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

Report of the Administrative Agent for JUPSA
for the period 1 January - 31 December 2011

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

31 May 2012

PARTICIPATING UN ORGANIZATIONS

	Food and Agriculture Organization (FAO)
	International Labour Organization (ILO)
	Joint United Nations Programme on HIV/AIDS (UNAIDS)
	United Nations Development Programme (UNDP)
	United Nations Educational, Scientific and Cultural Organization (UNESCO)
	United Nations Population Fund (UNFPA)
	United Nations High Commissioner for Refugees (UNHCR)
	United Nations Children's Fund (UNICEF)
	United Nations Office on Drugs and Crime (UNODC)
	United Nations Entity for Gender Equality and the Empowerment of Women (UNWOMEN)
	World Health Organization (WHO)

PARTICIPATING NON-UN ORGANIZATIONS

	International Organization for Migration (IOM)

CONTRIBUTING DONORS	
	UK Department For International Development (DFID)
	Irish Aid

Programme Title & Number

- Programme Title: Joint UN Programme of Support on AIDS in Uganda (JUPSA)
- Programme Number *(if applicable)*
- MPTF Office Atlas Number: 0071635

Country, Locality(s), Thematic Area(s)

Country: Uganda
Locality: Kampala
Thematic areas: HIV Prevention; Treatment, Care and Support; and Governance and Human Rights

Participating Organization(s)

FAO, ILO, IOM, WHO, UNICEF, UNAIDS, UNFPA, UNDP, UNHCR, UN Women, UNESCO, UNODC

Implementing Partners

Government of Uganda (especially line ministries[1]), Uganda AIDS Commission, Uganda Human Rights Commission, Cultural institutions, selected CSOs and Private Sector entities.

Programme/Project Cost (US$)

• **Joint Programme funding (Pass-through) from Irish Aid and DFID**	USD 7,849,067 USD 1,597,400
Agency Contribution	N/A
Government Contribution *(if applicable)*	N/A
Other Contribution (donor) *(if applicable)*	N/A
TOTAL:	USD 9,446,467

Programme Duration (months)

Overall Duration: 1st January 2011 to 31st December 2014

Start Date: 1st November 2011

End Date or Revised End Date: 31st December 2014

Operational Closure Date: N/A

Expected Financial Closure Date: N/A

Programme Assessments/Mid-Term Evaluation

Assessment Completed
☐ Yes ■ No
Mid-Evaluation Report
☐ Yes ■ No

Submitted By

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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.

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Acronyms

AWP	Annual Work Plan
CCM	Country Coordinating Mechanism
CMG	Core Management Group
CSOs	Civil Society Organizations
DLGs	District Local Governments
ERP	UNAIDS Enterprise Resource Planning
FAO	The Food and Agriculture Organization
FCO	Focal Coordination Office
HCT	HIV Counseling and Testing
ILO	International Labour Organization
IOM	International Organization for Migration
JP	Joint Programme
JSC	the Joint Steering Committee
JUPSA	Joint UN Programme of Support on AIDS in Uganda
MARPS	Most at Risk Populations
MDGs	Millennium Development Goals
MPTF Office	Multi Partner Trust Fund Office
MFPED	Ministry of Finance Planning and Economic Development
MoA	Ministry of Agriculture
MoE	Ministry of Education and Sports
MoGLSD	Ministry of Gender Labour and Social Development
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoTTI	Ministry of
MoW&T	Ministry of Works and Transport
MTR	Mid Term Review
NAP	National action Plan
NASA	National AIDS Spending Assessment
NDP	National Development Plan
NPC	National Prevention Committee
NSP	National HIV Strategic Plan
OVC	Orphan and Vulnerable Children
PLHIV	Persons Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PUNOs	Participating UN Organizations
SOP's	Standard Operational Procedures
TASO	The AIDS Support Organization

ToRs	Terms of Reference
TWGs	Technical Working Groups
UAC	Uganda AIDS Commission
UBRAF	Unified Budget and Accountability Framework
UCC	UNAIDS Country Coordinator
UHRC	Uganda Human Rights Commission
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Frame work
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	The World Health Organisation

PART A: NARRATIVE REPORT

Executive Summary

This 2011 Consolidated Annual Progress Report on Activities Implemented under Joint UN Programme of Support on AIDS in Uganda (JUPSA) covers the period from 1 January to 31 December 2011 and reports on the implementation of this joint programme. This report is in fulfillment of the reporting requirements set out in the Standard Administrative Arrangement (SAA) concluded with the Donors. In line with the MOU, the Annual Progress Report is consolidated based on information, data and financial statements submitted by Participating Organizations. It is neither an evaluation of the Joint Programme nor an assessment of the performance of the Participating Organizations. The report provide the Joint Steering Committee with a comprehensive overview of achievements and challenges associated with the Joint Programme, enabling it to make strategic decisions and take corrective measures, where applicable.

The UN continued its continuous commitment to support the Government of Uganda to fulfill its national and global obligations to combat HIV and AIDS through provision of technical, financial and normative guidance. Notably financial and technical support was extended to key government partners for the development of key national policies, strategies and guidelines i.e. National HIV strategic plan, the National HIV Prevention Strategy, Health Sector HIV/AIDS Strategic Plan 2010/2011 – 2014/2015, Nine Sector Prevention Strategic Frameworks for the Education, Transport & Works, Gender, Internal affairs (Police and Prisons), Local Government, Public service, Agriculture and Defence sectors, Development and launch of the HIV policy for the transport and works sector.

Other guidelines supported included drafting of a national comprehensive condom programming strategy in the context of RH commodity security, drafting of a national action on HIV in sex work settings, development of the National eMTCT Plan, review of the education sector school health policy, development and printing of standard operating procedures and job aides for pediatric ART, finalization, launch and dissemination of SMC surgical manual and training materials, development and approval of the 5 year HIV Strategic Plan for the Forum of Kings and Action plans for 17 kingdoms, development and dissemination of the Integrated ART guidelines for adults, adolescents and children including young child feeding. In addition the UN supported UAC to carry out the Institutional Review and development of an action plan, review, update and dissemination of TB/HIV policy guidelines, training materials and tools to improve management of TB among people living with HIV and the dissemination and integration of the National Action Plan on HIV-induced Child Labour into DLGs plans.

UN as a honest broker lead high level advocacy (presidency, Speaker, Parliament, Civil Society) on a range of issues including; advocacy on virtual elimination of PMTCT targeting political leadership, resolve of the bottlenecks around Global fund and restoration of confidence by GF and revitalization of prevention efforts with the presidency. The CSOs were supported to harmonize and articulate their position on the Anti-Homosexuality Bill, HIV Prevention and Control Bill and Anti-Counterfeiting bill and other HIV, gender and other human rights-related issues.

In addition, normative guidance and financial support was extended in the areas of strategic information namely supported the AIDS Indicator Survey and the UDHS, the development of Universal Access Progress Report, Legal audit on socially excluded MARPs, supported a study on social cultural norms, values and practices that impact on HIV prevention, maternal health and GBV. HIV drug resistance monitoring – EWIs and emerging resistance survey, Open MRS piloting and scale up to 20 new facilities and update of HMIS to incorporate more HIV indicators.

As part of capacity building for service delivery the UN supported cultural leadership skills development in conducting community dialogues in the Buganda, Acholi and Teso cultural institutions, capacity on female condom service provision to support SRH/HIV integrated service delivery, procurement of male, female condoms and female demonstration aides and communication materials including their delivery through the public health system and non-health facility based mechanisms. The capacity of districts to provide health services was boosted by the training of HWs using the IMAI/IMPAC/IMCI approach in 20 districts.

Other areas included strengthening improvement of procurement and supply chain management of HIV commodities by supporting PSM Plan update, support the development and dissemination of OVC plan and evidence based criteria for the identification of OVCs and their households at community level, and the design of an OVC registration system and establishment of data collection and reporting systems for OVC including supporting DLGs to establish and train 40 child protection committees in Kabarole District with over 400 members trained.

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

This report is presented in two parts. Part A is the Annual Narrative Progress Report and Part II is the Annual Financial Progress Report. Part I is presented in six sections. Section I a purpose of the Joint Programme; Section II presents resources; Section III describes an implementations and monitoring arrangement; Section IV provides an overview of the achievement of the Joint Programme and the challenges; Section V provides future work plan and Section VI draws on indicator based performance assessment. Part B of this report forms the Annual Consolidated Financial Report.

I. Purpose:

This 2011 annual report provides an overview of the Joint UN Programme of Support on AIDS in Uganda (JUPSA) outcomes, the governance mechanism, resources for full implementation, monitoring and evaluation arrangements. It further gives a synthesis of the Joint Programme (JP) performance highlighting key programmatic achievements, challenges and lessons learned in the efforts by the UN family in Uganda in "Delivering as One". The report further presents mitigation actions and priorities areas for 2012 in support of the national AIDS response.

The year 2011 was the first year of implementation of the revised Joint UN Programme of Support on AIDS in Uganda (JUPSA) whose outcomes are presented in Table 1 below;

Table 1: Main JUPSA outcomes and outputs for 2011 - 2014

JUPSA Outcome	JUPSA Output
HIV Prevention – National systems have increased capacity to deliver equitable and quality HIV prevention integrated services. – Communities mobilised to demand for and utilise prevention integrated	• Technical capacity for combination prevention programming and service delivery strengthened (with priority focus on SMC, HCT, PMTCT and comprehensive condom programming). • Leadership and coordination for HIV prevention strengthened at national and district levels. • Strategic information generated and utilised for evidence

services**.**	based HIV prevention programming. • Capacity of community systems for social and behaviour change strengthened.
Treatment, Care and support – Access to antiretroviral therapy for PLHIV who are eligible increased to 80%. – TB deaths among PLHIV reduced. – PLHIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support**.**	• Guidance provided and capacity built for provision of standard ART care according to the WHO recommendations. • Enhanced programming for Pre- and Post- exposure prophylaxis. • Capacity for screening and management of non communicable diseases associated with HIV strengthened in all ART centers. • Support relevant institutional capacity for the procurement and supply chain management systems. • Accelerated and streamlined implementation of HIV/TB collaborative interventions. • National Social Protection policy, strategy and programme integrate issues of PLHIV. • Communities vulnerable to HIV have increased resilience and are empowered to be food and nutrition secure. • Strengthened capacity of government to implement OVC policy and plans for vulnerable children operationalised.
Governance and Human Rights – National capacity to lead, plan, coordinate, implement, monitor and evaluate the national HIV response strengthened. – Laws, policies and practices improved to support gender equality and reduce human rights abuses, stigma and discrimination.	• Capacity of national institutions to lead and coordinate the national HIV response strengthened. • National and local government capacity to mainstream HIV and AIDS in planning and policy processes improved. • The UAC and sector institutional capacity to plan supported. • Engagement of the civil society including PLHIV and young people in the national HIV response strengthened and streamlined. • Institutional capacity for resources tracking supported. • National capacity to gather and disseminate strategic information strengthened. • Capacity of the UN JT to plan, implement monitor and evaluate the JUPSA strengthened. • Capacity of national institutions to identify and implement relevant laws, policies and practices that undermine and support effective responses to HIV and AIDS strengthened. • Technical capacity provided and resources mobilised to domesticate and implement the accelerated plan of action on women, girls and gender equality in response to HIV.

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 first JUPSA was developed in 2007 covering the period 2007 – 2012. It was aligned to the priorities of the National HIV and AIDS Strategic Plan 2007/8-2011/12. During the period 2010-2011, the JUPSA was revised and aligned to National Development Plan (NDP) and the National HIV strategic plan 2011/12-2014/2015 resulting in a second generation JUPSA covering the period 2011-2014. The JUPSA 2011- 2014 is also aligned to the

current United Nations Development Assistance Frame work (UNDAF 2010-2014) and to the three priority areas in the UNAIDS vision on getting to Zero New Infections, Zero AIDS-related Deaths and Zero Discrimination. This vision resonates with the Ugandan aspirations, as expressed in the National HIV and AIDS Strategic Plan, of: achieving universal access to HIV prevention, treatment, care and support; halting and reversing the spread of HIV and contributing to the achievement of other MDGs.

The UN system in Uganda remains a key player in supporting the national HIV and AIDS response. The development of the JUPSA (2011- 2014) is part of the UN's continuous commitment to support the Government of Uganda in fulfilling its national and global commitments on combating HIV and AIDS. The new JUPSA has a new management structure that includes the Government of Uganda, donors, civil society including Persons Living with HIV (PLHIV)) and the private sector contributing through the Joint Steering Committee. This was informed by the Mid Term Review (MTR) of JUPSA 2007- 2012, the guidance from the UNAIDS strategy and national context of managing joint programmes. The JUPSA management structure comprises three lines of communication and reporting, namely; the Joint Steering Committee (JSC), Core Management Group (CMG) and the Thematic Working Groups (TWGs).

Participating UN Organizations (PUNOs) 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), 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), and the Word Health Organisation (WHO). The PUNOs selected UNDP/ Multi Partner Trust Fund (MPTF) Office to serve as the 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:

The JUPSA 2011-2014 is funded from participating UN agencies existing agents' core budgets and extra budgetary funds, with an estimated US$31.2million for the second JUPSA generation for 4 years. About 77% of this is total commitment expected from PUNOs[2] via their respective headquarters or their regional offices or Unified Budget and Accountability Framework (UBRAF), Irish Aid and DFID. During 2011, extra-budgetary resources were mobilized from Irish Aid to a tune of 1.62 million dollars and DFID 1.58 million dollars managed through the MPTF Office. Detailed financial resources for the JP are contained in the financial section of this report (to be added once we receive MPTF report)

Budget revisions

During the period August 2010 to July 2011, Irish Aid provided funds to the Joint Team to implement several activities featured in the 2010 and 2011 AWPs. The support ended in July 2011 before all funded activities had been concluded and a request for extension was requested for from Irish Aid and granted.

[2] About US$ 11.7Million (50%) is the excepted share of UN funding

Good practices and constraints related to the management of the financial aspects of implementing the programme, including receipt of transfers and administrative bottlenecks

Good practices

- Mobilization of external resources: The JT mobilised external resources through Irish Aid and DFID to support the JUPSA. The UNJT has established good partnerships with development agencies at local level and through delivery of results which has resulted in increased financial support.
- Enhancing funding and JT involvement in the identification of activities: The 2nd generation JUPSA was costed for unlike the 1st generation JUPSA 2007 – 2012. The funds were well aligned to activities identified by the JT as opposed to those previously proposed by development partners
- The MPTF Office continued to provide release of funds to PUNOs headquarters in a timely manner, notwithstanding other challenges that were associated with agencies accessing funds from their headquarters
- Joint Team constant interface with the UNDP financial staff provided information and knowledge on the status performance of each Agency and skills in tracking financial performance, which enhanced JT understanding of the AA expectations.

Constraints/opportunities

- Delays in accessing funds at agency country office level which delayed implementation and consequently the need to request for a no cost extension.
- Different PUNOs have different financial reporting systems and timelines and therefore had different experiences. For example UNESCO and four other Agencies, found that at the end of the reporting period for a particular donor account, their system configuration required a close down regardless of the fact that only part of the funds had been utilized.
- Receipt of funds in the middle or at the end of the UN financial year also constrain implementation since PUNOs implement through national partners on the basis of Memoranda of Understanding signed at the beginning of the year
- Delays in determining the DFID funded districts of operation: There were issues that required clarification and consensus by government (MoH, UAC), UN, DFID and the district, before the full implementation of the combination prevention. This delayed implementation and the absorptive capacity for the funds received in early March 2011.
- Low absorption capacities among national implementing partners especially government bodies also impact on PUNOs implementation rates

Human Resources

As of 31 December 2011, there were 68 staff involved in the implementation of the JUPSA, with 21 staff on full time and 26 on part-time basis respectively, excluding 21 operational stafff. The details are as below:

- National Staff: 39 Programme Staff and 21 Operations Staff.
- International Staff: 8Programme Staff.

UNAIDS as the Coordinator of the JUPSA boosts of three international and four national staff that facilitate its coordination

III. Implementation and Monitoring Arrangements:

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

The management arrangement of JUPSA (2011-2014) was developed considering the context of findings from the MTR of the first generation JUPSA (2007-2012), guidance from the UNAIDS Strategy 2011-2015 and the country experience in managing joint programmes. The JUPSA management structure comprises of three lines of communication and reporting namely; the Joint Steering committee (JSC), chaired by the UN Resident Coordinator and Co-chaired by the Director General of the Uganda AIDS Commission, the Core Management Group (CMG) consists of conveners of the TWGs and is chaired by the UNAIDS Country Coordinator (UCC) as lead agency. The three Thematic Working Group (TWGs) namely Prevention, Treatment, Care and Support and Governance and Human rights chaired by UNFPA, WHO and UNDP respectively in line with the adapted country division of labour. These working groups are linked to the national aspiration of turning off the tap of new HIV infections and AIDS related deaths in concert with the UNAIDS vision of Zero New Infections, Zero related-Deaths, and Zero Discrimination.

The CMG meets at least once every two months or as need arises and reports to the JSC through UNAIDS, as a Secretariat for the JSC which prepares agendas for discussion and follows up on implementation of recommendations. The JSC is a management arrangement that provides overall oversight and governance of the JUPSA through review of reports and other documents prepared by the CMG to solicit guidance and decision-making from the JSC. The JT comprises full time and part time resident and non-resident UN programme staff working on HIV in Uganda. The UN staff is formally nominated to the Team through a letter jointly signed by their Heads of Agency (HoA) and the UN Resident Coordinator. The JT meets for planning, priority setting for the year and to execute evaluation functions. These meetings are based on the UNDAF annual planning timetable and the national Joint AIDS Review (JAR).

The Uganda JUPSA is structured under three thematic areas, each with a convening agency holding the mandate and comparative advantage in the said area, together with the 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	Convener	Participating UN agencies	Government partner agencies
Prevention Thematic Working Group which focuses on work towards achieving the "Zero New Infections" vision;	UNFPA	UNDP, UNAIDS, UN Women, UNFPA, UNICEF, , UNESCO, ILO, IOM	MFPED, MoGLSD, UAC MoH, MoLG, MoTTI, Public Service, MoA, , UHRC
Treatment, Care and Support Thematic Working Group focuses on work towards achieving the Zero related-Deaths vision;	WHO	UNFPA, UNDP, UNAIDS WHO, IOM, UNICEF, UNHCR, UNODC	MoH, MoGLSD, UAC, MoE, MoW&T
Governance and Human Rights Thematic Working Group works towards achieving the Zero Discrimination vision.	UNDP	WHO, UNICEF, UNFPA,UNHCR, ILO, UNAIDS, UNESCO, UNOI IOM,UN Women	MoGLSD, UAC, MoH

The TWGs are chaired by UNFPA, WHO and UNDP. During the year each the TWG set priorities and ensured the development and implementation of their respective component of the JP. All of the participating

agencies implement through national partners and depending on issues at hand, non-UNJT members can be invited to participate in TWG sessions. The TWGs provide an avenue for monitoring performance on agreed annual results by each lead agency. Mid-year and Annual reports of TWGs were complied, discussed by the JT and consolidated to inform the annual JP report. The TWG and the JT mechanism also serves as a knowledge hub providing technical support to participating agencies in implementation and working with national partners. These new management structures have enhanced efficiency and effectiveness in the coordination, implementation and demystification of the JUPSA.

The Administrative Agent

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

b) **The monitoring systems**

One of the primary aims of the JUPSA is to consolidate planning and reporting. Following the finalization of the JUPSA 2011-2014, the TWGs met and developed the 2011 annual work plan (AWP) and budgets based on the Division of Labour (DoL) as well as the agencies comparative advantage and mandates as per the standard UN annual planning cycle (January- December). Monitoring was based on the 4 year country output Indicators, to annually track progress on results expected to lead to the JP outcomes. In addition, specific outputs for activities agreed in the 2011 AWP were identified and targets agreed upon and tracked. A mid-year review was conducted to assess the level of implementation, challenges encountered; and lessons learned as well as to agree on priorities for the coming period. These were captured and documented in the program monitoring matrix at the 6 months review and updated during the end of year review (see **Annex 1).** This has informed the development of this report, which has been reviewed by the three JUPSA lines of communication and reporting. Similarly specific M&E systems for PUNOs were utilized to continually assess progress in implementation vis-a-vis JP outputs for which each agency is responsible.

d) Assessments, evaluations and studies undertaken

- A MTR was initiated in December 2010 and completed in 2011; this informed the development of the new JUPSA.
- The National AIDS Spending Assessment was conducted.
- A legal audit was made on key populations.

IV. Results:

This section presents a summary of 2011 key achievements, and later discusses implementation achievements for each of the three thematic working groups of prevention, treatment, care and support and governance and human rights. It then articulates the challenges experienced and lessons learnt in implementing the JP **(See annex 1).** It ends with a discussion of the JUPSA elements that are suggested as priorities for 2012 implementation.

Summary of Key Programme Achievements 2011

The key programme achievements for 2011 resulting from UN support are:

1. In collaboration with key partners brokered high level advocacy to resolve bottlenecks around Global Fund were undertaken including the success for TASO to become 2nd PR for and from the civil society; and eventual agreement on alternative procurement methods for GF; advocated for CCM reforms including: CCM composition (reduced number from 26 to 17, including a representative of a key affected population; and increasing civil society representation to about 40% as per the GF recommendation), delinking the CCM from the PR; and delinking the CCM secretariat from the FCO.

2. Developed the Joint UN Programme of Support on AIDS in Uganda 2011-2014 aligned to the NSP, NDP, UNDAF and the three priority areas in the UNAIDS vision. The new JUPSA has a new management structure that includes the Government of Uganda, donors, civil society, Persons Living with HIV (PLHIV) and the private sector. Development partners have continued to support the HIV response.

3. The UN mainly provided technical backstopping for the country to undertake the midterm review of the National HIV strategic plan 2006/7-2011/12, conduct the 2011 Joint Annual review and to develop the revised NSP 2011/12-2014/15 and the National Priority Action Plan (NPAP) 2012.

4. The UN supported (technical and financial) the development and launch of the first National HIV Prevention Strategy (NPS) 2012/15 and a two year action plan for intensifying HIV prevention in Uganda. The Strategy is hinged on the NPS, the UN supported government sectors of Education, Gender, Works and Transport, Agriculture, Prisons, Police, Defence, Public Service and Local Government to develop sector HIV prevention strategies.

5. Provided financial and technical expertise to the Ministry of Gender Labor and Social development for the development of the National Action Plan for Women, Girls, Gender Equality and HIV. The National Action Plan for Women aims at addressing the specific needs and rights of women and girls in the context of HIV.

6. Supported the Ministry of Gender Labor and Social Development to develop a five-year Strategic Plan for the forum for Kings and Cultural leaders on HIV and AIDS, Maternal health and Gender Based Violence. As a result of the Strategic Plan, two-year action Plans for 17 Cultural institutions were developed and 3 cultural institutions namely Acholi, Buganda and Teso have started implementing the Plans in their chiefdoms.

7. Technical support including adaptation of the NASA methodology was extended by UN for the execution of the National AIDS Spending Assessment exercise to better understand the magnitude of HIV financing and preliminary results expected by April 2012.

8. The Institutional Review of the Uganda AIDS Commission was finalized; an action plan developed, endorsed by the Steering Committee and presented to the Minister for Presidency, funding for implementation mobilized and implementation of recommendations is ongoing including ensuring highly competent and caliber staff are on board to enhance the coordination of national HIV response.

9. Provide normative guidance, technical and financial support to MoH that resulted into the development, printing and dissemination of the Integrated ART Guidelines for adults, adolescents and children to guide the Country in provision of comprehensive services.

10. Working with and though MoH, Health Workers (HWs) in 20 districts were trained using the IMAI/ IMPAC/IMCI approach and the Ministry of Health was supported to conduct the supervision and mentoring of HWs.

11. A 3-4 factor evidence based criteria (Orphans, out of school children, children with disability) was developed for identification of OVC and their households at community level, making provision for the identification of 93% of OVC.

12. Provided technical and financial support to MoLGSD, for the finalization and distribution of OVC plan in 32 districts. In addition, 40 child protection committees have been established in Kabarole District with over 400 Child Protection Committee members trained.

13. The UN supported advocacy for prioritizing focus on PMTCT resulting in the development and launch of the Plan on Elimination of Mother to Child Transmission and mobilization of over $25m from the American Government

14. Advocacy work was supported to re-engage and reposition leadership for HIV targeting: Parliamentarians, Mayors, Religious and Cultural Leaders and youth, resulting in development of systematic programmes for an expanded response

15. The National M&E TWG was revitalized, a new M&E plan (in tandem with new NSP developed and UAC staff capacity on M&E enhanced (supported filling of all the required M&E positions at UAC, hands-on training and mentoring of the UAC staff).

HIV prevention -Achievements:

HIV prevention activities supported by the UN in 2011 were aimed to: development of strategic guidance for a revitalized prevention response; strengthening systems for increased access to evidence-based and quality assured HIV prevention, to improve service uptake, sustained behavior change and reduction of new HIV infections. Key achievements are presented below;

- The National HIV Prevention Strategy was developed through extensive stakeholder consultation at national and lower levels and launched by His Excellency the President on World AIDS 2011. Sector Prevention Strategic Frameworks were developed for the education, transport and works, gender, internal affairs (police and prisons), local government, Public service, Agriculture and Defence sectors. The National Prevention Committee (NPC) at UAC was supported to spearhead the development of the NPS, review prevention aspects of the NSP and contribute to the revised NSP. Support was also extended for the functionality of other HIV prevention coordination structures including the National PMTCT Advisory Committee, the National SMC Task Force and the National BCC Team.

  The country was supported to review and/or develop policy guidance in areas of need including: development and launch of the HIV policy for the transport and works sector; drafting of a national

comprehensive condom programming strategy in the context of RH commodity security; presentation of the National RH/HIV linkages and integration strategy to MoH top management for endorsement; drafting of a national action on HIV in sex work settings; The education sector was supported to review the school health policy. The supported the AIDS Indicator survey and the UDHS, compilation of the Universal access report and a legal audit on socially excluded MARPs was conducted to inform programming.

- To support systematic delivery of the NPS, the UNJT supported processes for conceptualizing a pilot programme in selected districts and specifically supported: processes for: development of criteria and selection of the 6 pilot districts approved by the NPC; development of a request for proposals and their evaluation by the Civil Society Fund; development of TORs and procurement of study teams to conduct the programmatic baselines. The UN also supported stakeholder mobilization and sensitization for ownership and delivery of the pilot programme resulting in the drafting of an operations manual by the Uganda AIDS Commission as the lead agency and formational of high level leadership Task Team to provide oversight on the pilot programme.

- Supported high level leadership advocacy on virtual elimination of PMTCT targeting political leadership specifically parliamentarians; development partners, government sector and civil society leadership and technocrats. This resulted in the development of the National Elimination Plan on MTCT, mobilization of $25m for scaling delivery of the 4 prongs of MTCT prevention programme; development and printing of standard operating procedures and job aides for pediatric ART supplied to about 75% of PMTCT sites in the country.

- Supported the finalization, launch and dissemination of surgical manual and training materials on the SMC Surgical Manual. Advocacy on SMC was also conducted targeting political and other leadership parliamentarians, urban authorities, district leaders in selected districts

- Supported the Forum of Kings to coordinate prevention actions of the cultural institutions that resulted in the development and approval of the HIV Strategic Plan for the Forum of Kings and Action plans for 17 kingdoms. In addition, supported cultural leadership skills development in conducting community dialogues that were consequently conducted in the Buganda, Acholi, and Teso cultural institutions. A study on social cultural norms, values and practices that impact on HIV prevention, maternal health and GBV were conducted in the same institutions.

- The UN supported systems strengthening, service delivery and community mobilization actions to generate evidence around translating policy into practice. Specific support was in areas of: training of health workers in the IMAI/IMAPC approach and female condom service provision to support SRH/HIV integrated service delivery. The UN procured all the male and female condoms delivered through the public health system and supported condom distribution through non-health facility based mechanisms including use of boda boda drivers and sex workers networks. Provision of SRH/HIV prevention services to MARPs, young people, couples and PMTCT services were supported in selected districts. Community dialogue sessions for sex workers and other sexual minority groups and vulnerable groups were conducted at national and community levels. Female condom demonstration aides and communication materials were procured and distributed

Treatment, care and support - Achievements

In order to contribute to the JUPSA treatment, care and support outcomes on increasing access to antiretroviral therapy, reduce TB deaths among people living with HIV and improving support for people living with HIV and households affected; the following were key achievements during the year;

- Developed, printed and disseminated the Integrated ART guidelines for adults, adolescents and children including young child feeding to guide health workers in provision of comprehensive HIV/AIDS care at all levels of care.

- The capacity of districts to provide health services was boosted by the training of HWs using the IMAI/IMPAC/IMCI approach in 20 districts. MOH in collaboration with its partners are supporting implementation of the HBC policy guidelines in the communities using the village health teams.

- Supported development and dissemination of OVC plan aimed at providing a framework for OVC planning and implementation in 32 districts that now have a draft OVC plan.

- A 3-4 factor evidence based criteria was developed for the identification of OVCs and their households at community level, with 3 factors (orphan, child out of school, and child with disability) one is able to identify 93% of OVC.

- Supported evidence-based advocacy for the improvement of procurement and supply chain management of HIV commodities within MoH with the development of a comprehensive PSM Plan that includes HIV commodities.

- Supported the review, update and dissemination of policy guidelines, training materials and tools to improve management of TB among people living with HIV.

- The National Action Plan on HIV- induced Child Labour disseminated and integrated into DLGs plans and the NAP is being costed by MoGLSD.

- Designed an OVC registration system and established data collection and reporting systems for OVC.

- Supported DLGs for the formation and training of members of 40 child protection committees in 40 of 78 parishes in Kabarole District with over 400 Child Protection Committee members who were trained.

Governance and Human Rights –Achievements

The focus of JUPSA support in 2011 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 and addressing policy and legislative environment and human rights issues. Key achievements are summarized below:

- In collaboration with key partners brokered high level advocacy to resolve bottlenecks around Global Fund were undertaken including the success for TASO to become 2nd PR for and from the civil society; and eventual agreement on alternative procurement methods for GF; advocated for CCM reforms including: CCM composition (reduced number from 26 to 17, including a representative of a key affected population; and increasing civil society representation to about 40% as per the GF recommendation), delinking the CCM from the PR; and delinking the CCM secretariat from the FCO.

- Supported UAC to carry out the Institutional Review of the Commission, Secretariat and the National AIDS Response, with the development of an action plan endorsed by the Steering Committee and presented to the Minister for Presidency.

- HIV and environment collaborative activities were undertaken. Specifically, a legislative, policy and institutional review has been undertaken with a view of integrating health and social issues (particularly HIV and gender) into environmental impact assessments (EIAs) for capital projects. EIAs are a practical platform through which the social impacts (HIV and gender) associated with capital projects can be better understood and addressed through a multisectoral approach in a sustainable manner. This has led to strengthened collaboration across government and non-state actors. Also, links between gender, HIV and capital projects are being identified and better understood.

- Strengthened the capacity of the M&E TWG to support UAC National M&E TWG. Inaugurated with appointments/representation of key stakeholder and the development of new M&E Framework.

- Extended technical backstopping to the NASA exercise (development of tools and adoption, sampling, orientation of stakeholders, training, data collection, including UN's participation in the NASA TWG).

- Supported the development of the National Action Plan on Women, Girls, Gender Equality and HIV/AIDS through MoGLSD.

- To ensure that people living with HIV (PLHIV) have access to treatment, technical and financial support has been provided to Coalition for Health Promotion and Social Development to undertake various consultations on the proposed Anti-Counterfeit Good Bill. As a result, the current Bill does not threaten the importation and production of generic drugs by conflating them with fake drugs, as the first draft of the bill did. This enabling legal and human rights framework, when enacted shall go a long way in facilitating access to treatment and protects the rights of PLHIV, the treatment of who is almost entirely reliant on generic pharmaceuticals.

- High level engagement of the leadership on HIV and gender and human rights-related issues included issuance of press statements on the murder of David Kato, a renowned LGBTI defender; supported CSOs to harmonize and articulate their position on the Anti-Homosexuality Bill, HIV Prevention and Control Bill and Anti-Counterfeiting bill; conducted a dialogue between the UNCT and LGBTI activists.

- Facilitated high level missions to engage political leadership on pertinent HIV issues. Where 2 delegates attended the High Level Mission on HIV in June 2011; 6 delegates attended the pre-HLM in Namibia; 11 delegates attended the Africa Regional Dialogue of the Commission on HIV and the Law; and one youth attended the Bamako Youth Conference.

Key implementation gaps and constraints:

- Delivery of the pilot combination prevention programme in the selected districts is a key priority but could not be expedited as the different key stakeholders were being mobilized to own and delivery on the joint activity. Prorgamme inception processes involving many key partners took longer than anticipated which delayed progress especially on the baseline activity until the end of 2011. Key issues included: lack of clarity on linkages between the different components of the national DFID funded prevention programme,

and rationale for resource allocation; and involvement of government entities especially UAC, MoH and districts. The embraced concept of impact evaluation also requires intensified stakeholder orientation.

- The UN works with and delivers her joint plan through national partners. Completion of some activities especially those that involve policy level approvals tend to delay. For example, the SRH/HIV linkages and integration strategy initiated in 2009 did not go through all the approval stages during the year. Some sectors and agencies experience low human resource capacities that lead to low implementation rates Implementation of some activities was delay.

- Finalization and dissemination of the National Action Framework on Women, Girls and Gender Equality and HIV is still outstanding. This gap was caused by the limited capacity of national partners in terms of human resource and the availability of tools which ultimately affected the full implementation of the planned activities.

- Delays in approval of the SRH/HIV linkages and integration strategy initiated in 2009 at MoH.

- There is a global drive to eliminate pediatric AIDS by 2015 consequently MoH has to halt other guidelines so as to synchronize them with the MTCT elimination plan.

- Some planned activities with committed resources could not be implemented due to other dynamics at national and global levels. For example Global Fund Round 11 was cancelled, requiring re-allocation of funds to other activities that could not be completed in the implementation period. Similarly some activities were building on others that were delayed for various reasons. Several activities planned to hinge on an approved NPS could not be initiated since the NPS was cleared by UAC at the end of 2011.

- The long wait for CPHL to harmonize and determine the transportation modalities of different districts affected determination of the districts UNICEF would support.

- The late disbursement of funds from the headquarters of some PUNOs affected execution of activities.

Mitigating actions:

- Promote and support national ownership and leadership from the conceptualization stage of interventions.
- Strengthen the capacity of national actors in identified areas of weakness.
- High level advocacy to address bottlenecks in government systems that affect decision making processes.
- Endorsement for the recruitment of JUPSA staff including the Coordinator, the Assistant Programme Officer and Administrative assistant to ensure effective JUPSA coordination, implementation, monitoring and reporting.

Key lessons learned in implementing programmes

- The establishment of the JSC that involves the government, private sector, the UN, development partners and PLHIV is key in fostering national ownership of the JUPSA and collaboration for its delivery. The UNJT will ensure that Government partners are brought on board during the initial planning processes to ensure focus on national priorities, funding gaps and timely implementation

- Government support in timely preparations for implementation of programmes affects progress and success.
- As exemplified by funding delays earlier described, delays suffered by the UN system, followed by delays in government and other implementing partners systems creates "double delays".
- JUPSA must bring Government on board during the initial planning processes since they are in most cases the primary implementing partners. Government's absence at this stage has affected the pace of implementation desired by the JUPSA.

V. Future Work Plan

Prevention

i. Strengthen technical capacity for combination prevention programming service delivery (with priority focus on SMC, HCT and PMTCT and comprehensive condom programming) at programming, operational planning and service delivery levels
ii. Strengthen leadership and coordination for HIV prevention at national and district levels
iii. Generate and utilize strategic information for evidence-based HIV prevention programming
iv. Strengthen the capacity of community systems for social and behavior change
v. Strengthen the capacity of community systems for delivery of SRH/HIV prevention services

Treatment, care and support

i. Provide guidance and build capacity for the provision of comprehensive HIV/AIDS care according to the WHO recommendations
ii. Support the roll-out of pre-and Post-exposure prophylaxis
iii. Strengthen capacity for the screening and management of non communicable diseases associated with HIV in all ART centers
iv. Support improved prevention and treatment of HIV through development of programmed that promote equitable access to essential medicines and their rational use by prescribers.
v. Accelerate and streamline implementation of HIV/TB collaborative interventions based on new WHO recommendations
vi. Support the integration of the national social protection policy strategy and program issues of PLHIV and their households
vii. Strengthen capacity of government to implement OVC policy and Plans for vulnerable children

Governance and human rights

i. Strengthen the capacity of national institutions to lead and coordinate the national HIV response
ii. Support national and local government capacity to mainstream HIV/AIDS and gender issues in planning and policy processes
iii. Support UAC and sector institutional capacity to plan, monitor and evaluate national response
iv. Support institutional capacity for resource tracking and the development of the Country AIDs Trust Fund
v. Strengthen national capacity to gather and disseminate strategic information
vi. Support sustainable innovative financing options for HIV in Uganda
vii. Support JT to coordinate, plan, implement, monitor and evaluate the JP
viii. Strengthen and streamline engagement of civil society including; PLHIV, women and youth networks and the private sector in the national HIV response
ix. Support the identification and implementation of relevant laws, policies and practices that support effective responses to AIDS

x. Enhance national capacity to reform laws, policies and practices that block effective AIDS response
xi. Roll-out of the Action Framework on Women, Girls, Gender equality and HIV/AIDS

PART B: FINANCIAL REPORT

1. Financial Overview

By the end of 2011, total contributions of 9,461,125 have been received for this Joint Programme from donors: Irish Aid and DFID. Additionally USD 14,658 has been earned in interest, bringing the cumulative amount of programmable resources to USD 9,461,125.

Table 1 provides an overview of the overall sources, uses and balance of the Joint Programme is funds as of 31 December 2011. Out of USD 9,461,125 available for programming, USD 9,360,398 has been transferred to the Participating Organizations.

Apart from donor contributions, the Joint Programme also received funds from interest income earned on the balance of funds. "Fund earned interest" comprises two resources of interest income: (1) interest earned on the balance of funds held by the Administrative Agent; and (2) interest earned on the balance of funds held by Participating Organizations where the Financial Regulations and Rules of the Participating Organization permit remittance of interest. By the end of 2011, the Fund earned interest amounted to USD 8,636 and interest income from Participating Organizations was USD 6,002 for cumulative total interest of USD 14,658.

The Administrative Agent fee is charged at the standard rate of 1 percent of donor contributions received. As of 31 December 2011, the cumulative AA fees charges to the Joint Programme total USD 94,465.

This information is summarized in Table 1 below:

Table 1. Financial Overview (in US dollars)

	Prior Years as of 31 Dec 2010	Current Year Jan-Dec 2011	TOTAL
Sources of Funds			
Gross Donor Contributions	6,217,547	3,228,920	9,446,467
Fund Earned Interest Income	4,871	3,765	8,636
Interest Income received from Participating Organizations	5,140	882	6,022
Refunds by Administrative Agent (Interest/Others)	-	-	-
Other Revenues	-	-	-
Total: Sources of Funds	6,227,557	**3,233,568**	**9,461,125**
Use of Funds			
Transfer to Participating Organizations	6,163,767	3,196,631	9,360,398
Refunds received from Participating Organizations	(70,940)	(1,986)	(72,926)
Net Funded Amount to Participating Organizations	6,092,827	**3,194,645**	**9,287,472**
Administrative Agent Fees	62,175	32,289	94,465
Direct Costs	-	-	-
Bank Charges	-	**26**	26
Other Expenditures	-	-	-
Total: Uses of Funds	6,155,003	**3,226,960**	**9,381,963**
Balance of Funds Available with Administrative Agent	72,554	**6,608**	**79,162**
Net Funded Amount to Participating Organizations	6,092,827	3,194,645	**9,287,472**
Participating Organizations' Expenditure	4,301,550	1,496,740	**5,798,290**
Balance of Funds with Participating Organizations	1,791,278	**1,697,905**	**3,489,182**

2. Donor Contributions

The Joint Programme is funded by Irish Aid and DFID. In 2011 the Joint Programme has received USD 3,228,920 in donor contributions, bringing the total fund contributions to USD 9,446,467.

This information is summarised in Table 2 below.

Table 2. Donor Contributions (in US dollars)

	Prior Years as of 31 Dec 2010	Current Year Jan-Dec 2011	TOTAL
DFID	-	1,597,400	1,597,400
IRISH AID	6,217,547	1,631,520	7,849,067
Total	6,217,547	**3,228,920**	**9,446,467**

3. Transfer of Funds

In 2011, a net funded amount was USD 3,194,645 bringing the cumulative amount to USD 9,287,472. The term "Net funded amount" refers to amounts transferred to a Participating Organization minus refunds of unspent balances from the Participating Organization.

The distribution of approved funding, consolidated by Participating Organisation is summarized in Table 3 below.

Table 3. Transfers/ Net Funded Amount by Participating Organization (in US dollars)

Participating Organization	Prior Years as of 31 Dec 2010		Current Year Jan-Dec 2011		TOTAL	
	Approved Amount	Net Funded Amount	Approved Amount	Net Funded Amount	Approved Amount	Net Funded Amount
FAO	170,599	170,599	178,392	178,392	348,991	348,991
ILO	**250,217**	**250,217**	172,916	172,916	423,133	423,133
IOM	380,029	380,029	170,281	170,281	550,310	550,310
OHCHR	**172,912**	**101,972**	-	-	172,912	101,972
UNAIDS	**1,062,483**	**1,062,483**	23,640	23,640	1,086,123	1,086,123
UNDP	**223,967**	**223,967**	710,082	710,082	934,048	934,048
UNESCO	**67,281**	**67,281**	127,148	125,162	194,429	192,443
UNFPA	**576,470**	**576,470**	705,925	705,925	1,282,395	1,282,395
UNHCR	**176,029**	**176,029**	94,502	94,502	270,531	270,531
UNICEF	**1,051,541**	**1,051,541**	415,180	415,180	1,466,721	1,466,721
UNODC	**85,600**	**85,600**	-	-	85,600	85,600
UNWOMEN	**42,800**	**42,800**	-	-	42,800	42,800
WFP	**160,500**	**160,500**	-	-	160,500	160,500
WHO	**1,743,340**	**1,743,340**	598,565	598,565	2,341,905	2,341,905
Total	**6,163,767**	**6,092,827**	**3,196,631**	**3,194,645**	**9,360,398**	**9,287,472**

4. Financial Delivery

Table 4 below shows the net funded amount transferred and expenditures incurred and presents the financial delivery rates. As of 2011, the net funded amount to Participating Organizations was USD 9,287,472 and the reported expenditure amounted to USD 5,789,290, bringing the 62 percent.

Table 4. Financial Delivery Rate (in US dollars)

Joint Programme	Net Funded Amount	Expenditure			Delivery Rate (%)
		Prior Years as of 31 Dec 2010	Current Year Jan-Dec 2011	Total	
JP Uganda Support for AIDS	**9,287,472**	4,301,550	1,496,740	5,798,290	62.43
Total	**9,287,472**	4,301,550	**1,496,740**	**5,789,290**	**62.43**

5. Expenditure

Table 5.1 shows the Joint Programme expenditure in six categories agreed to by the UNDG organisations. The highest amounts of cumulative (combined prior years and 2011) expenditure were contracts (48 percent), followed by Personnel (21 percent) and Other direct costs (13 percent).

Details of expenditure by category are shown in Table 5.1 below.

Table 5.1. Total Expenditure by Category (in US dollars)

Category	Expenditure			% of Total Programme Costs
	Prior Years as of 31 Dec 2010	Current Year Jan-Dec 2011	Total	
Supplies, Commodities, Equipment and Transport	417,951	95,320	513,271	9.35
Personnel	**935,407**	227,170	1,162,577	21.18
Training of Counterparts	205,354	214,556	419,910	7.65
Contracts	1,800,451	841,688	2,642,138	48.13
Other Direct Costs	683,409	67,722	751,131	13.68
Programme Costs Total	**4,042,572**	**1,446,455**	**5,489,026**	**100.00**
Indirect Support Costs	258,978	50,285	309,263	5.63
Total	4,301,550	**1,496,740**	**5,798,290**	

The financial delivery rates by Participating Organisations are presented in Table 5.2.

Table 5.2. Financial Delivery Rate by Participating Organization (in US dollars)

Joint Programme Title	Participating Organization	Total Approved Amount	Net Funded Amount	Total Expenditure	Delivery Rate (%)
00067657 JP UGA Support for HIV/AIDS	ILO	149,800	149,800	147,735	98.62
00067657 JP UGA Support for HIV/AIDS	IOM	117,700	117,700	117,700	100.00
00067657 JP UGA Support for HIV/AIDS	UNODC	53,500	53,500	53,500	100.00
00067657 JP UGA Support for HIV/AIDS	UNESCO	32,100	30,114	30,114	94.00
00067657 JP UGA Support for HIV/AIDS	UNFPA	165,850	165,850	158,330	95.47
00067657 JP UGA Support for HIV/AIDS	OHCHR	53,500	53,500	52,965	99.00
00067657 JP UGA Support for HIV/AIDS	UNHCR	53,500	53,500	53,500	100.00
00067657 JP UGA Support for HIV/AIDS	UNICEF	383,060	383,060	378,305	98.76
00067657 JP UGA Support for HIV/AIDS	WFP	139,100	139,100	139,100	100.00
00067657 JP UGA Support for HIV/AIDS	WHO	985,470	985,470	985,470	100.00
00071635 JP UGA Support for HIV/AIDS II	FAO	350,785	348,991	220,261	63.11
00071635 JP UGA Support for HIV/AIDS II	ILO	276,074	273,333	79,497	29.08
00071635 JP UGA Support for HIV/AIDS II	IOM	598,545	432,610	246,829	57.06
00071635 JP UGA Support for HIV/AIDS II	UNAIDS	1,467,356	1,086,123	450,632	41.49
00071635 JP UGA Support for HIV/AIDS II	UNODC	32,100	32,100	32,100	100.00
00071635 JP UGA Support for HIV/AIDS II	UNESCO	293,514	162,329	34,213	21.08
00071635 JP UGA Support for HIV/AIDS II	UNFPA	1,220,136	1,116,545	305,805	27.39
00071635 JP UGA Support for HIV/AIDS II	OHCHR	119,412	48,472	-	0.00
00071635 JP UGA Support for HIV/AIDS II	UNHCR	218,529	217,031	122,529	56.46
00071635 JP UGA Support for HIV/AIDS II	UNICEF	1,322,541	1,083,661	695,284	64.16
00071635 JP UGA Support for HIV/AIDS II	UNWOMEN	42,800	42,800	15,406	36.00
00071635 JP UGA Support for HIV/AIDS II	WFP	21,400	21,400	-	0.00
00071635 JP UGA Support for HIV/AIDS II	WHO	1,710,498	1,356,435	777,540	57.32
00071635 JP UGA Support for HIV/AIDS II	UNDP	1,138,448	934,048	701,476	75.10
Total		**10,945,718**	**9,287,472**	**5,798,290**	**62.43**

This table also, gives the details of amounts approved, funded and spent. Funds were disbursed at both Country Office level under project 00067657 and the MPTF Office level under project 00071635.

Cumulative expenditure reported by Participating Organizations are shown in six categories in Table 5.3. WHO and UNICEF reported the highest expenditure, USD 1,763,010 and USD 1,073,588 respectively.

Table 5.3. Expenditure by Participating Organization, with breakdown by Category (in US dollars)

Participating Organization	Net Funded Amount	Total Expen-diture	Expenditure by Category							
			Supplies, Commodities, Equip & Transport	Personnel	Training of Counter-parts	Contracts	Other Direct Costs	Total Programme Costs	Indirect Support Costs	% of Programme Costs
FAO	348,991	**220,261**	-	25,968	111,725	65,313	2,845	**205,851**	14,410	7.00
ILO	423,133	**227,232**	4,572	73,676	80,783	20,000	33,335	**212,366**	14,866	7.00
IOM	550,310	**364,529**	48,002	193,760	-	42,691	56,228	**340,681**	23,848	7.00
OHCHR	101,972	**52,965**	-	-	-	49,500	-	**49,500**	3,465	7.00
UNAIDS	1,086,123	**450,632**	-	-	-	450,632	-	**450,632**	-	0.00
UNDP	934,048	**701,476**	69,685	17,867	64,819	-	536,913	**689,284**	12,192	1.77
UNESCO	192,443	**64,327**	22,975	-	-	37,129	14	**60,118**	4,208	7.00
UNFPA	1,282,395	**464,135**	25,163	229,841	16,137	136,020	26,095	**433,256**	30,878	7.13
UNHCR	270,531	**176,029**	50,072	42,736	1,296	38,284	32,125	**164,513**	11,516	7.00
UNICEF	1,466,721	**1,073,588**	62,801	113,908	87,148	722,378	17,118	**1,003,353**	70,235	7.00
UNODC	85,600	**85,600**	3,518	15,481	22,078	33,495	5,428	**80,000**	5,600	7.00
UNWOMEN	42,800	**15,406**	-	7,029	2,764	2,367	446	**12,606**	2,800	22.21
WFP	160,500	**139,100**	92,565	21,226	2,208	2,867	11,135	**130,000**	9,100	7.00
WHO	2,341,905	**1,763,010**	133,919	421,084	30,952	1,041,462	29,449	**1,656,865**	106,145	6.41
Total	**9,287,472**	**5,798,290**	**513,271**	**1,162,577**	**419,910**	**2,642,138**	**751,131**	**5,489,026**	**309,263**	**5.63**

6. Transparency and accountability

The MPTF Office continued to provide information on its GATEWAY (http://mptf.undp.org)—a knowledge platform providing real-time data, with a maximum two-hour delay, on financial information from the MPTF Office accounting system on donor contributions, programme budgets and transfers to Participating UN Organizations. All narrative reports are published on the MPTF Office GATEWAY which provides easy access to nearly 8,000 relevant reports and documents, with tools and tables displaying financial and programme data. By providing easy access to the growing number of progress reports and related documents uploaded by users in the field, it facilitates knowledge sharing and management among UN Organizations. It is designed to provide transparent, accountable fund-management services to the UN system to enhance its coherence, effectiveness and efficiency. The MPTF Office GATEWAY has been recognized as a 'standard setter' by peers and partners.

Annex 1: Summary of achievements against all planned activities for 2011

VI. Indicator-based performance assessment matrix

Performance Indicator- for outcome and output	Indicator baseline	Planned indicator target	2011 Planned indicator target	2011-Achieved indicator target	Reasons for variance	Means of Verification (MoV)
PREVENTION						
Joint Programme Outcome 1.1: National Systems have increased capacity to deliver equitable and quality HIV prevention integrated services						
Output 1.1.1: Technical capacity for combination prevention programming and service delivery strengthened (with priority focus on SMC, HCT & PMTCT, SRH/HIV integration)						
# of national guidance documents on HIV prevention programming and service delivery developed and implemented	9 (2010)	16 (2014)	National prevention capacity assessment conducted and capacity building processes for selected institutions initiated; Combination prevention pilot protocols developed	1)National and sector prevention strategic frameworks on which the capacity assessment and development hinge have been concluded and launched; Sector HIV Strategic plans for the 9 sectors costed, 2) Initial SRH/HIV integration advocacy and orientation achieved through quarterly district partner coordination meetings. The integration agenda has been embraced in key national planning and resource mobilization processes	The finalization of NPS took long	NSP and Sectoral Joint Review Reports; Programme Reports
			National policy and planning frameworks on SRH/HIV linkages & integration in place (PMTC/MNCH/STI/HCT(PITC)/ASRH/GBV	1) A stakeholder agreed National Condom Strategy is in place and preparation for taking it through appropriate approval processes in progress, 2) Targeted policy & planning frameworks developed through stakeholder consensus; 4) Domestication of international guidelines on addressing HIV in selected MARPS settings: Sex work settings and fishing community 5) A final draft of the Health Sector Plan on SRH/HIV and sex work by MoH in place; 6) Roll out of the integrated ART/ PMTCT/ IYCF guideline done in 2 districts		MoH sector reports
			National standards and tools to support delivery of integrated SRH/HIV prevention services (PMTC/MNCH/STI/HCT(PITC)/ASRH/GBV, SMC (including training tools IMAI/IMPAC) in place	1) New global guidance on the prioritized intervention areas requires systematic reviews to adapt to country policies and plans. Review processes have been initiated hinging on adopted policy and strategic guidance 2) A draft national capacity building plan HIV/AIDS 2010/11 to 2014/15 was developed; 3) A bottleneck analysis in service delivery SRH/HIv prevention services was conducted and draft report in place awaiting finalization of the plan for elimination of MTCT 4) An assortment of PMTCT and Pediatric logistics management tools were printed for 1300 out of 1500 PMTCT sites in the country 5) SMC SOPs developed & launched at national level. 6) Surgical manual developed and laucnhed	The mother-baby-pack put on halt at the global level	

# of districts supported to pilot delivery of the nationally agreed combination prevention package	0 (2010)	6 (2014)	Combination prevention pilot protocols developed and pilot programmes initiated in selected districts	1) Selection criteria for selection of focus districts for combination prevention developed and selected districts approved by NPC, 2) UAC took on the leadership role and spearheaded the drafting of an operations manual; 3) Agreed TORs for the baseline in place and requests for proposals made; 4) National, NPC and district stakeholder discussions held on prevention combination 5) A strategy note for the JP component in place as well as a draft national operations manual for the whole programme	Inception processes for the pilot programme involving many key partners took long than anticipated, affecting implementation	NSP and Sectoral Review Reports;
			Combination prevention pilot protocols developed and pilot programmes initiated MARPs /vulnerable groups	1) Development of MARPS protocols undertaken as part of the process for developing a policy and strategic plan for the sector 2) Common guidance documents have been developed and endorsed by relevant ministries and targeted dissemination planned 3) Models for joint and integrated service delivery developed for the districts of Arua and Kalangala, 4) Model for delivery of integrated SRH/HIV service delivery for Katakwi developed with district leadership consensus		-
			Relevant Health and community workers in selected districts trained in IMAI/IMPAC/IMCI, SMC and supported to implement (estimate targets	Supported ToT and cascade training on female condom for selected partners and district level service providers	revised service delivery tools were not completed by end of 2011	-
			UNJP pilot districts supported to deliver the agreed package of prevention combination services districts	The planned activities were building on other processes that were not initiated in time	Awaits the baseline survey and district planning processes.	-
Output 1.1 2: Leadership and coordination for HIV prevention strengthened at national and district levels						
# of sector and district development plans integrating prevention priorities	To be determined by the baseline - 2011)	50% increase in baseline values by 2014	11 sectors and 6 districts	All the nine sectors have integrated the prevention priorities during the development of their respective sector plans- districts yet to develop their respective plans		

# of HIV prevention coordination and management structures at national, sector and pilot district levels functional	To be determined by the baseline - 2011)	50% increase in baseline values by 2014	HIV prevention coordination and management structures at national, sector and district levels functional	1) NPC supported to hold several meetings including those on the NSP review and revision, at national level for both public and civil society structures, 2) Discussion for re-defining structures at lower levels (district to sub county) have also been on-going at NPC 3) Coordination meetings held in 4 districts, 4) Three meetings for the National PMTCT Advisory committee were supported, with each of the 6 sub-committees holding their meetings; 5) Some National BCC meetings held to clear communication messages for the general public;	Task Team at MoH not formally established	NSP and Sectoral Joint Review Reports; Programme Reports
			Strategic and operational planning frameworks for HIV prevention at national, sector and selected districts in place	1) NPS launched by H.E the President of Republic of Uganda on WAD 2011 and UAC in advanced stages for dissemination 2) Nine sectors finalized their HIV strategic plans i.e. Education and sports, Transport and works, MoGLSD, Internal Affairs, Local government and Public Service, Agriculture, Defence 3)NSP and NPS aligned and launched at WAD 2011		-
			Leadership mobilized for an effective and efficient prevention response;	1) Supported high level leadership advocacy on virtual elimination of PMTCT (including meeting with Parliamentarians), a total of 180 participants; 130 members of parliament 25 development and implementing partners and 25 from the MoH and other line Ministries. 2) Supported advocacy for political and other leadership for SMC (parliamentarians, urban authorities, district leaders in the 6 districts; 3) 45 cultural leaders from 3 institutions equipped with community dialogue skills and supported to hold dialogue sessions that resulted in community action plans and institutional reports; 4) Final advocacy plan and materials developed for the leadership in Uganda Police Force to launch the campaign hinged on the new HIV Strategic Plan;		-
Output 1.1.3: Strategic Information generated and utilized for evidence-based HIV prevention programming						
Existence of national annual and 3-year prevention review reports (based on implementation of NPS)	N/A (2010)	1 annual report and 1 3-year report available by 2014	HIV prevention M&E frameworks developed	1) A draft national HIV M&E framework developed pending stakeholder consensus, approval and printing. Processes for developing the M&E framework for HIV prevention were conducted as part of the broader process for reviewing the current NSP and PMMP which are anticipated to be concluded in the first quarter of 2012		Sectoral Reports;

# of HIV Prevention Research Conducted and disseminated	To be determined by the baseline - 2011)	50% increase in baseline values by 2014	Evidence generated on the epidemic and the prevention response at various levels	1) Conducted a legal audit on socially excluded MARPs and draft report in place; 2) Supported processes for generating annual ANC reports 2009 reports, compiling 2010 reports and Universal Access report 2010/11 finalised; 3) Supported establishment and functionality of non-health facility based condom distribution mechanisms, piloted distribution through Motoy clycle 'boda bodas' done in Kampala City; 4) Documented social cultural factors in 6 cultural kingdoms of Buganda, Acholi and Teso and final reports available		NSP and Sectoral Joint Review Reports; UAC Programme Reports
			Generated evidence disseminated and utilized to inform policy, programming and practice	Policy dialogue session held for sexual minority groups, this result was largely achieved because the analysis and dissemination of evidence was factored into the HIV policy and/or strategic planning processes for the sectors that were all successfully completed		
			Capacity of leaders to address prevention issues developed	Reviews done for CoU, UMSC and initiated for the RCC, the result was largely achieved for the funded activities. Priest orientation and training of parish and community level pastoral and lay leadership done.		
Joint Programme Outcome: 1.2 Communities mobilised to demand for and utilise HIV prevention integrated services						
Output 1.2.1: capacity of community Systems for social and BCC strengthened.						
# of districts with registered community driven mechanisms addressing prevention for MARPs priority prevention interventions	To be determined by the baseline - 2011)	6 (2014)	Capacity for communication programming and service delivery developed at district and lower levels and for different priority population groups	1) Supported production and dissemination of the BCC toolkit for MARPs in transport. One NGO provided with toolkit materials, 2)Trained SW peer educators in the districts of Arua, and Kalangala		Programme Reports
			Communication initiatives for priority interventions/settings rolled-out at community level in selected districts/settings	1) Dialogue sessions on HIV prevention for sex work held in districts of Kampala, Arua, Gulu, Pader and Kalangala. Sessions also held for general population groups in the districts of Oyam, Mubende and Moroto; 2)Developed and produced 2 communication materials on GBV/HIV; 3) Supported condom education and distribution (including procurement of male and female condoms, demonstration aides and communication materials), 40m male and 1.6m female condoms procured and distributed		

			Expanded service delivery through community structures/initiatives	1) Supported provision of integrated SRH/HIV service to SW and clients, uniformed forces and couples and in emergency settings- in the districts of Kampala, Kalangala, Arua, Gulu and Pader for sex work and in Oyam, Mubende & Moroto for the other vulnerable groups; 2) Supported integrated outreaches and mobile services for ANC/PMTCT/PNC/EID (by hospitals & HCIVs) (including procurement of drugs & supplies), 3) Districts and HSD were supported to carry conduct outreaches and buffer stock of supplies procured	There delays in approval of the SRH/HIV linkages and integration	
TREATMENT, CARE AND SUPPORT						
Joint Programme Outcome 2.1: Access to antiretroviral therapy for PLWA who are eligible increased to 80%						
Output 2.1.1: Guidance provided and capacity built for provision of standard ART care according to the WHO recommendations						
Copies of the National Integrated ART guidelines updated and distributed	**0 (2010)**	5000 **(2014)**	National Integrated ART guidelines updated and distributed (5000 copies)	Completed, finalized version of the integrated ART guidelines for adults, adolescents, children including young child feeding in place to guide patient management at all levels of care		MOH Programme Reports
# of copies of updated training materials/job aids distributed	0 (2010)	20000 (2014)	Training materials/job aids updated and distributed (20,000 copies)	Ongoing, Some materials have been updated; others being updated while others are yet to be started on.	Delays by WHO/HQ in releasing updated materials	Programme Reports
# of districts with ART Quality Improvements (QI) Teams	50 out of 112 (2010)	80 (2014)	ART quality improvements implemented in 10 districts			MOH ART Reports
% of ART sites providing both adult and pediatric treatment	322/423 = 76% - (2010)	80% (2014)	Both Adult and Pediatric HIV treatment provided in 80% of the ART sites-			MOH ART Reports
# of regions with trained TOTs to operationalize new ART guidelines	0 (2010)	8 (2014)	TOT training to operationalize new ART guidelines conducted in all 12 regions-	Not yet started;	Delayed by finalization of the Integrated ART Guidelines	Review Reports; MOH Programme Reports
% of ART facilities submitting timely quarterly reports	50% (2010)	80% (2014)	ART facilities submitting timely quarterly reports- 80%	Ongoing, Quarterly and annual ART reports compiled regularly.		MOH Programme Reports

% of ART facilities in which at least 80% of the clients keeping their medical appointments	14.1% (2008)	80% (2014)	80% of ART clients keeping their medical appointments	Ongoing, both the EWIs and the emerging resistance surveys currently underway.		MOH Programme Reports
# of districts with VHTs trained in Home-based care for HIV	85 out of 112 current districts (2010)	20 (2014)	VHTs trained in Home-based care for HIV in selected 20 districts	Ongoing, scale up go HBC policy at district level is ongoing in partnership with USG IPs. Technical support provided in the development of HBC		NSP and MOH Programme Reports
Output 2.1.2: Enhanced programming for Pre- and Post-exposure prophylaxis						
% of ART facilities providing Post-Exposure Prophylaxis for HIV	6% (2008)	50% (2014)	50% ART facilities providing Post- Exposure Prophylaxis for HIV	Ongoing, PEP drugs part of the national ART drugs programme		MOH Programme Reports
Number of copies of post - exposure prophylaxis implementation manual disseminated	0 (2010)	5000 (2014)	5,000 copies of the PEP implementation manual disseminated			MOH Programme Reports
Output 2.1.3: Capacity for screening and management of non communicable diseases associated with HIV strengthened in all ART centres						
% of ART facilities screening and managing common NCDs according to national guidelines	0 (2010)	50% (2014)	50% ART facilities screening and managing common NCDs according to national guidelines	ongoing, part of the integrated capacity building approach on MOH		MOH Programme Reports
Output 2.1.4: Procurement and supply chain management streamlined						

An updated PSM Plan for HIV commodities in place	0 (2010)	1 by 2014	PSM Plan for HIV commodities updated (one)	Ongoing - advocacy done at various levels within MOH, Comprehensive PSM Plan that includes HIV commodities	Key stakeholders not whole respecting PSM plan	MOH Programme Reports
Joint Programme Outcome 2.2: TB deaths among people living with HIV reduced						
JP Output 2.2.1: Accelerated and streamlined implementation of HIV/TB collaborative interventions						
Availability of updated TB/HIV management guidelines	0 (2010)	1 (2014)	Availability of an updated TB/HIV management guidelines	1) Supported the review, update and dissemination of policy guidelines, training materials and tools to improve management of TB among people living with HIV; 2) Integrated Infection Control Guidelines nearing completion	Pending stakeholders' review and finalization;	Annul Health sector performance reports
% of facilities fully implementing TB/HIV collaborative activities	30% (2010)	50% (2014)	(50%)Health facilities fully implementing TB/HIV collaborative activities	1) Supported strengthening and full integration of TB/HIV collaborative activities at district and health facility levels-Quarterly coordination meetings were held regularly; 2) Assessment to establish TB related death in HIV patients done as part of the ART temporal trends analysis of treatment outcome 2005 - 2010, temporal trends analysis of treatment outcomes report is available	Revision of the training materails will lead to full implementation	Annul Health sector performance reports
Joint Programme Outcome 2. 3: People Living with HIV and households affected by HIV are addressed in all National Social protection strategies and have access to essential care and support						
Output 2.3.1: National social protection policy, strategy and programs integrate issues of People Living with HIV and their households						
No of LGs implementing social protection plans that integrate HIV response	TBD: to be determined by baseline (2011)	50% increase in # of DLGs by 2014	Social protection strategies responsive to HIV identified and adoptedIncreased awareness of HIV responsive social protection strategies (4)districts	TORs for the assessment are developed and process to solicite for consultant is on-going, Awaiting completion of the assessment study		MoGLSD programme reports
Output 2.3.2: Communities vulnerable to HIV have increased resilience and empowered to be food and nutrition secure						
% of households with food sufficiency	To be determined by the baseline - 2011)	50% increase above baseline in 4 districts by 2014?	4 comprehensive district livelihood profiles with clear recommendations for response conducted			MoGLSD programme reports
Output 2.3.3: Strengthened capacity of government to implement OVC policy and Plans for vulnerable children operationalised						

% of OVCs accessing social protection services	4.1 % (OVC accessing social protection services) - 2010	50% of OVC accessing social protection services - by 2014?		1) Formation and training of members of 40 child protection committees in 40 out of 78 parishes in Kabarole District with over 400 Child Protection Committee members who were trained. 2) National Association of Social Workers revitalized and has elected new executives.		MoGLSD programme reports
% of districts where The NAP has been disseminated	0 (2012)	50% (2014)	OVC integrated into DDP of 30 districts	A planning workshop conducted for 32 districts to develop district specific OVC plans with priorities for integration in their DDPs. The Ministry of Gender, Labour and Social Development currently supporting the 32 districts to finalize their draft OVC plans. Training programme packages developed in conjunction with Ministry of Gender, NGOs and 3 universities. The MGLSD has leveraged resources from SUNRISE OVC Project funded by USAID to train all government social welfare officers and Community Development Officers in 80 districts using the curriculum developed by the government and the 3 universities by the end of 2012.		MoGLSD OVC status reports
Child Labour indicators adopted for inclusion in the NSP for OVC	0 (2010)	4 (2014)	Published OVC M&E framework	1) The OVC M&E Framework and Plan with the data collection tools have been finalized with key stakeholders including government ministries , districts, sub counties and CSOs engaged in formulation of M&E Plan. 2) A vibrant M&E Technical Working Group finalized the M&E Plan document; 3) Finalized a consultancy entitled Using Uganda 2002 census data to develop evidence based criteria for identification and targeting of orphans and other vulnerable children at community level, 4) A 3-4 factor evidence based criteria developed for identification of OVC and their households at community level, with 3 factors (orphan, child out of school, child engaged in child labor) one is able to identify 86% of OVC and addition of a fourth factor (child with disability) one reaches 91% of OVC/ OVC households.		MoGLSD OVC status reports
GOVERNANCE AND HUMAN RIGHTS						
Joint Programme Outcome 3.1: National capacity to lead, plan, coordinate implement monitor and evaluate the national HIV response strengthened by 2014.						
Output 3.1.1: Capacity of national institutions to lead, and coordinate the national HIV response strengthened						

# issues papers on pertinent issues developed and presented to relevant fora	3 (2011)	20 by 2014	Political leaders engage with High Level mission on HIV- Consensus reached among political leaders	1) Supported CSOs to harmonize and articulate their position on the Anti-Homosexuality Bill, HIV Prevention and Control Bill and anti-counterfeiting bill; 2) Conducted a meeting between the UNCT and LGBTI activists; 3) Supported 2 delegates to attend the High Level Mission on HIV in June 2011; 4) Supported 6 delegates to attend the pre-HLM in Namibia; 5) Supported 11 delegates to attend the Africa Regional Dialogue of the Commission on HIV and the Law; supported 1 youth to attend the Bamako Youth Conference		Review Reports;
Proportion of institutional review recommendations implemented	N/A	90% of Recommendations implemented by 2014.	UAC capacity assessment undertaken- Capacity assessment report available;	Ongoing, Draft terms of reference in place; Consultant procured and UAC supported to undertake the orientation session.; Dialogue on the establishment of the zonal offices initiated between UAC, MoH and MoLG	UAC staff recruitment process ongoing..	NSP MTR review Report;
Proportion of Health sector HIV response recommendations implemented	N/A	75% by 2014				MoH status reports
# of GFATM proposals developed and submitted in time.	1 (2010)	2 Annually by 2014	High level advocacy undertaken to resolve GF bottlenecks-1 report in place to address GF issues	1) Successfully advocated for TASO to become 2nd PR for and from the civil society; provide TA that led to eventual agreement on alternative procurement methods for GF; 2) advocated and provide TA for CCM reforms including: CCM composition (reduced number from 26 to 17, including a representative of a key affected population; and increasing civil society to about 40% as per the GF recommendation), delinking the CCM from the PR; and delinking the CCM secretariat from the FCO	GF Round 11 cancelled. Funds planned for this activity would be used to support the CCM secretariat	NSP MTR report, UAC reports
# of agencies with evidence on accountability and governance mechanisms for improved service delivery	N/A	1 study conducted by 2014	A National Accountability scorecard established-	Ongoing, TOR developed;		**UNDP implementation report**
HIV Partnership Tool developed and disseminated	0 (2010)	1 by 2014				
Output 3.1.2: National and local government capacity to mainstream HIV/ AIDS and gender issues in planning and policy processes improved.						
Proportion of UN JPs that mainstream HIV	N/A (2010)	100% (2014)				

Study report on bottlenecks to mainstreaming HIV and AIDS issues	0 (2010)	1 (2014)				Study Reports
HIV Mainstreaming Action Plans developed and disseminated	1 (2010)	8 sectors 6 districts (2014)	Capacity of selected sectors & LG strengthened to mainstream HIV and AIDS issues	Ongoing, Draft Action Framework in place		Progress report
# of HIV issues included in African Peer Review Mechanism	TBD (2010)	TBD (2014)				
Output 3.1.3: Institutional capacity of UAC and sectors to plan, M&E strengthened						
NSP and PMMP reviewed and aligned to NDP.	NSP not aligned to NDP / PMMP not harmonized to NSP (2010)	NSP and PMMP aligned to the NDP (2014)	UAC has capacity to undertake JAR/MTR and NSP- MTR report & NSP available	1) National M&E TWG Inaugurated with appointments/representation of key stakeholders with Bi-weekly Core M&E TWG Meetings held since February 2011 2) National M&E TWG 3-day Work plan Meeting held and work plan developed and finalized. 3) New M&E Framework developed; 4) MTR undertaken, and report prepared and presented during the JAR Conference in November 2011; 5)The Annual Integrated M&E plan was developed and costed. This was submitted as part of the UAC integrated plan to Min of Finance		NSP
# of staff trained on the PMMP	N/A	80% of District HIV Focal Points (2014)	Strengthen the capacity of the M&E TWG to support UAC -Monthly M&E Core and TWGs meetings in place	1) Provided required technical support to Kasese and Kiruhura conducted LQAS to obtain baseline information for their HIV strategic plan, and the findings were dissemination to districts stakeholders; 2) Kasese used the findings to update her 5 Year HIV strategic plan 3) HMIS/Biostatistician trained in customized data entry screens, data cleaning and analysis 4) Trained 20 Medical Records Staff in routine data management, data quality assurance, supportive supervision, M&E and data dissemination and Information use		Programme report
# of LGs with functional AIDS Task Forces.	N/A	80% of District (2014)	Selected sectors have capacity to conduct JAR	Some local Government Offices and Sectors were supported to develop their strategic plans and were fully engaged in the National JAR exercise		Sector reports

# of UAC and sectoral joint programme reviews conducted	1 Annual JPR Conducted	Annual JPR and 8 regular sectoral programme reviews supported per year (2014)	Availability of JAR findings for utilization-1 annual JAR report in place	JAR undertaken, and report prepared and presented during the JAR Conference in November 2011;		NSP MTR report
Output 3.1.4: Institutional capacity for resources tracking strengthened.						
Number of institutions that have institutionalised AIDS Spending Assessment -	0 Institutions with Tracking Systems (2011)	40% of Districts and 10 Sectoral do NASA (2014)	NASA undertaken	Ongoing, NASA ToRs, concept note and road map finalized and approved by Partnership committee of UAC; stakeholders at national and districts mobolised and sensitized, training of data collectors done, data collection completed.. Preliminary Draft Report shared but final product to be disseminated in 2012	The contracting processes by the government departments took long	NASA progress report
Output 3.1.5: National capacity to gather and disseminate strategic information strengthened						
# of analytical studies undertaken and disseminated	N/A	10 Studies Supported Yearly by 2014	Availability of data on Uganda AIDS epidemic for use-2012 Global AIDS report for Uganda developed	UAC Global AIDS Report Team established as part of the M&E TWG2. Concept Note for the Global AIDS reporting process developed and UAC is in the process of recruiting staff to facilitate the report development.		UAC progress report
# of forums for information sharing organized	N/A	5 Forums supported Annually by 2014.		A successful conference was held with the theme: Towards Virtual Elimination of HIV and AIDS in children. Majority of stakeholders participated, with over 500 participants drawn from the city centre and districts.		Conference report
Output 3.1.6: Engagement of the civil society including PLHIV and young people and private sector in the national HIV response strengthened and streamlined						
# of umbrella CSO organisations including networks of PLHIV and young people led CSOs support on key capacity areas	N/A	7 CSOs' capacity supported Annually by 2014		1) Supported the Inter Religious Council to coordinate religious sector leadership on prevention aspects through an annual session meeting; with two sessions held, 2) HIV Strategic Plan for Forum of Kings approved and Action plans for 17 kingdoms shared; 3) Leadership sensitization sessions held for each denomination, 4) Review of teachings done and leadership handbooks, communication messages and materials developed for CoU and UMSC, 5) Reviews of social service delivery systems and approaches done for RCC.		Programme reports
# of PR accesses, utilises and accounts for GFATM resources	N/A	2 PRs Annually by 2014		High level advocacy to resolve bottlenecks around Global Fund were undertaken including the success for TASO to become 2nd PR for and from the civil society; and eventual agreement on alternative procurement methods for GF		CCM reports
Number of RFAs aligned to available	N/A	100 % by 2014				

evidence on HIV						
# of CSF grantees working closely with / in partnership with government institutions at national and decentralised levels	N/A	100 % by 2014				
# of private sectors/CSO representatives meaningfully participating in the annual partnership forum	12 (2010)	50% increase by 2014		1) A coordination mechanism/structure for the Private Sector HIV/AIDS response established and ToRs for the committee developed and approved 2) Private sector representation on the CCM transparently attained, as guided by the recommendations for representation on the CCM		CCM reports
Output 3.1.7: Capacity of the UN HIV JT to plan, implement, monitor and evaluate the JUPSA strengthened						
Proportion of UN HIV JT Annual Activities implemented	N/A	80% by 2014	New JP developed & MTR & Annual reporting undertaken- Reporting on JP coordinated	1) JUPSA 2011-2014 developed, costed and finalized JUPSA aligned to NSP and NDP 2) JSC constituted and 1st meeting held; 3) Mid year review undertaken		JUPSA, Reports
Joint Programme Outcome 3.2: Laws, policies and practices improved to support an effective HIV response by 2014.						
JP Output 3.2.1: Capacity of national insitutions to identify and implement relevant laws, policies that undermine and support effective responses to HIV and AIDS strengthened						
Evidence available on existing and proposed policies and laws which impact on the HIV response	Inadequate research evidence - (2010)	Evidence available by 2014	Conduct legal audit of HIV policies,	Legal audit conducted with a focus on MSM and sex workers and report used to inform the development of sector prevention plans		Legal audit report, sector plans
Action Plan developed	0 (2010)	1 (2014				
Stigma index report produced	Stigma index report not Produced (2010)	1 Report produced by 2014.	Conduct the stigma index study	Ongoing, Terms of Reference done. Training on Stigma Index methodology conducted for 40 PLHIV. TWG to oversee the study constituted and functional		Programme Reports

National Strategy for Reduction and /or Elimination of Stigma and Discrimination available	Report not availabl e as of 2010	1 Report to be produced by 2014.				
# of selected punitive laws identified and reformed	TBD - (2010)	TBD - (2014)				
JP Output 3.2.2: Technical capacity provided and resources mobolised to domesticate and implement the accelerated plan of action on women, girls and gender equality in response to HIV and AIDS						
National action plan developed	0 (2010)	1 (2014)	MoGLSD have capacity & funds to develop a National Action Plan on women, girls, gender equality and HIV/AIDS- 1 National Plan developed	MoGLSD capacitated to develop a National Action Plan on women, girls, gender equality and HIV-draft available and action plan in final stages		NSP and