationalization of KNASP III Pillar Co-ordination

Implementation constrains, lessons learned from addressing these and knowledge gained in the course of the reporting period.

The UN continues to be valuable to the Kenya national response. Nevertheless, the implementation of UNJP was constrained by various factors. The UNJP 12 outputs are discrete and narrowly focused thus making measuring of results difficult; limiting vision, hindering flexibility, challenging sustainability of the programme direction and limiting ability to engage wider range of UN partners. In terms of financial utilization, agency expenditures on HIV and AIDS are clearly guided by UNJP outcome and output results. However, agency funds utilization reporting at activity level only and not aggregated to outcome and outcome level, presented challenges of assessing whether expenditures are being made towards planned outputs and outcomes.

The UNJP implementation progress was also constrained by the following challenges:

- ▶ Slow progress in operationalization of coordination mechanisms especially under KNASP pillars 2 and 3
- ▶ Slow progress in implementation of NACC institutional review recommendations
- ▶ Tripartite arrangement (UN, NACC and Ministries) slowed down progress on HIV and AIDS sectoral mainstreaming
- ▶ There has been lack of clarity on the role of M&E in planning for JAPR
- ▶ Delays in kick-starting the political process to drive the HIV sustainable financing process slowed down progress in this area.

V. Future Work Plan : UN Kenya and UN JP Priority Areas for 2010-2013

The UNJP will prioritise the following during 2011:

- ▶ Support the conduct of the KNASP III Mid-term review through strategic information generation and programme evaluation.
- ▶ Support the operationalization of the Pillar Co-ordination Mechanism.
- ▶ Advocate and support the agenda on sustainable financing of the national HIV response.
- ▶ Advocate to create the environment for an enhanced “Prevention Revolution”
- ▶ Support national efforts to virtually eliminate Mother to Child Transmission in Rift Valley and Nyanza Provinces
- ▶ Support the development of Comprehensive Programme Framework for MARPs
- ▶ Support development and management of a national HIV Database and rolling out M&E standards.
- ▶ Provide four senior level advisors to GoK in the areas of, Treatment Monitoring, PMTCT and Sustainable Financing through the utilisation of United States Government (USG) support to the UNJT.

- ▶ Support strengthening of CSO mechanisms that would support coordination and better implementation of the community based HIV response.
- ▶ Support the review the new constitution to better understand its implications on the national response and the Joint Programme's programmatic and structural arrangements and identify opportunities and challenges that will require attention.

VI. Abbreviations and Acronyms

ART	Antiretroviral Treatment
ARV	Antiretroviral
CCM	Country Coordination Mechanism
CT-OVC	Cash Transfer for Orphans and other Vulnerable Children
DFID	Department for International Development
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoK	Government of Kenya
HIVDR	HIV Drug Resistance
HTC	HIV Testing and Counselling
IDU	Injecting Drug User
ILO	International Labour Organization
IOM	International Organisation on Migration
JAPR	Joint Annual Programme Review
UNJT	Joint UN Team on AIDS
JP	Joint Programme
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic Health Survey
K-MoHT	Kenya Modes of HIV Transmission Study
KNASA	Kenya National AIDS Spending Assessment
KNASP	Kenya National AIDS Strategic Plan
M&E	Monitoring and Evaluation
MARPs	Most-at-risk Populations
VMMC	Voluntary Medical Male Circumcision
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NEPHAK	National Empowerment Network of People living with HIV and AIDS in Kenya
NGO	Non-Governmental Organization
OVC	Orphans and other Vulnerable Children
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PWP	Prevention with Positives
UCC	UNAIDS Country Coordinator
UNAIDS	Joint United Nations Programme on AIDS
UNCT	United Nations Country Team
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
UNJP	UN-Kenya Joint Programme of Support on HIV and AIDS

PART II
JOINT UN PROGRAMME ON HIV-AIDS IN KENYA
FINANCIAL REPORT OF THE ADMINISTRATIVE AGENT FOR THE PERIOD
1 JANUARY TO 31 DECEMBER 2010

The Joint UN Programme of Support on AIDS is managed as a Joint Programme using a pass-through funding modality. The UNAIDS is the lead agency. Joint Programme is implemented jointly by the [International Labour Organisation \(ILO\)](#), [International Organisation for Migration \(IOM\)](#), [Joint United Nations Programme on HIV/AIDS \(UNAIDS\)](#), [United Nations Development Programme \(UNDP\)](#), [United Nations Population Fund \(UNFPA\)](#), [United Nations High Commissioner for Refugees \(UNHCR\)](#), [United Nations Children's Fund \(UNICEF\)](#), [United Nations Development Fund for Women \(UNIFEM\)](#), [United Nations Office on Drugs and Crime \(UNODC\)](#), [World Food Programme \(WFP\)](#), [World Health Organisation \(WHO\)](#) using a pass-through funding modality. The programmatic and financial accountability rests with the Participating UN Organisations, which manage their respective components of the Joint Programme.

The [Multi-Donor Trust Fund Office \(MDTF Office\)](#) of the of the [United Nations Development Programme \(UNDP\)](#) is the Administrative Agent (AA) of the Joint UN Programme of Support on AIDS. The AA is responsible for concluding Standard Administrative Arrangements (SAAs) with donors and Memorandum of Understanding (MoU) with Participating UN, and Non-UN, Organisations.

1. Source and Use of Funds

In 2010, a total of US\$4.36 million was received from DFID through the pass-through funding mechanism. Out of this amount, US\$ 4.401 million was transferred to Participating Organizations and 1% AA fees has been deducted by the Administrative Agent (US\$ 43,550). This year, the JP account earned interest amounted US\$15,000.

Detailed figures of the Source and Use of Funds are provided in Table 1 below.

Table 1 : Financial Overview

For the period ending 31 December 2010 Amounts in US\$ Thousands)

	Prior Years as of 31 Dec 2009	Current Year Jan-Dec 2010	TOTAL
Sources of Funds			
Gross Donor Contributions	5,581	4,355	9,936
Fund Earned Interest Income	13	15	28
Interest Income received from Participating Organizations	-	20	20
Refunds by Administrative Agent (Interest/Others)	-	-	-
Other Revenues	-	-	-
Total: Sources Of Funds	5,594	4,390	9,984
Uses Of Funds			
Transfers to Participating Organizations	5,435	4,401	9,837
Refunds received from Participating Organizations	-	-	-
Net Funded Amount to Participating Organizations	5,435	4,401	9,837
Administrative Agent Fees	56	44	99
Direct Costs:(Steering Committee, Secretariat...etc)	-	-	-
Bank Charges	-	-	-
Other Expenditures	-	-	-
Total: Uses of Funds	5,491	4,445	9,936
Balance of Funds Available with Administrative Agent	103	(55)	47
Net Funded Amount to Participating Organizations	5,435	4,401	9,837
Participating Organizations' Expenditure	3,927	2,663	6,590
Balance of Funds with Participating Organizations	1,508	1,738	3,246

2. Donor Deposits

The total amount of money received from DFID as of 31 December 2010 was US\$9.94 million, out of which US\$4.36 were received in the period from 01 January 2010 to 31 December 2010.

Table 2 : Donor Contributions

For the period ending 31 December 2010 Amounts in US\$ Thousands)

Donors	31 Dec 2009	Jan-Dec 2010	TOTAL	Prior Years as
DEPARTMENT FOR INT'L DEVELOPME	5,581	4,355	9,936	
TOTAL	5,581	4,355	9,936	

3. Transfer of Funds

All contributions received through the pass-through mechanisms are apportioned to the JP Participating Organizations according to the allocations approved by the Steering Committee and based on each Participating Organization's budget as drawn from the approved annual joint work plan. In 2010, USD 4.40 million have been transferred by the MDTF Office to Participating Organizations. For the 2010 period, detailed figures are available in Table 3 below.

Table 3: Transfer of Net Funded Amount by Participating Organization

For the period ending 31 December 2010 Amounts in US\$ Thousands)

Participating Organization	Prior Years as of 31 Dec 2009		Current Year Jan-Dec 2010		TOTAL	
	Approved Amount	Net Funded Amount	Approved Amount	Net Funded Amount	Approved Amount	Net Funded Amount
FAO	505	505	170	170	675	675
ILO	-	-	100	100	100	100
IOM	171	171	120	120	291	291
UNAIDS	1,311	1,311	1,096	1,096	2,407	2,407
UNDP	64	64	340	340	404	404
UNESCO	-	-	100	100	100	100
UNFPA	1,145	1,145	410	410	1,555	1,555
UNICEF	847	847	790	790	1,637	1,637
UNODC	534	534	440	440	974	974
UNWOMEN	-	-	70	70	70	70
WFP	224	224	100	100	324	324
WHO	635	635	665	665	1,300	1,300
T O T A L	5,435	5,435	4,401	4,401	9,837	9,837

4. Delivery

Out of the total amount of US\$9.84 million transferred to Participating Organizations for the years 2009 and 2010, US\$3.93 million were spent by 31 December 2009 (39.9%). Another US\$2.66 million (27.1%) was spent in year 2010. The delivery rate over 2009 and 2010 reporting period reached 67% by the end of 2010. The Table 4 below reflects cumulative financial delivery rate of the Joint Programme.

Table 4: Financial Delivery Rates

For the period ending 31 December 2010 Amounts in US\$ Thousands)

Country/Sector	Approved Amount	Net Funded Amount	Expenditure		TOTAL	Delivery Rate (%)
			Prior Years as of 31 Dec 2009	Current Year Jan-Dec 2010		
Kenya JP Kenya HIV and AIDS	9,837	9,837	3,927	2,663	6,590	67.00
Kenya Total	9,837	9,837	3,927	2,663	6,590	67.00
T O T A L	9,837	9,837	3,927	2,663	6,590	67.00

5. Expenditure

Certified expenditure was submitted by the headquarters of each Participating Organizations through the MDTF Office, which has analyzed and summarized them.

Table 5.1 reflects expenditure as categorized in the UNDG approved six-category expenditure format. The highest percentage of expenditure was on Contracts (49.3%). Second highest expenditure was on Personnel (28.5%), and third on “Supplies, Commodities, Equipment and Transport” (11.,3%). Training of Counterparts amounted to 7.23% while Other Direct Costs represented 3.7% of total expenditure. The total indirect costs were at 7,3% of total expenditure.

Table 5.1: Expenditure by Category

For the period ending 31 December 2010 Amounts in US\$ Thousands)

Category	Expenditure			TOTAL	Percentage of Total Programme Cost
	Prior Years of 31 Dec	as 2009	Current Year Jan-Dec 2010		
Supplies,Commodities, Equipment and Transport	563		128	691	11.25
Personnel	1,174		578	1,752	28.54
Training of Counterparts	52		391	444	7.23
Contracts	1,759		1,268	3,027	49.31
Other Direct Costs	147		79	226	3.68
Programme Costs Total	3,695		2,445	6,140	100.00
Indirect Support Costs	232		218	451	7.34
T O T A L	3,927		2,663	6,590	

A summary of the reported expenditure is reflected in Table 5.2.

Table 5.2: Financial Delivery Rates by Participating Organization

For the period ending 31 December 2010 Amounts in US\$ Thousands)

Sector / Project No. and Project Title	Participating Organization	Total Approved Amount*	Net Funded Amount	TOTAL Expenditure	Delivery Rate (%)
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JP Kenya HIV and AIDS

00067646	JP	KEN	Support for HIV/AIDS	FAO	675	675	469	69.47
00067646	JP	KEN	Support for HIV/AIDS	ILO	100	100	-	0.00
00067646	JP	KEN	Support for HIV/AIDS	IOM	291	291	96	33.08
00067646	JP	KEN	Support for HIV/AIDS	UNAIDS	2,407	2,407	1,299	53.95
00067646	JP	KEN	Support for HIV/AIDS	UNODC	974	974	601	61.74
00067646	JP	KEN	Support for HIV/AIDS	UNESCO	100	100	16	15.59
00067646	JP	KEN	Support for HIV/AIDS	UNFPA	1,555	1,555	1,169	75.20
00067646	JP	KEN	Support for HIV/AIDS	UNICEF	1,637	1,637	892	54.51
00067646	JP	KEN	Support for HIV/AIDS	UNWOMEN	70	70	5	6.54
00067646	JP	KEN	Support for HIV/AIDS	WFP	324	324	240	74.21
00067646	JP	KEN	Support for HIV/AIDS	WHO	1,300	1,300	1,721	132.36 ²
00067646	JP	KEN	Support for HIV/AIDS	UNDP	404	404	83	20.47
JP Kenya HIV and AIDS Total					9,837	9,837	6,590	67.00
T	O	T	A	L	9,837	9,837	6,590	67.00

² WHO had queried over the expenditure reflected in UNEX in 2009.

In terms of Indirect Costs reported by **Participating Organizations**, WFP spent the most at 9,67% followed by WHO at 8,94% of the total programme costs.

Table 5.3: Expenditure by Participating Organization, with breakdown by category, cumulative

For the period ending 31 December 2010 Amounts in US\$ Thousands)

Participating Organization	T O T A L		E x p e n d i t u r e b y C a t e g o r y								Total Programme Cost	Indirect Support Costs	% of Total Programme Costs
	Approved Amount	Net Funded Amount	Expenditure	Supplies Commodities Equipment & Transport	Personnel	Training of Counterparts	Contracts	Other Direct Costs					
FAO	675	675	469	41	83	199	106	9	438	31	7.00		
ILO	100	100	-	-	-	-	-	-	-	-	0.00		
IOM	291	291	96	5	40	-	34	11	90	6	7.00		
UNAIDS	2,407	2,407	1,299	-	630	22	574	-	1,227	72	5.85		
UNDP	404	404	83	-	82	-	4	(3)	83	(0)	-0.05		
UNESCO	100	100	16	4	11	-	-	-	15	1	7.00		
UNFPA	1,555	1,555	1,169	506	207	155	68	157	1,093	76	7.00		
UNICEF	1,637	1,637	892	54	87	-	691	2	834	58	7.00		
UNODC	974	974	601	14	154	57	313	23	562	39	7.00		
UNWOMEN	70	70	5	-	-	-	-	-	-	5	0.00		
WFP	324	324	240	67	88	5	34	26	219	21	9.67		
WHO	1,300	1,300	1,721	1	370	5	1,202	1	1,579	141	8.94		
TOTAL	9,837	9,837	6,590	691	1,752	444	3,027	226	6,140	451	7.34		

6. Interest

The Administrative Agent received interest equal to US\$28,000 as of 31 December 2010.

Table 6: Received Interest at the Fund and Agency Level

For the period ending 31 December 2010 Amounts in US\$ Thousands)

Administrative Agent	Prior Years as of 31 Dec 2009	Current Year Jan-Dec 2010	TOTAL
Fund Earned Interest	13	15	28
Total - Fund Earned Interest Income	13	15	28

7. Accountability and transparency

In 2010, the MDTF Office officially launched the MDTF Office GATEWAY (<http://mdtf.undp.org>). It is a knowledge platform providing real-time data from the MDTF Office accounting system, with a maximum of two-hour delay, on financial information on donor contributions, programme budgets and transfers to Participating Organizations. It is designed to provide transparent, accountable fund-management services to the United Nations system to enhance its coherence, effectiveness and efficiency. Each MDTF and JP administered by the MDTF Office has its own website on the GATEWAY with extensive narrative and financial information on the MDTF/JP including on its strategic framework, governance arrangements, eligibility and allocation criteria. Annual financial and narrative progress reports and quarterly/semi-annual updates on the results being achieved are also available. In addition, each programme has a Factsheet with specific facts, figures and updates on that programme.

The GATEWAY provides easy access to more than 5,000 reports and documents on MDTFs/JPs and individual programmes, with tools and tables displaying related financial data. By enabling users in the field with easy access to upload progress reports and related documents also facilitates knowledge sharing and management among UN agencies. The MDTF Office GATEWAY is already being recognized as a 'standard setter' by peers and partners.