



JOINT PROGRAMME OF SUPPORT ON AIDS IN UGANDA

2010 ANNUAL REPORT

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THE JOINT UN PROGRAMME OF SUPPORT ON AIDS IN UGANDA

ANNUAL PROGRAMME PROGRESS REPORT

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Programme Title & Number <ul style="list-style-type: none">Programme Title: Joint UN Programme of Support on AIDS in UgandaProgramme Number (<i>if applicable</i>)MDTF Office Atlas Number: 0071635	Country, Locality(s), Thematic Area(s) <p>Country: Uganda Locality: Kampala Thematic areas: HIV/AIDS Mainstreaming and Human Rights; HIV Prevention; M&E, Strategic Information and Surveillance; Care, Treatment and Social Support</p>
Participating Organization(s) <p>UNDP, UNODC, WHO, WFP, FAO, UNICEF, UNFPA, UNHCR, UNOHCHR UNESCO, UNAIDS Secretariat, UN Women, IOM and ILO.</p>	Implementing Partners <p>Government of Uganda (especially line ministries¹), Uganda AIDS Commission, Uganda Human Rights Commission, Cultural institutions, PEPFAR partners, selected CSOs, and Selected Private Sector entities.</p>
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¹ These, among others, included: Ministry of Health; Ministry of Gender, Labor and Social Development; and, Ministry of Finance, Planning and Economic Development, Ministry of Justice and Constitutional Affairs etc.

² The start date is the date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the MDTF Office GATEWAY (<http://mdtf.undp.org>).

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PART A: NARRATIVE REPORT

I. Purpose:

This is a report of the 2010 work plan of the Joint UN Programme of Support on AIDS (JUPSA) 2007-2012 in Uganda. It presents a synthesis of the Joint Programme (JP) performance in 2010, highlighting key programmatic achievements, challenges and lessons learnt in the efforts by the UN family in Uganda to 'Deliver as One' in support of the national AIDS response. The report also presents priority areas of focus for the 2011 work plan. The main JUPSA outcomes and outputs for 2010 are presented in Table 1 below.

Table 1: Planned JUPSA Country Program Outcomes and Outputs:

Outcome	Outputs summary
1: HIV and AIDS response is mainstreamed and sustained across government with improved planning, programming, budgeting, coordination, systems integration and a stronger policy and legislative environment (which is human rights based & gender sensitive).	<ul style="list-style-type: none"> Evidence of socio-economic impact of HIV and AIDS available for selected sectors to support effective policy formulation, annual programme planning and resource allocation Improved national and district capacity to plan, budget, implement and coordinate the AIDS response and manage multiple finance channels (including GFATM) Relevant Government institutions operationalise human rights based and gender responsive legislation and policies that address vulnerability to HIV and AIDS in line with relevant international standards Civil society organizations & networks of Persons Living with HIV (PLHIV) participating effectively in national HIV and AIDS response
2: Universal access to evidence based, quality assured HIV prevention services that lead to improved service uptake, sustained behavior change and a reduction in the number of new infections.	<ul style="list-style-type: none"> Prevention policies and action plans developed and implemented with better alignment of finance to priority areas BCC/IEC and life skills interventions are well coordinated, evidence informed and targeted at the national level Coordinated prevention programmes for Most at Risk Populations (MARPs) advocated for and developed Improved capacity for expansion and delivery of HIV prevention services in the health sector (e.g. comprehensive PMTCT, condoms, blood safety, STI) New strategies and innovation in prevention advocated for, adopted and rolled out (e.g., medical male circumcision, prevention with positives, discordance)
3: Quality of life of people infected and affected by HIV improved and their vulnerability reduced.	<ul style="list-style-type: none"> Capacity of Ministry of Health to develop key policies and guidelines for HIV care and treatment strengthened Capacity of health care teams to provide quality HIV care & treatment services strengthened in all hospitals & Health Centre IVs Capacity of health care workers from district hospitals, HC IV and HC IIIs to provide standard HCT services strengthened Procurement & supply chain management systems to provide timely delivery of medicines, condoms & supplies are coordinated & strengthened Nutritional support integrated into HIV and AIDS Programming Improved systems for monitoring and supporting the quality of life of OVCs and their families
4: Effective management of response to HIV/AIDS pandemic by all actors is being guided by generation and use of strategic information and a comprehensive system of results based measurement and surveillance.	<ul style="list-style-type: none"> A comprehensive performance measurement & management system for all interventions responding to the challenge of the AIDS epidemic is funded & operational at national & district levels Strategic Information generated & used by National & district authorities for strategic & operational planning of all interventions responding to the AIDS epidemic National systems for projections, estimations, surveillance and research are fully functional All UN Agencies are using harmonized planning, performance management & measurement, reporting & evaluation systems for HIV/AIDS

In line with the guidelines of the UN Global Task Team on improving AIDS coordination among multilateral institutions and international donors, and the Paris Declaration on aid effectiveness, the JUPSA was adopted in 2007. The 5-year JUPSA (i.e. 2007 - 2012) was developed to align to the priorities of the National HIV and AIDS Strategic Plan 2007/8-2011/12. The main objective of the JUPSA was to position the UN to be a more strategic partner in the acceleration of prevention, care and treatment and social support to attain sustainable universal access. The JP is the primary mechanism for achieving the former Uganda's UN Development Assistance Framework (UNDAF) 2006 - 2010³ Outcome 4 that aims at "Reduction of HIV incidence by 40% during the period of the NSP with a strategic focus on addressing the social, cultural and economic cause of vulnerability and better targeting of high risk groups". Also, the JUPSA is in tandem with the Unified Budget and Accountability Framework (UBAF) of UNAIDS that provides global guidance on HIV and AIDS priority areas of focus.

Participating agencies in the Joint programme include: The Food and Agriculture Organisation (FAO), International Labour Organisation (ILO), International Organization for Migration (IOM), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Programme (UNDP), Office of the High Commissioner for Human Rights (OHCHR), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN), United Nations Office on Drugs and Crime (UNODC), World Food Programme (WFP), World Health Organisation (WHO). The Participating UN Organizations selected UNDP/MDTF Office to act as Administrative Agent (AA) for the Joint Programme and use a pass-through funding modality.

II. Resources

Information on other funding resources available to the JP.

Most of the financial resources for UN support for HIV and AIDS in Uganda came from agency budgets via headquarters or their regional offices. Some agencies also mobilized funds locally through bilateral development partners at country level. Extra-budgetary resources have been mobilized from Irish Aid and managed through MDTF Office. Detailed financial resources for the JP are contained in the financial report.

Details on any budget revisions approved by the appropriate decision-making body, if applicable.

A no-cost budget extension was granted for the utilization of €1.2 million for the period September 2010 to August 2011.

Good practices and constraints in the mechanics of the financial process, times to get transfers, identification of potential bottlenecks, need for better coordination, etc.

Good practice

Managing extra-budgetary funding for JUPSA: Consensus on common priorities and lead agencies that inform transparent resource allocations, joint review of programmatic performance and enhanced mechanism for accountability and reporting

Constraints/opportunities

- There has been increased participation of the PUNOs in the planning, budgeting and review processes, and this to a certain extent had some delays in timely release of funds. However following the orientation of

³ To align the UN's actions with the national priorities as enshrined in the recently agreed National Development Plan (NDP) 2010/11 – 2014/15, a new UNDAF has been developed (i.e. UNDAF 2010 – 2014). In light of this new development, a new Joint Programme of Support on AIDS (2011 – 2014) in Uganda is being developed to align with the new UNAIDS Strategy 2011 – 2015, UNDAF, NDP, National HIV/AIDS Strategic Plan and, emerging national priorities.

members on the MDTF Office processes and reporting obligations this will improve timely release of funds, reporting and uploading of expenditure reports on the portal.

- Mid and annual review meetings have been instrumental in compiling, consolidating and harmonizing reports, hence addressing delays by PUNOs to submit their individual reports to the lead agency.

Human Resources

As of 31 December 2010, there were 71 staff involved in the implementation of the JUPSA. Details are as below:

- National Staff: 39 Programme Staff and 18 Operations Staff.
- International Staff: 14 Programme Staff.

III. Implementation and Monitoring Arrangements:

a. Summary of the implementation mechanisms primarily utilized and how they are adapted to achieve maximum impact given the operating context.

The Uganda JUPSA is structured under five thematic areas, each with a Convening agency having the mandate and comparative advantage in the said area, and participation of other relevant UN agencies according to their respective mandates. Table 2 presents the distribution of participation by UN agencies and government partners in the different thematic areas.

Table 2: Participating UN agencies and government partners in different thematic areas

Thematic area	Convenor	Participating UN agencies	Government partner agencies
Mainstreaming and Rights	UNDP	UNDP, UNAIDS, UN Women, UNFPA, UNICEF, UNOHCHR, UNESCO, ILO	MFPEP, MoGLSD, MoH, Public Service, MoLG, MoA, MoE, UAC, UHRC
Multi-sector HIV Prevention & Education	UNFPA	UNFPA, UNDP, UNAIDS, WHO, UNESCO, UNICEF, UNHCR, UNODC	MoH, MoGLSD, UAC, MoE, MoW&T
Treatment & Care	WHO	WHO, UNICEF, UNFPA, UNHCR, IOM, WFP	MoGLSD, UAC, MoH
Social Support	UNICEF	UNICEF, ILO, FAO, WFP	MoGLSD, UAC, MoH
M&E, Surveillance & Strategic Information	UNAIDS	UNAIDS, UNICEF, WHO, IOM	UAC, UBOS, MOH, MFPEP

The conveners are the chairs of Thematic Working Groups (TWGs) for each area. Each TWG sets priorities and ensures the development and implementation of their respective component of the JP. In 2010, the conveners group performed the roles of program Core Management Group which include: identification of priorities for UN action on the AIDS response in future years and key gaps in the national response that are relevant to the UN system. Secondly, they are responsible for consolidation of inputs from TWGs and development of the JUPSA annual rolling work plan and budget.

Most participating agencies implement through national partners. The TWGs provide an avenue for monitoring performance on agreed annual results by each lead agency. Mid-year and annual reports of TWGs are compiled, discussed by the Joint Team and consolidated into Joint Programme reports. The TWG and Joint Team mechanism

also serves as knowledge hub providing technical support to participating agencies in implementation working with national partners.^b Details on the procurement procedures utilized and explain variances in standard procedures.

UNDP central procurement system (as stipulated in the Programme and Operations Policies and Procedures (POPP)) was used by UNAIDS, UNFPA, UNDP, and UNOCHR. The other PUNOs utilized own procurement systems.

On the other hand, national partners who are selected as implementing partners utilized their own procurement procedures that are verified through national audits.

c. Details on the monitoring system(s) that are being used and how you identify and incorporate lessons learned into the ongoing project.

Monitoring was based on the 5-year Country Output indicators, to annually track progress on results expected to lead to the Joint Programme outcomes. In addition, specific outputs for activities agreed in the annual work plans were identified, and targets were agreed upon and tracked. In quarterly TWG meetings, the progress was reviewed in line with the work plan targets. Mid-year and annual reviews of progress were done, as key accountability mechanisms for the individual agencies and the Joint Team as a whole. The program monitoring matrix was completed at 6 months and end-of-year reviews, showing progress in implementation, shortfalls in implementation and reasons for these. Arising from these, planned/suggested priorities for the next period were elaborated.

Also, agency specific M&E systems were utilized to continually assess implementation progress vis-à-vis the JP outputs (for which the agency is responsible).

d. Any assessments, evaluations or studies undertaken.

A mid-term review of the 2007-2012 programme was conducted to inform alignment of the JP to the current NDP, the new UNDAF and the emerging national and global priorities⁴.

IV. Results:

Summary of programme progress in relation to planned outcomes and outputs; explain any variance in achieved versus planned outputs during the reporting period.

This section presents the JUPSA implementation achievements, discussed against the planned activities and targets for 2010. It then articulates the challenges experienced and lessons learnt in 2010 in implementing the joint programme. It ends with a discussion of JUPSA elements that are suggested as priorities for 2011 implementation. The matrix in Annex 1 presents a summary of the achievements against all planned activities for 2010.

Key programme achievements in 2010

The key program achievements for 2010 were:

1. Unblocking the Global Fund round 7 resources, and supporting the development and submission of the country proposal for round 10. As a result, Global Fund Round 10 country proposal on HIV/TB/Malaria submitted on time.
2. Mobilization of resources for the AIDS response – NASA (\$ 600,000); JAR/NSP-MTR (\$500,000); JUPSA (IrishAid €1.2 million, and DFID £ 3.72 million⁵).
3. A rapid assessment of HIV/AIDS resource tracking mechanisms was supported, as an initial step in the National AIDS Spending Assessment (NASA) implementation process.
4. Mid-term review of JUPSA and development of the second generation JUPSA 2011-2014

⁴ Whereas the current JP is scheduled to end in 2012, a new JP is being developed so as to align UN support on AIDS in Uganda with the new NDP (2010-2014) and the new UNDAF (2010-2014).

⁵ The £ 3.72 million mobilized from DFID in 2010 is to be utilized under the JUPSA for the period 2011 to 2014.

5. Supported national responses generate strategic information and comply with international commitments. Specifically, the UN supported the elaboration and publication of the UNGASS 2010 Report; Universal Access Report 2009; MDG Report 2009; and Annual Sentinel Surveillance Reports.
6. Development of the National Strategic Programme Plan of Intervention (NSPPI) for Orphans and Other Vulnerable Children, roll out of an OVC Management Information System, and the operationalization of the OVC National Implementation Unit.
7. Contributed to expanded access to specific services: PMTCT uptake increased from 53% to 66%.
8. Stakeholder agreed National HIV Prevention Policy Guideline in place.
9. Draft National HIV Prevention Strategy developed.
10. Safe Male Circumcision (SMC) policy and communication strategy approved and launched.
11. Draft Action Plan on HIV and AIDS in sex work settings developed
12. National RH/HIV linkages and integration strategy presented to Ministry of Health top management for approval
13. National PMTCT Scale-up Plan endorsed by Ministry of Health
14. National PMTCT Communication Strategy reviewed
15. The health sector HIV/AIDS Strategy reviewed
16. National Health Policy II and Health Sector Strategic Plan III reviewed
17. Declaration of commitment on HIV, maternal health and GBV by cultural leader in the country in place

There is significant progress in implementation in all activities funded through core agency resources and pooled extra budget resources. There are however funding gaps leading to limited action on some agreed priority activities. On the other hand, inadequate human resources in some agencies constrain progress on agreed and funded activities. Details are presented below under each TWG.

a. Mainstreaming and Human Rights:

The focus of JUPSA support in 2010 under this theme was to contribute to a mainstreamed and sustained AIDS response across government sectors and levels of decentralized operation, through improved planning, coordination and resource management. It also aimed to strengthen the policy and legislative environment, which is human rights based and gender sensitive. Three broad categories of activities were planned and implemented to achieve this: a) multi-sectoral activities at national level; b) activities supporting the decentralized multi-sectoral response through the local government system; and c) activities to strengthen sector-specific and guided action across selected government sectors. Key achievements are summarized below:

Multi-sectoral activities at national level: The UN continued to support the UAC and Ministry of Finance, Planning and Economic Development (MoFPED) in their efforts for tracking how HIV resources are utilized. A rapid assessment of HIV/AIDS resource tracking mechanisms was supported, as an initial step in the National AIDS Spending Assessment (NASA) implementation process. This informed the design of the NASA implementation roadmap, mobilization of resources for its implementation and the launch the actual NASA.

Resources were mobilized to fund the Joint AIDS Annual Review (JAR) and NSP review. The concept note and Terms of Reference (TOR) for these processes were developed, and approved for implementation. The JAR/NSP Review process was officially launched.

In addition, the UN continued to play its brokering role between UAC and the Partnership Committee and the donors on issues surrounding the outcome of the Forensic Audit of the Partnership Fund. The audit report was presented and discussed by the relevant government bodies and UAC board, and responsive action was initiated focused on refining the institutional architecture at UAC for coordination of the national HIV response. JUPSA successfully brokered dialogue on unblocking Global Fund for HIV/AIDS, TB and Malaria (GFATM) resources to the Uganda AIDS response. Technical Assistance (TA) was provided to MOH for setting up the Focal Coordination Office (FCO) for GFATM round 7 funding, including oversight for funding to Civil Society and support to clarify roles and TA needs

of The AIDS Support Organization (TASO) as the Principal Recipient (PR) for CSO funds. Further support was provided for the timely preparation and submission of the GFATM round 10 country proposal.

A consultative process led by the MoGLSD and involving the workers' and employers' organizations was supported to develop a National Action Plan for the (i) HIV/AIDS workplace policy and for the (ii) elimination of the HIV/AIDS induced child labour policy. The NAP is one of the tools that will strengthen the capacity of government sectors to systematically deliver the respective priorities as outlined in the respective NAPs. This has been omitted among the progress achieved during the year as one of those achievements of support to GoU.

The UN provided financial and technical support for UAC and relevant Self Coordinating Entities (SCEs) to mobilize and host national dialogue forums for political, religious and traditional/cultural leaders, to generate commitment to a revitalized national HIV/AIDS response. Documented commitments were made by participating Members of Parliament (MPs), Heads of Religious Coordinating Bodies (RCBs), and recognized Kings and Cultural Leaders, to renewed leadership and support to action through their respective constituencies.

In addition, the UN provided technical and financial support to a) OAFLA to undertake advocacy on elimination of MTCT of HIV at the AU Summit held in Kampala, Uganda; b) National Forum for Persons Living with HIV and AIDS (NAFOPHANU) to finalize the national strategic plan for PHA contribution into the national response; and c) The Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL) Uganda Chapter to finalize a strategic plan and resource mobilization strategy for greater involvement of cities and municipalities to the decentralized HIV response. This support mobilized and strengthened the contribution of critical stakeholders in different aspects of the national AIDS response.

The rights-based and gender responsive elements in the national response were strengthened through: a) training staff at Uganda Human Rights Commission (UHRC) to enhance monitoring of human rights complaints related to HIV/AIDS issues; b) Consultations with Parliament, civil society and the media as well as local government leaders and community representatives – on the HIV Prevention and Control Bill and its human rights implications; and c) support to country missions to define UN support to gender vulnerabilities as they relate to HIV. Support was provided to implementation of the action framework on women, girls, gender equality and HIV through the civil society.

Decentralized multi-sectoral activities: In addition to the work through city and municipal authorities (through AMICAALL Uganda) and the regional fora with local government leaders discussed above, the UN supported mainstreaming of child labour concerns into the Local Government Development Plans of 3 districts (i.e. Rakai, Mbale and Wakiso districts). Training on household income generation and economic security was supported for families affected by AIDS-induced child labour in the same districts.

Guided action in specific sectors: Technical assistance and financial support was provided to the health sector to ensure meaningful articulation of HIV and AIDS issues in development of Health Sector Strategic and Investment Plan (HSSIP). Further support was provided to MoH to develop a strategic plan and M&E framework for the AIDS Control Program (ACP). An additional 4 line ministries (Gender, Labor and Social development; Works and Transport; Agriculture; and Local Government) were supported to access the ASAP/WB training on strategic planning for HIV/AIDS.

b. Multi-sectoral HIV prevention and education:

Multi-sectoral HIV prevention and education activities supported by the UN in 2010 were aimed at contributing to increased access to evidence-based and quality assured HIV prevention, to improve service uptake, sustained behavior change and reduction of new HIV infections. Five output areas were supported, including: a) prevention policies and action plans developed and implemented with better alignment of finance to priorities; b) BCC/IEC and life skills interventions are well coordinated nationally, evidence based and targeted; c) National prevention programmes for Most at Risk populations (MARPS) and vulnerable groups advocated for and developed; d) Improved capacity for

expansion and delivery of HIV Prevention Services in the health sector; and e) New strategies and innovation in prevention advocated for, adopted and rolled out. Key achievements under each output area are presented below.

Prevention policies and action plans: To enhance efficiency and effectiveness from investments into HIV prevention, UAC was supported to coordinate systematic review and re-alignment of the national HIV prevention strategy, in line with established evidence of the changing nature of drivers and concentration of new HIV infections. The UN provided technical assistance to 9 line ministries to develop operational plans for HIV prevention aligned to the re-aligned national strategy for HIV prevention. The plans will be instrumental in revitalizing HIV prevention leadership, and in realigning interventions to existing evidence. The sectors prioritized include: Ministries for Health, Education and Sports, Works and Transport, Defense, Gender, Labor and Social Development, Internal Affairs (Police and Prisons), Agriculture, Local Government and Public Service. In an effort to increase capacity of sectors to plan and mainstream HIV prevention priorities in sector strategic plans, the UN facilitated participation of 4 line ministries (Gender, Labor and Social development; Works and Transport; Agriculture; and Local Government) in the ASAP/WB training on strategic planning for HIV/AIDS.

The UN supported UAC to revive the HIV National Prevention Committee, with a revised composition of members and new terms of reference. Technical and financial support was provided for the establishment and initial deployment of a 'Prevention Coordinator' position at the UAC, and institutionalization of this position as part of the UAC structure. The joint program further expanded capacity within the UN (human and financial resources) dedicated to supporting prevention interventions. For example, the establishment of an HIV/AIDS coordination office for UNESCO in the country added capacity to JUPSA implementation. The UN also supported the review and update of the HCT policy and implementation guidelines to provide harmonized support to implementing partners in HCT implementation.

BCC/IEC and life skills interventions: A new multi-sectoral and competent committee on IEC/BCC was appointed under the Uganda AIDS Commission and fully functional in 2010, chaired by Ministry of Health. Support was provided for development and approval of national communication guidelines on HIV and AIDS.

Prevention programmes for Most at Risk Populations (MARPS): The UN supported finalization of the mapping study on MARPS hot spot areas along the Kampala-Juba road. The report provides strategic information on prevention and service delivery issues for truck drivers and sex workers along the route.

Financial and technical supported was provided to generate further evidence on selected MARPs (Sex Workers, Police and Prisons) to inform advocacy, programming and prevention efforts. As a result, communication strategies and plans were developed targeting Sex Workers, Uniformed forces and the Transport community. This contributed to increased focus on MARPs in HIV programming; increased coordination between sectors & CSOs on MARPs; and increased resources, expanded capacity building and service delivery.

Expansion of integrated and comprehensive HIV prevention services: The UN continued to support government to develop evidence based guidance for supporting integrated service delivery. Building on the findings of a rapid assessment of SRH and HIV/AIDS linkages and integration conducted end of 2009, the MoH was supported to finalize development of the National RH/HIV/AIDS linkages and integration strategy and operational plan. The strategy was completed and used in advocacy and action planning to address programming barriers and service integration gaps. Processes for development of tools and protocols to support integrated service delivery were initiated, and rolled-over to support integration of PMTCT into maternal, neonatal and child health care.

The UN supported a national joint review on PMTCT and Paediatric AIDS Care, which informed development of a national PMTCT scale up future plan. It resulted in inclusion of Uganda in a Phase 2 UNITAID project, which has provided USD 11 million worth of two years' PMTCT supplies; thus alleviating the frequent stock out of PMTCT supplies. Long-term technical expansion of PMTCT service delivery to 23 supported hard-to-reach districts; strengthened provision of quality service in 20 PMTCT sites in five districts; and making PMTCT among the top priorities in the GFATM proposal for round 10.

Adoption of new strategies and innovations in HIV prevention: The UN support to country's efforts in rolling out the Safe Male Circumcision (SMC) focused on: finalization and launch of the SMC Policy; development and roll out

of an SMC communication strategy; and development of the SMC Decision Makers Policy and Planning Tool (DMPPT). The DMPPT, developed through MoH in partnership with the Makerere University School of Public Health, will guide decisions around the roll out of male circumcision and the related investments needed for service scale up. In addition the UN actively participated in the national SMC task force and supported the development of a rapid scale up plan for district and regional engagement. The UN further supported initial actions in areas of Prevention With Positives (PWP) and programming for HIV among couples

c. Treatment and care

To achieve the UNDAF outcome on improved quality of life and reduced vulnerability of people infected and affected through provision of HIV treatment, care and support; the joint program worked through two thematic groups, one on HIV/AIDS treatment and care; and the other on social support. The treatment and care group focused on 3 country outputs and 9 results; progress against which is discussed below.

Policies and guidelines for HIV care and treatment: The UN supported MoH to update the Infant and Young Child feeding guidelines, which were disseminated in 23 districts (approximately 25% national coverage). Support was further provided for the revision of the ART guidelines with regard paediatric care; the review and dissemination of the child counseling and testing guidelines; the development of NCD screening guidelines; and update of the district managers training course on HIV.

This support assures increased competences in delivery of PMTCT services among public health workers and will further ensure better and quality provision of PMTCT services that will potentially have a bearing on increased access to PMTCT services, especially among the target districts.

Building capacity for HIV and AIDS service delivery: The UN provided TA and financial resources to assist MOH to build capacity for Health workers in HIV care and treatment in old and new sites, including paediatric and palliative care. The support included training of trainers (TOT) on IMAI and TB-HIV (reaching a total of 160); and training of 90 Health Workers (HW) in provision of adult, adolescents and paediatric care services.

Further support was provided to MoH and Baylor-Uganda to develop a regional centre of excellence at Kilembe Hospital; and upgrading of the centre in Kitgum Hospital. Training was supported for Principal Tutors of Nursing Schools and Medical Clinical Officers' Schools on integrating paediatric and adolescent HIV/AIDS into pre-service curricula; and 50 sets of training materials were provided for each school.

With a view to support district scale up of Early Infant Diagnosis (IED), the UN supported a Trainer of Trainers (TOT) workshop 40 people. The UN also collaborated with partners to support MoH in the mentoring and supervision of HWs for quality ART that include TB/HIV supervision of HW.

Procurement and supply chain management systems: UN support towards strengthening the procurement and supply chain management systems in order to deliver timely medicines, condoms and supplies in a coordinated manner included: support to the development of female condom scale up plan (work in progress); conducting a mapping exercise in 15 districts on condom promotion, procurement of reproductive health commodities including 60 million male condoms and 600,000 female condoms and Technical Assistance (let us explain/describe the TA) to support the Ministry in its coordination on PSM efforts. The UN also supported the capacity building for effective management of HIV/AIDS medicines and logistics in 45 districts and a trainer of Trainer workshop on laboratory quality assurance. A Cohort event monitoring report (Cohort Analysis Report) for ART clients is available as part of the quarterly ART report and work to prepare annual HIV medicines, logistics and supplies quantifications was supported.

d. Social support

The social support thematic group focused on three UNDAF outputs: Nutritional support integrated into HIV and AIDS programming; improved systems for monitoring and supporting the quality of life of OVC and their families; and established system for mitigating the impact of HIV and AIDS on Food Security and Livelihoods.

A draft strategy and M&E framework were completed by the end of 2010 that incorporated a revision of the OVC national and service level indicators and development of data collection tools to accommodate more child protection indicators. The UN further supported the operationalization of the OVC National Implementation Unit at MGLSD, that have helped to strengthen OVC coordination committees at the local government's level. Ultimately, the MoGLSD will be able to monitor and evaluate the extent of OVC support and provide guidance to the respective district plans on OVC implementation.

In addition UN supported production and dissemination of the report on the "Analysis of the induced HIV/AIDS child labor problem in Uganda" that informed the development of the National Policy and Action Plan to eliminate child labor in Uganda. These policy and planning frameworks were further translated into popular versions of the child labor policy. The support further included conducting district level planning workshops on child labor; and training of families affected by HIV/AIDS-induced child labor on income generating activities in Mbale, Wakiso and Rakia districts.

Under the Social Support thematic area, the Ministry of Agriculture Animal Industry and Fisheries developed recommendations based on the study on assessing the interaction between HIV and AIDS and Agriculture livelihood. The study resulted into the development of a resource training manual for agricultural extension services. A national and four regional workshops were conducted for Agricultural planners in Uganda to conceptualize and analyze the relationship between HIV & AIDS and Food Security.

Other accomplishments included the development of guidance note on informing Agricultural plan extensions workers on adopting and implementing the Farmer Field & Life School methodology, that take cognizance of households affected by HIV and AIDS. The guidelines, through the Training of trainer in FFLS have been applied them in selected Local government extension staff and CSOs in 18 Districts; and helped to establish 100 FFLS in 4 Districts as pilot interventions to inform and incorporate households affected by HIV/AIDS into farmer field school approaches.

e. Monitoring, evaluation and strategic information

The UN provided technical and financial support towards the development and production of the 2010 United Nations General Assembly Special Session (UNGASS) Country Progress Report, and the Universal Access Report for 2009. The reports, CDs and wall charts on the respective reports have been published and widely disseminated for future planning and programming.

Further support was extended to MoH for the development of the annual ANC surveillance reports, update and adoption of the second generation HIV surveillance guidelines. Other support contributed to the compilation and dissemination of 2010 STI surveillance report. This led to the integration of bio-behavioral surveillance survey for truckers along hot-spots transport corridors in Uganda.

The UN provided financial support and technical support towards the HMIS TWG retreat. The support to review of HMIS tools was aimed at facilitating the MoH Resource Centre to capture more HIV/AIDS indicators and improve HIV data management. The HMIS data collection tools have been reviewed. The UN further supported the development and roll-out of community and home-based care information system-including guidelines development; updating of training materials and training of TOTs.

A mid-term evaluation of the Uganda JUPSA was conducted in 2010, to inform the development of the second generation JUPSA 2011-2014. The Joint UN Team, in a collaborative support arrangement with the Ministry of Local

government, Uganda AIDS Commission and Management Sciences for Health/STAR-E LQAS, are piloting the establishment of two district HIV/AIDS M&E centers of excellence in Kasese and Kiruhura to demonstrate a functional M&E system for learning and replication to other districts.

Explain, if relevant, delays in programme implementation, the nature of the constraints, actions taken to mitigate future delays and lessons learned in the process.

Mainstreaming and Rights

- The ongoing forensic audit of the partnership fund of UAC has stalled the work of the Commission hence priorities related to coordinating the national responses were also affected. However the UN continued providing - Technical Assistance to the Commission.
- There is limited capacity for linkages between gender and HIV within government ministries, the civil society and UN.
- In relation to the HIV Prevention and control Bill, CSO's have selective interpretation of some clauses in the bill which hampered the ability of CSO's to speak collectively as one on the bill especially in regard to the four contentious areas (mandatory testing, disclosure of HIV results, partner notification and consent to testing). In most discussions, the Regional Bill is considered as a basis for reviewing the proposed national bill, yet once it's passed and adopted, it will take precedence over the nation HIV/AIDS Law.

Due to limited funding in some of the implementing UN agencies, key planned activities that were not implemented include:

- Support to Public service, Agriculture and Local government sectors to produce/review their sector investment plan and HIV strategic action plans; and to Internal Affairs and Defence to develop HIV Strategic Plans.
- Strengthening the institutional capacity of Government, Employers and Workers Organisations to sustainably mainstream and coordinate HIV/AIDS workplace responses in selected public and private sectors (Gender, Labour and Social Development; Education and sports; Health; and Internal Affairs).
- Support effective functioning of the Civil Society Fund (CSF) mechanisms and processes.
- Support to implementation of CSF review recommendation to ensure alignment of support to national system and new evidence; and to enhance efficient and sustained access to funding for effective CSOs.
- Review existing support to decentralized response with a view for alignment and coordination for better service delivery; and support to integration and mainstreaming of HIV and AIDS priorities into district development plans.
- Ensuring that the UN Cares program operates effectively through: Validation and dissemination of the Work Place Programme (WPP) baseline assessment report; Developing and mobilizing resources for the HIV in the UN workplace strategy; Supporting UN agencies to implement the 10 minimum standards; and Supporting establishment of UN Plus.
- Support integration of HIV/AIDS into GBV national planning and coordination instruments including the GBV strategy and Referral Pathways; and development of HIV/AIDS guidance for stakeholders involved in community management of sexual violence victims (beyond/before the health facility).

Multisectoral prevention and education

- The 2009 forensic audit at Uganda AIDS Commission, the lead national partner on HIV prevention, resulted in near paralysis around all activities implemented through UAC. UAC also experienced technical capacity challenges effectively coordinate prevention activities despite continued UN support in the reporting period
- UAC leadership role in HIV prevention generally and HIV/AIDS communication specifically has not been fully discussed by stakeholder to allow for shared perspectives
- Most key sectors also experienced technical capacity gaps in prevention and HIV mainstreaming which hampered strategic planning and support to implementing organizations

- The adaptation of the new WHO guideline for PMTCT will require revision of a number of tools, which had not yet been planned for. The need to review the PMTCT scale-up plan to incorporate virtual elimination targeting increased global advocacy for PMTCT leading to focus on comprehensive PMTCT and integration with RH/MCNH
- Implementation through government agencies at national and district level is challenged with delays due to bureaucratic procedures especially for procurement procedures which impacts on financial absorption capacity

Key implementation gaps (in as far as planned activities in 2010) due to limited funding in some of the implementing UN agencies includes:

- Support finalization, printing and dissemination of the Draft HIV Prevention Policy Guidelines.
- Conduct capacity assessment for HIV prevention of key sectors (public, CS, private) health, defence, gender, education, agriculture, internal affairs (prisons/police), public service, local government, and transport.
- Support review and integration of HIV and sexuality education into secondary school curriculum.
- Support development of a common communication framework on positive health dignity and prevention (PHDP) and production of standardized materials.
- For PMTCT, design a model to ensure Continuum of care and linkage from Prong 1- Prong 4 (designing, tools and M&E).
- Designing a rapid scale up to reach the PMTCT Universal Access targets.
- Provide technical and financial support to the MARPs Network to advocate for coordinated responses for targeted MARPS responses linked to relevant government sectors.
- Support the revision and printing of the National curriculum for Health Workers on Adolescent Health and Development Manual.
- Support the revision, printing and dissemination of Integrated STI/RH Policy, treatment guidelines and training materials.
- Support to structured scale up of SMC service delivery; including: development and dissemination of SMC standard operating procedures; Conducting training needs assessment and develop training materials; Supporting training of trainers in SMC and orientation of health workers; and supporting development of MMC monitoring tools.

Treatment and care

- Management of commodities (ARVs, condoms, test kits) remains a challenge.
- The high cost of printing means that facilities do not have adequate guidelines and standards to guide their work, in addition, dissemination of guidelines is limited to the centre.
- The process of adapting the new WHO guidelines on ART in adults and adolescent, infants and children and PMTCT and infant feeding; and their consolidation into one national document is taking very long and still requires a lot of technical and financial support.
- With increased access to ART and beginning early in life in all cases needing ART, there is a real threat for the development of HIV Drug Resistance. Yet, there is not enough national effort to scale up HIVDR surveillance and monitoring.
- Coordination, harmonization and standardization of HIV Testing and Counseling remains a challenge. Emerging issues- non communicable diseases not well understood and less prioritized.
- New National Medical Stores (NMS) policy may not be conducive for condoms distribution for civil society.

Due to limited funding in some of the implementing UN agencies, key planned activities that were not implemented include:

- Support development and dissemination of accreditation guidelines; and adapting the Operation manual for delivery of HIV prevention, care and treatment at primary health centres.

- Update the IMCI complementary course, including TB/HIV and the adolescent orientation manual.
- Support the update of TB/HIV policy guidelines.
- Support quarterly review meetings with TB/HIV zonal supervisors at national level; and with TB/HIV managers at regional level.
- Support HIV Drug Resistance prevention and monitoring and surveillance; and quality of care initiatives for all providers in the health sector.
- Support training of TOTs in NCD screening and management; and training of Health workers on integrating NCD screening and management in comprehensive HIV/AIDS care.
- Support MOH to conduct annual quantifications and forecasts for HIV/AIDS medicines and supplies.

Social support

Due to limited funding in some of the implementing UN agencies, key planned activities that were not implemented include:

- Developing and disseminating guidelines for mainstreaming HIV and AIDs in WFP programming
- Building capacities of local governments to integrate nutrition and AIDS in service delivery.
- Support rollout of OVC resource tracking system.
- Revise the advocacy and resource mobilization strategy including lobby meetings
- Harmonized national Referral Guidelines for OVC - OVC referral guidelines integrated into national health and social support systems.
- Develop data fact sheets to inform OVC advocacy interventions at national and local levels.
- Support MGLSD to hold Bi-annual Think Tank and coordination meetings on OVC concerns with National and local government level stakeholders.
- Document OVC community driven models, thematic assessments and promote large scale replication.

Monitoring and Evaluation

- Limited capacity with the UN and UAC for Monitoring and Evaluation means also work of the M&E agenda has slowed. There was limited work in rolling out the PMMP to districts and national sectors. The district M & E systems remain fragmented.
- There has been unprecedented delay in implementing the planned AIDS Indicator Survey. There has been endless back-and-forth discussions that have resulted in a delay of almost two years. It is now hoped that field work will begin in October and preliminary results about 9 – 12 months later.
- While the UNGASS, Universal Access and MDG reports were completed on time, the process was challenged by lack of current and update information and un-harmonized multiple data sources. It was also difficult to obtain information regarding funding.

Actions taken to mitigate future delays and lessons learned in the process.

In order to effectively mitigate future delays in implementation of activities, UNAIDS will ensure a process of implementing effective quarterly reviews of the proposed workplan in order to identify challenges and implement recommendations for improving implementation. If done effectively and consistently, it would go a long way to ensure that activities not implemented within the previous quarter will be clearly identified and addressed in the subsequent quarter.

The lessons learned from the previous process is the fact that all key stakeholders need to be effectively engaged, not only for planning and implementation, but also in the monitoring and evaluation component of the exercise. By so doing, collective and innovative solutions to implementation challenges would be identified and implemented.

List the key partnerships and collaborations, and explain how such relationships impact on the achievement of results.

There has been strengthened partnership with government of Uganda, CSOs (FBOs, Cultural Institutions, and other SCEs), AIDS Development Partners (ADPs) among UN agencies (in the spirit of delivering as one).

V. Future Work Plan

Mainstreaming and human rights

- Support UAC and the Ministry of Finance to implement the National AIDS Spending Assessment.
- Finalize commitment related to increase the capacities public services, Agriculture and Local government sectors to produce/review their sector investment plan and HIV strategic action plans.
- Support and facilitate the implementation of the outcomes and recommendations of high level advocacy processes. These include strengthening the capacity of MOGL and forums for Kings and cultural leaders to support cultural Institutions to respond to HIV especially prevention of HIV.
- Actively participate and provide technical assistance to the Office for the Presidency and the UAC to implement the institutional review of the Commission and support action planning to implement outcomes of the review (participate in the review, support recruitment of consultants, share lessons learned etc)
- Continue technical assistance to ensure effective utilization of GFTAM round 7, and efforts to utilize resources recovered from earlier grants. The UN will continue to support efforts aimed at unblocking bottlenecks to accessing remaining funds.
- Continue backstopping the UAC to undertake their key coordination and management priorities e.g. Support the Midterm review of the NSP Work directly with selected SCEs and key government sectors for HIV to hold fort as the commission work is ongoing.
- Gender and its link to HIV: increase the capacity of government and UN for inter-linkages for Gender and AIDS develop programmes/interventions for addressing HIV and links to HIV.

Multisectoral prevention and education

- Support development and delivery of combination prevention programmes for selected population groups and districts. This will include support to piloting of delivery of combination prevention packages as a way of operationalizing the National prevention strategy
- Provide guidance and standards for SRH/HIV linkages & integration (PMTCT /MNCH /STI /HCT (PITC)/ ASRH/GBV) for national, sector, district and community levels
- Support systematic advocacy at all levels towards Virtual Elimination of Mother to Child Transmission (MTCT) of HIV including provision of standard guidance and service protocols on Virtual Elimination of MTCT at all levels of service delivery.
- Provide guidance and standards for male circumcision implementation and scale up at national level
- Support scale up of IMAI/IMPAC/IMCI training package (linked to HIV chronic care and working with community resource persons e.g. mentor mothers).
- Support the roll out strategy for safe male circumcision including capacity development for health workers to deliver SMC services.
- Support the development and implementation of minimum packages for Most at Risk Populations (MARPS) guidelines and standard operating procedures. This will involve supporting the domesticating and printing the international guidelines on selected MARPs (Sex Work, Fishing Communities, uniformed forces, and Transport Community); vulnerable groups particularly married couples and prevention with people living with AIDS.
- Support development and dissemination of national guidance on positive health dignity and prevention.
- Support and strengthen the school health programme including sexuality education curriculum development and implementation
- Support MoH to develop and implement comprehensive condom programming in the context of RH commodity security.
- Support functionality of HIV prevention coordination structures at national, sector and district levels.

- Support political, civic, religious and cultural leadership mobilization for HIV the prevention drive and utilization of their structures for sustained action.
- Support finalization and operationalization of the new national sectoral, districts HIV prevention strategy
- Support development and operationalization of an HIV Prevention Impact Evaluation Plan.
- Support development of RH/HIV integration, SMC, PMTCT, MARPS, social change indicators for HMIS and other sector MISes.
- Support research to inform improved prevention programming.

Care and Treatment

JUPSA support in 2011 will focus on:

- Accelerating TB-HIV collaborative interventions.
- Procurement and supply chain skills and management for AIDS and TB medicines and other health commodities (including male and female condoms).
- Patient tracking and monitoring.
- HIV Drug Resistance surveillance, monitoring and prevention.

Social Support

- Strengthen M&E of OVC services through support to operationalize the OVC-MIS and regular data collection and reporting at all level.
- Support adoption and implementation of the second NSPPI. It will support advocacy for direct government funding to OVC service coordination and delivery through conditional Local Government grants.
- It will support NIU to strengthen OVC resource tracking.
- The JUPSA will support continued advocacy on adopting the FFLS model as an integral element in national agricultural services promotion, and support to agricultural livelihoods as a strategy in HIV prevention and mitigating the impacts of AIDS.

Monitoring and Evaluation

- Strengthen district data management systems in pilot- and update 5 year multi-sectoral district strategic plans with baseline values
- Support MoH/AIDS Control Programme (ACP) to develop comprehensive HIV/AIDS Monitoring and Evaluation framework.
- Actively participate in the process for conducting the AIDS Indicator Survey (AIS). Provide technical Assistance to unblock the bottlenecks that imp the roll out of this exercise.
- Implement an integrated bio-behavioral surveillance survey for truckers at hot-spots along major transport corridors and other key populations in Uganda
- Monitor progress in MTCT-free zones in relation to service provision, coverage and utilisation; enhance prompt reporting.
- Building the capacity of the UAC to become effective and efficient UAC that is able to achieve its mandate.
- Strengthen the UAC, other national institutions and sub-national institutional capacity to plan and mainstream HIV and AIDS, including gender and human rights into the development framework, and to coordinate the multi-sectoral response.
- Strengthen the institutional capacity of the UAC and sub-national (region, district and community levels) for M&E including harmonized resource tracking, database and information systems (disaggregated by gender, socio-economic status, urban rural etc) and link them to the Bureau of Statistics.
- Strengthen national and sectoral capacity for HIV surveillance, estimations, projections and reporting.
- Build institutional capacity of PLHIV, Civil Society and Private Sector coordinating bodies to provide effective leadership in all areas of governance, coordination, strategic thinking and planning, programme development, advocacy, monitoring and evaluation.

Annex 1: Summary of the achievements against all planned activities for 2010⁶

VI. Indicator-based performance assessment matrix

Planned activities	Reported achievements
UNDAF Outcome 4.1: By 2012 AIDS response is mainstreamed and sustained across government with improved planning, programming, budgeting, coordination, systems integration and a stronger policy and legislative environment (which is human rights based and gender sensitive).	
Country Output 4.1.2: By 2012 Improved national and district capacity to plan, budget, implement and coordinate the AIDS response and manage multiple finance channels (including GFATM).	
Result 1: Utilization of HIV resources tracked	
1. Support the government to implement National AIDS Spending Assessment	Provided technical assistance to review the Terms of reference, budget and process for implementing the National AIDS Spending Assessment, funds have been mobilized and implementation to commence in the coming year
2. Support the Assessment of HIV/AIDS resource tracking mechanism	A rapid assessment of resource tracking mechanisms as an initial step for implementation of full NASA has been undertaken.
Result 2: Capacities of the selected public sectors (Agric., Works, Internal Affairs, Local Government, Health, Gender, Education, Public Service, Finance and Labour) to mainstream HIV/AIDS in their sector and to coordinate the different actors is in place	
1. Public services, Agriculture and Local government sectors supported to produce/review their sector investment plan and HIV strategic action plans	Ongoing
2. Support Internal Affairs and defence to develop HIV Strategic Plans	Process initiated through stakeholder consensus meetings, TORs for the review and development of new strategic plans agreed
3. Support TA to backstop coordinate sectors to mainstream HIV/AIDS	<ul style="list-style-type: none"> Supported MoH to mainstream HIV/AIDS in their sector and to coordinate the different actors HIV mainstreamed in the Health Sector Strategic and Investment Plan
4. Support institutional capacity of Government, Employers and Workers Organisations to sustainably mainstream and coordinate HIV/AIDS workplace responses in selected public and private sectors (Gender & Labour, Education, Health & Internal Affairs)	Ongoing
5. Support Local Governments to mainstream child labour concerns into Local Government development plans (Rakai, Mbale and Wakiso)	Families affected by HIV/AIDS induced child labour trained in income generating activities in Mbale, Wakiso & Rakai
6. Provide technical assistance to MOH to finalize HSSPIII and HSHSAP II to ensure that the recommendations of the evaluation are well taken into account	<ul style="list-style-type: none"> Ministry of Health supported to review the National Health Policy II and the National Health Sector Strategic Plan II Ministry of Health supported to review the National HIV/AIDS Strategic Technical assistance provided to MoH HIV/AIDS strategic plan Health

⁶ The Indicator Based Performance Assessment matrix does not reflect the baselines, targets and indicators (as required by the MDTF Office annual reporting guidelines) as these were not captured during the JUPSA development stage in 2007. However, the new JUPSA 2011 – 2014 has elaborated these and they will be reported on starting in 2011.

Planned activities	Reported achievements
	Sector Reforms (HSR)/HSSP III
7. Provide technical assistance to MOH to finalize the National Health Policy	Done
8. Support ACP to develop its annual work plan	Done
9. Participate in ACP/MOH supervision and joint area team visits	MoH joint support supervision visits conducted and report discussed in a stakeholders meeting
10. Support ACP in its coordination function	Provided ongoing TA support to AIDS Control Programme (ACP) for the finalization and dissemination of the Health Sector HIV Response Review
11. Support the MoH in adaptation of Global guidelines on Task Shifting and drafting of country position and implementation plan in line with HSSP III	Ongoing
12. Support study/exchange visits	Ongoing
Result 3: Provide ongoing technical assistance to ensure Uganda access and utilizes GFTAM and other HIV resources effectively	
1. Provide technical assistance to the government and the civil society to access GFTAM round 7 funds and other existing resources	Successfully brokered dialogue on unblocking global fund resources to the Uganda AIDS response <ul style="list-style-type: none"> • Provided TA to MOH for setting up Focal Coordination Office (FCO) for GF R7 that includes resources for Civil Society • Supported FCO to clarify roles of TASO as the CSO-PR; and identification of TA needs for TASO • Supported the CCM to develop and submit Round 10 country proposal on time
2. Provide ongoing support to streamline governance related issues of the GFTAM issues (CCM)	Ongoing
3. Support effective functioning of the Civil society fund mechanisms and processes	Ongoing
4. Support progressive harmonization and alignment of Development Partners support to HIV to the national agenda including PEPFAR	<ul style="list-style-type: none"> • Effective advocacy by civil society on universal access to treatment and other issues undertaken- ceilings by PEPFAR lifted • Participated in PEPFAR reprogramming to align to new evidence in the country
5. Support the implementation of CSF review recommendation to ensure alignment to national system and new evidence	Ongoing
Result 4: Capacity of districts to plan, budget and implement and monitor HIV/AIDS activities enhanced	
1. Review existing support to decentralized response with a view for alignment and coordination for better service delivery	Ongoing
2. Support selected districts to develop RH/HIV/AIDS priorities for integration into district development plans	Ongoing
Result 5: Strengthen accountability structures to restore trust and confidence of stakeholders in various levels of government at national and decentralized level	

Planned activities	Reported achievements
1. Support and assist the government of Uganda; Self Coordinating Entities; ADPs to manage the outcome of the forensic Audit and the implement of the relevant audit report recommendations	Agreement between donors and UAC following the forensic audit of UAC brokered
2. Lobby and provide ongoing technical and financial support to implement key reforms to rebuild and restructure the Uganda AIDS Commission and the Partnership Committee in the context of the AIDS architecture	<ul style="list-style-type: none"> • Advocacy undertaken for revitalization of leadership for the national AIDS response at all levels • A review of the mechanisms for coordination and management of the national response is underway
3. Hold a high level national think tank for re-engagement of the national political leaderships in the HIV/AIDS national response	High level National Dialogue on the national response undertaken, outcome to inform review of the national response
4. Support effective engagement of Parliamentarians in the national HIV/AIDS response	<ul style="list-style-type: none"> • Dialogue forum held with over 100 Members of Parliament attended by H.E the President • Concrete actions agreed for Parliament as a key partner in the national response
5. Support effective engagement of religious leaders in the national HIV/AIDS response	<ul style="list-style-type: none"> • Dialogue forums resulted in documented commitment by 14 cultural leaders and all religious leaders on HIV, maternal health and gender. Resolutions published. • Action plans for 3 religious institutions and all cultural institutions developed to inform resource mobilization
6. Provide and broker timely technical assistance towards the institutional / organizational review of the UAC and the HIV Partnership Committee in the context of AIDS architecture	<ul style="list-style-type: none"> • Preparations for overall review of national response initiated • Draft TORs in place for review of the institutional architecture of the HIV response, including the UAC and Partnership Committee • A review of the mechanisms for coordination and management of the national response is underway
7. Support World AIDS Day and related national activities	Ongoing
8. Conduct HIV prevention dialogues to mobilize cultural, religious, business and political leadership to support the prevention agenda and mobilize communities	Dialogue forums held for religious and cultural institutions
9. Identify and provide technical and financial resources to champions/goodwill ambassadors to mobilize key population groups for HIV prevention	Young people mobilized for effective engagement in the national AIDS response <ul style="list-style-type: none"> • Includes active involvement of young people living with HIV (Young Positives)
i) Support office of the First Lady to conduct annual national and regional youth conferences	OAFLA (Organization of African First Ladies Against HIV/AIDS - an NGO) supported to undertake advocacy on elimination of MTCT of HIV at AU Summit held in Kampala, Uganda
ii) Support to religious sector leadership	Ongoing
10. Support coordinated participation in International AIDS meetings (ICA, Global Implementers meeting)	One Joint Team member supported to participate in the Vienna Conference
Result 6: UN Cares programme operating effectively	
1. Validate and disseminate Work Place Programme (WPP) baseline	Ongoing

Planned activities	Reported achievements
assessment report	
2. Develop HIV in the UN workplace (strategy/resource mobilization)	<ul style="list-style-type: none"> • An orientation conducted for the UN-wide UN Cares team • The UN Cares assessment report finalized and submitted to the UNCT
3. Support UN agencies to implement the 10 minimum standards	Ongoing
4. Support establishment of UN Plus	Ongoing
Country output 4.1.4: By 2012 Civil Society Organization and Persons Living with HIV (PLHIV) participating effectively in the HIV national response	
Result 1: Selected civil society organisations voice and accountability in the national response strengthened	
1. Support capacity of selected umbrella CSO enhanced voice and accountability of e.g UNASO, NAFOPHANU; AMICALL	Engagement of PLHIV in the national response to HIV/AIDS strengthened through continued UN support to the position of an institutional mentor at NAFOPHANU
2. Support the dissemination of the finding of the study on CSO- public sector partnership in service delivery for HIV	No reported implementation
3. Support the implementation of CSF review recommendation to ensure alignment to national system and new evidence	Civil Society Fund (CSF) operational capacity alignment to the Three Ones enhanced through UN technical assistance
4. Support implementation of stigma index	No reported implementation
Country Output 4.1.3: By 2012 Relevant government institutions operationalizing rights based and gender responsive legislation and policies that address vulnerability to HIV and AIDS in line with relevant international standards.	
Result 1: HIV/AIDS Prevention and Control Act uphold international Human Rights and gender standards.	
1. Support consultations with stakeholders (e.g. Parliament, PLHs)	No reported implementation
2. Provide ongoing technical support to MPs on engaging on the HIV/AIDS Prevention and Control bill	Substantive consultations conducted with various stakeholders on the HIV Prevention and Control Bill
3. Enhance legislators and policy makers' knowledge on the Rights-Based Approach to AIDS	Linkages between Uganda Law Reform Commission (ULRC) and Parliament around the HIV Prevention and Control Bill strengthened
4. Coordinate and support training and sensitisation of health managers & professionals on Health & Human Rights	Uganda Human Rights Commission (UHRC) capacity to monitor HIV/AIDS and Rights issues enhanced
5. Facilitate the Health & Human rights team of the MoH to participate in development of HIV/AIDS control plans	No reported implementation
Result 2: HIV/AIDS integrated into gender and GBV programming and service delivery	
1. Support integration of HIV/AIDS into GBV national planning and coordination instruments including the GBV strategy and Referral Pathways	<ul style="list-style-type: none"> • GBV sensitization done for religious and cultural leaders • Action plans for 3 religious institutions and cultural institutions providing focus on GBV developed.
2. Define UN support to the gender and its link to HIV agenda	Defined UN support to gender vulnerabilities as they relate to HIV
3. Support the development and dissemination of interventions that effectively address the gender dimensions of the AIDS epidemic	Implementation of the action framework on Women, Girls, Gender Equality and HIV commenced through the civil society
4. Support development of HIV/AIDS guidance for stakeholders involved in community management of sexual violence victims (beyond/before the health facility)	No reported implementation

Planned activities	Reported achievements
JP outcome 4.2: Universal access to evidence based, quality assured HIV prevention leads to improved service uptake, sustained behavior change and a reduction of new infections by 40%	
Convener: UNFPA	
Country Output 4.2.1 Prevention policies and action plans developed and implemented with better alignment of finance to priorities	
Result 1: National HIV prevention strategy developed and prevention priorities reflected in key sector plans	
Main activities	Expected outputs
1. Support finalization, printing and dissemination of the Draft HIV Prevention Policy Guidelines	The HIV Prevention Policy Guideline was adopted by the National HIV Prevention Committee.
2. Develop national HIV Prevention strategy aligned with evidence and key priorities identified by sector	Draft strategy is under review
3. Support key sectors to develop sector-specific policies and HIV prevention priorities and integrate into sector development plans	10 sectors supported to develop operational plans; alongside the on-going development of the national prevention strategy <ul style="list-style-type: none"> • Sectors supported are: Health, Education and Sports, Works and Transport, Defence, Gender, Labour and Social Development, Internal Affairs (Police and Prisons), Agriculture, Local Government and Public Service • 4 sectors supported to participate in the ASAP/WB training on strategic planning for HIV/AIDS • Gender, Labour and Social Development; Works and Transport; Agriculture; and Local Government
Result 2: Uganda AIDS Commission, key line ministries and UN capacity for prevention increased	
Conduct capacity assessment for HIV prevention of key sectors (public, CS, private) health, defence, gender, education, agriculture, internal affairs (prisons/police), public service, local government, and transport	Activity halted to base on the agreed National Prevention Strategy
9. Strengthen UAC to perform its leadership role in HIV prevention through the National Prevention Committee (NPC) and the National BCC Team	Establishment and institutionalization of 'Prevention Coordinator' position at UAC Revitalisation of the National Prevention Committee (NPC) through the establishment of a supporting strategy
10. Develop capacity of the UN to support the national prevention response	Expanded capacity within the UN (human and financial resources) dedicated to prevention interventions
11. Support coordinated participation in International AIDS meetings (ICA, Global Implementers meeting)	One Joint Team member participated in the Vienna global meeting
Country output 4.2.2: By 2012 BCC/IEC and life skills interventions are well coordinated nationally, evidence based and targeted.	
Result 1: National standard setting mechanisms, instruments and strategies on BCC/IEC and life skills established.	
1. Finalize and disseminate the National Comprehensive Communication framework and strategy	National Communication Guidelines developed and endorsed by the National Prevention Committee.
2. Provide technical and financial support to the National BCC Technical	National BCC/IEC Team established and functional

Planned activities	Reported achievements
Team at UAC to perform its duties	<ul style="list-style-type: none"> MOH has re-assumed a lead role in coordination and technical guidance to AIDS-related communication, as chair to the Technical Committee on IEC/BCC
3. Support review and integration of HIV and sexuality education into secondary school curriculum	Review conducted to inform curriculum review.
4. Support development and implementation of communication programming and interventions for MARPS and vulnerable groups.	<ul style="list-style-type: none"> Communication strategies for UPDF and Uganda Police Forces finalized and disseminated.
5. Support development of a common communication framework on positive health dignity and prevention (PHDP) and production of standardized materials	Ongoing
6. Provide technical and financial support to MMC communication programming	National SMC communication strategy launched
7. Organize a session for media practitioners on MMC	Session organized in collaboration with MoH.
Country output 4.2.3: By 2012 National prevention programmes for Most at Risk populations (MARPS) and vulnerable groups advocated for and developed	
Result 1: Increased access to integrated RH and HIV prevention services for MARPS and vulnerable groups	
1. Print and disseminate findings from the MARPs profiling study	Mapping report on MARPS hot spot areas along Kampala-Juba Road finalized. Report provides strategic information on prevention and service delivery issues for truck drivers and sex workers along the route. Evidence generated by MoH and UAC on MARPs (Commercial Sex Workers (CSW), Police, Prisons, general mapping) that informed advocacy, programming and prevention efforts
2. Provide technical and financial support to the MARPs Network to advocate for coordinated responses for targeted MARPS responses linked to relevant government sectors	Ongoing
3. Provide technical and financial support to key sectors and CSOs for delivery of coordinated SRH/HIV/AIDS interventions to MARPs and vulnerable groups	Initiation of national level planning for some MARPS groups (CSW, Police, UPDF) Increased focus on MARPs in HIV programming -increased resources. Increased coordination between sectors & CSOs on MARPs
Country output 4.2.4: By 2012 Improved capacity for expansion and delivery of HIV Prevention Services in the health sector (e.g. comprehensive PMTCT, Condoms, Blood Safety, STI)	
Result 1: Strengthened capacity for integrated HIV/RH/STI/infection control service delivery	
1. Print and disseminate the national RH/HIV integration strategy, operational plan and technical guidelines	RH/HIV Integration strategy & operational plan developed
2. Support implementation of the National RH/HIV Strategy including advocacy for resources for integrated HIV/RH services	The RH/HIV linkages and integration agenda gaining momentum at planning and programming levels
3. Support MoH to develop and/or review policies, protocols, guidelines etc. to support RH/HIV integration	National Joint review on PMTCT/Paediatric Care conducted resulting in the inclusion of Uganda in a Phase 2 UNITAID project, through which it will receive USD 9 million worth of two tears' PMTCT supplies.

Planned activities	Reported achievements
	PMTCT scale-up plan developed – adapting WHO new guidelines
<ol style="list-style-type: none"> 1. Support the revision and printing of the National curriculum for Health 2. Workers on Adolescent Health and Development Manual 	Ongoing
<ol style="list-style-type: none"> 3. Support the revision, printing and dissemination of Integrated STI/RH Policy, 4. treatment guidelines and training materials 	Ongoing
<ol style="list-style-type: none"> 5. Support revision, printing, and dissemination of various revised RH/PMTCT 6. tools and guidelines including PMTCT guidelines, registers, client cards(ANC, 7. PNC), Partographs, Birth preparedness, IMAI/IMPAC guidelines and 8. integrated HIV/FP guidelines and curriculum 	Supported development and printing of service delivery tools (job aides, registers etc)
4. Support human capacity development in the health sector through training	
<ol style="list-style-type: none"> 1.Support training of HIV service providers on various RH/PMTCT tools including 2.RH choices for PHLWH, IMAI/IMPAC guidelines, integrated registers, and 3.integrated HIV/FP guidelines and curriculum 	Supported human resource capacity building through training and review of training protocols
4.ii) Support a TOT of service providers in new STI training materials	Ongoing
<ol style="list-style-type: none"> 5.iii) Support training of service providers in the management of rape and defilement 6.victims in selected districts 	Ongoing
7.iv) Support training of ToT, partners for integrated HIV/RH services	Ongoing
5. Advocate for systematic integrated RH/HIV interventions (PMTCT/ANC/MNCH, through joint planning at the Ministry of Health	<p>Building on the findings of a rapid assessment of SRH and HIV/AIDS linkages and integration conducted end of 2009, the Ministry of Health is finalizing the process of developing a National RH/HIV/AIDS linkages and integration strategy and operational plan</p> <ul style="list-style-type: none"> • PMTCT integrated into MNCH service delivery tools • Supported evidence generation (RH/HIV rapid assessment, RH choices) • PMTCT integrated into ANC/MNCH/Pediatric AIDS interventions/service delivery tools • Contributed to procurement of PMTCT commodities • Some key PMTCT indicators captured under HMIS • Long-term technical assistance provided to MoH to support PMTCT programming salary support for two M&E specialists)
Result 2: Quality, comprehensive and coordinated PMTCT/SRH interventions scaled-up	

Planned activities	Reported achievements
1. Support PMTCT national coordination through a functional PMTCT Technical Working Group	Strengthened national coordination for PMTCT thru a functional National TWG <ul style="list-style-type: none"> • Participated in leveraging of resources to support logistics for PMTCT • Funded the operational costs for the free UNITAID PMTCT supplies
2. Support PMTCT & Paediatric AIDS communication programming including development of a communication strategy and communication thru radio spot messages	Ongoing
3. Support MoH to organize a national PMTCT/Children and AIDS conference(4Ps of PMTCT)	Organized PMTCT/child AIDS conferences
4. Support development of various job aids for scaling up PMTCT services based on revised guidelines and tools	Supported development and printing of service delivery tools (job aides, registers etc)
5. Support development of districts specific costed PMTCT scale up plans based on the agreed national scale-up plan	Supported expansion of PMTCT service delivery to 23 districts
6. Provide technical assistance for scale-up of PMTCT in the Ministry of Health	PMTCT scale-up plan developed – adapting WHO new guidelines HIV quality assurance unit of the MOH has strengthened service quality in 20 PMTCT sites in five districts <ul style="list-style-type: none"> • Contributed to focus on PMTCT as top priority in the GFATM proposal for round 10
7. Consolidate PMTCT service delivery at HCIII level in 13 districts	Supported expansion of PMTCT service delivery to 23 districts Strengthened service quality in 20 PMTCT sites in five districts
Country output 4.2.5: By 2012 New strategies and innovation in prevention advocated for, adopted and rolled out (e.g. medical male circumcision, prevention with positives, discordance)	
Result 1: MMC policy, strategy and operational plan for roll out developed	
1. Support development and dissemination of MMC standard operating procedures (adaptation of WHO surgical manual)	Ongoing
2. Support and participate in activities of the National MMC Task Force	A National SMC Task Force established by MoH with an action plan
3. TA to coordinate MMC activities at MoH	Ongoing
Support development of MMC implementation and roll-out plan (including quantification of commodities)	Situational analysis on MMC conducted Supported development of the SMC Decision Makers Policy and Planning Tool; to guide planning, costing and investment for SMC roll out Some resources for SMC roll-out available
4. Support TA to develop a legal and regulatory framework for MMC	Provided TA to finalization of the SMC policy
5. Support printing, launch and dissemination of the MMC policy	SMC Policy endorsed by MoH SMC national communication strategy and policy launched
Result 2: National capacity for delivering MMC developed	
1. Conduct training needs assessment and develop training materials	Ongoing
2. Support training of trainers in MMC and orientation of health workers	Ongoing
Support development of MMC monitoring tools	Ongoing

Planned activities	Reported achievements
Result 3: Common programming guidance on HIV prevention among couples available	
1. Support review of programmes and identify and document good practices in HIV prevention among couples for replication	Initiated actions in areas of Prevention With Positives (PWP) & programming for HIV among couples
2. Support development of guidelines for addressing HIV/AIDS among couples for the health and social sectors (including finalization and dissemination of a minimum package of interventions)	Support given to advocacy for programming targeting couples through religious and cultural institutions
Result 4: Common guidance on programming and context-specific communication for positive health, dignity & prevention available	
1. Support review and identification of PHDP initiatives to enhance replication of good practices and development of a minimum package for prevention with positives	Ongoing
2. Support development and implementation of a communication plan targeting young positives including affected OVCs	Ongoing
JP Outcome 4.3 Improve quality of life and reduce vulnerability of people infected and affected through provision of treatment, care and support	
Convener: WHO	
Country Output 4.3.1: By 2012 Capacity of Ministry of Health to develop key policies and guidelines for HIV care and treatment strengthened	
Result 1: Key strategies, guidelines revised, printed and disseminated	
1. Support the MOH to update and disseminate the Infant and Young Child feeding guidelines	Infant and Young Child feeding guidelines developed and disseminated to 23 districts
2. Support MOH to revise the prevention and treatment guidelines for adults and children	Revision of Anti-Retroviral Therapy (ART) Guidelines with regard paediatric care Supported national implementation and scale up of revised patient monitoring initiatives and tools
3. Support MOH to develop and print Job AIDS for paediatric HIV/AIDS care	Revision of Anti-Retroviral Therapy (ART) Guidelines with regard paediatric care Paediatric HIV care scale up supported
4. Support MOH to finalize the review of the HCT policy	Review of HCT policy
5. Support MOH to review, print and disseminate Children counselling and testing guidelines and training materials	Children counselling and testing guidelines reviewed and disseminated
6. Support MOH to develop the ART scale up plan in line with the Universal Access	Ongoing
7. Support development and dissemination of accreditation guidelines	Ongoing
8. Support MOH to update and review the HIV district manager's training manual	Updated district managers training course
9. Support MOH to adapt the Operation manual for delivery of HIV prevention, care and treatment at primary health centres	Ongoing
10. Support finalisation, field testing, and dissemination of guidelines for screening and management of NCDs among ART patients	Development of NCD screening guidelines
11. Support MOH in the adaptation of clinical mentoring and supervision guidelines	Ongoing

Planned activities	Reported achievements
12. Update the IMCI complementary course, including TB/HIV and the adolescent orientation manual	Ongoing
13. Support the update of TB/HIV policy guidelines	Ongoing
Result 2: Basic knowledge and skills of HW to provide HIV care and treatment in accordance with national guidelines and standards increased	
1. Support MOH to build capacity for Health workers in HIV care and treatment in old and new sites, including paediatric and palliative care	Supported Training of Trainers (TOT) for IMAI, TB-HIV (160 people benefited in all) Supported training of 90 Health Workers (HW) in provision of adult, adolescents and paediatric care services Capacity of 200 health workers in 20 districts from 38 health facilities enhanced through training in Comprehensive HIV Care including ART
2. Support MOH and its partner (Baylor) to establish Regional Centres of Excellence (North, and West) for paediatric care and support	Supported Baylor College to develop a regional centre of excellence at Kilembe; and upgrading of the centre in Kitgum
3. Facilitate MOH to conduct TOT for EID along the Child health Days plus program	Supported MOH to roll out Early Infant Diagnosis (EID) through Child Health Days (CHD)
4. support training of regional and national supervision teams to support clinical teams in provision of comprehensive care and treatment	
5. Support mentoring and supervision of HWs in provision of quality ART services	Supported supportive supervision for HIV services
6. Consensus meeting with principal tutors on paediatric and adolescent HIV/AIDS in pre-service institutions	Training of Principal Tutors of Nursing Schools and Medical Clinical Officers' Schools on integrating paediatric and Adolescent HIV/AIDS into their curricula and also provided materials 50 sets for each school
7. Organize TOT for HIV district managers and on clinical mentoring	Ongoing
8. Support implementation of the home-based care policy	Trained 160 TOTs in home-based care
Result 3: Health workers providing a comprehensive package (all) of TB/HIV collaborative activities	
1. Support MoH to carry out TB/HIV supervision to ensure delivery of a comprehensive TB/HIV package and strengthen TB/HIV coordination structures at district level	Improved monitoring and supervision of TB-HIV activities <what was the specific contribution of JUPSA to this>
2. Support quarterly orientation meetings with TB/HIV zonal supervisors at national level	Ongoing
3. Support MOH and partners to hold quarterly review meeting with TB/HIV managers at regional level	Ongoing
4. Train/Orient TB/HIV managers on TB/HIV collaborative activities at district level	Ongoing
Result 4: ART teams in districts and facilities have basic data management skills for effective patient monitoring according to the level of care	
1. Support the ongoing implementation and expansion of the open electronic medical records system	Provided ongoing support to Open MRS system at 3 active sites
2. Support HIVDR prevention and monitoring and surveillance activities	Ongoing
3. Provide technical support to MoH for enhanced ART patient monitoring and ART reporting including building capacity at regional, district and	Supported implementation of HIV drug resistance activities (adoption of Early Warning Indicators; mentoring and coaching)

Planned activities	Reported achievements
health facility levels	
4. Support MOH to organize quarterly coordination meetings and quality of care initiatives for all providers in the health sector	Ongoing
5. Support ACP to scale up quality improvement activities to more sites	Supported to conduct supervision and mentoring visits in Northern Uganda and Kampala regions <ul style="list-style-type: none"> Reached 13,190 (49%) patients on ART in the region ART programmes rolled out in refugee camps
Result 5: ART teams in 11 regional hospitals have capacity for screening, early detection, and management of NCDs among ART patients	
1. Support training of TOTs in NCD screening and management	Ongoing
2. Support training of Health workers on integrating NCD screening and management in comprehensive HIV/AIDS care	Ongoing
Country output 4.3.3: By 2012 Capacity of health care workers from district hospitals, HCIV and HCIIIs to provide standard HCT services strengthened	
Result 1: HWs have the basic knowledge and skills to provide HCT to both adults and children according to the level of care	
1. Support capacity building for Provider Initiated Testing and Counselling	Supported national scale up and coordination of HCT services Supported update/review of HCT policy, tools and manuals
2. Support MOH to develop PITC scale up plan	Supported scale up and coordination of couple counselling and testing services
3. Support PITC supervision and mentoring activities	The HIV quality assurance unit of the MOH has strengthened service quality in 20 PMTCT sites in five districts
Country output 4.3.4: By 2012 Procurement and supply chain management systems to deliver timely medicines, condoms and supplies coordinated and strengthened	
Result 1: Procurement of HIV commodities and supplies is done in an integrated, harmonized and coordinated manner	
1. Support MoH to review and update the national condom guidelines	Supported female condom situation analysis
2. Support MoH to finalize 5-year operational plan for female condoms (scale up Female Condoms)	Supported development of condom scale up plan (draft available)
3. Provide TA support to MoH for condom programming (RHCS)	Training of health workers in management of HIV medicines and logistics done in 9 districts Ongoing support to the position of RH Commodity Security Advisor
4. Support monitoring and review of performance of national procurement plan for medicines and health commodities	Ongoing
5. Support MOH to conduct annual quantifications and forecasts for HIV/AIDS medicines and supplies	Ongoing
6. Support cohort event monitoring for ART	Ongoing support to program coordination and monitoring
Result 2: HWs in ART facilities have the basic knowledge and skill in HIV logistics management	
1. Support procurement of male and female condoms	Supported procurement of reproductive health commodities including condoms
2. Support capacity building for effective management of HIV/AIDS	Training of health workers in management of HIV medicines and logistics

Planned activities	Reported achievements
medicines and logistics at national and decentralized levels	done in 9 districts
Result 3: Stock-outs for HIV/AIDS commodities reduced	
1. Support the National Medical store to verify, store and distribute the UNTAID supplies	Supported NMS to handle UNTAID supplies
2. Advocate for resources, increased condoms procurement, strengthen coordination and harmonization of procurement and distribution systems	Draft issues paper on condoms
JP Outcome 4.3: Improve quality of life and reduce vulnerability of people infected and affected through provision of support	
Country output 4.3.5 Nutritional support integrated into HIV and AIDS programming	
Result 1: HIV-related nutrition education at HCs and communities in 24 districts operationalized	
1. Study on impact of food aid on People living with HIV and their households in Northern and Eastern Uganda	Study on the impact of food and nutritional support in the context of HIV and AIDS completed and report submitted and shared out for discussion with stakeholders. Body Mass Index (BMI) impact study by the International Food Policy Research Institute (IFPRI) in partnership with TASO conducted in the districts of Soroti and Gulu
2. Developing and disseminating guidelines for mainstreaming HIV and AIDs in WFP programming	Ongoing
Result 2: National Guidelines on Nutrition intervention among HIV clients	
1. Building capacities of local governments to integrate nutrition and AIDS in service delivery	Ongoing
4.3.6 By 2012 improved systems for monitoring and supporting the quality of life of OVC and their families	
Result 1: Institutional capacity of MGLSD to plan, coordinate and monitor the national OVC response strengthened	
1. Continue to support the MGLSD to finalize NSPPI 2	A draft NSPPI II with linkages to child labour and social protection in Uganda e.g. cash transfers has been delivered
2. Continue to support MGLSD to finalize the M&E Plan for NSPPI 2	M&E Framework developed as an integral component in NSPPI 2
3. Support rollout of OVC resource tracking system	Ongoing
4. Revise the advocacy and resource mobilisation strategy including lobby meetings	Ongoing
5. Support MGLSD to operationalize OVCMIS and create linkages with existing MIS in line sectors	OVC national and service level indicators and data collection tools revised to accommodate more child protection indicators. OVC Management Information System (MIS) rolled out in 91 districts of which 45 have submitted their 2010 first quarter data to the MGLSD via the web enabled OVC - MIS
6. Harmonized national Referral Guidelines for OVC - OVC referral guidelines integrated into national health and social support systems	Ongoing
7. Continue to support and finalize the National Action Plan on Child Labour	A draft National Action Plan on Child Labour is in place

Planned activities	Reported achievements
8. Harmonize the OVC national, district and lower level coordination mechanisms	District OVC Coordination committees were revitalized in over 80 districts Draft harmonised National Coordination guidelines Draft recommendations for the revised structure for OVC Coordination from national to village level being considered by MGLSD Criteria for assessing the functionality of coordination structures finalized
9. Procure equipment for MGLSD -NIU (laptops, Vehicle and server)	The OVC National Implementation Unit (NIU) was supported through provision of two vehicle, 5 laptops and other ICT material and training of staff
10. Provide operational funds for the NIU (Staff, training , operations)	MGLSD is now able to conduct coordination of CSOs and TSOs on a quarterly basis and to support their activities OVC NIU is optimally staffed and able to lead and monitor field activities of districts and CSOs and participate in their activities 20,000 copies of OVC Policy in English printed and being disseminated 10,000 copies of OVC Policy in Ateso and Luo printed also
11. Continue to advocate for the establishment of a National Social Protection Framework	OVC issues integrated in the social protection (Cash transfer programme) and OVC are primary targets
12. Develop data fact sheets to inform OVC advocacy interventions at national and local levels	Ongoing
13. Support MGLSD to hold Bi-annual Think Tank and coordination meetings on OVC concerns with National and local government level stakeholders	Ongoing
14. Document OVC community driven models, thematic assessments and promote large scale replication	Ongoing
15. Support the MGLSD to provide technical assistance to CSO and local government	MGLSD is now able to conduct coordination of CSOs and TSOs on a quarterly basis and to support their activities
16. Support high level meetings for MPs and PS	Ongoing
17. Support the MGLSD to advocate for integration of OVC issues into sector plans and budgets of ministries in line with SWAP modalities	Advocacy by the UN with the senior management of Ministry of Gender resulted to enhanced recognition for the need harmonization and alignment of partners supporting the sector in relation to the work of Orphans and Vulnerable Children OVC NIU contributed to the formulation of the Health Sector Strategic Plan III. - Supported Ministry of Education and Sports to include protection of children as part of inspection and Basic Requirements and Minimum Standards (BRMS)
Country Output 4.3.7 A system for mitigating the impact of HIV and AIDS on Food Security and Livelihoods established by 2012	
Result 1: The capacity of Local Government and selected CSO in north and north east Uganda to implement farmer field and life schools methodologies in place.	
1. Continue advocacy efforts to support adoption of National guidelines on farmer field and life schools adapted by government	A guidance note developed to inform and direct Agricultural planners on the adoption of the Farmer Field & Life School methodology

Planned activities	Reported achievements
	Joint Farmer Fields Learning Schools have been integrated into National Plan of Action for OVC and the social economic/food security core programme area
2. Conduct training on FFS methodologies to priority constituents in local government production officers, agric extension workers, Community department, HIV focal point persons	Supported the establishment of 100 Farmer Field & Life School (FFLS) in 4 Districts to pilot the approach UN support to livelihoods and its link to HIV included the establishment of 72 farmer field Schools with low labour intensive enterprises in the three Districts of Adjumani, Katakwi and Kitgum to cater for HIV affected persons and other vulnerable groups
3. Support the local governments to develop a costed scale/up action plan for FFS	A guidance note has been developed to inform and direct Agricultural planners on the adoption of the Farmer Field & Life School methodology. The guidance note has been shared among Key central and local government staff for utilization. A three day national stakeholders' workshop to review the guidance note was organized
Result 2: Evidence on the long-term dynamics of the impact of HIV and AIDS on livelihoods generated.*Link with mainstreaming Group	
1. Finalize and disseminate the study results on HIV/AIDS and agriculture to key stakeholders to influence policy and Planning	Supported building capacity of agricultural planners to conceptualize, analyze and respond to the interactions between HIV and AIDS and food security
2. Support Min of agriculture to utilize outcome of study on interaction between HIV and AIDS and Agriculture livelihood.	A consultant was hired to develop training module and later conduct the training. One national and four regional workshops conducted for Agricultural planners to conceptualize and analyze the interactions between HIV & AIDS and Food Security. A terminal Statement prepared for the Government of Uganda by FAO.
Country Output 4.4.1: A comprehensive performance measurement and management system for all interventions responding to the challenge of the AIDS epidemic is funded and operational at national and district levels	
Result 1: Improved National and district systems for the accountability of the AIDS response	
1. Develop a single system to monitor and evaluate the JAR at central and decentralized level (harmonize with wider stakeholder consultation/revitalise leadership)	JAR process discussed and agreed for incorporation into the NSP MTR
2. Engagement of key sectors (including non health) for their involvement in PMMP adaptation including establishment of clear linkages with sector M&E systems	Ongoing
3. Strengthen and document HIV M&E systems in 3 pilot 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)	Supported MoLG and UAC to implement the strengthening of district M&E systems as pilot in 2 districts (Kasese and Kiruhura) <ul style="list-style-type: none"> • Establishment of two district HIV/AIDS M&E centers of excellence to ensure capacity in M&E for HIV/AIDS at district level, and to demonstrate a functional M&E system • Building districts capacity in Lot Quality Assurance sampling (LQAS) to

Planned activities	Reported achievements
	obtain district specific HIV/AIDS information, as a baseline for updating the district multi-sectoral strategic plans <ul style="list-style-type: none"> The districts and sub counties have identified service themes and geographical areas where progress towards targets is poor, for priority focus in annual action planning
4. Provide technical assistance to the MOH HIV/AIDS strategic plan evaluation and dissemination of the results	Ongoing
5. Support MoH/ACP to develop comprehensive M&E framework	Engagement of MoH SME & R TWG to develop the M&E plan for the sector and the HSSP III
6. Support MOH/ACP to compile and disseminate annual reports	Ongoing
7. Participate in ACP/MOH supervision and joint area team visits	MoH joint support supervision visits conducted
8. Broker relationship between government sectors, USG to harmonize M&E systems, incorporation of USG in the M&E TWG	Ongoing
9. Support to the MoH for M&E plan for the health sector to be integrated in the HSSP III	Technical assistance provided to MoH HIV/AIDS strategic plan Health Sector Reforms (HSR)/HSSP III
10. Support review of HMIS tools to capture more HIV/AIDS indicators	Supported the Health Mismanagement Information Systems (HMIS) TWG retreat to review HMIS data collection tools <ul style="list-style-type: none"> Aimed at enabling the MOH Resource Centre to improve integrated capture and management of HIV and AIDS data
11. Support Resource Centre to improve HIV data management	Supported review of MoH resource centre/review tools
Country Output 4.4.2: National and district authorities are using evidence-informed information for strategic and operational planning of all interventions responding to the AIDS epidemic	
Result 1: Operations research undertaken in key sectors and findings disseminated	
1. Support articulation of HIV/AIDS in Health Research Policy	Articulation of HIV/AIDS in health research
2. Support documentation of best practices in HIV prevention, treatment, care and support	Documentation of best practices in HIV prevention, treatment and care.
3. Support development and roll-out of community and home-based care information system	Supported guidelines development, training materials update and training of Trainers on home-based care information system
4. Support dissemination of strategic information, surveys and programme progress reports to wider stakeholders	HIV/AIDS Epidemiological Surveillance report 2005-2007 report finalized and shared
5. Support a study on the impact of HIV/AIDS on maternal health in Uganda	Ongoing
6. Support a KAP study on male and female condoms	Ongoing
7. Support data entry and analysis for a cohort CSWs at the STD Clinic Mulago	Ongoing
Country Output 4.4.3 National systems for projections, estimations, surveillance and research are fully functional	
Result 1: Annual ANC surveillance reports update and all backlog cleared	
1. Support the compilation and dissemination of 2010 ANC sentinel surveillance report	HIV/AIDS Epidemiological Surveillance report 2005-2007 report finalized and shared

Planned activities	Reported achievements
2. Support the compilation and dissemination of 2010 STI surveillance report	Development of 2010 STI surveillance report
3. Support MOH to update/adapt the second generation HIV surveillance guidelines	Ongoing
4. Mobilize resources, coordinate and provide technical backstopping or the production of 2008/09 UNGASS/ UA /MDG reporting	UNGASS 2008/09 report produced and disseminated Universal Access report 2009 Contribution to MDG report production ACP produced 2009 Universal Access report and also produced regular ART and PMTCT reports
5. Support update national HIV/AIDS estimates and projections, in view of the changing versions of the spectrum and EPP software	2010 Projections and estimates available
6. Support capacity building activities for MOH and agencies in HIV surveillance	Ongoing
7. Provide technical backstopping to MoH to conduct and disseminate AIDS Indicator Survey report	Support to AIDS Indicator Survey (AIS) protocol and study tools development; Participation in preparation for AIS
Country Output 4.4.4: All UN Agencies are using harmonized planning, performance management and measurement, reporting and evaluation systems for HIV/AIDS.	
Result 1: UN support to the implementation of the National HIV Strategic Plan (NSP) and national HIV response is effective and consistent with the Outcome Framework	
1. Establish mechanism for holding Heads of UN agencies accountable for relevant Outcome Framework results in the joint programme of support for AIDS.	HIV agenda discussed at UNCT monthly meeting and Local Development Partners Group (LPDG)
2. Review UN capacity for support to the HIV response and implement capacity enhancement programme (Priority on multi-sectoral prevention)	Institutional assessment report finalized and disseminated to the technical team and HQTRS
3. Review of the Joint Programme/team in light of the new UNDAF and mid-term review of the JP	Implementation of the UN DoL for HIV reviewed and report available
4. Coordinate the planning and reporting process of the joint team for the joint programme	Ongoing
5. Develop operational Manual of the Joint programme/team	Ongoing
6. Mobilize resources for the joint UN Programme and consolidate technical support	UN and donor officer under recruitment funding secured
Result 2: Vibrant UN Cares programme is running	
1. Validate and disseminate Work Place Programme (WPP) baseline assessment report	Ongoing
2. Develop HIV in the UN workplace (strategy/resource mobilization)	UN Cares programme discussed; recommendations for taking the UN Cares programme forward discussed among relevant technical and programme staff capacity enhanced
3. Support UN agencies to implement the 10 minimum standards	Ongoing

PART B: FINANCIAL REPORT

FINANCIAL REPORT OF THE ADMINISTRATIVE AGENT FOR THE PERIOD 1 JANUARY TO 31 DECEMBER 2010

a. Financial Overview

The programme is funded by Irish Aid, to end of 2010 a total of USD 6.218 million had been released by the donor, of which USD 4.168 million was received in period 2007-2009 and USD 2,050 million was received in 2010. By the end of 2010 a total of USD 10,000 had been earned in interest from both the fund and PUNOs. By the end of 2010 a total of USD 6.164 million had been disbursed to the PUNOs, with USD 4.099 million disbursed in prior year as at 31 Dec 2009 and USD 2.065 million disbursed in 2010. However, USD 71,000 was received back as refund from the PUNOs. In addition, to end of 2010, Administrative Agent had received USD 62,000 as fees and USD 73,000 is recognized as balance of funds with AA as at the end of 2010.

In summary, of the total net of funds (USD 6.093 m) disbursed to PUNOs to end of 2010, USD 4,302 million had been recorded as spent, with a balance of USD 1.791 million not yet spent. This information is shown in Table 1⁷ below:

Table 1: Financial Overview (Amounts in US\$ Thousands)

	Prior Years as of 31 Dec 2009	Current Year Jan-Dec 2010	TOTAL
Sources of Funds			
Gross Donor Contributions	4,168	2,050	6,218
Fund Earned Interest Income	4	1	5
Interest Income received from Participating Organizations	-	5	5
Refunds by Administrative Agent (Interest/Others)	-	-	-
Other Revenues	-	-	-
Total: Sources Of Funds	4,172	2,056	6,228
Uses Of Funds			
Transfers to Participating Organizations	4,099	2,065	6,164
Refunds received from Participating Organizations	-	(71)	(71)
Net Funded Amount to Participating Organizations	4,099	1,994	6,093
Administrative Agent Fees	42	20	62
Direct Costs: (Steering Committee, Secretariat...etc)	-	-	-
Bank Charges	-	-	-
Other Expenditures	-	-	-
Total: Uses of Funds	4,141	2,014	6,155
Balance of Funds Available with Administrative Agent	31	42	73
Net Funded Amount to Participating Organizations	4,099	1,994	6,093
Participating Organizations' Expenditure	2,823	1,478	4,302
Balance of Funds with Participating Organizations	1,276	516	1,791

b. Donor Contributions

The Joint Programme on HIV/AIDS in Uganda is funded by Irish Aid and the LOA signed between the donor and AA in 2007. As already stated in the above financial overview, a total of USD 6.218 has been released to the AA by the donor, of which USD 4.168 million was received in prior year as at 31 Dec 2009 and USD 2.050 million received in 2010. This information is summarized in Table 2 below:

⁷ Due to rounding off, as a result of some decimals not showing in the tables, the totals in this table and the other tables in the financial report may not add up.

Table 2: Donor Contributions (Amounts in US\$ Thousands)

Donors	Prior Years as of 31 Dec 2009	Current Year Jan-Dec 2010	TOTAL
IRISH AID	4,168	2,050	6,218
TOTAL	4,168	2,050	6,218

c. Transfer of Funds

Transfer of funds is made by MDTF Office based on a fully filled and signed Annex 23- Funds Transfer Form sent by UNDP CO; the allocation of funds as shown in this form is done and approved by the Steering Committee based on the PUNOs individual budgets and work plans. By the end of 2010, of the total USD 6.218 million received from the donor, USD 6.164 million was approved and AA disbursed funds to the PUNOs. The difference of USD 71,000 between the approved amount and the net funded was due to the returned of unused funds by OHCHR. Details of all this information is shown in Table 3 below:

Table 3: Transfer of Net Funded Amount by Participating Organization (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	65	65	106	106	171	171
ILO	171	171	79	79	250	250
IOM	286	286	94	94	380	380
OHCHR	173	173	-	(71)	173	102
UNAIDS	415	415	648	648	1,062	1,062
UNDP	224	224	-	-	224	224
UNESCO	32	32	35	35	67	67
UNFPA	252	252	325	325	576	576
UNHCR	176	176	-	-	176	176
UNICEF	658	658	394	394	1,052	1,052
UNODC	86	86	-	-	86	86
UNWOMEN	43	43	-	-	43	43
WFP	161	161	-	-	161	161
WHO	1,359	1,359	384	384	1,743	1,743
TOTAL	4,099	4,099	2,065	1,994	6,164	6,093

d. Financial Delivery

Of the total net funded amount of USD 6.093 million transferred to the PUNOs, USD 4.302 had been spent by December 2010, with USD 2.823 million being spent in prior years as of December 2009 and USD 1.478 million in 2010, giving a delivery rate of 70.60% as shown in Table 4 below:

Table 4: Financial Delivery Rates (Amounts in US\$ Thousands)

Country/Sector	Prior Years as of 31 Dec 2009		Current Year Jan-Dec 2010		TOTAL		Delivery Rate (%)
	Net Funded Amount	Expenditure	Net Funded Amount	Expenditure	Net Funded Amount	Expenditure	
Uganda							
JP Uganda Support for AIDS	4,099	2,823	1,994	1,478	6,093	4,302	70.60
Uganda Total	4,099	2,823	1,994	1,478	6,093	4,302	70.60
TOTAL	4,099	2,823	1,994	1,478	6,093	4,302	70.60

e. Expenditure

All financial expenditures reported in the tables was based on what PUNOs headquarters entered in MTRF UNEX portal .Below is a table showing how the reported expenditure of USD 4.302 million by the PUNOs was spent according to the 6 spending categories approved by UNDG. The highest expenditure was recorded on contracts, which had 44.54%, the lowest was on training of counterparts with only 5.08%. Details of this information are summarized in the table below:

Table 5.1: Expenditure by Category (Amounts in US\$ Thousands)

Category	Expenditure		TOTAL	Percentage of Total Programme Cost
	Prior Years	Current Year 2009 Jan-Dec 2010		
Supplies, Commodities, Equipment and Transport	259	159	418	10.34
Personnel	501	435	935	23.14
Training of Counterparts	169	36	205	5.08
Contracts	1,569	231	1,800	44.54
Other Direct Costs	103	581	683	16.91
Programme Costs Total	2,601	1,441	4,043	100.00
Indirect Support Costs	222	37	259	6.41
T O T A L	2,823	1,478	4,302	

Table 5.2: Financial Delivery Rates by Participating Organization (Amounts in US\$ Thousands)

Sector / Project No. and Project Title	Participating	Total Approved Amount	Net Funded Amount	TOTAL Expenditure	Delivery Rate
JP Uganda Support for AIDS					
00067657 JP UGA Support for HIV/AIDS	ILO	150	150	115	76.90
00067657 JP UGA Support for HIV/AIDS	IOM	118	118	118	100.00
00067657 JP UGA Support for HIV/AIDS	UNAIDS	152	152	-	0.00
00067657 JP UGA Support for HIV/AIDS	UNODC	54	54	54	100.00
00067657 JP UGA Support for HIV/AIDS	UNESCO	32	32	30	93.81
00067657 JP UGA Support for HIV/AIDS	UNFPA	166	166	158	95.47
00067657 JP UGA Support for HIV/AIDS	OHCHR	54	54	53	99.00
00067657 JP UGA Support for HIV/AIDS	UNHCR	54	54	54	100.00
00067657 JP UGA Support for HIV/AIDS	UNICEF	383	383	378	98.76
00067657 JP UGA Support for HIV/AIDS	WFP	139	139	49	35.55
00067657 JP UGA Support for HIV/AIDS	WHO	985	985	985	100.00
00067657 JP UGA Support for HIV/AIDS	UNDP	134	134	-	0.00
00071635 JP UGA Support for HIV/AIDS II	FAO	171	171	66	38.42
00071635 JP UGA Support for HIV/AIDS II	ILO	100	100	47	46.71
00071635 JP UGA Support for HIV/AIDS II	IOM	262	262	168	64.06
00071635 JP UGA Support for HIV/AIDS II	UNAIDS	910	910	45	4.91
00071635 JP UGA Support for HIV/AIDS II	UNODC	32	32	32	100.00
00071635 JP UGA Support for HIV/AIDS II	UNESCO	35	35	-	0.00
00071635 JP UGA Support for HIV/AIDS II	UNFPA	411	411	137	33.32
00071635 JP UGA Support for HIV/AIDS II	OHCHR	119	48	-	0.00
00071635 JP UGA Support for HIV/AIDS II	UNHCR	123	123	123	100.00
00071635 JP UGA Support for HIV/AIDS II	UNICEF	668	668	279	41.77
00071635 JP UGA Support for HIV/AIDS II	UNWOME	43	43	16	37.04
00071635 JP UGA Support for HIV/AIDS II	WFP	21	21	-	0.00
00071635 JP UGA Support for HIV/AIDS II	WHO	758	758	774	102.10
00071635 JP UGA Support for HIV/AIDS II	UNDP	90	90	621	693.94
JP Uganda Support for AIDS Total		6,164	6,093	4,302	70.60
T	O	T	A	L	
		6,164	6,093	4,302	70.60

Details of funds received by each PUNO and what has been reported and the comparative delivery rates are shown in the above table 5.2.

Funds were disbursed at two levels; at UNDP CO under project No.67657 (Phase I) and at MDTF office under project No.71635 (Phase II). UNDP and UNAIDS had 0% delivery rates at Phase I, due to the fact that, the projects under which the funds were spend in UNDP were never linked to MDTF as at end of 2009 and no expenditures would be captured by UNDP headquarters. However, in 2010 reporting for the whole period (2007-2010) was done. It should be noted that, UNDP was receiving and disbursing on behalf of UNAIDS all the tranches of JP funds except for the last two which were sent to their headquarter account, that explains the delivery of UNDP at 693.94% which is for both UNDP (USD 206,000) and UNAIDS (415,000).

Table 5.3: Expenditure by Participating Organization, with breakdown by Category, cumulative (Amounts in US\$ Thousands)

Participating Organization	TOTAL		Expenditure by Category								Indirect Support Costs	% of Total Programme Costs
	Total Approved Amount	Net Funded Amount	Expenditure	Supplies Commodities Equipment & Transport	Personnel	Training of Counterparts	Contracts	Other Direct Costs	Total Programme Cost			
FAO	171	171	66	-	14	45	-	-	2	61	4	7.00
ILO	250	250	162	5	63	40	20	24	151	11	7.00	
IOM	380	380	286	43	135	-	43	46	267	19	7.00	
OHCHR	173	102	53	-	-	-	50	-	50	3	7.00	
UNAIDS	1,062	1,062	45	-	-	-	45	-	45	-	0.00	
UNDP	224	224	621	70	-	-	-	540	609	12	2.00	
UNESCO	67	67	30	-	-	-	28	0	28	2	7.00	
UNFPA	576	576	295	25	151	-	94	7	276	19	7.00	
UNHCR	176	176	176	50	43	1	38	32	165	12	7.00	
UNICEF	1,052	1,052	658	63	74	61	416	-	615	43	7.00	
UNODC	86	86	86	4	15	22	33	5	80	6	7.00	
UNWOMEN	43	43	16	-	7	3	3	0	13	3	21.45	
WFP	161	161	49	26	13	0	0	2	40	9	22.55	
WHO	1,743	1,743	1,759	135	420	33	1,031	25	1,643	116	7.09	
T O T A L	6,164	6,093	4,302	418	935	205	1,800	683	4,043	259	6.41	

In the table above, the total approved and net funded amounts and how these were spent by the PUNOs in the six approved category is detailed.

f. Interest Received

The programme earned a total of USD 10,000 in interest as at the end of 2010, with 50% earned from the fund and another 50% being earned from funds disbursed to the PUNOs.

USD 4,000 was earned in prior year period as of 31 Dec 2009 and USD 6,000 earned in 2010, registering an increase of 20% in 2010 from what was earned in the prior years as of 31 December 2009.

Further analysis shows that, the earned interest from the PUNO was from UNDP who earned USD 1,000 and UNFPA who earned USD 4,000.

Table 6: Received Interest at the Fund and Agency Level (Amounts in US\$ Thousands)

Administrative Agent	Prior Years as of 31 Dec 2009	Current Year Jan-Dec 2010	TOTAL
Fund Earned Interest	4	1	5
Total - Fund Earned Interest Income	4	1	5
Participating Organization (PO)			
UNDP	-	1	1
UNFPA	-	4	4
UNWOMEN	-	0	0
Total - Interest Income received from PO	-	5	5
TOTAL	4	6	10

g. 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.

The most current information on the Joint UN Programme of Support on AIDS in Uganda can be found in the Joint UN Programme of Support on AIDS in Uganda website of the GATEWAY.