JOINT UN PROGRAMME OF SUPPORT ON AIDS IN UGANDA (JUPSA)
JANUARY-DECEMBER 2015 NARRATIVE REPORT

Programme Title & Project Number	**Country, Locality(s), Priority Area(s) / Strategic Results[1]**
• Programme Title: **Joint Programme of Support on AIDS** • MPTF Office Project Reference Number:[2] 00071635	*(if applicable)* *Country/Region:* ***Uganda/East Southern Africa Region***
	Priority area/ strategic results : **Prevention, Treatment Care and support; Governance and Human Rights**
Participating Organization(s)	**Implementing Partners**
FAO, ILO, UNWOMEN, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNODC, UNICEF and WHO	Ministry of Health, Ministry of Education, Sports and Technology , Ministry of Gender, Ministry of Agriculture, Ministry of Works and Transport, Uganda AIDS Commission;, Private Sector, MoJCA, MoTIC ,CSOs, AIDS Information Centre; AMICAAL; Uganda Catholic Secretariat, CoU, SDA, UMSC, Orthodo, Uganda Red Cross Society; UHMG,UPDF, PLHIV Networks, Parliament of Uganda, RHU, UHMG, UPDF, Federation of Uganda Employers, Integrated Community Based Initiative (ICOBI)

Programme/Project Cost (US$)		**Programme Duration**	
Total approved budget as per project document: MPTF /JP Contribution[3]: • *by Agency (if applicable)*	**US$** **Total US$14,574,987** **Irish Aid $10,977,587** **DFID $1,597,400**	Overall Duration *(months)*	**60 months**
Agency Contribution • *by Agency (if applicable)*	**Annual contributions of US$10,000,000**	Start Date[4]*(dd.mm.yyyy)*	**01.01.2011**
Government Contribution *(if applicable)* Other Contributions (donors) *(if applicable)*		Original End Date[5]*(dd.mm.yyyy)*	**31.12.2014**
		Current End date[6]*(dd.mm.yyyy)*	**31.12.2015**
TOTAL:			

Programme Assessment/Review/Mid-Term Eval.	**Report Submitted By**
Assessment/Review - if applicable *please attach* ☐ Yes ☐No Date: *dd.mm.yyyy* Mid-Term Evaluation Report – *if applicable please attach* ☐ Yes ☐No Date: **31.11.2010**	o Name: **Bungudu, Musa** o Title: **UNAIDS Country Director** o Participating Organization (Lead):**UNAIDS** o Email address:**bungudum@unaids.org**

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

Acronyms

ART	Anti-Retroviral Therapy
ADPG	AIDS Development Partner's Group
AWP	Annual Workplan
CSOs	Civil Society Organizations
EMTCT	Elimination of Mother to Child Transmission
ILO	International Labour Organisation
IPs	Implementing Partners
JP	Joint Programme
JUPSA	Joint UN Programme of Support on AIDS in Uganda
M&E	Monitoring and Evaluation
MARPS	Most at Risk Populations
MIS	Management Information System
MoH	Ministry of Health
NPS	National HIV/AIDS Prevention Strategy
NSP	National HIV/AIDS Strategic Plan
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV/AIDS
PUNOs	Participating UN Organizations
SMC	Safe Male Circumcision
STD	Sexually Transmitted Diseases
TB	Tuberculosis
TWG	Technical Working Groups
UAC	Uganda AIDS Commission
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United National Country Team
UNDAF	United Nations Development Assistance Frame work
UNESCO	United Nations educational Scientific and Cultural Organisation
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNJT	United Nations Joint Team on AIDS
VCT	Voluntary Counseling and Testing
VHT	Voluntary Health Teams
WHO	World Health Organization

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FOWARD

It is with great pleasure that I present to you the fifth and final Annual Report for the UN Joint Programme of Support on AIDS in Uganda (2011-2015) as the Joint team finalizes the third cycle of JUPSA 2016-2020, that will be shared soonest. The UN has continued its commitment to support the Government of Uganda to fulfill its national and global obligations to combat HIV and AIDS through provision of technical assistance, financial support and normative guidance.

The UN Joint Team members continued to leverage on JUPSA's added value to the National HIV/AIDS response by: re-engaging leadership at all levels as neutral brokers; supporting the country through various sectors to adopt international normative guidance for HIV prevention; catalyzing the scale-up of implementation of proven HIV prevention and control strategies; support generation of strategic information and use to inform programming and supporting critical research and documentation of efforts towards accelerated HIV prevention and control within the country.

Notably, the first two years (2011-2012) of implementation concentrated on the development of key national policies, strategies and guidelines to guide and direct implementation, strengthening the capacity of Government and NGOs to deliver on new areas outlined in the National strategic Plan on HIV and AIDS, supporting key sectors to implement their HIV&AIDS sector strategies and supporting generation of strategic information. The last three years (2013-2015) focused on scaling-up efforts to support service delivery based on the frameworks, guidelines and policies developed through strengthening systems at decentralized levels.

I am indeed pleased that that the effective and efficient coordination of ADPs and the excellent working relationship with the Government, Civil Society, Private sector, cultural and religious institutions is paying off. There has been increased commitment from the bi-lateral and multi-lateral partners in providing both technical and financial support to the HIV response in the country. The HIV and AIDS response in Uganda has moved from complacency to high priority at various levels of Government, including Presidency, Parliamentary, First Lady, Ministerial and District leaders, cultural and religious leaders. Notable achievements at country level between 2011 and 2015 is as follows: a) ART coverage increased from about 24% (288,382) to 56% (774,902) b) PMTCT coverage increased to 95% (117,887) in 2015 from 50% (48,206) contribution to substantial reduction in new child HIV infections to 3500 by end of 2015 from about 22,000 in 2011. All these have in part contributed to reduction in new HIV infections to 83,000 and sustained reduction in AIDS related deaths from about 35,000 to 23,000.

On a special note, I am extremely grateful to Irish Aid that has continued to provide predictable multi-year commitments for the realization of work and mandate of the UN Joint Programme on HIV and AIDS in Uganda that is composed of 10 UN agencies namely FAO, ILO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF and WHO. I am further delighted that Irish Aid has re-affirmed her committed to support the third cycle of JUPSA (2016-2020) with about ten million euros.

The 2016-2020 Joint Programme will focus on seven outcomes namely;

1. Increased adoption of safer sexual behaviors among adolescents, young people and MARPS
2. Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up
3. Utilization of antiretroviral therapy increased towards universal access
4. Quality of HIV care and treatment improved
5. Programs to reduce vulnerability to HIV/AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced
6. A well-coordinated, inclusive, gender and rights based multi-sectoral HIV and AIDS response that is sustainably financed to reverse the current trend of the epidemic
7. Capacity to implement and coordinate the JUPSA interventions enhanced

Sincerely yours

Musa Bungudu
UNAIDS Country Coordinator/
Chair Core Management of JUPSA

EXECUTIVE SUMMARY

The United Nations (UN) family in Uganda through the Joint UN Programme of Support on AIDS (JUPSA) is a strategic partner in the national HIV prevention response. JUPSA provides support for upstream work on the generation of strategic evidence, policy formulation, development of strategic and technical normative guidance in identified priority areas, and advocacy for an expanded and effective response at national, sector, district and community levels. JUPSA strategies and activities target contribution to positive change at systems level and increase in service uptake at community level. The 2015 annual progress report therefore provides an overview of achievements, challenges and emerging issues during the period January-December 2015.

JUPSA implemented the final year of the JUPSA Strategic Plan 2011/14 which was extended to December 2015 to align to the National Development Plan (NDP) II 2016 - 2020. In 2015, JUPSA continued to make significant contributions in areas of HIV prevention, with priority focus on condom programming, EMTCT, SMC, SRH/HIV integration as well as prioritizing Most at Risk Populations (MARPs) and adolescents and young people. JUPSA contributed to reproductive health commodity security generally and specifically procurement of 22 million male and 2.5 million female condoms and supported the Alternative Distribution mechanism that distributed up to 104m male and all female condoms during the year. The Ministry of Health was supported to develop a prototype for the national Condom Logistics Management Information System (CLMIS) that is intended to address condom programme data challenges at various levels. A national condom needs assessment was conducted and national condom Action Plan 2015/17 was prepared. The national condom multimedia campaign launched in 2013 was concluded reaching about 3.5m people and an evaluation was conducted generating promising results such as increasing condom acceptability at individual levels which are being utilized to inform the second generation campaign

JUPSA provided technical and financial support to sustain the expansion of the national EMTCT Programme and campaign under the championship of the First Lady of the Republic of Uganda. JUPSA specifically supported four campaign launches in the Western, Teso, Central and South-Western regions of the country. The campaign has successfully mobilized various leadership to commit to eMTCT and resulted in expanded community mobilization for service uptake. Plans to expand the eMTCT campaign embedded in a campaign targeting zero maternal deaths championed by the First Lady have also been developed to concertize on the global plan for 'Eliminating HIV transmission to babies and keeping their mothers alive'. JUPSA supported eMTCT capacity building activities including training for health workers on EMTCT service delivery, data management, and Family Planning service delivery for ART service providers.

Building on successes from the eMTCT campaign, and acknowledging the need for a similar boost in SRH/HIV programmes for adolescents and young people, the UN successfully engaged with the First Lady who agreed to champion the Adolescent health agenda with specific focus on the adolescent girl. A high level inter-ministerial Task Force was established and launched to enhance implementation of a comprehensive multi-sectoral Adolescent framework. In addition, a national Strategy to end child marriage was launched by the Ministry of Gender Labour and Social Development and the campaign against teenage pregnancies was expanded as social enablers to address HIV infection among adolescent girls.

JUPSA has since 2010 provided technical and financial support to strengthening cultural and religious leadership and institutional capacity to address the socio-cultural drivers of the HIV epidemic in the country with significant achievements. In 2015, high level cultural leaders under the Forum of Kings and Cultural leaders and high level religious leaders under the Interreligious Council of Uganda renewed their 2010 commitments to pronounce their support for expanded community programming on SRH/HIV/MNCH/GBV for the period 2016/2020. The resolutions will serve as a basis for developing

strategic and operational plans and mobilize resources from domestic and external sources. A national tool for standardized social and behaviour change communication (SBCC) programming was also developed

JUPSA sustained advocacy and support to expanded MARPs programming to enhance rights-based access to services. A National MARPs Action Plan 2015/2017 was developed to operationalize the intentions of the 2015 National MARPs Programming Framework. A MARPs annual programme report linked to the JAR 2015 process was prepared reflecting up to 100,000 accessing services in the various hotspots. JUPSA continued to support downstream work targeting strengthening systems for improved service access and documenting lessons learned from practice to inform effective policy and programmes. Up to 1.5m young people accessed services through various points in health facilities, social spaces and community outreaches. JUPSA contributed to efforts for delivery of SRH/HIV services in all humanitarian settings where delivery of the global Minimum initial service package (MISP) reached 100% coverage levels in all refugee camps. As a result of support towards the submitted grants for HIV/TB and Health Systems Strengthening to Global Fund that were approved, the Government of Uganda and the Global Fund marked a new phase of partnership by signing five new grants for $420m including US$226 million to fight HIV and tuberculosis as well as to build resilient and sustainable systems for health in the country.

In an effort to ensure that all households affected by HIV have access to essential care and support, 32 districts were supported to collect, analyze, and report data on OVC in the OVCMIS to guide planning and up to 325,982 OVCs (48% female) were linked to various social services, according to national OVCMIS. There is noted improvement and timely compilation and submission of key national and international reports with JUPSA technical and financial contributions. These included the 2015 HIV country progress report, the annual HIV estimation and projection, the 2015 Modes of Transmission study, the Joint Annual AIDS review report among others. The transition from two year reporting to annual reporting has continued to provide timely information for prioritization of proven interventions.

The emerging challenges during the implementation period were mainly around the reported stockouts of ART drugs, HIV test kits and condom in some health facilities also partly attributed to challenges in the procurement supply chain management; the sub-optimal coverage of SRH/HIV programmes especially for MARPs, adolescents and young people largely due to resource constraints; loss to follow-up of HIV exposed babies and their mothers; slow progress on expanding coverage for female condom services as MoH assesses utilization; low tracking of HIV prevention programmes especially for behavioral and structural interventions; and low progress on processes for establishing the National HIV Trust Fund. However these were continually mitigated at varying levels to ensure some level of implementation.

1.0 Introduction

This report provides highlights of accomplishments in 2015 from the implementation of the Joint UN Programme of Support on AIDS (JUPSA) building on the previous achievements since 2011. JUPSA is aligned to national goals in the National Development Plan (NDP) II 2015/16 – 2019/20, the United Development Framework (UNDAF) 2016 - 2020, the National HIV Strategic Plan (NSP) 2015/16 – 2019/20 and related sector plans. The report summarizes achievements aligned to three JUPSA thematic areas; a) Prevention, b) Treatment, Care and Support and c) Governance and Human Rights. Within each of the thematic areas, annual results are linked to thematic JUPSA outputs that are also connected to selected national level outcomes. Hence, JUPSA annual results contribute to the selected National outcomes where many other partners contribute to.

2.0 Background and context

The UN Country Team (UNCT) in Uganda is supporting the Government of Uganda in addressing key development challenges based on the UNDAF and the Government of Uganda's five-year NDP II. This is in line with the UN Reforms, the Paris Declaration and the Accra Agenda for Action. Accordingly, upon request of the Government, the UNCT adopted a "Delivering as One" approach to enable UN in Uganda to respond jointly and more effectively to national development priorities and its mandate. The UNCT in Uganda identified a number of areas for joint programming, including several joint programmes as a key implementation modality for the UNDAF. One of these is the JUPSA that brings together efforts and resources of UN system organizations to support the national AIDS response.

JUPSA has been operational since 2008 with the second generation JUPSA started in 2011 ending 2014. The 2nd generation JUPSA was granted an extension to 31st December 2015 for the UN to be able to align its support to the National Development Plan (NDP) II that runs from 2015/16 – 2019/20. The JUPSA contributions have seven outcomes aligned to UNDAF as shown in the table below.

Expected outcomes from JUPSA contributions
Prevention thematic area
1.1: National Systems have increased capacity to deliver equitable and quality HIV prevention integrated services
1.2: Communities mobilized to demand for and utilize HIV prevention integrated services
Treatment Care and Support thematic area
2.1: Access to antiretroviral therapy for PLWA who are eligible increased to 80%
2.2: TB deaths among people living with HIV reduced
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
Governance and human rights thematic area
3.1: National capacity to lead, plan, coordinate, implement, monitor and evaluate the national HIV Response strengthened by 2014.
3.2: Laws, policies and practices improved to support an effective HIV response by 2014

The 2015 Annual workplan was developed with annual results that fed into the four-year targets and were approved by the JUPSA Steering Committee. Progress towards targets was followed-up throughout the implementation period, discussed, and documented at mid and end year reviews.

3.0 Accomplishments

This section presents results that have been achieved at both the output and outcome level. The annual report details progress towards the achievement of 2015 annual results. Overall, JUPSA remained on track in achieving the set targets of 2015. The summary below tracks progress and

highlights emerging issues in attaining these results per thematic area. Detailed reporting matrices are attached

3.1 Prevention

The prevention thematic area has two outcomes namely; i)National Systems have increased capacity to deliver equitable, ii) quality HIV prevention integrated services; and communities mobilized to demand for and utilize HIV prevention integrated services.

Result 1: Increased access to prevention technologies for key populations and vulnerable groups.

- Overall the 2015 annual target of procuring both male and female condoms was achieved with a total of 22million male and 2.5 million female condoms and other reproductive health commodities worth $6m procured by the UN. The decline in UN male condom procurements was due to the welcome entrant of Global Fund procured condoms whose volume is expected to increase in 2016. Condom forecasting and quantification has been constrained by lack of consolidated condom programme data e.g. around distribution from the various points. A prototype for the Condom Logistics Management Information System (CLMIS) was developed by MoH and agreed by key stakeholders pending installation in 2016. A national condom needs assessment was carried out and a stakeholder validated report compiled. A national condom Action plan 2015/17 was also developed operationalizing the National Condom Programming Strategy of 2015 and up to 100 district condom focal points were oriented on their roles in guiding implementation of these national tools.
- The first generation national condom campaign launched in 2013 was concluded end of 2015 with an evaluation. USAID boosted JUPSA support towards this campaign to expand coverage and over 3.5million people were reached with information. Campaign evaluation findings include among others increasing condom acceptability among those exposed, expanding condom availability at community level but persistent low uptake. These findings are being utilized to inform the second generation campaign. JUSPA continues to expand female condom services and 50 service providers from hotspot regions were trained in female condom service delivery.
- Uganda is globally acknowledged among countries that have made rapid progress towards achievement of the global eMTCT targets, a situation largely attributed to the national eMTCT campaign launched in 2013. In 2015, JUPSA provided technical and financial support to sustain expansion of the national EMTCT Programme under the championship of the First Lady of the Republic of Uganda, specifically supporting campaign launches in the Western, Teso, Central and South-Western regions of the country bringing it to a total of 10 regional launches since 2013. The campaign has mobilized various leadership and partnership support to eMTCT that resulted in expanded community mobilization for service uptake.
- Building on the eMTCT campaign success story, plans are underway to launch and roll-out a national maternal health campaign targeting zero maternal deaths that will embed the EmTCT campaign. The anticipated campaign championed by the First Lady will concretize the global plan for 'Eliminating HIV transmission to babies and keeping their mothers alive'.
- JUPSA supported eMTCT capacity building activities specifically in 303 facilities in 21 districts including training of health workers on EMTCT service delivery, data management, and training for Family Planning service delivery for ART service providers. All Northern Uganda 11 target districts were supported to develop EMTCT annual targets and reports. Seven districts have planned joint EMTCT mass sensitization and accelerated implementation. A capacity assessment for FP/SRH service delivery in HIV treatment clinics was conducted by Ministry of Health to inform HW training plans. About 210 HWs including HIV service providers were trained in delivery of comprehensive family planning services. Technical and financial support was provided for training of 120 health workers towards roll out of Paediatric HIV treatment guidelines in Karamoja region

- JUPSA supported resource mobilization resulting in a donation to MOH for 2nd and 3rd line Pediatric ARVs. Test kits were procured to support the ANC surveillance system and sample testing was conducted at the UVRI.

Members of TASO Masindi and NACHWOLA Hoima who are part of the Elimination of Mother to Child Transmission of HIV (EMTCT) programme entertain guests as well as give testimonies during the EMTCT campaign launch for Mid-Western region at Bomagrounds in Hoima District. Photo by Stephen Wandera - UNICEF

- Progress on expanded programming for safe male circumcision (SMC) was set back by isolated reports of serious adverse events including a few cases of tetanus. JUPSA supported MoH to investigate these cases and develop guidelines for SMC that require individuals to undertake tetanus immunization before and after the circumcision.
- JUPSA procured 300 reusable SMC kits and also supported camps resulting in circumcisions for 350 adolescents

Dianna Tumusime, her husband Geoffrey Sebukyu who are both HIV positive with their HIV negative son Brian Kajja are all living positively with HIV. This family is under the Elimination of Mother to Child Transmission of HIV (EMTCT) programme supported by UNICEF at Kinubi Village, Mparo Division during the EMTCT campaign launch for Mid-Western region in Hoima District. Photo by STEPHEN WANDERA - UNICEF

Result 2: **SRH/HIV Programmes for in and out of school adolescents and young people expanded to achieve optimal coverage**

- There is expanded prioritization of SRH/HIV programmes for adolescents and youth in the country and JUPSA has been instrumental in advocating especially for resources, policy and technical normative guidance. In 2015, JUPSA continued support to the secondary school curriculum reform process and the final curriculum that integrates comprehensive sexuality education (CSE) principles is set for roll-out beginning 2017. JUPSA supported development of an on-line CSE course for in-service teachers adapting the UNESCO's International Technical Guideline and up to 150 teachers were trained as trainers; training of 100 teachers living with HIV on CSE was also conducted; curriculum instructional materials were procured and curriculum piloting supported in 20 schools. 100 teacher trainers from 50 colleges were trained, and all the institutions developed a work plan indicating how they intend to introduce the course in their colleges
- A road map for introduction of CSE in Teacher Training institutions was developed and orientation of tutors/lecturers as Master trainers on CSE was conducted drawing participants from all the 47 primary teachers colleges (PTCs) in Uganda; the five National Teacher's Colleges (NTCTs) and Kyambogo University which is mandated to design curricula for all teachers' colleges in the country. A total of 80 teachers were trained to cascade CSE to the other teacher trainers in the colleges.

Participants engaged in a discussion during the training at Kyambogo University

- CSE is however still not fully embraced by all education stakeholders especially FBO leaders who control about 40% of education institutions in the country. JUPSA supported the development of a national advocacy tool on CSE for use by partners to enhance common understanding among all strategic partners. The National School Policy was not endorsed by Cabinet as anticipated. Nonetheless, implementation of the Policy Action Plan was initiated with JUPSA support to development and dissemination of guidelines for prevention of teen pregnancy and HIV in schools in school settings
- Supported dissemination of the revised lower secondary school curriculum which has sexuality education as one of the strands in life education learning area through the network work of teachers living with HIV in all the 4 regions of the country. This created awareness and prepared the teachers living with HIV to understand their role.
- Learning from the national eMTCT campaign approaches, the UN successfully lobbied the First Lady to champion the Adolescent health agenda with specific focus on the plight of the adolescent girl. A high level inter-ministerial Task Force was established and launched in November 2015 by the First Lady at the State House to enhance implementation of a comprehensive multi-sectoral Adolescent framework. In addition, a national Strategy to end child marriage was launched by the Ministry of Gender Labour and Social Development and the campaign against teenage pregnancy expanded as social enablers to address HIV infection among adolescent girls.

- A National Adolescent Health Conference by MOH and partners was hosted end July 2015 featuring many scientific papers on SRH/HIV. A JUPSA concept note on adolescents was also developed to inform programming including among other issues the implementation of the ALL IN and DREAMS programmes.
- The National Protect the Goal (PtG) campaign that was launched by His Excellency the President in 2014 was scaled up in two regions of Karamoja and Western Uganda increasing the involvement of youth in sports and access to SRH/HIV services. The PtG was launched in each of the 7 districts and at Karamoja region level through netball sports tournament for the out of school girls and also initiated for football. About 500 girls including young mothers/wives were engaged in the sports tournament that reached about 10,000 young people with SRH/HIV information and services. PtG was also implemented as part of an HIV prevention campaign conducted through football events in 20 districts covering Lango, Acholi and West Nile Sub Regions where over 45,000 youth and community members benefited from the VCT services provided during the events and at moon light HIV testing sessions.
- JUPSA supported a pilot SRH/HIV programme targeting tertiary level students who are documented to engage in high risky sexual behaviours. Programme MoUs were drawn with administration in 10 major universities of Makerere, Kyambogo, KiU, Mbale Islamic University, Nkozi, Gulu, Mbarara, Nkumba, and MUBS) to provide SRH/HIV information and services through outreaches conducted in the 1st semester reaching about 50,000 with information and 5,000 young people with services. Students' issues were compiled to inform systematic programming including advocacy for policy guidance for the tertiary education sector comprising of semi-autonomous institutions many of which are privately owned.
- JUPSA supported a programme linking young people entrepreneurs and students in vocational training institutes (VTIs) to SRH information and services delivered specifically in Kampala and Mubende districts reaching about 150,000 young people. Programme outcomes have been utilized to develop guidelines for integration into co-curricular activities for expanded SRH/HIV programming in the VTIs.
- As part of the End Child Marriages Campaign, a strategy on livelihood skills development was formulated for implementation by BRAC. National advocacy efforts were also made for implementation of strategies to enable Uganda reap the demographic dividend with main focus on education & economic empowerment for young people and access to FP/SRH/HIV services.
- JUPSA continued to support evidence generation efforts around adolescent programming. A comprehensive Country Assessment of Adolescent Health and HIV interventions was initiated as well as application of the adolescent decision maker's tool as part of ALL-IN roll out in the country.

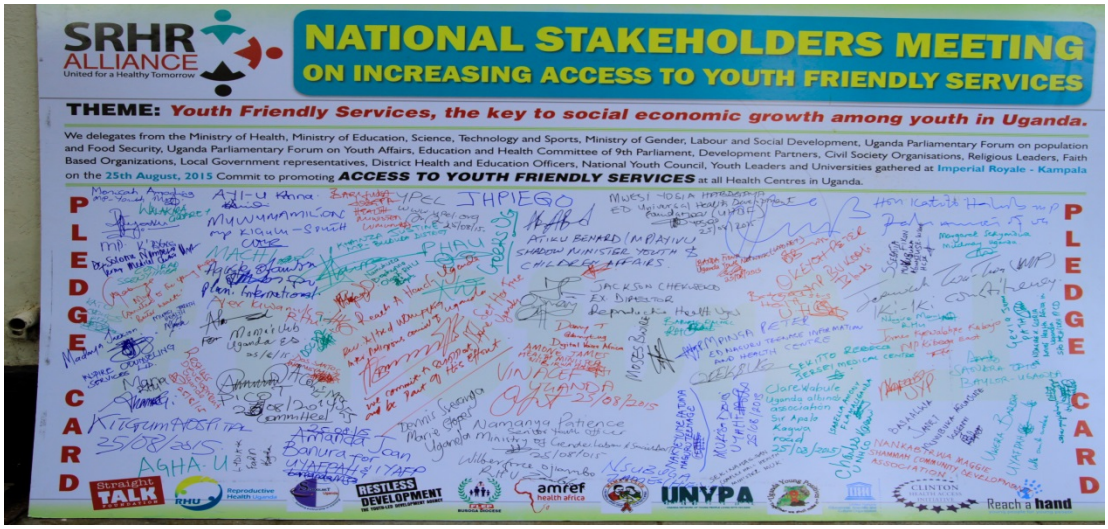
Cross Section of Participants during online Sexuality Education training at National Water and Sewerage Corporation Training Centre, Kampala

PtG in Acholi and Lango region

- JUPSA continued to support downstream work targeting strengthening systems for improved service access and documenting lessons learned from practice to inform effective policy and programmes. Up to 1.5m young people accessed services through various JUPSA supported points in health facilities, social spaces, FBO and community outreaches. About 100 adolescents and young people who are drug users were reached with HIV prevention messages at Butabika Hospital.
- JUPSA contributed to efforts for delivery of SRH/HIV services in all humanitarian settings where delivery of the global Minimum initial service package (MISP) reached 100% coverage levels in all refugee camps including the new refugees from Burundi. About 60,000 young people were

reached with SRH/HIV information and services in these settings through the established 25 spaces for young people in refugee settings.

- Advocacy for continued political commitment by the Government of Uganda to advance the needs and rights of Young people to Adolescent Sexual Reproductive Health Rights and Needs was done. This commitment is enshrined in the endorsement of the Ministerial Commitment of the Comprehensive Sexuality Education in Eastern and Southern Africa Region (ESA Commitment), as well as the approval of the National School Health Policy at Ministry of Education level. The two documents have set targets and measurement indicators to track progress and provide report/accountability. As part of this campaign Reproductive Health Alliance organised a country wide advocacy for Youth Friendly Services by the government. This resulted into signing of the commitment board by politicians, civil servants and CSO representatives.



A Pledge Card that was endorsed by participants at the Stakeholders meeting

Result 3: **HIV prevention coordination/management structures at Uganda AIDS Commission (UAC), sector and target district levels functional**

JUPSA supported functionality of most national HIV prevention coordinating platforms. These include: the SMC Task Force, National Condom Coordination Committee (NCCC), the Culture and HIV Task Team, National MARPs Steering Committee at Uganda AIDS Commission and MARPs technical committee at MoH, the National CT17 (committee on HCT), the National PMTCT/ART Steering Committee, and the PMTCT Advisory Committee.

- The NCCC guided development of the CLMIS, the Condom action Plan, and the condom needs assessment and contributed to the management of the 2015 condom crisis through timely reporting and approaches for emergency procurements.
- The National PMTCT/ART Steering Committee led preparations for all the four EMTCT regional Campaigns that were successfully held in four regions 2015 and also development of related programme documents and reports.
- The CT 17 initiated processes for review and revision of the national HCT policy aligning to new global guidance.
- The National MARPS Steering Committee led processes for development of the National MARPs Action Plan where the MARPs TWG at MoH supported processes for developing the MARPS M&E plans and other programme delivery tools.
- The Culture & HIV Task Team spearheaded efforts for development of policy briefs, pronouncements and IEC messages in 12 cultural institutions. This Task Team led to the establishment of a Culture & HIV Technical Working Group at at Ministry of Gender Labour and

Social Development and Self Coordinating Entity on Culture and HIV was also established by Uganda AIDS Commission.

- In addition, JUPSA supported sector level dialogues on pertinent issues e.g. in the transport sector.

Result 4: Evidence generated on the epidemic and the prevention response at various levels

- The SRH/HIV vulnerability mapping study for adolescents and young people was initiated, field work conducted and the final report is expected by end March 2016.
- A MARPs hotspots mapping was conducted in Mbarara, Hoima, Mbale, Gulu, Fortportal & Wakiso regional hubs to inform targeted HIV MARPS programming in these respective districts. Final reports are available.
- A national condom needs assessment study was conducted and findings will be utilized to inform development of a revised Comprehensive Condom Programming Strategy in 2016.
- The concept note/TOR to conduct the EMTCT impact study was through extensive stakeholder discussions facilitated by a joint IATT mission to Uganda in May 2015 and the agreed concept note was used to inform mobilization of resources for the evaluation.
- A Global Fund/JUPSA study on family planning up-take among the PLHIV to establish among other unmet need for FP was initiated with recruitment of study team and development of protocols. The final report is expected by end of May 2016.
- An in depth evaluation of Life Skills Sexuality Education (LSSE) in upper primary schools in Uganda was undertaken through the Ministry of Education and Sports. This was against the background of the increased school dropout rates, especially among young girls as a result of the unwanted early pregnancy and other Adolescent Sexual Reproductive Health related concerns among young people in schools.
- A needs assessment and beneficiary profiling for women and girls LHIV in the 7 districts of Karamoja to establish the social and economic empowerment needs was conducted. A curriculum and training materials were also developed based on findings

Result 5: Existence of a national harmonized SRH/HIV SBCC campaign targeting adolescents and young adults

- This result areas was conceptualized to cover programmes for addressing socio-cultural drivers of HIV largely through cultural and religious leadership and institutions to promote positive social transformation and also through systematic social and behaviour change communication (SBCC) to enhance prevention behaviours at individual level and service uptake. A high level religious leaders' session congregating under the Inter-Religious Council of Uganda (IRCU) in October 2015 endorsed a recommitment on HIV, maternal health, adolescent health and GBV for 2016/2020. Similarly, high level cultural leaders from 13 cultural institutions congregating under the Uganda Kings and Cultural leaders Forum in November 2015 renewed their 2010 declaration to recommit for the period 2016/2020. These sessions were JUPSA supported and the resolutions will serve as a basis for developing and implementing annual institutional strategic and operational plans and mobilize resources from domestic and external sources.
- 1000 religious leaders at national, sub-national and community levels were oriented on community mobilization from 6 religious denominations utilizing commonly agreed leadership manuals on HIV prevention, maternal health, family planning and GBV.
- JUPSA supported processes for developing a common SBCC programming and M&E tool for cultural and religious institutions to inform expanded and systematic SBCC efforts in the institutions. Processes for developing SBCC materials for some religious institutions were initiated.

- Twelve JUPSA supported cultural institutions developed with the support of Ministry of Gender and endorsed policy briefs and pronouncements on HIV prevention, teenage pregnancy and child marriage, maternal health, family planning and GBV through extensive community engagement. These tools were produced in local languages. The 12 cultural institutions were also supported to develop SBCC message concepts on HIV/SRH/MNCH/FP/GBV that were cleared by UAC clearing committee. They will inform the expanded community work from 2016.
- An Inter-generational dialogue that included religious and cultural leaders and young people to discuss SRH services and needs of young people was conducted. Through print, electronic and social media over 20,000 young people accessed information on SRH services and needs.
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The Prime Minister Rt Hon Ruhakana Rugunda and the President of the IRCU Council Archbishop Stanley Ntagali at the high level religious leaders Forum Nov 2015

- SRH/HIV and adolescent and young people SBCC messaging was integrated into running communication programmes for Faith Based Organisations (FBOs), cultural institutions, and national condom campaign. In addition to this, there were 16 Days of GBV activism and teen pregnancy/end child marriage campaigns all reaching an estimated 4.5million people in different settings.
- The Ministry of Education was supported to organize the 2015 annual primary school Music Dance and Drama competitions themed around SRH and teenage pregnancy.
- SBCC tools were developed for FBOs, and cultural institutions that will be utilized to expand SBCC programming for adolescents and youth.
- A concept Note and terms of reference to attract potential Implementing Partners to train SRH/HIV programme managers at both national and district level in gender and human rights programming were developed and publicized.

Result 6: SRH/HIV service delivery through community structures/initiatives expanded in selected districts

- There has been significant progress in programming for MARPs in the country with increasing government commitment for expanded service coverage. JUPSA has been a key partner

spearheading advocacy and support for expanded action at policy and programming levels to enhance right-based access to services. Uganda AIDS Commission signed off the 1st National MARPs Programming Framework and with this endorsement, JUPSA supported the development of a National MARPs Action Plan 2015/2017 to operationalize the intentions of the Framework.

- MoH designated several regional MARPs hubs around the country to enhance streamlined programming. During 2015, JUPSA supported human resource capacity building at 5 regional hubs including training of 50 HWs and 50 peers on delivery of friendly services at the Hoima, Mbarara, Kampala and Mbale hubs bringing the total number trained in each hub up to 50 HWs and 50 peers. 30 MARPs peer educators were trained in family planning service delivery in the areas of Kasensero fishing communities, Rakai district
- JUPSA has been a consistent partner in evidence generation around MARPs and MARPs service delivery. A MARPs programmatic mapping was conducted in 5 regional hubs and findings will be utilized to develop urban centre MARPs action plans A MARPs annual programme report linked to the JAR 2015 reporting was prepared reflecting up to 100,000 MARPs accessing services in the various hotspots including 10,000 sex workers and LGBTI with over 400 enrolled on ART. MARPs service delivery at the hubs was largely done by Global Fund and PEPFAR implementing partners while JUPSA support was utilized for partner coordination, capacity building for HWs and peers and community mobilization.
- A JUPSA proposal on expanded SRH/HIV programming for fishing communities was developed and an inventory of partners, resources, coverage levels, strategies used to reach out to the fisher-folk, number of people served/reached in the past program years (2014) and challenges experienced was also compiled. Processes for developing a national Communication Strategy and SBCC toolkit on HIV in fishing communities were initiated by UAC and MAAIF
- JUPSA supported the engagement of MARPS groups in processes for developing the MARPs related programmes and guidance documents and community actions. For example SWs, LGBTI, uniformed forces and representatives of fisher folk and transport community participated in the development of the National MARPs Action Plan. Trained peers were supported to mobilize community members through dialogues and community sensitization sessions in the five supported hubs and such efforts are resulting in increases in a critical number of MARPs members with capacity to present issues at national and sub-national levels including at JAR sessions.
- Rakai district health team was supported and engaged in advocacy for FP service extension to fishing communities. A training of peer educators (sex workers) from Kasensero landing site on FP services was organized with Rakai District Health team and conducted. HIV services were provided alongside the training.
- 21 networks of people living with HIV were able to analyse NSP implementation data and generated issues to engage the district leadership (CAO, LCV Chairpersons, religious and cultural leaders) on HIV service access barriers. Capacity of representatives of Women and Gils leaving with HIV from 21 district level networks of Acholi, Westnile and Karamoja regions through awareness campaign and community mobilisation was also built.
- Terms of Reference to support community support groups to increase demand for services and focus on structural drivers especially focusing on women and girls including advocacy for programming through SACCOs to improve livelihoods have been developed. Consultations with Ministry of Agriculture on the districts where to conduct training on capacity to integrate HIV and AIDS in agriculture livelihood programmes at districts and lower local governments was done which resulted in identification of participants to benefit from this training.

3.2 Treatment, Care and support

Treatment, Care and Support thematic area is hinged on three outcomes namely:

(i) Access to ART for PLHIV who are eligible increased to 80%

(ii) TB deaths among PLHIV reduced by 50% and

(iii) PLHIV and House Holds (HHs) affected by HIV are addressed in all national social protection strategies and have access to essential care and support.

Result 1: Increased service accessibility for priority groups (adolescents, fisherfolks, pregnant women)

- Accreditation process was completed and all 52 health facilities are now providing Option B+ services. An assessment of a new set of 14 high volume HCIIs for accreditation is going on.

- As a way of supporting accreditation of refugee settlement-based facilities to offer ART services, 32 health workers were trained in comprehensive HIV/AIDS care. Additional clinicians, counsellors and laboratory staffs were recruited. Medical supplies and equipment for some health facilities were procured. Skills improvement for health workers was conducted through training and mentorship; through a joint action between IOM, WHO and UNICEF. Comprehensive HIV care for Health workers from health facilities serving fishing communities and other migrant and mobile communities in Rakai district was conducted. A total of 25 health workers were taken through the comprehensive curriculum for HIV care, which covers Option B+ and ART extensively. The UN supported a pilot on assessing the feasibility of working with Community Health Extension Workers (CHEWs) in contributing to the overall UNAIDS goal of 90% tested, 90% on treatment and 90% virally suppressed HIV positive persons. This has resulted in increased identification for community members living with HIV for enrolment on ART

Result 2: Increased capacity for delivery of pediatric and adolescent services

- A 3 day mentorship per facility was undertaken in 51 out of the 52 Option B+ accredited facilities in Karamoja region. As a result of the mentorship programme, a total of 185 health workers were trained and data abstraction done to assess retention.
- In a bid to ensure comprehensive forecasting for Early Infant Diagnosis (EID) commodities, salary of three staff of MoH responsible for EID and VL monitoring and management at CPHL was paid for a period of 6 months
- The pharmacy division of MoH was supported to review the national ART needs. Quantification report was developed in the QPPU. The country was able to review the ART procurement schedules resulting into front-loading of the national ARV stocks.
- Together with the Commodity Security Group, quantification of ART requirements across all age groups was done in order to guide the Procurement and Supplies Management plans for the first, second and third line treatment regimens.
- Materials for scaling up prevention of TB among HIV clients were reproduced for the capacity building training of health workers in Jinja and Gulu.

Result 3: A functional tracking and reporting system informing decision

- Strengthening quality of sample collection for Early Infant Diagnosis and viral load monitoring was done. CPHL was supported to do mentorship for improving quality of Dry Blood Samples collected for Early Infant Diagnosis and viral load monitoring.

- Twenty electronic Medical Recording System (Open eMRS) sites were supported to interrogate the existing data for measuring the uptake of pediatric ART services, in abid to improve the performance of open eMRS and regular analysis of routine information from the DHIS2. Supervision for eMRS sites was also done.

- A Training of Trainers for health workers on early retention and cohort analysis and monitoring in 2 regions i.e. 28 in Karamoja and 91 in Eastern and Central regions were conducted. MoH was also

supported with knowledge sharing of Uganda experience at the Global IATT webinar and Global IATT Option B+ M&E meeting that was held in Kampala in October 2015.

Result 4: Increased provision of Post Exposure Prophylaxis (PEP) for HIV prevention

- Priority has been given to training of 100 PEP Focal Points in facilities found along the HIV transmission hotspots. A list of trainees was agreed upon for a set of trainings scheduled for the last quarter of 2016.

- Forty Five PEP focal points were trained in West Nile region. The training integrated both HIV and Hepatitis.

Result 5: Adoption of HIV/AIDS sensitive social protection programming

- An assessment of the HIV sensitive social protection responses was conducted in selected districts to determine available services. This guided the development of HIV sensitive social protection information factsheets on HIV care & treatment, education and economic livelihoods.

Result 6: Diversified livelihood options, increased production and productivity of key enterprises for fisherfolks

- Local leaders in selected districts were supported to draft a community identification and selection criteria of the implementing partners following district briefing meetings with key Local Government leadership. Letters of Agreement for implementation of field activities were also drafted.

Result 7: Improved programming and policy for Orphans and Vulnerable Children (OVC)

- The draft concept note for the national OVC Policy and National Strategic Plan were developed and are being discussed by the internal Technical Working Group in MGLSD.

- The draft concept notes for the national OVC Policy and National Strategic Plan have been developed and are being discussed by the internal Technical Working Group in MGLSD.

Result 8: Improved service delivery for OVCs

- In pursuit of sustainable OVC response, MGLSD has in the first phase trained 25 personnel from 5 of the 32 districts on a Leadership Development Programme, focusing on domestic resource mobilization for HIV and OVC response. A new request to train staff from an additional 10 districts was submitted to UNICEF by MGLSD for funding.

- The OVC Management Information System (MIS) indicated that 325,982 OVCs i.e. 167,121 male and 158,861 female in 34 districts were linked to various social services. This is an effort to ensure that all households affected by HIV have access to essential care and support.

- The OVC case management guidelines were successfully rolled out to 32 districts, and are currently being reviewed for improvement.

- Thirty Two districts were supported to collect, analyse and use data through the OVC MIS. These districts are now able to collect and report data in the OVC MIS, however analysis and use of this data for programming is still low at the district and national levels.

3.3 Governance and Human

There are two outcomes for the governance and human rights thematic area:

(i) National capacity to lead, plan, coordinate, implement, monitor and evaluate the national HIV response strengthened
(ii) Laws, policies and practices improved to support gender equality and reduce human rights abuses, stigma and discrimination

The next section provides a summary of achievements/outputs during the year for this thematic area.

Result 1: Strengthened UAC and MOH capacity in planning, coordination, monitoring and prioritization

- The UN continued to provide both technical and financial support for the finalization and dissemination of key national planning documents namely; the National HIV strategic plan, the M&E plan and the indicator handbook.

- The National M&E Technical Working Group (TWG) continued to provide leadership in the review of key national documents including the 2015 Country progress report and the M&E plan. UN provided technical guidance for holding the 2015 Joint AIDS review. The final report and aide-mémoire were finalized and the action plan was developed and is being implemented.

- There has been registered continued improvement in the generation of new evidence through HIV estimations and projections, the planning for the AIDS indicator survey and the ANC surveillance. Seven officials of MOH, UAC, CDC, WHO, UNICEF, UNAIDS were supported to attend training in the revised model of HIV estimates and Projections in South Africa. Outcome of the training resulted into the development of 2014 HIV estimates, to inform the 2015 Country progress report. A cascade HIV estimation and projection capacity building workshop was held benefiting 21 members of the national M&E team. This resulted into generation of the first ever regional HIV spectrum files that will inform regional and district HIV programming.

- The UN continued to provide technical and financial support towards commemoration of events/activities like the Candle Light Memorial which was held in May 2015 in Gulu District. Technical support was also given for the organization of the HIV and AIDS regional scientific conferences that were held in Eastern region. Through these regional conferences, some of the best innovative abstracts were identified for consideration and sponsorship at the November 2015 International AIDS Conference. In addition, technical and financial support was provided to UAC for the WAD media publications. The UN also facilitated four individuals from UAC, MoH, RHU & UYP+ to participate in ICAASA in Zimbabwe.

- The UN provided financial and technical support to a team of three officials from the Uganda AIDS Commission, Ministry of Health and the National Forum of People Living with HIV networks to attend a week-long training on gender responsive HIV monitoring and evaluation in Panama in March. The team was able to guide the development of the National M&E Plan and indicator definition Handbook for the New NSP 2016-2020.

- In recognition of the need to intensify prevention interventions among MARPS, the UN offered technical support to UAC to compile the First national MARPs Programme report as part of the JAR 2015, the final report is available for consumption.

HIV interventions integrated into Sector and district development plans with budget

- The UN Supported the line ministries and local government to participate at the Adolescent Health Stakeholders meeting, held in Kampala in July, which was able to identify key HIV related programming issues for adolescents. As a result a national campaign on adolescent issues code

named "Power of the Adolescent Girls" was launched by the Hon. First Lady. A National taskforce for Adolescents has been established under the stewardship the MoGLSD.

- As part of the Fast-Track agenda, urban leaders from 22 urban areas received orientation in fast track cities. After the orientation, the urban leaders were supported to align their HIV plans to the fast track cities agenda. Following the orientation, six urban (Jinja, Sororti, Hoima, Kampala, Entebbe & Lira) areas were selected to pilot Fast-Track cities. In these six urban areas, the UN through AMICAALL, supported scale-up of targeted services to reach the MARPS and those in need of HIS services.

- AMICAAL was supported to conduct an annual leader's forum that focused on sensitization on new HIV trends and priorities, planning & coordination and monitoring of the local response. Revitalized 4 urban municipal AIDS committees of Ntungamo, Masindi, Rubaga, Kitugum and KCCA. On top of this, AMICALL worked jointly with MoH to assist leaders from district that registered slow progress in the fight against HIV to re-strategize and revise their plans for HIV&AIDS.

Result 2: UAC and MoH provided with the capacity to compile the national Global AIDS reporting

- There is noted improvement and timely compilation and submission of key national and international reports. The 2015 HIV country progress/Global AIDS report was developed, validated and shared with national and international community to inform the generation of the global 2015 World AIDS Day report. The transition from two year reporting to annual reporting continued to provide timely information for prioritization of proven interventions.

- Capacity of health personnel in ANC as well as funding for testing of ANC samples was done as part of efforts in improving ANC surveillance in the Country. Technical assistance has been provided for the planned EMTCT impact assessment and for the generation of national ANC report. This included capacity building for 82 national staff monitoring and evaluation of HIV & TB indicators.

- UN remains a member of the national TWG that is planning for the 2015/16 AIDS Indicator Survey. The questionnaire and protocol were reviewed and finalized. Overall the UN provided technical assistance for the drafting of protocol and submitted for the approval by CDC and UVRI institutional review boards. New models for Gender Equality & Violence were integrated into the data collection tools. For the first time the survey will collect disaggregated data for adolescents (10-14 years)

Institutional capacity for resources tracking supported/ Sustainable HIV/AIDS financing mechanism established

- Policy regulations on governance & implementation of the Trust Fund developed and awaiting presentation to cabinet
- Global fund NFM completed, Grants Agreements signed and funds committed. A fiscal space analysis for HIV&AIDS financing was completed and disseminated. As a follow up, work on efficiency gains is underway.
- A draft MoU between Makerere University and UAC is being as part of the institutionalization of the NASA.
- Two districts of Kamwenge and Kaberamaido were supported to dialogue on strategies for improved health care that included increased budget allocations and improved service delivery

JP Output 3.1.6 Engagement of the civil society including PLHIV, women and youth networks and the private sector in the national HIV response strengthened and streamlined

Result 3: Increased advocacy and call for action among policy makers and academia on migrant's right to health

- New curriculum for short courses on migration/mobility and HIV, TB, GENDER, SRH, HUMAN RIGHTS, were finalized with Makerere University, and considerations for its application in the master's program.

- Supported an assessment that identified key HIV and mobility issues that can be integrated into the national MARPs action plan.

- Provided Technical Assistance to four universities; Makarere, Nkumba, Kampala International University & Mukono to establish peer to peer groups for advocating for health lifestyles as a strategy for HIV prevention among young people. A data base on information on HIV and NCD was developed among the 4 universities, where the respective information was disseminated through a one-way SMS on mobile phones to benefit the students.

Result 4: Increased engagement of the private sector to implement the Private Sector Plan

- Supported the development of an HIV&AIDS workplace resource guide for the Hotel and Tourism sector (forwarded to UHOA executive committee for endorsement). The development preceded a meeting with the Uganda Hotels and Owners Association (UHOA) executive committee that requested the UN to strengthen the capacity of the Hotel and tourism sector in promoting the implementation of HIV&AIDS at the work place in the sector. Supported VCT at work place campaigns reaching 7000 men and women workers in Jinja, Iganga, Mbale, Mityana, Mubende, Kabarole and Kasese districts and accessed comprehensive HIV testing, counseling, SMC, condom distribution and family planning services. Developed a standard guideline for mainstreaming HIV&AIDS into the Collective Bargaining Agreements that was launched by government and workers' organizations and adopted in the commercial agricultural plantations of sugar and tea.

Result 5: Key Civil Society constituencies have improved capacity to operationalize their AWPs and participate in decision making forums

- Provided technical and financial support to ICW to implement the sexual reproductive health rights campaign for women living with HIV in western Uganda. Enhanced the capacity of 5 CSOs to address HIV prevention among adolescent girls through development of appropriate messages for integration in their routine cultural and religious activities. Capacity of UNASO & NAFOPHANU was enhanced to engage with MoH and local government to address drug & commodity stock-outs as one of efforts towards the 90-90-90 targets

- As part of UN's mandate to support effective engagement of Civil Society, the Network of mothers living with HIV (Mama's Club Uganda) was supported to conduct sensitization meetings in Mbale District focusing on building the capacities of 76 mentor-mothers and fathers to scale-up access to HIV and AIDS services which helped to mobilize over 1200 people to access HIV Counselling and Testing services in Mbale district.

- Through AMICAALL, all the Urban leaders from 25 districts with a high HIV burden were supported the Fast Track on the 90 - 90 - 90 dissemination. More integration of HIV prevention, treatment and care among the urban HIV&AIDS interventions has been achieved which is reflected in the

district HIV and AIDS Plans and Policies. As a result of the good efforts of the Urban Leaders HIV&AIDS Initiatives, the President of Uganda pledged one billion (UGX) to AMICAALL as support towards construction of the AMICAALL office building/structure.

- As part of continued efforts by the UN to ensure an effective EMTCT response, the First Lady was supported to launch a campaign on elimination of mother to child transmission of HIV and AIDS for the Teso Sub-Region in Soroti district, Hoima, Masaka and Kiruhura. These campaigns have greatly contributed to motivating mothers in accessing EMTCT services that has resulted in the notable decline in the number of new infections among children across the country contributing to a more than 69% reduction in number of new HIV infections among the children at national level.

Result 7: Improved planning and reporting of the Joint UN programme of Support on AIDS in Uganda

- The 2014 Annual JUPSA report which included both the narrative and the financial reports was finalized and presented to the Joint Steering Committee. The report was also shared with government, development partners and UN agencies and also posted on the Multi- Partner Trust Fund Office (MPTF Office) website.

- The 2014 end of year review for the JUPSA was convened. The review brought together government partners, UN and bilateral development partners. This informed the development of JUPSA 2015 AWP that was approved at the 5th Joint Steering Committee. The 2016/2020 UN Joint Programme of Support on AIDS was developed, finalized and endorsed by the JSC. The JUPSA programme is aligned to the NSP (2015/16 - 2019/2020) and UNDAF (2016-2020). The JT participated in the UNDAF processes where HIV&AIDS is an integral key outcome

- The JUPSA 2015 mid-year reviews were conducted, reports generated and disseminated. The 2015 bridging annual workplan was developed, approved and resourced at the amount $ 16 million. The 2014/15 UBRAF report was collectively compiled in the Joint Programme Management System (JPMS).

- UNAIDS continued to provide overall leadership as Chair of the UN M&E Technical Working Group. Though this the UNDAF 2016-2020 M&E log frame has been agreed upon, the UNDAF M&E calendar and Uganda UNDAF 2016 – 2020: Strategic and Integrated Research, Monitoring and Evaluation Plan (IMEP) prepared and approved by UNCT.

- The UN provided technical and financial report for the generation, validation and submission of 2014 UBRAF/JPMS report for all the UN Cosponsors.

Result 7: Improved coordination and alignment to national priorities

- The UN has continued to convene and host monthly AIDS Development Partners meetings and coordinated implementation of the annual ADPG workplan. Notable achievements included; support to GoU/CCM on Global fund coordination and reporting, convergence on Multi-sectoral national taskforce on the Adolescent Girl, programming for roll-out of EMTCT and community advocacy. The new ADP Chair (CDC) appointed. Two quarterly ADPs progress reports developed and disseminated.

- The UN retained 2 officials for effective JUPSA coordination. This has increased overall effectiveness in planning, communication, reporting and review among the UN Joint Team. The JUPSA is recognized by the UNCT as the best Joint Programme and model for delivering as one.

- The UN convened the 5th Joint Steering Committee to receive the approved 2015 annual workplan whose implementation has continued to be guided by the core management group and the joint team. The workplan process adopted a consultative mechanism involving partners from the Government, CSOs and AIDS development partners. One JUPSA JSC convened in February 2015 and approved the 2014 annual report and 2015 annual workplan and budget. CMG and JT meetings held and reviewed programme implementation. The Joint Steering Committee has continued to provide guidance and strategic direction for the operationalization of Joint Programme of Support in Uganda, as demonstrated at the MTR meeting.

JP Output 3.2.1: National capacity to reform laws, policies and practices that block the effective AIDS response enhanced

Amendment of the negative provisions of the law; AHB & AP$CA

- Supported UGANET to provide technical support to NAFOPHANU to convene workshops for PLHAs on the HIV Prevention and Control Act (HAPCA), to improve community level legal literacy in view of the new laws

Effects of the recently passed HIV prevention and control act & AHA specifically affecting the LGBT and SW communities in Uganda mitigated

- A high level think-tank forum was organized to raise awareness on HIV Health and Social Justice, including understanding the laws and their impact of access to HIV&AIDS services. The dialogues resulted in Action Plans that are ongoing between GoU, CSOs and the UN Agencies.
- A rapid Assessment was undertaken on the current state of Human rights crisis and violations in the Eastern and South African regions.

- Strengthened the capacity of WONETHA to develop a response to identify controversial areas in order to develop a response strategy to the prevailing legislative environment (Anti-pornography Act).
- The MARPS Network conducted an impact analysis of the Anti-Homosexuality, Pornography and HIV Prevention and HIV Acts on key affected populations in Uganda. The report is being finalized for dissemination.
- UAC was supported to develop the National MARPS Priority Plan. This was finalized and is awaiting dissemination.

Result 3: Increased advocacy and Call for Action among policy makers and Academia on Migrants Right to Health

- In a bid to increase advocacy and call for action among policy makers and academia on migrant's right to health, key stakeholders; Ministry of Works and Transport and UAC, were mobilized to review existing public health guidelines, including HIV&ADS to identify the extent to which they address migrant health. A joint taskforce has been constituted under the leadership of UAC to develop the terms of reference that will guide the development of an action plan on migrant health. This will also harmonize with the MARPs action plan.

- In addition, a teaching curriculum with focus on significance of HIV&AIDS, TB, Gender equality, SRH and Human Rights on migration and mobile populations for Makerere University was finalized.

- Both technical and financial support were made to Ministry of Health to convene the national Adolescent Health Stake holders meeting that brought together development partners, academia, CSOs, Government institutions and young persons to advocate for an enabling health system that is responsive to adolescent health, considering the need to scale-up interventions that ensure universal access to health services. There was consensus that resolutions and commitments made at this meeting should form the main agenda for the UN Joint task force on Adolescent health programming.

Result 4: Increased tolerance to key populations and provision of equitable services

- Over 50 community monitors were trained and sensitized on gender and human rights issues, including orienting them on the HIV Prevention and Control Act (2014). The training was able to identify and guide participants on how and where to seek redress of abuse of their rights or any form of victimization. As a result of this sensitization, there is increased advocacy and demand for reproductive health services and health rights for people living with HIV and AIDS.

- In an effort to empower women and girls living with HIV and AIDS, over 400 people i.e. 215 women and 149 men have accessed free legal Aid services through the mobile clinics organized by UGANET. The access to the Justice systems enabled several young girls, youths and elderly to regain their property and land that they had lost as a result of HIV and AIDS.

Result 5: Effects of the recently passed HIV Prevention and Control ACT& AHA specifically affecting the LGBT and SW communities in Uganda mitigated

- In an effort to sensitize marginalized communities on issues related to human rights, a regional Think Tank meeting on HIV, Health and Social Justice was conducted for the MARPS. The forum was able to generate increased knowledge on HIV and human rights issues especially through the candid discussions in form of round table discussions with national stakeholders on social justice related issues.

Result 6: Improved tracking of HIV financing and empowering citizens (men, women, youth and marginalized people) to voice and demand for quality HIV services

- In collaboration with UAC, over nine national technical officials from UAC, Parliament of Uganda, State House, Ministry of Health and the Ministers of Finance and Economic Development and Justice and Constitutional Affairs, were supported for a South to South visit to Zimbabwe to learn experiences and protocol from the establishment and implementation of the AIDS Trust Fund for

Zimbabwe. As a follow- on action, the team guided the development of the draft regulatory framework for the AIDS Trust Fund for Uganda.

- Building on the implementation of the AIDS Score card that was developed and launched in 2014, 20 media professionals were trained in documenting and advocacy for favorable health systems. One of the key results of the advocacy was the installation of piped-water in Kamwenge Health center III, where through the advocacy resources for piped water were able to be allocated in Kamwenge local development Budget 2015/2016.

- As a result of the AIDS Accountability Score Card, 62 advocates have been trained as community monitors to advocate and demand for transparency and accountability at the district level for the resources committed to the HIV response in the districts of Kaberamaido and Kamwenge.

- As part of continued advocacy for sustained HIV and AIDS funding, all submitted grants for HIV/TB and Health Systems Strengthening to Global Fund were approved which resulted in the Government of Uganda and the Global Fund signaling a new phase of partnership by signing five new grants for US$226 million to fight HIV and tuberculosis as well as to build resilient and sustainable systems for health in the country.

- Inter-Ministerial Committee on the Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa (ESA Commitment) was formed and is chaired by the Director Basic and Secondary Education and comprises senior officials from the key ministries (Health, Gender, Labour and Social Development and Local Government) as well as development partners including UN, NGOs and CSOs. The main aim of the committee is to coordinate the implementation, monitoring and reporting of the progress on country ESA commitment in Uganda.

JP Ouput 3.2.3: Action framework on women, girls, gender equality and HIV/AIDS rolled out

Result 8: Increased number of women and girls asserting their rights to property inheritance and land ownership

- The UN supported the development and finalization of the report on Gender assessment of Uganda's HIV response. The report highlights the key gender related factors fueling the HIV epidemic in Uganda, the main access barriers for women and girls and makes recommendations to improve the HIV response for women and girls.

- To support expanded implementation of the national GBV programme, the GBV shelters in Moroto, Masaka, Mbarara, Gulu& Lira are registered as fully functional. GBV prevention and management services have been delivered in 22 districts. A national GBV database has also been developed and rolled out to the 22 districts and an FGM programme is running in 6 districts in Eastern and the Karamoja regions.

- 50 community watch dogs and 80 community action teams including activists were oriented on how to mediate; refer; sensitize; guide victims and engage duty bearers in the handling of case related to property and inheritance rights.
- The Gender Assessment was conducted and the results informed the NSP development and the new funding mechanisms for Global Fund applications

- Conducted a Needs Assessment and beneficiary profiling for Women and girls living with HIV in the seven districts of Karamoja that guided development of training guide and materials for capacity building

- The established UN five GBV shelters in high GBV prevalence areas were fully functional in 2015 serving as entry points for provision of a range of services. Up to 70% of hospitals, HCIVs, HCIIIs and HC IIs in 23 districts have minimum standards for management of GBV cases (2 staffs trained in GBV management; copy of GBV management protocols, stocks of PEP & ECP & STIs) in 17 UNFPA supported districts. 100% of the Police Posts and Health facilities in these districts have the ability to fill the revised Police Forms 3, 3A, & 24A.
- With expanding systems capacity in the country and target districts, up to 6000 GBV survivors were provided services annually including 441 with legal support, 251 with medical services, 531 with psychosocial counseling, 116 with temporary shelter and 187 FGM survivors in target districts in 2015. These services are provided at health facilities, GBV shelters, community facilities and outreach camps
- Ministry of Gender developed and launched in 2015 the National GBV Database that captures GBV incidents in real time. The database was rolled to 40 districts where 100 staff have been trained on database management and made up to 8000 entries by Dec 2015.
- MoGLSD developed a draft National GBV Policy and action plan that acknowledge HIV as a cause and consequence of GBV. MoGLSD also developed, produced and distributed the National GBV Standard Operating Procedures to the various stakeholders including legal enforcement officers, health workers and community leaders in target districts.
- Institutional & technical capacities for GBV prevention and response within six national NGOs and for three major Faith Based Institutions have been strengthened through training and development of institutional policies and guidelines to implement GBV programs, promote SRH and reproductive rights through engaging men and boys, and advocate for FGM abandonment. 42 sub counties in supported districts have functional GBV Male Action Groups that mobilise communities for GBV prevention.
- About 3250 members of the police force, health workers, paralegals, cultural leaders, and community members have been trained on application of GBV related laws. Arising from intensified GBV advocacy efforts, 15 commitments were made by influential leaders including a Presidential commitment to establish a national women's fund made in 2015

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Success story-on elimination of Mother-to-Child Transmission of HIV taking shape in Uganda

Alice Atugonza, 28 is living with HIV. When UNICEF Uganda team visited her at Hoima Regional Referral Hospital, Alice had just given birth to her fourth baby.

All her other four children are HIV negative, thanks to the Elimination of Mother to Child Transmission of HIV (eMTCT) interventions implemented by the Uganda government and its development partners. The Office of Uganda's First Lady, Mrs. Janet Museveni, has since 2012 championed implementation of the country's eMTCT plan through country-wide regional advocacy and community dialogue, sensitization and mobilization eMTCT campaigns aiming at realising an HIV-free generation.

At the hospital, the smiling and happy looking Alice displayed a Nevirapine Syrup for her 1 day old baby. "The nurses have always encouraged us to do exclusive breast feeding while giving this syrup," she explained. Alice's story is not different from Patience Aikoru's who is also HIV positive and shares her testimony. We met Patience at her home in Kinubi village, Hoima municipality. Patience also has 3 children, girls, who are HIV negative. Having utilised the same eMTCT package provided at government health centres she still wants to have a fourth child, preferably a baby boy.

"I do not care if my neighbours or people around me talk that I am HIV positive. At least I know my status. Most of them do not know their status. For me I am on treatment and I feel very okay," she explained.

The First Lady's eMTCT campaigns have resulted in an increase in the demand and supply of HIV-related services across the country, and provided a platform for stakeholder engagement and mutual accountability for effective maternal new born and child health service delivery.

On 23rd March, Mrs. Museveni launched the 8th Regional eMTCT campaign for mid-western region covering 14 districts (Kiboga, Kyankwanzi, Hoima, Masindi, Bullisa, Kiryandongo, Kibaale, Kasese, Kabarole, Kyegegwa, Kyenjojo, Kamwenge, Bundibugyo and Ntoroko). The launch, in form of a public rally attended by about 10,000 community members, was preceded by a Stakeholders' meeting attended by development partners including UN agencies, American Embassy, USAID, Centres for Disease Control, the Minister of Health and his team, District Local Government Leaders and their Health Teams, Religious and Cultural Leaders, and implementing partners. The two months preceding the launch were characterized by deliberate acceleration of implementation of HIV service delivery activities, mainly HIV testing and counselling, safe medical male circumcision, Prevention of Mother-to-Child Transmission (PMTCT), Early Infant Diagnosis, enrolment of HIV infected individual in care and treatment, family planning and cervical cancer screening, both at community and healthcare facility level in the 14 districts. The rally and stakeholders meeting were supported by UNICEF on behalf of all UN agencies in Uganda.

Mrs. Museveni called on all people at individual, family, community, district and national levels to join hands in preventing new HIV infections especially among the young people in order to achieve an HIV free generation in Uganda. "If we continue walking the journey together, we shall end the HIV epidemic", she added. The First Lady wondered why HIV/AIDS continues to be a big problem in Uganda when it is not in many countries. She emphasised the unavoidable need for Ugandans to change the way they do things, including their sexual and reproductive health behaviour.

The UNICEF Representative in Uganda Ms. Aida Girma applauded the First Lady's leadership and commitment towards advocating for, and supporting the health and wellbeing of mothers and children in Uganda. She noted Uganda's significant strides towards meeting the goals of the Global Plan to eliminate new HIV infections among children and keeping their mothers alive, including 85% ARV coverage for HIV positive pregnant women who access antenatal care. While major achievements have been realised, she noted the need to address salient issues to realise and sustain the goals. MsGirma emphasized the following areas of focus: accelerating treatment for HIV infected children and adolescents: strengthening various elements of the health system, including integration of HIV and Maternal Newborn and Child Health services; promoting greater male involvement; scaling up family planning and reproductive health services; more focus on adolescent girls, promoting community involvement, strengthening partnerships and increase domestic funding for HIV/AIDs.

Uganda's Minister of Health Dr. EliodaTumwesigye regretted the increasing national HIV prevalence from 6.4% in 2005 to 7.3% in 2011. He attributed this to an irresponsible behaviour of concurrent multiple sexual partnerships, including cross-generational sexual relationships. The minister implored religious and cultural leaders to utilise their platforms to spread prevention messages.

The Hoima District Health Officer, Dr. Joseph Ruyonga, noted that in the mid-western region of Uganda where the 8th eMTCT campaign event took place, the HIV prevalence is 8.2%, higher than the national average, calling for even more vigilance towards averting new infections in the 14 districts.

Many Ugandan communities and families are now much more aware of the national PMTCT program and its benefits to their health. Individuals and couples testifying to these benefits are seen across all districts in the country. Dina Tumusiime and Godfrey Sebukyu, an HIV positive couple living in Kinubi village in Hoima district, are another testimony of these great strides. They have a healthy 3 year old son and the joy that he is HIV negative is all over their faces.

By Catherine N. Makumbi – UNICEF Uganda

4.0 Delays in implementation, challenges, lessons learned and best practices:

The proceeding narrative provides a summary of the delays and the nature of constraints and challenges, and lessons learned in the process.

- HIV comprehensive knowledge is still very low especially among adolescents and young people which is partly attributed to their high vulnerability to HIV infection. Considering that Uganda is among the six countries with the highest number of new infections among adolescents, more

interventions for adolescents need to be programmed. JUPSA prioritized focus on this group beginning 2015

- HIV prevention programme tracking especially for behavioral and structural interventions is still a challenge, because of absence of indicators of measurement for the respective aspects of prevention. This is affecting advocacy efforts and accelerated scale up of HIV prevention interventions.
- Progress on expanded programming for safe male circumcision (SMC) was set back by isolated reports of serious adverse events including a few cases of tetanus
- While programming for MARPs has gained government support with achievements at policy and programming levels, coverage with comprehensive services is still limited and further constrained by lack of oriented health workers, lack of tools adapted to unique needs, weak data management and tracking of the mobile clients on ART and limited coordination of efforts by the various partners at district and lower levels.
- Although the EMTCT programme has registered good progress, there is loss to follow-up of about 67% of exposed babies that are not enrolled on treatment.
  2015 was characterized by reported stock outs of ART drugs, HIV test kits and condom in some health facilities also partly attributed to challenges in the procurement supply chain management
- There are still delays in government endorsement of stakeholder agreed policy positions such for the National School Health Policy and the National Youth Policy that constrain systematic programme implementation
- In the face of dwindling external funds and low domestic resources for HIV, there was low progress on processes for establishing the National HIV Trust Fund that was endorsed as part of the national AIDS Control Act of 2014

Lessons learnt

- Functionality of key prevention platforms especially at national level, greatly improves coordination and inclusive programming.
- Evidence informed advocacy works as for example demonstrated through the expanded actions by cultural and religious leaders actions for social transformation to support achievement of national HIV targets
- Programming for socially marginalized groups such as SWs and LGBTI is possible through adoption of rights-based public health approaches. Unique programming for these otherwise illegal groups has been made possible with for example MoH endorsed technical guidance
- JUPSA has demonstrated leadership in HIV advocacy in the country picking on generated evidence to rally partners to common causes as exhibited with e.g. eMTCT, MARPs and adolescent expanded programming

5.0 Selected stories/case studies A story on EMTCT Success

A 26 year old HIV positive mother learns from her mistake to save future children from HIV
26 year old Jackie Ayebale is a mother of four children, two girls and two boys. The girls aged 8 and 6 were born with HIV. Ayebale learnt from her mistake and protected the boys aged 4 and 2 years from the deadly epidemic.

She gave birth to her first born not knowing her HIV status. When Ayebale became pregnant with the second born, she went to Bukulula Health Centre IV in Kalungu District for antenatal care where the health workers tested her for HIV. Her results were positive. Ayebale was advised to start treatment to avoid transmitting the virus to her unborn baby.

Unfortunately, she refused to adhere to the doctors advise and threw away the tablet, hence transmitting HIV to her second born. "When I tested HIV positive, it took me 4 days to tell my husband. At the health facility, I was given some blue tablets to swallow every day but I threw them away,"Ayebale, who is a farmer in Kyanagolovillage explained.

She regretted her action and accepted the situation. Ayebale is now a champion of Elimination of Mother to Child HIV Transmission (eMTCT) in Kalungu and Masaka districts. Her husband is HIV negative making them a discordant couple.

Upon agreeing to take antiretroviral virus drugs, Ayebale was able to conceive again, producing HIV negative babies. The smiling Ayebale is full of praises of the eMTCT services and very thankful to the health workers at Bukulula Health Centre who have been helpful and supportive.

"At first the drugs would make me drunk. I talked to the nurses who advised me how to take the drugs. I am now okay and a testimony for all people. I thank the doctors of Bukulula because if I had not adhered to their instructions again, my two boys would also have contracted HIV," she narrated.

Ayebale was among people living with HIV who gave testimonies at the 10th launch of the eMTCT for Central Region in Masaka District by Uganda's First Lady Mrs. Janet Museveni. Similar campaigns have been launched in Karamoja, Western, West Nile, Eastern, Mid-Western among others.

In 2012, Mrs. Museveni was nominated as the National eMTCT champion after which she embarked on regional campaigns to create awareness about the campaign. The campaigns provide the districts in each region with a platform to advocate for eMTCT related issues unique to them.

Speaking at the Masaka launch, the First Lady wondered if Ugandans do not care about their lives anymore, calling upon the young generation to be mindful of their lifestyle. She was referring to the increasing HIV prevalence rate of Central Region which is at 10.6%, higher than the national average of 7.3%. The AIDs scourge started off in Masaka and Rakai districts of Central Region.

"Young people and their parents are catching HIV. The kind of lifestyle of bars, youth wanting sex before they are married is escalating HIV. We have talked about HIV many times and especially in this region. People have to change their behaviours," Museveni noted.

She hailed UNAIDS Uganda Country Director Musa Bungudu for championing the campaign and crusade against HIV saying he has done everything possible to mobilise resources. Mr. Bungudu was in attendance.

The eMTCT campaigns are organised and coordinate by the Office of the First Lady Uganda in partnership with the Ministry of Health, the Uganda AIDS Commission, Development Partners and HIV/eMTCT stakeholders.

Speaking on behalf of the UN in Uganda, Aida Girma hailed the First Lady for her tireless efforts in advocating for the scale up of prevention of mother to child HIV transmission (PMTCT) services not only in Uganda but across Africa.

Girma, who is the UNICEF Representative in Uganda recognized the efforts of the Ministry of Health in implementing the biomedical HIV response. "Despite the staffing challenges faced by the ministry, Uganda is maintaining treatment for about 750,000 people living with HIV," Girma told the rally in Masaka.

She further said that while the country is celebrating the successes of the PMTCT programme, government and partners should not leave behind children that were born before the programme was sufficiently scaled up.

Dr. Stuart Musisi, district health officer Masaka who presented the Central Region eMTCT status report mentioned the drivers of the epidemic as commercial hubs, highways, waterways and migratory populations. He revealed the region was experiencing high stigma. Central region has 21 districts. In the region, eMTCT services have been extended to health centre IIs in hard to reach or underserved areas to offer Option B+. Option B+ was rolled out up to all health centre IIIs, health centre IVs and Hospitals in Central Region. Option B+ is a type of anti-retroviral therapy consisting of three drugs in one pill and is given to HIV positive pregnant women to reduce chances of transmitting HIV to their unborn babies during and after pregnancy.

By Catherine N. Makumbi – UNICEF Uganda

6.0 Other Assessments/Evaluations/Studies

In an effort to provide clear harmonized strategies and indicators to support scale-up of efficient and effective interventions for all MARPs Subgroups aligned to the national priorities who include fishing

communities, Sex workers and partners of sex workers, Men who have Sex with Men, uniformed services and truckers as defined in the HIV Investment Case 2015 – 2015, the UN Joint Programme of Support on AIDS supported UAC to develop the National MARPs Priority Action Plan 2015/6 – 2016/2017.

Resources

This section provides information on financial management resources

The JUPSA 2015 Annual workplan focused on supporting the acceleration of scaling-up of interventions to achieve targets, particularly combining the potential of ART to prevent new HIV infections with other proven HIV prevention methods such as male and female condom programming, taking firm steps to reduce stigma and discrimination to zero, non-discriminatory and non-criminalizing approach to key populations, voluntary medical male circumcision, sexual and reproductive health services and innovative social support and protection measures. Priority focused on some groups including adolescents, young girls and key population groups as crucial to break the chain of new infections.

The work plan has been financed through core agency resources, and Irish Aid as per table below

Agency	**2015 UN Core Sources-** (expenditure)	**2015 Extra-budgetary** –Irish Aid sources-(expenditure)
FAO	710,000	82,492
ILO	10,000	27,687
IOM	100,000	125,579
UNAIDS	290,000	318,672
UNDP	80,000	153,126
UNESCO	125,000	117,082
UNFPA	7,830,000	283,526
UNHCR	40,000	71,340
UNICEF	1,972,000	308,745
UN women	62,000	59,639
WHO	267,000	230,124
	11,486,000	1,778,012

Looking forward- 2016-2020 Summary of HIV Programme

Uganda continues to experience a high rate of new HIV infections, estimated at 99,000 at the end of 2014. However, HIV prevalence and incidence is much higher in some populations, including the most at risk populations such as fishing communities, sex workers, truck drivers, men who have sex with men (MSM), uniformed forces, and vulnerable populations such as young women and adolescent girls aged 15-24 years, among others. Uganda has made significant progress towards increasing access to several HIV interventions including HIV counselling and testing, expanding coverage of antiretroviral therapy for prevention of mother-to-child transmission and treatment, and safe male circumcision.

However, inequities persist and limit access to services especially among children, adolescents, most at risk and vulnerable populations.

The third generation Joint UN Programme of Support on AIDS (JUPSA) 2016-2020 builds on the achievements of the second JUPSA (2011-2014) and the first JUPSA) 2007-2012). The second JUPSA which was evaluated in December 2014 to inform the development of the third JUPSA, made tremendous contributions to the HIV response in Uganda through support for generation of evidence, policy development, implementation capacity, coordination, resource mobilization and advocacy, among others. JUPSA 2016-2020 builds on these achievements to address the remaining gaps in policy and implementation, evidence generation and resource mobilization as well as expanding support for community level programming for an equitable and sustained response. The third JUPSA also aims at consolidating and accelerating partnerships in the HIV response towards ambitious global and national goals, to reach the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths in the post-2015 era.

The JUPSA 2016-2020 that is aligned to the United Nations Development Assistance Framework (UNDAF) 2016-2020, the National Development Plan II, the National HIV Strategic Plan 2016-2020, and the HIV Investment Case 2015-2025, has three thematic areas of: i) HIV Prevention, ii) HIV Treatment, Care and Social Support, and iii) Governance and Human Rights. The three thematic areas contribute to the UNDAF Strategic Intent 2 (Human Capital Development) and specifically the UNDAF Outcomes 2.2 on Health, 2.3 on Social protection, and 2.5 on the HIV and AIDS Response. Overall the JUPSA includes seven outcomes (two for Prevention, three for Treatment, Care and Support, two for Governance) and 23 high level outputs (HLO) (six for Prevention; eight for Treatment, Care and Support; nine for Governance). The seven JUPSA outcomes include:

1. Increased adoption of safer sexual behaviours among adolescents, young people and MARPS
2. Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up
3. Utilization of antiretroviral therapy increased towards universal access
4. Quality of HIV care and treatment improved
5. Programs to reduce vulnerability to HIV/AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced
6. A well-coordinated, inclusive, gender and rights based multi-sectoral HIV and AIDS response that is sustainably financed to reverse the current trend of the epidemic
7. Capacity to implement and coordinate the JUPSA interventions enhanced

The cost of implementation of the JUPSA 2016-2020 is estimated at $104,548,715.2. Table 1 below presents a summary of the JUPSA five-year cost per outcome.

Table 1: Cost of Implementing JUPSA 2016-2020 per Outcome

JUPSA 2016-2020 Outcomes		AMOUNT (US$)	%
Outcome 1.1	Increased adoption of safer sexual behaviors among adolescents, young people and MARPS	20,227,655.85	19%
Outcome 1.2	Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up	40,412,454.36	39%
Outcome 2.1	Utilization of antiretroviral therapy increased towards universal access	4,182,790.16	4%
Outcome 2.2	Quality of HIV care and treatment improved	10,827,372.64	10%
Outcome 2.3	Programs to reduce vulnerability to HIV/AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced	6,599,598.00	6%
Outcome 3.1	A well-coordinated, inclusive and rights based multi-sectoral HIV and AIDS response that is sustainably financed to reverse the current trend of the epidemic	19,430,482.75	19%
Outcome 3.2	Capacity to implement and coordinate the JUPSA interventions enhanced	2,868,361.45	3%
Totals		**104,548,715.20**	**100%**

The interventions for JUPSA 2016-2020 will be funded largely from the respective agency budgets (the core and extra non-core committed budgets) and from the commonly mobilized JUPSA resources. Agency core and non-core resources will be managed through the respective agency mechanisms while the commonly mobilized JUPSA resources will be channeled through the pooled funding approach with a pass through mechanism by a commonly agreed Administrative Agent (United Nations Development Programme).

Resource mobilisation strategies will be implemented to finance a funding gap of approximately 24,320,350.2 US Dollars that is required for implementation of this Joint Program.

A results matrix premised on the principles of results-based management will be used to monitor and track the progress of the plan.