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**THE JOINT UN PROGRAMME OF SUPPORT ON AIDS IN UGANDA (JUPSA)
ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT
REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2020**

Programme Title & Project Number <ul style="list-style-type: none"> Programme Title: Joint Programme of Support on AIDS MPTF Office Project Reference Number:³ 00101638 		Country, Locality(s), Priority Area(s) / Strategic Results² <i>Country/Region Uganda/East Southern Africa Region</i>	
Participating Organization(s) UNICEF, UNFPA, FAO, UNwomen, WHO, WFP, ILO, IOM, UNESCO, UNHCR, UNAIDS, UNDP		Priority area/ strategic results Prevention, Treatment Care and support; Governance and Human Rights Implementing Partners National counterparts (government, private, NGOs & others) and other International Organizations: Government: Ministry of Health, MoES, Ministry of Gender, Ministry of Agriculture, Ministry of Works and Transport, Uganda AIDS Commission; Ministry of Education & Sports, Private Sector, MoJCA, MoTIC CSOs: AIDS Information Centre; AMICAAL; Community Initiative for the Prevention of HIV (CIPA), Inter-religious Council of Uganda IRCU Uganda Red Cross Society; UHMG, PLHIV Networks, Parliament of Uganda, RHU, UHMG, UPDF, Federation of Uganda Employers, National Organization of Trade Unions. German Leprosy & Tuberculosis Relief Association (GLRA), Africa Network for Care of Children Affected by HIV/AIDS (ANECCA), Baylor- Uganda, Mothers 2 Mothers (M2M), Elizabeth Glazer Paediatric AIDS Foundation (EGPAF), Medici con l’Africa (CUAMM), BRAC, Straight Talk Foundation.	
Programme/Project Cost (US\$)		Programme Duration	
Total approved budget as per project document: MPTF /JP Contribution ⁴ : • <i>by Agency (if applicable)</i>	\$80,223,365 (2016-2020) \$70,223,365 of which €7,435,205 is for KARUNA/HP	Overall Duration (<i>months</i>)	60 months (Five years)
Agency Contribution • <i>by Agency (if applicable)</i>		Start Date ⁵ (<i>dd.mm.yyyy</i>)	1st January, 2016
Government Contribution (<i>if applicable</i>)	In kind	Original End Date ⁶ (<i>dd.mm.yyyy</i>)	31st December, 2020
Other Contributions (donors) (<i>if applicable</i>)	€10,900,000	Current End date ⁷ (<i>dd.mm.yyyy</i>) 30 th December, 2020	31st July, 2021
TOTAL:			
Programme Assessment/Review/Mid-Term Eval.		Report Submitted By	
Assessment/Review - <i>if applicable please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i> Mid-Term Evaluation Report – <i>if applicable please attach</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>dd.mm.yyyy</i>		<input type="checkbox"/> Name: Jotham Mubangizi <input type="checkbox"/> Title: UNAIDS Country Director a.i <input type="checkbox"/> Participating Organization (Lead): UNAIDS <input type="checkbox"/> Email address: Mubangizij@unaids.org	

¹ The term “programme” is used for programmes, joint programmes and projects.

² Strategic Results, as formulated in the Strategic UN Planning Framework (e.g. UNDAF) or project document.

³ 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](#)

⁴ The MPTF or JP Contribution, refers to the amount transferred to the Participating UN Organizations, which is available on the [MPTF Office GATEWAY](#)

⁵ 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](#)

⁶ As per approval of the original project document by the relevant decision-making body/Steering Committee.

⁷ 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.

EXECUTIVE SUMMARY

During the period January- December 2020, despite the COVID pandemic that affected the usual way of providing technical support and catalyzing scale-up of implementation of proven HIV prevention and control strategies, JUPSA continued to leverage on its added value to the National HIV/AIDS response. The report provides a summary of 2020 achievements in addition to key milestones during the JUPSA implementation period 2016-2020.

Achievements of the UN joint programme of support on AIDS in Uganda (JUPSA) is still viewed as a relevant program given its alignment to the national and international HIV and AIDS strategic plans; generating critical evidence for decision making; focusing on the drivers of the epidemic and meeting the needs of those infected and affected by HIV and AIDS through evidence-based interventions. The year focused on advocacy for a conducive policy and legal environment, evidence generation, defining national technical normative guidance, strengthening coordination and governance structures as well as service delivery systems. The program implementation approach had a strong element of continuity through investment in institutional and capacity enhancement, and working with and through existing service delivery, political, religious, and cultural structures to ensure sustainability of services.

The JUPSA support has contributed to significant milestone during the period 2010 and 2020 a) AIDS related deaths have declined by 72% from 89,200 to 22,000 and New HIV infections declined by 62% from 100,000 to 38,000 and c) Country have achieved the 90-90-90 targets of ensuring that 90% of People living with HIV and AIDS know their HIV status, 90% are on treatment and 90% are virally suppressed.

The analysis of achievements is aligned to the three thematic areas of prevention, treatment, care and support and governance and human rights.

Under the HIV Prevention area, (i) JUPSA contributed to advocacy efforts to mobilize high level leadership to revive the national HIV response resulting in the continued implementation of the Presidential Fast Track Initiative on HIV (PFTI) that revitalized focus on HIV prevention and ownership of the response; (ii) JUPSA supported the endorsement of the National HIV Prevention Roadmap 2018-2025 aligning to Global HIV prevention priorities; the ADH strategy and implementation plan, the national AYP Multisectoral HIV Coordination framework was developed, and the health sector strategy on adolescent girls and young women developed and used to inform the successful Global Fund catalytic proposal for AGYW, the National Sexuality education framework was systematically rolled out and the National Curriculum Development Centre also developed Sexuality Education readers for upper primary school (iii) Endorsement of the National HIV Mainstreaming Policy Guidelines that mandate allocation of 0.1% of budget of government entities to HIV and creation of budget votes; (iv) Mobilization of cultural and religious institutions as key players in SRH/HIV programming with endorsed policy guidance that mandates use of owned resources; (v) Endorsement of the National Sexuality Education translated into lower secondary school curriculum and implementation guidelines for the extra curricula platform; (vi) Support to the Ministry of Health to finalize the National SRH/HIV Linkages and Integration Strategy and Implementation Guideline with expanded capacity for SRH/HIV service delivery for adolescents and young people based on HW training and mobilization of resources for service delivery; (v) improving the coordination and strategic approach to adolescent and youth issues among UN agencies in Uganda; (vi) Introduction of holistic programming for AGYW, contributing to the finalization of the National Multi-sectoral Framework for Adolescent Girls (2017/2018 - 2021/22) and supporting the functionality of various adolescent and young people coordination platforms.

Other achievements included i) SBCC champions 3000 people have been profiled reached with critical information on HIV, COVID-19 & EVAWG, four radio talk shows were conducted to create more awareness about COVID-19, second chance education, HIV, and all forms of Violence, stigma, discrimination (GBV/SGBV). Supported MoH to develop the National FP Costed Implementation Plan 2016-2020. FP Unmet need among the married women reduced from 30.5% to 23.8%, there was improvement in the modern Contraceptive Prevalence rate from 27.5% in 2016 to 37.2% in 2020, and significant improvement in the contraceptive method mix over the years with the implant contraceptive prevalence rate increasing from 15.5% in 2016 to 31% in 2020. Supported development of the FP Advocacy strategy, the FP Financing strategy. Support FP Atlas generation used by Uganda Bureau of Statistics for granular data to enhance decision making at regional and lower levels. Also procured 1,317,000 Couple Years of Protection worth of FP supplies to contribute to improved FP commodity security.

Further JUPSA supported; (i) Uninterrupted and expanded programming for KPs hinged on UN supported government programming frameworks even with the legislative bills and generated strategic information; (ii) Expanding programming for gender equality, women socio-economic empowerment, prevention/management of GBV, and access to justice as major HIV prevention enablers; (iii) Finalization of the National Condom Strategy and operational plan with expansion of condom programming up to 300m annual procurement and penetration in Karamoja region, support towards reproductive

commodity security; (iv) Development of the National Consolidated HIV Prevention and Treatment guidelines that integrate and define the combination package of biomedical HIV prevention approaches and services; support services for SMC through procurement of hard and software's and (v) Adoption and expansion of new prevention technologies including PrEP, HIV self-testing. Lastly JUPSA supported service delivery in some contexts to generate evidence on implementation science to inform policy and programming including services for MARPs and adolescents and young people. Vi) JUPSA has supported prevention and awareness intervention aimed at addressing the COVID 19 and its effects, PPEs have been procured and distributed, studies have been supported and informed the national COVID task force.

Under the treatment, care and social support area, JUPSA supported the country to; (i) adopt the WHO 2015 Consolidated Treatment Guidelines and the roll-out of the more efficacious HIV treatment regimen- DTG; (ii) develop the national Point of Care (POC) policy and implementation guidelines including strengthening the sample transportation system especially in Karamoja; (iii) evaluate viral load monitoring and reporting tools aimed at strengthening reporting against the third 90, and to strengthen patient monitoring using the Open Electronic Medical Recording System (Open EMRS). JUPSA contributed to the formulation of the national strategy for youth employment in agriculture, national fisheries policy and national adaptation plan to climate change for agriculture sector, where concerns of the vulnerable segments of the population notably youth and women were contextualized for ensuring food and nutrition security. The National Drug misuse and Alcohol treatment guidelines is being used to initiate Medically Assisted Therapy (including OST) for PWIDs in Uganda. The Health Integrated Refugee Response Plan was launched and is now a guiding document for implementation of integrated services in settlements, with districts taking lead. Uganda Prisons Service developed National HIV Testing Services (HTS) Standard Operating Procedures (SOPs) for prison settings tailored to the unique characteristics of the prison environment and finalized costed National TB strategic plan and M&E framework and supported the development of the national policy on HIV&AIDS and the world of work.

Within the governance and human rights thematic area, JUPSA supported the development of the National Action Plan (2017-2021) on Women, Girls and Gender Equality and HIV&AIDS; the Gender Bench Book (GGB) to guide adjudication of GBV cases by Judicial Officers; the Gender Policy Action Plan for the Uganda Police Force (UPF) to promote gender responsiveness, non-discrimination, just and fair treatment in the provision of general policing services; Gender, Equity and Human Rights Strategy for AIDS, TB and Malaria response in Uganda; and the Social protection Strategy that will support government roll out gender and human rights assessment. The policy regulation on Employment HIV Non-Discrimination was launched by the Ministry of Gender, Labour and Social Development, major HIV funding streams prioritize interventions that advance gender equality and women's empowerment (GEWE), equity and human rights especially for PLHIV, women and key populations and there is increased funding for prevention and management of violence against women and girls (VAWG) – one of the key drivers of the HIV epidemic. Further JUPSA increased attention to stigma reduction – through annual campaigns led by peers, leaders and civil society, including advocacy for law reforms and advocacy for economic empowerment programmes targeting young people and PLHIV. JUPSA supported improved coordination and M&E by strengthening coordination of the UN agencies and supporting UAC to plan, develop and evaluate the NSP, as well as strengthening of governance and coordination structures of the Uganda Global Fund Country Coordinating Mechanism contributing to improved coordination of the Global Fund grants implementation in Uganda.

Financing and Strategic information. JUPSA supported resource mobilization including Global Fund grant applications; re-engagement on sustainable financing options including establishment of the AIDS Trust Fund; compilation of the Country's 2nd and 3rd National AIDS Spending Assessment (NASA); and dissemination of the HIV resource mobilization strategy. High-level re-engagements with government, religious and cultural institutions, and civil society organizations (CSOs) increased access to services. JUPSA improved capacity for data generation and use to inform implementation and prioritization of interventions including a harmonized data management system (DHIS2) being used by Government and partners to meet national and international reporting obligations. Other outputs included; (i) a consolidated Key and Priority Population Size Estimates for Uganda; ii) Country HIV status report; iii) The generation of 2020 HIV estimates and projections used to inform country planning, prioritization and reporting; iv) Scaled-up capacity for integrated data quality and use in eight SRH/HIV/GBV SIDA supported districts; v) supported Health sector to develop Health sector HIV/AIDS strategic plan 2018/19-2022/23 and HIV sector M&E plan; vi) supported the development of the National HIV and AIDS strategic plan 2020/21-2024/25 and HIV Investment case and (v) Revised National Integrated Management of Acute Malnutrition (IMAM) guidelines.

COVID response support:

- a) JUPSA supported the procurement of IPC, PPE's and supported the national COVID-19 response. COVID prevention messages were supported to run on key national Television and radio stations. Supported rapid assessments of the impact of COVID among the PLHIV, KPs and young people and a case documentation exercise to document and profile cases of PLHIV and KP. An online assessment on the impact of covid-19 on the KPs welfare and access to

SRH/HIV services was conducted. Outcomes are being utilized to inform advocacy for more inclusive and people-centered programming and service delivery.

- b) UN and partners innovated approaches for improving access to condoms during the lockdown through to community peer distributors who could then reach users within their localities. UN in partnership with the Adolescent Sexual Reproductive Health organized a series of Webinars and media engagements that were aimed at providing a platform to reflect on Meaningful Youth Participation and advocating for great involvement of young people in the covid-19 response and addressing emerging SRHR related issues. supported ministries of health and gender to integrate GBV into the guidelines for Continuity of the Essential Health Services in the context of Covid-19 epidemic and lockdown. This assisted to improve service delivery to address GBV cases that were on the rise during the lockdown. Male Action Groups (MAGS) were supported with Personal Protective Equipment (PPEs) to continue with community engagements through door-to-door visits reaching 5,495 people; of which 2,348 were female and 3147 male.
- c) Support the development and dissemination of guidelines for the continuity of essential services in the context of COVID-19.
- d) Supported training of HWs on guidelines for Continuity of Essential Health Service in COvid-19 context and supported ambulance services. About 6,037 pregnant mothers were supported with ambulance services during the COVID pandemic lock down.
- e) Successful coordination of the C-19RM funding request to the Global Fund, which has yielded USD \$34,565,047 towards country's response to the COVID-19 pandemic. COVID-19 adaptation to facilitate continuity of its oversight function.
- f) 152 ODI Champions and Promoters trained and equipped with COVID-19 prevention information and are continuing engaging the private sector in mobilising resources for HIV&AIDS. To observe the COVID-19 SOPs, the training was conducted on-line and a total of 73 companies were involved while approximately \$50,000 was mobilized through cash and pledges. Through the champions, the Private sector leadership, recorded 25 voices of leading businessmen/women mobilizing them to observe COVID-19 SOPs and prevention of HIV and AIDS.
- g) Supported social mobilization and risk communication in all the 9 districts using PAS, radio spot messages, radio talk shows and printing and distribution of the COVID IEC materials and guidelines for Health workers.
- h) Supported leadership of 8 district to organize multi-sectoral team to move to all HFs in the district to assess the impact of covid-19 on continuity of essential health services and utilize findings for improved access to services. Over 40 districts received direct support to enhance coordination and communication around management of health services in the context of covid-19 including transportation of HWs

Challenges

- a) The Year 2020 saw unprecedented disruptions caused by Covid19 epidemic and the concerted efforts to halt and reverse the epidemic. COVID-19 pandemic has turned out to be one of the most devastating epidemics the world in general and Uganda has faced taking away attention from all the other public health concerns - a crisis coupled with human rights violations and socio-economic consequences.
- b) COVID-19 is already having direct impact on the HIV and TB response. In a rapid online assessment by NAFOPHANU and UNAIDS in April 2020, 69% of respondents had one month or less supply left. Half the survey participants sought ARV refill the preceding week and among these, half either could not get a refill or got only a partial refill. Based on a WhatsApp group of 168 individuals including people living with HIV, advocates and implementing partners, there are numerous reports of ARV shortages at health care facilities. The suspension of transport had made it extremely difficult for many clients to get their medicines and many must walk as far as 20 kilometers to health care facilities. Many PLHIV lost their jobs and livelihoods, and some are already running out of food. The strong enforcement by security organs traumatized women who were trying to go to the hospital.
- c) HIV stigma is still present in Uganda, and many PLHIV have not yet disclosed to family members, further complicating matters. There are also reports that in some communities, health workers are not able to report to work due to lack of transport. There is a significant difference by districts – in some cases the district leadership has been sympathetic and facilitated access to services. In other cases, they require letters and documents for patients to be allowed to go for care. Community outreach programs have been affected during COVID-19 situation Overwhelming demand for PPEs especially for the health workers including the midwives. challenges on weather and floods affecting the region making some communities hard to reach.

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1.0 Purpose

This 2020 annual report provides an overview of JUPSA outputs, resources and a synthesis of performance highlighting key programmatic achievements, lessons learnt, emerging issues and challenges. The reports further present a cumulative summary for the JUPSA period 2016-2020

1.1. Background and context

The UN, through JUPSA established in 2007, is a key partner in the national HIV response working through 11 member agencies including FAO, ILO, IOM, UNAIDS, UNDO, UNESCO, UNFPA, UNHCR, UNICEF, WFP and WHO that work through established partnerships with government, civil society institutions at national, sector and local government levels that expedite delivery of UN-funded programmes. JUPSA has also nurtured strong partnerships with development partners resulting in sustained pooled funding that facilitates harmonized UN approaches for a stronger national HIV response.

The year 2020 was the filthy year of implementation of the third JUPSA (2016-2020) and was expected to be the end year, however given the impacts of COVID and in order to allow for smooth end of the programme and development of new JUPSA (2021-2025) aligned to UNDSCEF, HIV Strategic plan 2021-2025 and Global AIDS strategy (2021-2026), a no cost extension was granted till July 2021.

Table 1: Linkage between NSP, UNDAF and JUPSA

NSP	UNDAF	JUPSA
NSP Sub-goal 1: To reduce the number of new youth and adult HIV infections by 70% and the number of new paediatric HIV infections by 95% by 2020	UNDAF Outcome 2.2: By end 2020, strengthened national capacity to deliver improved health outcome and nutrition through delivering preventive, promotive, curative and rehabilitative services that are contributing to: reduced mortality and morbidity, especially among children, adolescents, pregnant women and other vulnerable groups, and sustained improvements in population dynamics	JUPSA Outcome 1.1 Increased adoption of safer sexual behaviors among adolescents, young people and MARPS Outcome 1.2: Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up
	UNDAF Outcome 2.2: By end 2020, strengthened national capacity to deliver improved health outcome and nutrition through delivering preventive, promotive, curative and rehabilitative services that are contributing to: reduced mortality and morbidity, especially among children, adolescents, pregnant women and other vulnerable groups, and sustained improvements in population dynamics	Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access. Outcome 2. 3: Programs to reduce vulnerability to HIV /AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced.
NSP Sub-Goal 4: An effective and sustainable multi-sectoral HIV/AIDS service delivery system that ensures universal access and coverage of quality, efficient and safe services to the targeted population by 2020	UNDAF Outcome 2.5: By end 2020, a multi-sectoral HIV & AIDS response that is gender and age-responsive, well-coordinated, effective, efficient and sustainably financed to reverse the current trend and reduce the socio-economic impact of HIV and AIDS	JUPSA 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 JUPSA Outcome 3.2: Capacity to implement and coordinate the JUPSA interventions

2.0 JUPSA ACHIEVEMENTS 2020

The analysis of achievements is aligned to the three thematic areas of prevention, treatment, care and support and governance and human rights. Overall, JUPSA has contributed to country targets including a) AIDS related deaths have declined by 72% from 89,200 to 22,000 and New HIV infections declined by 62% from 100,000 to 38,000 and c) Country have achieved the 90-90-90 targets of ensuring that 90% of People living with HIV and AIDS know their HIV status, 90% are on treatment and 90% are virally suppressed.

2.1 PREVENTION THEMATIC AREA ACHIEVEMENTS

The JUPSA 2016-2020 HIV prevention thematic area contributes to two NSP sub-goals. Under prevention thematic area, the key outcome targets have been achieved for increased adoption of safer sexual behaviors and increased coverage of prevention services as demonstrated in tables below.

Outcome 1.1 Increased adoption of safer sexual behaviors among adolescents, young people and MARPS

Key progress indicators	B-line	T-2020	Progress by Dec 2020	Comments
% of young people 15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission (strategic)	Total 38.9% Women 38.6% Men 39.3% (UAIS 2011)	Women 70% Men 70%	46% F 45% M (UDHS,2016)	UPHIA 2017 provided for age group 13-14years as below Total : 25.6% Girls: 26.3%
Proportion of young women and men aged 15–24 who have had sexual intercourse before the age of 15 years.	Total 12.6% Female 13.1% Male 11.9% (UAIS 2011)	Female 7% Male 7%	Total: 13.6% Female: 10.2% Male: 17.3 % (UPHIA)	Decline among females, with male rates increasing
% of adults 15-48 who use a condom at the last high risk sex (sex with a non-marital partner) increased from 35% to 75%	35%	75%	Total : 32% Male: 37.6% Female: 29% (UPHIA)	Low coverage
% of women 15-49 yrs who experience sexual and gender-based violence reduced from 28% to 23%	28%	23%	18%	off track – will update with 2020 UDHS. For 14-25 aged UPHIA gave Physical Sexual violence 11.1%
# of refugees supported with SRH/HIV, at all stages of humanitarian programming	0	300,000	Within refuge setting: Accessed FP 137,385, Deliveries 114,861, SGBV cases managed (1,765 PEP, 1,885 ECP), 790,996 HIV tested for HIV, 6,812 provided with ART,	

The achievement of the above impact level indicators has been possible with JUPSA supporting the following:

1. Revitalized HIV prevention through various strategies
 - a. Launch and implementation of the Presidential Fast Track Initiative
 - b. The Global HIV Prevention Coalition led by UAC and MoH
 - c. Prioritization in funding streams especially Global Fund NFM2 and NFM3 focusing 5 pillars of HIV prevention, and PEPFAR
 - d. Expanded focus on SRH/HIV Integration leveraging resources and expanding program coverage with focus on structural and behavioural drivers of HIV
 - e. Institutionalized SRH/HIV/GBV programming by urban centres, major cultural and religious institutions with endorsed policy guidance that mandates use of owned resources
 - f. Knowledge sharing and learning through e.g. Conference and program reviews
2. Development and endorsement of progressive policy and strategic guidance at national and sectoral levels
 - a. National HIV Prevention Roadmap 2018-2025 aligning to Global priorities

- b. National HIV Mainstreaming Policy Guidelines that mandate allocation of 0.1% of budget of government entities to HIV
 - c. National Sexuality education translated into lower secondary school curriculum and implementation guidelines for the extra curricula platform
 - d. National Early Infant Diagnosis (EID) plan with
 - e. National Plan for Elimination of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B (2020/21 – 2023/24)
 - f. HIV prevention strategy for Adolescent Girls and young women 2020-2025
 - g. Revised National condom strategy 2020-2025
 - h. National KP Programming Framework 2020-2026 and Action Plan 2020-2023
 - i. National SRH/HIV/GBV Integration Strategy
3. Expanding programming to address structural factors as major HIV prevention enablers
 - a. Gender equality, women socio-economic empowerment
 - b. and prevention/management of GBV, access to justice
 - c. Socio-norm change by various actors including cultural and religious leaders
 4. Expanded capacity for SRH/HIV service delivery for adolescents and young people based on HW training and mobilization of resources for service delivery.
 - a. Introduction of holistic programming for AGYW e.g. under DREAMs, KEEP, ELA
 5. Universal coverage with biomedical interventions and increased access
 - a. Achievement of annual targets for ART, VMMC
 - b. Adoption new prevention technologies including PrEP, HIV self-testing, Point of Care(POC) testing scaled to hard to reach areas including refugee site and islands sites
 - c. Expanded condom programming up to 300m annual procurements and penetration in hard to reach areas like Karamoja region
 6. Uninterrupted and expanded programming for KPs hinged on UN supported government programming frameworks even with the AHA Bill and generated strategic information
 - a. Generation of evidence that informed advocacy
 - b. Programs running for and by sex workers, MSM, GBTI, transgender, people with injecting drug use
 - c. Engagement of KPs to shape programs and advocate for conducive legal framework

The proceeding sections provides a detail of what has been achieved under each of the JUPSA output areas within the prevention thematic area.

Output 1.1.1: HIV integrated into investment, annual and financing plans of key sectors that address identified structural drivers of the HIV epidemic. JUPSA supported key strategic processes for enhanced integration and sector planning

- During this period, JUPSA supported Uganda AIDS Commission to finalize mainstreaming of HIV and AIDS into the National Development Plan 111 through the sector programs. Mainstreaming was critical to MDAs to ensure that HIV is embedded within their respective programs as a national priority.
- JUPSA has continued to support UAC to coordinate MDAs within the capital infrastructure development to ensure proper planning and allocation of resources to HIV and AIDS. As a way of capacity development, coordination of MDAs within the infrastructure space has been critical in joint planning and reporting as well as bench marking each other. In this period, JUPSA has actively supported key national events and processes including the 2020 National Joint AIDS review and Partnership Forum and the 3rd National AIDS Spending Assessment , among others. Lastly, JUPSA participated in the finalization of the public sector planning guidelines to ensure mainstreaming of HIV and AIDS planning requirements to guide MDAs at planning stage.
- JUPSA contributed to processes for the compilation of the Uganda HIV Investment Case and the National HIV Strategic Plan 2020-2025 were finalized with stakeholder consensus and featuring focus on integrated SRH/HIV programming. Contributions were also made to processes for operationalizing the HIV mainstreaming guidelines through development of compliance tool and sensitizing sector and district partners to mobilize the 0.1% of their government budgets to invest in HIV programming.

- Uganda fulfilled reporting requirements for the Global HIV Prevention Coalition (GPC) with JUPSA support to data collection and stakeholder validation to update the country HIV prevention Scorecard and drafting of the country's commitments for 2021 presented at the GPC high level meeting. Uganda also participated in the GPC South to South Learning Network and compiled the HIV Prevention Program Self-Assessment Tools (PSATs) for the condom, AGYW, KP prevention pillars. Outcomes from the Condom and KP tools informed development of the Strategy documents
- Resource mobilization: (a) Uganda prepared and submitted five proposals to Global Fund. By the end of 2020, four of these on HIV, Malaria, TB and Covid-19 were successful and granting accomplished to inform implementation beginning 2021 while the 5th proposal awaits Geneva approval. The HIV grant 2021-2023 totals \$289m for the HIV main grant with about \$20m for catalytic grants on CCP, AGYW, human rights, community systems, differentiated HIV testing. The grant intentionally integrates HIV with other services including TB, family planning, maternal health and attendant systems strengthening aspects. JUPSA served on the Country Coordinating mechanisms co-chairing the Programme Development and Resource Mobilization Committee of the CCM that led the proposal development processes and provided financial support for technical assistance and stakeholder consultations for condom and AYP working groups and for development of the Covid-19 proposal.
- JUPSA supported government to convene several partner platforms that assisted to harmonize SRHR programming and to fast-track development and consensus building on policy, strategizing, and programming frameworks as well as technical guidelines. These platforms included: the National HIV Prevention Committee, the National Steering Committee on SRH/HIV/HIV, the National Condom Coordination Committee, the National KP Steering Committee, and the GBV Reference Group. JUPSA hosts the Development Partners Group on SRHR and participates on several platforms.
- Covid-19 response: JUPSA supported leadership of 8 district to organize multi-sectoral team to move to all HFs in the district to assess the impact of covid-19 on continuity of essential health services and utilize findings for improved access to services. Over 40 districts received direct support to enhance coordination and communication around management of health services in the context of covid-19 including transportation of HWs during the total lockdown.

Output 1.1.2: Programmes addressing underlying socio-cultural and economic drivers of the HIV epidemic expanded

Access to comprehensive SRH/HIV/GBV prevention services for key and priority populations:

- Uganda AIDS Commission was supported to revise the National Multisectoral KP Programming Framework of 2014 to generate strategic guidance for 2020-2025 aligning to the current contexts. A KP Programming Action plan 2020-2023 was developed, and a draft awaits endorsement. JUPSA supported Ministry of Health to finalize development of National STI Management Guidelines and HW training manuals that will be rolled-out in 2021. The Ministry of Health designated 22 regional hubs to institutionalize provision of KP friendly services within public health facilities. Cumulatively over 120,000 KPs and community members they interface with were reached with comprehensive SRH/HIV/GBV services in over 20 regional hubs including Kampala and 14 districts through both HF and outreach services.
- 30 HWs from 6 districts with capacity gaps underwent a 5-day training on SRH/HIV/GBV friendly service delivery for key populations. The training was a response to a KP mapping conducted in 14 districts in 2019 to establish hotspots and capacity of HFs to respond to needs in an effort to strengthen people-centred service delivery.
- Building on the KP mapping exercise in targeted districts in 2019, MARPs peer networks were established in partnership with a sex-worker led organization. Working together with district authorities, highly vulnerable adolescent girls including those engaged in commercial sexual exploitation and child marriages were identified, they were trained in life and livelihood skills, supported to form, and register business groups and those that fulfilled government requirements were provided with seed funding to start their businesses. Up to 850 very vulnerable young girls (many engaged in sexual exploitation) in 14 districts benefited from this socio-economic empowerment initiative that targets those most likely to be left behind. The model builds on

sustainability mechanisms based on links to government supervision mechanisms with potential access further support from government welfare programs.

- Covid-19 response: An online rapid assessment on the impact of covid-19 on the KPs welfare and access to SRH/HIV services was conducted. Outcomes are being utilized to inform advocacy for more inclusive and people-centered programming and service delivery. The COvid-19 epidemic and lockdown affected key populations group members significantly many of whom lost their livelihoods, lacked shelter and food and yet were highly stigmatized in their households and communities, could not access treatment from their designated HFs with trained HWs and some were abused. This resulted in stress and mental illnesses at a time when access to health services was restricted. Leveraging on a toll-free platform supported by CDC, JUPSA supported KP-led organizations to identify counsellors to provide psychosocial services with linkage to other services. Up to 500 KPs were served through this arrangement as a learning process. Similarly, during the lockdown, JUPSA supported CSO partners to delivery door to door and mobile clinic services in hotspot areas especially in Kampala city reaching over 60,000 people largely sex workers

Stronger system for health ensuring people centered HIV/SRH/SGBV services

- The SRH/HIV/GBV integration agenda has been embraced by a wide range of partners with potential for full entrenchment into development planning and systems reforms as the country transitions into a new development programming cycle 2020-2025. JUPSA supported development of policy and strategic frameworks, including (a) the draft Health Sector Investment Plan prioritizing health service integration (b) the second HIV Investment Case for the first time integrates SRH and GBV, (c) the National HIV Strategic Plan and (d) the Country endorsed Global Fund NFM3 2020-2023 grant for HIV embeds SRH/HIV integration, (e) the Interreligious Council of Uganda congregating seven major faith denominations endorsed a pastoral letter (policy guidance) on sustained SRH/HIV/GBV programming integrated with Covid-19 risk management (f) seven religious denominations and four cultural institutions implemented SRH/HIV/GBV Action plans, and (g) 18 urban centres and 8 district local governments developed SRH/HIV/GBV priority action plans.
- Various SRHR accountability platforms remained functional in 2020 with JUPSA support: (a) MoH finalized the National SRHR Index report with Uganda progressing from 57% to 66% performance against the global index (b) MoH finalized the East African RMNCH Scorecard report now pending endorsement (3) CSO SRHR Accountability Scorecard reports for 14 districts were finalized and discussed in each district to inspire focus on community driven recommendations.
- MoH was supported and strengthened functionality of the SRH/HIV/GBV integrated mentorship and support supervision model in 26 model HFs in 8 districts through respective Regional Referral Hospitals (RRH). Up to 48 health workers from 8 RRHs were re-oriented and facilitated to mentor up to 400 HWs and HF management staff in a phased approach including through a clinical mentorship exploited to reach 1000 clients with services. Cumulatively and variously, over 30m people were reached with SRH/HIV/GBV and covid-19 risk information services through oriented community leaders, AYP and KP peers, urban leaders, cultural and religious leaders, and mass media.
- MoH was supported to develop and apply an SRH/HIV/GBV integration scorecard featuring indicators on service output obtained through HMIS as well as integration management parameters at HF level. A total of 49 HFs in 16 districts were assessed including the model 26HFs and 54% of the 26HFs were found to have adequate capacity to provide quality integration services. HFs had lowest scores in the key areas of quality improvement, community linkages, HW multi-skills, and data review and utilization.
- Building on the approval of additional indicators that capture integration into the HMIS tools, in 2020, with JUPSA advocacy, the DHIS2 platform uploaded some integration indicators improving visibility of integration results at district and national levels. This supports systematic transition from manual extraction of data from paper-based tools at HF level that previously impacted data use. JUPSA supported development of a register for tracking post abortion care services which was cleared by MoH and piloted.
- Covid-19 response: JUPSA reprogramed most funding streams to support government to respond to Covid-19 and specifically sustain access to essential health services with focus on procurement of PPEs for health and community workers worth over \$1,078,313 to cover 55 districts in phases.

- JUPSA supported the procurement of PPE materials for the Karamoja districts namely Abim, Amudat, Kaabong, Kotido, Moroto, Nabilatuk, Nakapiripirit, Napak and Karenga. These were delivered to the respective districts and the partners supported in the last mile distribution. Also supported social mobilization and risk communication in all the 9 districts using PAS, radio spot messages, radio talk shows and printing and distribution of the COVID IEC materials and guidelines for Health workers.

Output 1.1.3: Social and behavior change communication focusing on adolescents, young people and key populations

To scale up the Young Adolescent and Peer Support (YAPS) network in the region;

- JUPSA supported a mapping, with eight facilities having been included in the 1st scale up implementation phase. Context-specific learnings on improved testing among adolescents, psychosocial support, access to ART and retention in care is currently being used to inform the phase 2 regional scale up and implementation in additional 12 ART sites
- Supported scale up of the Young people and Adolescents Peer Support (YAPS) Model in 9 health facilities .A total of 39 YAPS (Female-33, Male-6) trained and supported with a kit YAPS comprising of; a bicycle to facilitate transport a, a raincoat, T-shirt, backpack, Gum boots and a job aid in addition to a monthly stipend to facilitate their work
- Strengthened GBV reporting through the HMIS and DHSII platform as well as through the National GBV Database hosted by the Ministry of Gender and Social Development. This has enhanced data capture and advocacy for better GBV programming.
- About 57,000 KPs and community members reached with comprehensive SRH/HIV/GBV services in over 20 regional hotpots Up to 200,000 adolescents and young people reached with comprehensive SRH/HIV/GBV services through various programs in 45 districts.
- A communication campaign using a USSD facility established during the Covid-19 lockdown has reached up to 50,000 and linked them to services required Procured SMC Anesthetics, syringes/needles, 2400 disposable kits and 200 re-usable kits, surgical pants, aprons, mackintosh, analgesics, gauze and cotton wool to support the implementation of 2 surgical campaigns in Karamoja region.
- Supported MOH to conduct baseline data collection exercise for the YAPS scale up implementation in 6 JUPSA, this enabled the program determine the contribution of the YAPS model to treatment outcomes of adolescents and young people. The patient identification, linkage into care, retention and adherence and viral suppression were the key care and treatment indicators assessed. Other areas that were assessed include: health facility practices, linkages with community structures and costs involved in implementing this model.
- Supported MOH to print and distributes some YAPS materials (Implementation guide, Facilitators guideline, and job aides)

Adolescents and young people access to services strengthened

- 855 community members (226F &629 M) sensitized on and committed to positive gender norms and relations that promote Women’s Property and Land rights in Gulu and Moroto districts.
- 106 Community leaders in Moroto acquired foundational notions of security of tenure for women, thus able to safeguard and promote women’s rights of voice and participation in community decision making and to provide support and guidance in developing/ amending their internal governance instruments.
- 146 Land champions (118 F & 28 M) in Moroto, identified and equipped with basic knowledge on gender norms and relations that promote women’s property and land rights; skills required to handle human rights violations and enhance a better understanding in community and an effective referral pathway to justice mechanisms.
- Development of a dedicated strategy for gender equity and human rights upholding the principles of LNoB; a review and revision of the MoH guidelines for HIV infection prevention and Control during COVID-19. These results were reached at as a collective of young people, women living with HIV, sex-workers and other population groups directly impacted by HIV and AIDS.

- Development of an integrated HIV/SRH and rights digital App to support young people with accurate information to make informed and responsible choices regarding their sexual and reproductive health. The application opens a platform for information sharing, entertainment, healthy competition while learning correct information. The App has an average daily turnout of 35 users,40 referrals and 30 door-to door purchases for HIV prevention and SRHR commodities and services.
- MoH was supported to draft the ADH strategy and implementation plan. A national AYP Multisectoral HIV Coordination Framework was developed and endorsed by Uganda AIDS Commission to enhance harmonized action of the various partners. A health sector strategy on adolescent girls and young women on HIV was developed and utilized to inform the successful Global Fund catalytic proposal on AGYW.
- The National Sexuality Education Framework (NSEF) was systematically rolled out. MoES trained 126 secondary school head teachers and 345 teachers on NSEF and the New Lower Secondary Curriculum following integration of SE as a cross-cutting issue under health awareness. Through dialogues with district partners, SE thematic areas were identified and integrated into the district inspection tools. The National Curriculum Development Centre also developed Sexuality Education readers for upper primary school in 202. JUPSA and UNESCO supported government to review and evaluate the current ESA commitments and status on SE in the country as well as to agree on extending the commitments to 2030, following reporting of 2020 achievements.
- Up to 260,000 adolescents, young people and priority populations were reached with comprehensive SRH/HIV/GBV services in 45 districts. JUPSA reached up to 77,964 adolescent girls in 25 districts with empowerment interventions for social, education, health and economic asset building to address challenges like teenage pregnancy and child marriage. A total of 97 social entrepreneurs were trained on youth and peacebuilding targeting female street market vendors and male boda boda riders to mitigate early tension and peer-educate individuals through their businesses. A total of 145 youth leaders were trained on youth and peacebuilding and integration of peacebuilding to their leadership. Social media engagement reached 300,176 individuals with youth and peacebuilding messages through talk shows and spot messages. A rapid assessment on Peacebuilding and Youth was conducted mapping factors for youth engaging in conflict, gaps for youth in reaching meaningful participation.
- JUPSA supported young people led social innovations to improve access to SRHR information and services. The GetIN mobile application that identifies and supports adolescents and young pregnant women to access maternal and postpartum FP was expanded to 3 districts, a total of 1,347 young mothers mapped and successfully followed up to ensure safe deliveries. The SafePal app was integrated with the National child and GBV hotline and launched by the Ministry of Gender for a national rollout reaching 500,000 people with GBV messages. SafePal was linked with the Child Helpline (SAUTI 116) to provide immediate response to reported GBV cases. Up to 2,475 application downloads were made and 216 cases reported and successfully referred through the GBV helpline for further handling.
- Covid-19 response: An online survey to assess the situation of adolescents and young people access to SRHR services during the covid-19 pandemic was conducted and outcomes informed innovative program delivery approaches to service delivery in restricted covid-19 environments. A communication campaign using an USSD facility established during the Covid-19 lockdown directly reached up to 50,000 linking to required services and also reached over 6 million with messages through the mass media channels.
- JUPSA supported the implementing partner Riamiriam and collaborated with Moroto district health office (before COVID-19 lockdown) to conduct two Manyatta caravan integrated outreaches for HIV testing and SRH services at selected hotspots targeting mobile Key Populations and Migrants. One outreach was conducted in Rupa sub-county and another in Kosiroi, Tapac sub-county. A total of 173 (104 Male and 69 Female) people were counselled and tested for HIV. No person tested HIV positive. The project also supported SRHR outreaches services and a total of 09 mothers benefited from Antenatal care (ANC) services. The outreach to the hard to reach areas provides an opportunity for pregnant mothers to attend Antenatal care easily as the health facilities are distant from the community. During ANC the pregnant woman is checked and treated for any conditions which may harm her pregnancy, such as Malaria, Anaemia, HIV/AIDS, and

STDs. The objective of antenatal care is to ensure the identification and treatment of conditions that may threaten the health of the fetus/ newborn and mother. In addition, 06 girls benefited from HPV vaccine. The beneficiaries were counselled on family planning methods and personal hygiene.

Outcome 1.2 Coverage and utilization of biomedical HIV Prevention interventions

Output 1.2.1: Availability of stocks of HIV prevention commodities at service delivery points

Increased accessibility, availability and utilization of condoms for dual protection with about 300 million condoms distributed annually

- Government endorsed the National Comprehensive Condom Programming (CCP) Strategy and operational plan 2020-2024. It aligns to the UNFPA/UNAIDS global guidance featuring focus on people-centred CCP, defines clear target audiences for triple protection, and identifies strategic shifts from focus on commodity distribution to rights-based access, from public free condoms to total market approach, and from population based forecasting estimates to data driven commodity quantification and program management. An assessment conducted 2020 established that Uganda had fulfilled all the CCP 10 steps.
- Uganda, with partners including JUPSA supported, preparation and submitted a successful NFM3 Global Fund proposal on HIV/TB that also featured several catalytic grants including one on condom programming amounting to \$2.5m to support non-commodity procurement programming anticipated to boost condom use outcomes. A total of 196m male and 1.4m female free-to-user condoms were procured and received at national level largely from the Global Fund for male condoms and all female condoms by UNFPA. Out of these, 143.4m male and 959,986 female condoms were moved to HF and community levels for distribution to end users. The second national condom demand generation campaign was launched in 2020. The campaign targets and is led by young people through the Uganda Network of Young People living with HIV/AIDS. Over 1000 young people shaped the campaign strategy, communication materials and led implementation. Up to 4m people were exposed to condom campaign messaging including 1.9m young people reached through face to face interactions, and over 2m condoms have been distributed from September to end of 2020.
- MoH introduced the One Warehouse, One Health Facility policy that disrupted the condom alternative distribution mechanism and ultimately the expansion of the developed Condom Logistics Information Management System (CLMIS). Nonetheless, the CLMIS protocol was repackaged to track condom last mile distribution from the HF to the end user with focus on targeted population group aligning to people-centered CCP. A geospatial hotspot and condom distribution point mapping was conducted in Gulu city to enhance condom last mile distribution and understudy roll-out of the new CLMIS protocol. A dashboard will be generated to assist visualize stock status to trigger refills and/or redistribution and inform CLMIS upgrade linking to web-based ordering platforms. This approach will be replicated in other supported districts from 2021
- Covid-19 response: JUPSA and partners innovated approaches for improving access to condoms during the lockdown through (a) working with a private sector organization (Safe Boda) to utilize their motorcycle taxi transport mechanism to deliver condoms to community peer distributors who could then reach users within their localities. Partners working with the peer educators shared their contacts, these were contacted and upon acceptance, their coordinates were captured and condoms delivered. Up to 2m condoms were delivered through this channel. (b) An e-shop for RH commodities including condoms was designed by Safe Boda allowing their clients to order and receive at their places of convenience. Similarly, Jumia Uganda's online shop with a clientele of about t 2m people, established an e-shop for RH commodities and HIV self-test kits

Unmet need for family planning among people living with HIV of reproductive age in HIV care reduced to 10%:

- JUPSA supported MoH to develop the National FP Costed Implementation Plan 2016-2020 and in 2020 supported evaluation of the country's performance against the CIP targets. Over the period, FP unmet need among the married women reduced from 30.5% to 23.8%, there was improvement in the modern Contraceptive Prevalence Rate (mCPR) from 27.5% in 2016 to 37.2% in 2020, and significant improvement

in the contraceptive method mix over the years with for example the implant contraceptive prevalence rate increasing from 15.5% in 2016 to 31% in 2020.

- JUPSA supported development of the FP Advocacy strategy, the FP Financing strategy and the Total Market Approach Strategy. A Family Planning Atlas was generated the Uganda Bureau of Statistics presenting granular data to enhance decision making at regional and lower levels.
- In 2020, JUPSA procured 1,317,000 Couple Years of Protection (CYPs) worth of FP supplies to contribute to improved FP commodity security. These improved stock availability over the year with only 6.9% of SDPs experiencing stock out of up to 5 contraceptive methods over a 3 months' period (SDP survey, 2020) JUPSA supported capacity building of frontline health workers to provide comprehensive rights-based family planning services. A total of 1,243 health workers were trained and mentored on Comprehensive FP including EC, LARCs & new Technologies like NXT. JUPSA supported the MOH to reach 194,780 new users and 1,460,020 total users with contraceptives in 53 JUPSA supported districts. The DHSII reporting platform was upgraded to capture more integration indicators including access to FP by those seeking HIV services and vice versa.
- On the maternal health platform, and in humanitarian settings specifically, 28 midwives were recruited and deployed in health facilities that serve 8 refugees' settlements and neighboring host communities. A total of 198,868 mothers utilized ANC services, 43,942 births attended by skilled health personnel and 74,085 women received PNC services. JUPSA supported ambulance referral system operating in seven refugee settlements transported 4,112 pregnant mothers with complications to access emergency obstetric services. Five blood fridges were procured and distributed to 5 health facilities serving refugees and neighboring communities to address the challenges of storage of blood products for mothers with pregnancy related hemorrhage complications. JUPSA supported the procurement and distribution of 1,408 emergency reproductive health kits to HFs in the humanitarian settings. A total of 2,362 teenage and adult mothers received dignity kits after childbirth in these health facilities as well.
- Covid-19 response: JUPSA provided support to district leaders with coordination and facilitation to transport HWs as well as pregnant mothers for delivery, reaching about 3000 pregnant women in supported districts, supported training of HWs on guidelines for Continuity of Essential Health Service in Covid-19 context and supported ambulance services. About 6,037 pregnant mothers were supported with ambulance services during the COVID pandemic lock down.

Output 1.2.2: Biomedical HIV prevention interventions delivered to optimal coverage levels

Prevention of mother to child transmission (PMTCT)

- Supported MoH to conduct targets technical support supervision at selected PMTCT sites with specific focus on sites newly implementing G-ANC. The purpose of the supervision was to ensure program implementation is conducted according to guidelines and also identify and address any gaps in service delivery. Supported MOH- ACP to conduct quarterly support supervision visits to 84 health facilities in 7 districts (Kaabong, Moroto, Nakapiripirit, Nabilatuk, Abim, Wakiso and Kamuli) implementing the family connect PMTCT module. The family connect initiative is one of the digital innovations by MOH with support from JUPSA to improve loss to follow up and retention of mother baby pairs in care. Data management and utilization are very important and critical in achieving a successful evidence-based program. Therefore JUPSA continues to invest in this through the Health Systems based approach and continues to support the MOH to conduct DQAs , mentorship and printing of data tools.
- During the reporting period, 165 selected PMTCT sites were supported to conduct DQAs to verify and validate PMTCT data documented and routinely reported in DHIS2. A review of the National Family Planning Costed Implementation Plan is on-going with advocacy for expanded focus on FP/HIV integration. The DHSII reporting platform was upgraded to capture more integration indicators including access to FP by those seeking HIV services and vice versa. A national condom demand generation campaign was launched led by a Network of Young People Living with HIV with intention to support access to integrated SRH/HIV/GBV services for PLHIV and the general population. Supported support supervision and on-job

mentorship for health workers offering HIV services on Nutrition Assessment, Counselling and Support (NACS) at 40 ART sites in Karamoja sub-region and 23 sites in South-western Uganda. This was intended to; determine the extent to which nutrition services have been integrated into ART services and assess the level of adherence to NACS implementation standards in selected districts and ART sites. identify gaps/challenges in NACS implementation in the selected ART sites and provide on-site support and mentorship with total of 380 health workers were mentored and supported to integrate nutrition screening, counselling, and support into HIV service provision. All the ART sites were supported to develop work improvement plans to strengthen the integration of nutrition into HIV service provision. Finalized the country report on the path to elimination that informed among other documents the development Elimination plan II. On-going discussion on publishing the country data on the path to elimination Supported MoH to conduct targets technical support supervision at selected PMTCT sites with specific focus on sites newly implementing G-ANC to ensure program implementation is conducted according to guidelines and also identify and address any gaps in service delivery like low male engagement as well as identify best practice interventions for improved service delivery implemented at facility and district level.

- Increased amounts of young adult males that are safely circumcised: Procured SMC Anesthetics, syringes/needles, 2400 disposable kits and 200 re-usable kits, surgical pants, aprons, mackintosh, analgesics, gauze and cotton wool to support the implementation of 2 surgical campaigns in Karamoja region

Improved quality of HTS through acceleration of HIV testing facilities, certification of testers and conducting quality assurance (internal and external)

With support from the district local Governments and other implementing partners, support was provided to the Ministry of health to implement the following activities to improve identification and testing of HIV exposed and infected infants and children.

- Mentorship in 11 out of 33 total EID POC sites and total of 127 health workers (83 M, 44F) were mentored on the principles of Early infant diagnosis and strategies; screening at all service entry points especially EPI, nutrition words and Inpatient words which have shown to have high yield of HIV exposed and positive infants. Technical support supervision in 35 health facilities PMTCT sites and supervise 210 health workers (73M, 137F)
- Conduct assessment of hub operations and sample tracking system for the labs in 28 health facilities; optimize and integrate the viral load /EID and TB GeneXpert, CD4 sample referral network using the current instrument footprint and develop a prioritization strategy as per the operational plan 4. The day to day running and operations of the Amudat hub which has greatly improved sample transportation in the district one of the hard-to-reach districts of Karamoja

Output 1.2.3: SRH/HIV interventions for adolescents and young people delivered at optimal coverage levels

Expanded delivery of GBV prevention, mitigation and response services including in humanitarian setting.

- JUPSA supported Ministry of Gender to revise the National Disability Policy that integrates SRHR and MOH to review key strategic documents related to SGBV including the Male Involvement training manual, Emergency Contraceptive Pill management guidelines, referral guide for SGBV, Community flipcharts for SGBV, guidelines on counselling and management of pregnancy and Mental Health protocols, guidelines and Job Aids
- The Justice Law and Order Sector (JLOS) was supported to develop a national strategy for institutionalization of SGBV special Courts. Building on successful 2018/2019 pilots on GBV special courts to eliminate the high case backlog, mobile special courts were organized in different regions of the country and a total of 620 SGBV cases were tried and completed. JUPSA supported 22 districts to develop Ordinances and bye-laws on drivers of VAWG/HP including focus on alcohols, and child marriage. Similarly, 33 pronouncements and public declarations were made by different cultural institutions against FGM, early marriage, GBV and other harmful practices and support provided to enforce them.

- JUPSA supported MoGLSD and Directorate of Public Prosecution to develop guidelines for the Medical Examination and filling of Police form 3A for Victims of Sexual Assault. Uganda Police Force was supported to train and sensitize 241 (150M, 91F) trainers of trainers on GBV/SRHR in 8 police communities covering 14 districts.
- Through JUPSA support in 45 districts, up to 64,000 GBV survivors were supported to access health, legal, psychosocial and/or shelter services; 110,000 were reached with GBV prevention and support services through community based interventions utilizing the SASA and Male Action Groups (MAGs) models. Over 13m people were reached with social norm change messages through religious and cultural leaders, mass media campaigns including during the 16 Days of GBV activism.
- JUPSA supported UBOS to Integrate GBV/SRH indicators in the 4 modules of the Community Information System to allow for collection of data on the 10–14-year-olds that is not generated through the UDHS. JUPSA facilitated to convene key partners to agree on and integrate GBV/SRHR indicators into the Local Government Performance Assessment tools aligning to NDP III compliance tools.
- Covid-19 response: JUPSA support ministries of health and gender to integrate GBV into the guidelines for Continuity of the Essential Health Services in the context of Covid-19 epidemic and lockdown. This assisted to improve service delivery to address GBV cases that were on the rise during the lockdown. The Inter-religious council of Uganda (IRCU) was supported to develop and endorse a pastoral letter on covid-19 risk management integrated with messaging against GBV and other harmful practices that were on the rise during the lockdown as well messages for mobilizing community for SRH, HIV maternal health and family planning services. The pastoral letter was adopted at denominational level translated into several local languages and used as basis for reaching over 12m people through mass media and community interface. Male Action Groups (MAGS) were supported with Personal Protective Equipment (PPEs) to continue with community engagements through door-to-door visits reaching 5,495 people; of which 2,348 were female and 3147 men

Expanded delivery of GBV prevention, mitigation and response services including in humanitarian setting:

- The project provided funds for community mobilization and education that benefitted 1277 [f-894; m-383] community members in a series of staggered sessions including area land committees in Moroto, Napak, Kotido, Karenga and Kaabong districts. JUPSA has sustained capacity building for mediation of HIV related SGBV cases at family and community levels, majority of which, are resolved through the traditional justice system. Through the Uganda Association of Women Lawyers (FIDA) tools and instruments of work including clerk books for ease of case referencing were developed and distributed to expert clients and the elders in the districts of Kaabong, Karenga, Kotido, Moroto and Napak. Community level paralegals support the elders, households, and survivors to access justice through awareness raising, dialogues, mediation for civil cases and referral for criminal cases.
- Men have occupied privileged position in the Karimojong societies for many generations. They are positioned so strategically, that, there can be no sustainable shift in social order of the Ngakarimojong society unless men approve of it. Men occupy very privileged position in this society while women suffer the wrath of unfavorable norms and practices like domestic care work, child marriage, female genital mutilation, no inheritance and limited access to proactive assets and opportunities. KEEP program's spousal discussion series was therefore designed to offer men the opportunity to reflect on all the above practices and injustices and suggest ways to improve the situation by easing some of these conditions. Spousal discussions promote self-reflection, team discussion and joint decision making on which practices need to be flexed to enable women and girls cope with HIV. It promotes dialogue and joint decision making among couples. The KEEP program thus acknowledges the importance of male engagement -at the household, community and policy levels- and the role men play in interventions like women's economic empowerment (WEE) and women's entrepreneurship development.
- JUPSA in collaboration with the Federation of Uganda Employers conducted a VCT@work campaign on male engagement – reaching out to about 1,000 young men and women through sports boxing clubs. The campaign targeted 30 sports boxing clubs from 6 districts located in the Eastern Region; Jinja, Iganga, Tororo, Busia, Mbale and Soroti District towns. The process initially trained 40 boxing coaches and instructors to create a cadre of male champions – who would provide messages challenging negative masculinity and influence positive and constructive masculinity in enhancing HIV prevention. The training further equipped

them with the required knowledge and skills on HIV&AIDS prevention, including communication skills using the peer-to-peer approach. The training proceeded VCT@work activities, which provided access to HIV&AIDS education and prevention, HIV testing, referral and condom distribution. A total of 976 (67% males and 33% females) accessed HIV testing and registered a 4% HIV prevalence. In addition the VCT@work campaign established 10 condoms points where condom dispensers were installed at the training venues of the respective boxing clubs; Kakira Sugar Works, Seeta BC, Black Power Gym – Jinja, Nyangweso BC, Lugazi United BC, 6) Jinja BC, BB Club - Mbale, Elgon Bomber - Mbale, Busia BC and Tororo BC. The mobilisation of young men was limited by the then lock-down restriction due to the COVID19 pandemic – with limited community activities that were only confined to health facilities with full observation of the SOP as authorized by the District Health Coordinator.

- The Joint Program and the leadership of Ministry of Education and Sports developed appropriate content that was delivered through radio and TV broadcast on ASRH services and information. The process involved building capacity of the people who will deliver the content in Radio and TV targeted to Karamoja sub region.
- JUPSA supported social and community dialogues through social and broad cast television and radios to share tips and provide skills for young people to cope with their sexual and reproductive health challenges during a lock down period imposed by the COVID 19 pandemic. In an effort to normalize conversations on sexuality education and increase awareness on Sexual Reproductive Health and Rights (SRHR) issues among young parents, young people and other stakeholders, Reach A Hand Uganda (youth led organization) held a series of dialogues live-streamed on a national Television (NBS) TV bringing together various stakeholders with expertise in ASRHR. A number of social media posts on dialogue were also shared across RAHU and NBS social media platforms including Facebook and Twitter under the hashtag #SexualityEduca-tionUg. Reach: Through the hashtag, the post garnered an impression of over 15,660, reached 13 million people and a total engagement from over 692 accounts.
- JUPSA in partnership with the Adolescent Sexual Reproductive Health organized a series of Webinars and media engagements that were aimed at providing a platform to reflect on Meaningful Youth Participation and advocating for great involvement of young people in the covid-19 response and addressing emerging SRHR related issues. The purpose of the Webinar and media engagements was to engage youth leaders and different stakeholders on meaningful youth participation during the Covid-19 response and in addressing emerging SRHR related challenges. Through Tweeter handle With #YouthCOVIDResponse, we had a total contribution of 368 tweets with 15,764,594 potential impacts and potential reach of 153,926 made.

2.2 TREATMENT, CARE AND SUPPORT THEMATIC AREA – ACHEIVEMENTS

Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access

During the period, the UN Joint Team members continued to leverage on JUPSA’s added value to the National HIV/AIDS response by 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; and supporting critical research and documentation of efforts towards accelerated HIV prevention and control within the country.

Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access.

Key progress indicators	B-line	T-2020	Progress by Dec 2020	Comments
% of HIV-positive pregnant women who receive ART to reduce risk of mother to child transmission.	92% HIV estimates 2014	98%	>95%	Consistent achievement over the years
Estimated percentage of Child HIV infections from HIV positive women delivering in the past 12 months	6 weeks = 5.7% After B/F = 13.6%	6 weeks = 4.24% After Breast-feeding = 7.93%	6 weeks = 1.9%	6 weeks = 1.9% After Breastfeeding = 6.5% (2017, NSP MTR)

	(2013)			
Number of males circumcised per year.	878, 109 (2014 DHIS 2)	1,000,000 annually	Cumulatively about 5M,	SMC for young people stood at 68% - 2019
Percentage of adults aged 15-49 yrs. who tested for HIV in the last 12 months and know their results.	47% (2013)	80% (2020)	99%= (8,445,382/ 8.473,606)	proportion that received their results

The achievement of the above key outcome targets was facilitated by the following key breakthroughs.

1. Adoption of the WHO HIV care and treatment guidelines;

- Adoption and roll out of the “test & Treat” strategy (WHO 2016) which led to improved ART coverage
- Paediatric Art regimen Optimization(WHO 2019); introduction and use of more efficacious ART regimen- Dolutegravir(DTG) as first line preferred Art regimen for adults and older children and Protease Inhibitor (PI) Lopinavir/ Ritonavir based regimen for infants and young children to improve viral load suppression which has generally improved from 52% and 36% in 2016 to 65% and 48% respectively
- Expand and roll out EPI/PMTCT/EID integration for EID in all PMTCT sites and Point of care (POC) sites
- Adoption and roll out of Differentiated Services Delivery Model (WHO 2018) to improve access and retention to ART aimed at improving retention on treatment using a client centred approach. By March 2020, 59% of all the patients on ART were enrolled in a suitable model and 12 months retention in care improved from 76% in 2018 to 79% in 2020.
- TB Preventive therapy (IPT) coverage among PLHIV (WHO 2016)- This improved from 42% in 2018/2019 to 58% by June 2020 the 100- day TPT/IPT Acceleration Campaign in 2019,
- Management for advanced HIV disease (AHD) and comorbidities (WHO 2018) - development of AHD training toolkit to build the capacity of health workers, to date more than 80% of the targeted health facilities have been trained.
- Development of Continuity of Essential Services (CEHS) guidelines in the context of COVID; multi month drug distribution/ refills, home delivery of ART drugs and viral and EID sample collection

2. Evidence generation to inform the National HIV care and treatment programme

- POC pilot improved access to first virological (PCR) testing among infants born to HIV positive women with 2 months of birth from 52% to 74%
- PMTCT Impact evaluation study which was a combination of cross-sectional (baseline phase) & Prospective (follow up phase) design among Infants born to both HIV positive (cohort I) and negative (cohort II) mothers. The study was conducted from September 2017 to March 2018 as baseline and participants were followed up for 18 months up to July 2019. Results from the study showed that: The overall MTCT rate at 18 months was 2.7% (95% CI: 2.0-3.8). The MTCT rate was 2.1% (95% CI:1.4-3.1) at 4-12 weeks, and 0.7 (95% CI: 0.4-1.5) at 6-18 months. Mother to child HIV transmission was increased by not taking ART (OR: 0.12, CI: 0.02-0.56), having unsuppressed viral load(OR:14, 95% CI: 6.1-32), not attending antenatal care (OR=0.53; 95% CI: 0.24-1.18), and delivery under unskilled care. These results have been used to develop the Elimination Plan II to guide program implementation towards achieving elimination of MTCT.
- Group ANC piloted at 31 facilities across the region and scale up is ongoing
- YAPS pilot completed in 48 ART sites in 9 districts and now been scaled to 52 districts.
- Comprehensive revision of HMIS data tools and revised age disaggregation
- Scale up of Electronic medical records (EMR)-1200 of 1830 ART sites data management system and scale up and improved utilization of DHIS2
- HIV Drug Resistance (HIVDR) surveillance program the findings of high pretreatment drug resistance of 17% to NNRTIs in 2016 informed the policy adoption of DTG and phase out of Niverapine as NNRTI and establishment of the 3rd line ART subcommittee by MOH. The

collaborative is actively working on key processes to improve outcomes in three priority areas: (1) improving viral load suppression among adults and children, (2) improving initiation and completion of TB preventive therapy (TPT) among PLHIV; (3) and improving ART retention among PLHIV receiving ART including among mother-baby pairs. The initiative developed evidence-based standardized intervention packages to address gaps in the service provision.

- Early warning Indicator (EWI) surveys- First was conducted at 304 sites in 2017 and another in commenced in 2019. These are expensive and hence data generated isn't current and make timely remedial action difficult.

3. Innovations to improve access to HIV care and treatment services

- Group Antenatal care (GANC)- with focus on improving HIV services for pregnant adolescent with improved access to ART by pregnant women from 91% in 2016 to 95% in 2020
- Young people and adolescent Peer Support (YAPS) model to improve adherence and viral suppression among adolescents.
- Family connect; focusing adherence to care and appointment keeping for pregnant women
- Use of web-based ordering for supplies.
- Roll out of continuous quality Improvement collaboratives (CQI) established in 2019 and target 100 health facilities. The collaborative is actively working on key processes to improve outcomes in three priority areas: (1) improving viral load suppression among adults and children, (2) improving initiation and completion of TB preventive therapy (TPT) among PLHIV; (3) and improving ART retention among PLHIV receiving ART including among mother-baby pairs. The initiative developed evidence-based standardized intervention packages to address gaps in the service provision. Repeat VL improved from 30% to 58%, IPT completion from 71% to 87%

Output 2.1.1: Guidance provided, and capacity built for provision of standard ART care according to the new WHO recommendations:

Improve HIV identification mechanisms and linkages to care for at least 25-30% of undiagnosed people living with HIV

- UN Joint Program supported targeted districts to assess new health facilities and strengthen the capacity of district health teams, based on the needs identified during the previous quarter's performance reviews, supportive supervision and health facility in-charges. The acquired knowledge was disseminated further through Continuous Medical Education (CMEs), an example location being Abim Hospital.
- The MoH selected 18 high volume sites in the Karamoja Region as the learning sites for the management of AHD. These sites were supported to collect and analyze AHD data, an exercise that was supported by The Joint Program jointly with TASO and RHITES-E. The data from this exercise suggests an urgent need to build skills across key ART clinic and lab staff to timely diagnose and refer patients for further management. This will be prioritized for the scheduled quarterly district integrated mentorship visits within the next implementation period.
- Through onsite mentorship visits, health workers were supported to improve data management. Despite improvements, all health facilities required additional support with the weekly SMS report submission. It was also noted that monthly staff meetings were not regularly held in many facilities and the District Health Teams (DHT) were advised to strengthen their follow-up.

Outcome 2.2 Programs to reduce vulnerability to HIV /AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced.

- Finalized costed National TB strategic plan and M&E framework in place. Draft multi-sectoral TB framework in place. Technical support provided to the streamlining/reorganizing of the HIV index testing roll-out in the country. Technical support provided in adaptation and roll-out of HIV self-testing strategy through materials

development and stakeholder engagement. With support from the district local Governments and other implementing partners, support was provided to the Ministry of health to implement the following activities to improve identification and testing of HIV exposed and infected infants and children; Mentorship in 11 out of 33 total EID POC sites and total of 127 health workers (83 M, 44F) were mentored on the principles of Early infant diagnosis and strategies; screening at all service entry points especially EPI, nutrition words and Inpatient words which have shown to have high yield of HIV exposed and positive infants. Technical support supervision in 35 health facilities PMTCT sites and supervise 210 health workers (73M, 137F).

- Conducted assessment of hub operations and sample tracking system for the labs in 28 health facilities; optimize and integrate the viral load /EID and TB GeneXpert, CD4 sample referral network using the current instrument footprint and develop a prioritization strategy as per the operational plan. The day to day running and operations of the Amudat hub which has greatly improved sample transportation in the district one of the hard-to-reach districts of Karamoja,
- Across the 12 settlements in the operation, a total of 1,437,411 condoms (1,453,321 males, 2090 females) were distributed. A total of 178,266 were tested for HIV (refugees, nationals) with 2,097 positives identified, 1,826 were newly initiated on treatment and by September 17,848 were receiving ART. A total of 48, 841 were tested at MCH clinics and 309 positives identified. During the reporting period, 507 mother-baby pairs received ART for eMTCT. 5,062 males had been circumcised. 1,781 TB cases were identified (1,237 ref, 544 nat) and by September 1,426 TB cases had received treatment within the settlement with the others opting to receive treatment at other facilities. 351 survivors of SGBV received PEP within 72 hours, and 321 received emergency contraception within 120 hrs. During the reporting period, 204 TB and HIV care, 3 SGBV health care workers were trained.
- World Food Programme has supported 1,629 participatory cooking lessons at the 181 Community Based Supplementary Feeding sites (CBSFP) in the Karamoja sub-region. These lessons have been instrumental in imparting positive nutrition and dietary practices on infant and young child feeding as well as maternal nutrition and have been partly targeting women attending ART clinics. Has also facilitated community health workers (Village Health Teams) and HIV Expert Clients to conduct nutrition screening and counselling at household level in all households with children under 5 years. All malnourished children have been referred to the nutrition service points for management.

Output 2.2.3: Institutional capacity for HIV treatment and care quality improvement enhanced

Increased access to quality comprehensive HIV care and treatment services in humanitarian settings

- During the reporting period January to December 2020, across the 12 settlements in the operation. A total of 224,356 (140,311 Ref, 84,045 Nat) were tested for HIV with 2,678(1,187 Ref, 1,491 Nat) positives identified, 2,381 (1,069 Ref, 1,312 Nat) were newly initiated on treatment and with 17, 781 (6,812 Ref, 10,969 Nat) were receiving ART. A total of 63,844 (40,101 Ref, 23,743 Nat) were tested at MCH clinics and 420 (202 Ref, 218 Nat) positives identified. During the reporting period, 666 (315 Ref, 351 Nat) mother-baby pairs received ART for eMTCT.2,828 (2,094 Ref, 734 Nat) TB cases were identified, amongst refugees, 2,062 were tested for HIV and 211 TB/HIV cases started on ART 5,671 males were circumcised.
- About 94 health care workers were trained on the revised (2020) consolidated HIV/AIDs treatment guidelines, 192 health care providers were trained to provide safe and ethical index client testing. 251 health care workers were trained on TB case detection and management, 151 VHTs trained on TB community case finding and referral. A total of 2,247,324 condoms (2,240,656 males, 6,668 females) were distributed. 39,654 individuals (Implants 11,590, COCs, 4,299, POPs, 1,283, Depo-Provera 20,518, IUDs 1,885, 99 permanent methods) received different family planning services. A total of 35,863 individuals (Ref 24,488, 11,375 Nat) were treated for STIs. 85%, 525 (410 Ref, 115 Nat) survivors of SGBV received PEP within 72 hours, and 65% 457 (347 Ref, 110 Nat) received emergency contraception within 120 hrs. 43 health facilities within the operation were assessed on Adolescent friendly services provision and a total of 27 health care workers were trained on provision of adolescent friendly health services. 128 health care workers in the operation were trained on clinical management of rape survivors. 645 Village Health Teams (VHTs) were trained on provision of family planning services within the community, 92 health care workers trained on provision of

method mix family planning services. 406 Health care workers were trained to provide comprehensive emergency obstetric and newborn care services.

Outcome 2. 3: Programs to reduce vulnerability to HIV /AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced.

Key progress indicators	B-line	T-2020	Progress by Dec 2020	Comments
% of care, protection and support to orphans and other vulnerable children and their families through case management.	60%	90%	>89% served as per core program areas	No. per CORE PROGRAM AREAS (2,770,615 vs 2,474,340) were served
Proportion of girls aged 15–19 who have experienced sexual violence	18.90%	At least 5% reduction	9.9 % Ever experienced Sexual violence 5.3% experienced sexual violence- 12 months	Girls in this aged group are less likely to report incidence of sexual violence. This gets even worse with higher levels in education attainment.

The JUPSA governance and human rights thematic area contributed to the NSP sub-goal 4--An effective and sustainable multi-sectoral HIV/AIDS service delivery system that ensures universal access and coverage of quality, efficient and safe services to the targeted population by 2020. This thematic area also contributed to the NSP Sub-goal 3--To reduce vulnerability to HIV/AIDS and mitigation of its impact on PLHIV and other vulnerable groups; and Sub-goal4, through interventions targeted at human rights (including stigma reduction) and gender equality. Below are JUPSA 2016-2020 JUPSA achievements:

Output 2.3.2: Strengthened community capacities for food security, nutrition, and economic livelihood to mitigate the socio-economic impact of HIV/AIDS

Strengthened extension of nutrition assessment, counseling and support for PLHIV at community level

- **Extension of nutrition assessment and counselling at community level**
The World Food Programme supported 1,629 participatory cooking lessons across the 181 Community Based Supplementary Feeding sites (CBSFP) in the Karamoja sub-region. These lessons were key in imparting positive nutrition and dietary practices on infant and young child feeding as well as on maternal nutrition to reduce the vertical transmission of HIV and improve the nutrition status of pregnant and lactating women as well as children under two years of age.
- WFP supported community health workers (Village Health Teams) and HIV Expert Clients to conduct nutrition screening and counselling at household level in all households with children under 5 years and pregnant/lactating women. An HIV Expert Client structure was established in 9 refugee hosting districts and a total of 251 Expert Clients were trained on nutrition assessment counselling and support in order to link people living with HIV to care and extend nutrition screening and counselling services to individual clients. Village Health Teams and HIV Expert Clients were key in utilization of HIV and Nutrition services amidst the peak of COVID-19 restrictions and were actively engaged in extending ART to PLHIV on treatment as well rapid screening for malnutrition among the clients. This greatly contributed to reducing stigma among PLHIV who could not easily access services.
- In order to increase the utilization of HIV services including nutrition screening and counselling among adolescents and young people, WFP supported the establishment of Young People and Adolescent Peers (YAPS) in nine refugee hosting districts and were oriented on nutrition care and support for people living with HIV. A total of 250 YAPS were identified and selected to support the extension of HIV and nutrition services to peers within the communities.
- Support the development and dissemination of guidelines for the continuity of essential services in the context of COVID-19: In order to prevent acute malnutrition among children (6-59 months), pregnant/lactating

women, and PLHIV, there was an urgent need to adjust the malnutrition treatment programmes (supplementary feeding programme, inpatient and outpatient therapeutic services) to minimize the risk of spread of COVID-19. To reduce the foreseeable risk of increased cases of malnutrition during the restrictions posed to reduce the spread of COVID-19, WFP supported Ministry of Health (MoH) to develop guidelines and Standard Operating Procedures for continuity of essential health services. These were based on the MoH guidelines for integrated management of acute malnutrition (IMAM), WHO guidance on Infection prevention and control during health care and WHO guidance on water, sanitation and waste management in COVID-19 era. WFP further supported MoH to orient health workers engaged in the delivery of nutrition and HIV services on the guidelines in Karamoja and refugee hosting districts. A total of sixty (60) health workers were oriented on the guidelines.

- UN Women with support from the Embassy of Irish Aid through the Joint UN Programme of Support on AIDS (JUPSA) funding the Karamoja Economic Empowerment Program (KEEP program) implemented the KEEP programme in selected Karamoja districts of Moroto, Napak, Kotido, Kaabong and Karenga to empower the AGYWs aged between 15-24 years impeded by multiple socio-cultural and socio-economic barriers threatened their life. Karamoja Economic Empowerment (KEEP) is purposed to alleviate conditions of vulnerability and improve resilience to manage HIV risk among women and girls in selected districts of Karamoja region. The programme implemented by Action Africa Help Uganda (AAHU) seeks to address challenges of poverty as a major driver of HIV and inequalities faced by women through boosting livelihoods, income and health among women living with HIV/AIDS and those at high risk of HIV infection.

3.0 HIV GOVERNANCE AND HUMAN RIGHTS SUMMARY OF ACHIEVEMENTS

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

Output 3.1.1: Functional capacity of HIV and AIDS coordination structures at national and subnational levels strengthened

- Functionality of thematic and technical working groups at national level - Partnership Committee, Prevention, M&E, Gender, SBCC, and RMS committees. The 12 SCEs have been supported and functional. CCM effectively coordinates GF grants application, implementation, and reporting. ADPG SCE is functional with periodic monthly meetings.
- Establishment of UAC Karamoja Zonal coordination office. Functional capacity of HIV and AIDS coordination structures at national and subnational levels were strengthened during the reporting period. A Zonal coordination office for Uganda AIDS Commission was established in Moroto to strengthen the functionality of District AIDS Coordination structures

Output 3.1.2: Sustainable financing mechanisms for the HIV Response in Uganda strengthened

Sustainable financing mechanism

Key progress indicators	B-line	T-2020	Progress by Dec 2020	Comments
HIV national policy composite index scores	55%	95%	>90%	Country has achieved milestones on policy and legal entrapment save for issues of key population and financing
%age of domestic and international AIDS Spending categories and financing sources	GOU 11.2 External 68 Out of pocket 20.8	GOU 40 External 50 Out of pocket 10	9.5%	<ul style="list-style-type: none"> NASA studies- GoU increased allocation Increased allocation for ARVs budget TA for successful GF resources Approval of mainstreaming

				guidelines, 0.1% sector allocation, and creation of vote output by MOFPED for HIV
Existence of functional HIV trust fund	None (2015)	One	1 on track	<ul style="list-style-type: none"> Approval of mainstreaming guidelines, 0.1% sector allocation, Creation of vote output by MOFPED for HIV
# of GFATM proposals developed and submitted in time	0	6 Proposals 2020	3 On track	<ul style="list-style-type: none"> Malaria, HIV/TB & catalytic funding proposals) The other 3 will be done in the next funding cycle CCM annual support \$75,000

Accordingly, during the period under review, the programme strengthened capacity for planning, coordination, monitoring and evaluation and sustainable financing mechanisms. The key achievements of this objective during the reporting period are:

- Approval of vote code by Ministry of Finance Planning and Economic Development as part of implementation of HIV mainstreaming guidelines. In the 2019/20 Budget Call Circular, the Ministry of Finance has instructed all ministries, departments, and agencies to provide for HIV mainstreaming budget (0.1% of their sectoral budgets) in their Mid-Term Expenditure Framework (MTEF) allocation, expected to result in US\$ 6,178,387 as per Government of Uganda total budget for Financial Year 2020/2021 of US\$12,147,857,768.
- Supported a successful and timely submission of Uganda's Grants Funding Requests/Applications totaling USD \$602,501,931 (including the Catalytic Matching Funds) for HIV, Tuberculosis, Malaria and building Resilient and Sustainable Systems for Health, to the Global Fund Secretariat
- The CCM submitted the C-19RM funding request for USD \$50,362,392.28 to the Global Fund on 30th May 2020. Out of this amount, the Global Fund found Uganda's funding request technically robust, and has so far approved and awarded USD \$34,565,047 (USD \$23,205,476 initially approved and an additional USD \$11,359,571) towards mitigation of impact of COVID-19 on lifesaving HIV, TB and Malaria programs and Systems Strengthening interventions to Prevent Fragile Health Systems from being overwhelmed by the COVID-19.
- Supported finalization and copyediting of the Country National HIV Strategic Plan (2020/21- 2024/25) and her accompanying documents including the M&E plan, the two-year national priority action plan and the abridged version of NSP.
- Supported country to meet Global and national AIDS reporting obligations including Global AIDS report, the 2019 epidemiological and surveillance report, Country and district level estimates and projections; 2020 district level targeting report and 2020 country HIV factsheet.
- At programme level a KARUNA midterm review was finalized to assess relevancy, effectiveness, and efficiency of the program,
- At Karamoja level, UAC continued to follow up on the functionality of the DACs and ensured that DACs meetings were held. UAC supported select DACs members to attend COVID-19 District Task Force meetings and participate in the Radio Talk Shows in the districts of Abim, Moroto, Nakapiripirit and Kotido.
- Supported the functionality of Local Government Bi-annual Sub county AIDS Committees (SACs) meetings in 64 Sub counties of Karamoja. This enabled the committees to consolidate critical community defined HIV needs for redress, as reported in the JAR and Participated in Sub country HIV&AIDS committee (SAC) meetings in 5 districts of; Napak and Nabilatuk Districts Lopei, Lorengechora, Lotome, Nabilatuk and Kosikei.

- AIDS Trust Fund (ATF) regulations approved, One dollar Initiative (ODI) registered with a full functional Board and fund mobilization ongoing, Capital projects leveraging initiated, resource mobilization strategy developed. Parliament approved the regulations to operationalize the ATF expected to bring in USD2 Million; a Board of Trustees for ODI was appointed and the initiative was registered as a Trust and a series of fund-raising activity conducted in, two studies finalized to inform work on leveraging investments for capital projects as a source of funding for HIV.
- The UN mobilized more resources that will contribute to the national response through focus on structural drivers of the epidemic such as gender-based violence. These include a) EU-Spotlight Initiative 2019-2023 and b) the UN Joint programme for GBV all targeting a reduction in harmful practices, social norms change and increased access and uptake of HIV/GBV/SRH essential services for men and women at increased risk. Overall a total of US\$ 11,352,870
- The UN mobilized over \$54m for SRH/GBV joint programs for the period 2018-2022 from SIDA and EU that will address drivers of HIV especially among young people, women and key populations in selected parts of the country.

Output 3.1.3: A harmonized monitoring and evaluation system for the HIV and AIDS response built at national and sub national levels

Key progress indicators	B-line	T-2020	Progress by Dec 2020	Comments
# of UAC and sectoral joint programme reviews conducted	1 Annual JAR 3 Sectoral Reviews	5 Annual JAR, Annual Country reports, NSP Midterm, and end term evaluations, HIV gender Assessments	<ul style="list-style-type: none"> • Five Joint annual reviews held • NSP Midterm review done • Four country HIV status reports • Karamoja districts have strategic plans • Moroto developed a workplace policy • KARUNA MTE • 2021- 2025 NSP developed • Annual national and district level HIV estimates 	All targets achieved
Existence of a fully functional and centralized tracking and reporting system	DHIS	One	<ul style="list-style-type: none"> • DHIS • OVC MIS • GBV database 	Country have harmonized numbers for advocacy
# of National, regional and Districts HIV estimates and projections	One National and Nine regional	national, 10 regional and 112 district HIV estimates	<ul style="list-style-type: none"> • 5 Annual national estimates • District level HIV estimates and projections 	All targets achieved

JUPSA provided technical support to the country for the development of key planning and evaluation frameworks.

- National HIV strategic plan (2020- 2025), M&E Plan and National Priority action plan
- HIV investment and 2021-2025 HIV strategic plan
- National AIDS Spending Assessments, (2015-2016) and (2017-2019).
- Midterm Evaluation of the NSP 2015/2016-2019/2020
- Country national priority action plans 2018/19 and 2019/2020
- A consolidated Key and Priority Population Size Estimation for Uganda
- Annual HIV estimates and projections used to inform country planning, prioritization.
- Health Sector HIV & AIDS Monitoring & Evaluation plan 2018/19-2022/23
- The 2019 HIV Epidemiological Surveillance report for Uganda
- National and district level 2020 targets of Core public health HIV and AIDS services for HIV Epidemic control in Uganda

- k. Districts of Karamoja supported and developed their HIV strategic plans.
- l. high-level national launch of the Presidential Fast Track Initiative (PFTI) on ending AIDS
- m. A National Action Plan (2017-2021) on Women, Girls and Gender Equality and HIV&AIDS developed
- n. A Gender Bench Book (GBB) to guide adjudication of GBV cases by Judicial Officers was developed
- o. National Action Plan (NAP) for HIV and Mobility for the Ministry of Works MARPS Sector (2015/16-2017/18)
- p. The policy regulation on Employment HIV Non-Discrimination was launched by the Ministry of Gender Labour and Social Development

- **Capacity building**

- a. Capacity built for projections and estimation with a functional national Estimates team.
- b. Scaled-up capacity for integrated data quality and use in eight SRH/HIV/GBV SIDA supported districted with managers generating dashboards, informing quarterly reviews, and planning sessions.
- c. Revised National Integrated Management of Acute Malnutrition (IMAM) guidelines which include nutritional support and care for PLHIV.
- d. Mentorship sessions for the data manager on the revised Open EMRS conducted in 10 districts in the Karamoja region.
- e. Data management and utilization are important and critical in achieving a successful evidence-based program. DQAs, mentorship and printing of data tools.

Output: 3.1.4: Strategic alliances and Partnerships enhanced for the multi-sectoral HIV response

- JUPSA brokered with Buganda Kingdom for the Kabaka run theme, Masaza cup theme and Royal boat regatta to focus on engaging men to End AIDS by 2030. This will run from 2020- 2022 focusing on HIV , this will amplify advocacy and behavior change communication in line with encouraging men to test for HIV and TB, access HIV treatment and also adhere to treatment.
- JUPSA supported office the Directorate of prosecutors to advance human rights and the right to health among criminal cases handled for the people living with HIV in Uganda. In 2020, technical support was further given to focal points in the DPPs office to address the COVID-19 with a perspective of the prisoners.

Output 3.1.5: Reforms in national and sub-national laws, policies, and strategies for better alignment to international standards

- JUPSA in partnership with OHCHR , ICWEA and MoH established a National Advisory group to support the implementation of the Global coalition of elimination of HIV related Stigma and discrimination. Further supported Uganda Young positives to conduct the Yplus peagant that aims at fighting Stigma and discrimination against young PLHIV.
- JUPSA supported a case documentation exercise to document and profile cases of PLHIV and KP suffering and socially excluded during the pandemic – across the issues and constituencies which indicated that the suffering of PLWHIV and KPs ranged from access to medicine, domestic violence, and discrimination at work place. A total of 110 cases were documented, 66 cases of GBV, 15 cases on access to medicine and 1 case of discrimination at workplace. The human rights violations of PLWHIV and KPs represent the magnitude of suffering during COVID- 19. This evidence has been used to make a case for these people in a number of fora including the National COVID-19 Task Force. The evidence has been used to address the gaps created by the COVID-19 lockdown directives- that were not sensitive to the issues of vulnerable populations. From this documentation, a booklet is being compiled for dissemination.
- Relatedly, 5 Social media influencers were engaged and a total of 50 written articles and 20 info graphics on the suffering of PLWHIV and KP in public and private spaces during COVID – 19 were produced and used for engagement on social media. The 20 E- post shared on social media steered conversation on violations people living with HIV and KPs are facing during COVID-19. This resulted to an increase in awareness and relevant authorities taking action to improve on access to medication and legal services.

- JUPSA supported the IP to rescue women survivors of violence in both private and public sphere during the COVID 19 lockdown where women’s safety was compromised. The rescued survivors of GBV were admitted to a rescue/shelter home. A total of 86 survivors (51 adult women, 5 adolescent girls and 30 children) were rescued.

Outcome 3.2: Capacity to implement and coordinate the JUPSA interventions

3.2.1 Administrative and technical capacity for JUPSA implementation enhanced

The MPTF Office continued to serve as the Administrative Agent (AA) for the funding received via pass-through funding modality in this Joint Programme. The AA is responsible for a range of fund administration services, including: (a) receipt, administration and management of donor contributions; (b) transfer of funds approved by this Joint Programme to Participating Organizations; (c) consolidate annual financial statements and reports, based on the submissions provided to the AA by each Participating UN Organization; (d) submission of annual and final consolidated reports to donors. The final consolidated financial and narrative reports are also uploaded at the MPTF Office Gateway at <http://mptf.undp.org/factsheet/fund/JUG00>, by 31st May every year.

3.2.2 JUPSA monitoring and evaluation and performance tracking strengthened

JUPSA during the period was monitored through monthly UN Joint team meetings, engagement with sectors during sector performance reviews, Joint meetings, district joint SRH/HIV coordination meetings, individual agency monitoring visits to the region, submission, review and provision of feedback to IPs reports, meetings of thematic leads that prepared and presented the annual report to JUPSA Joint steering committee, KARUNA/PACK coordination meetings at regional level were held around the launch of the programme and Joint supervision visits between Irish Aid, PACK and KARUNA-HP. UNAIDS as a Secretariat for Joint team continuously tracks progress of the planned, on-going and concluded activities. There are monthly UN Joint team meetings at national and regional levels, where each agency updates the members on the implementation progress, approaches to joint action are discussed, and agencies share their scheduled activities. Specifically, Agencies have also continued to proactively participate in providing technical backstopping as IPs implement by reviewing reports and in participating in some of the IP activities.

3.2.3 Enhanced advocacy and resource mobilization to support JUPSA implementation

During the period 2016-2020 JUPSA received and expected the resources below

Agency	Ireland [2016-2020]	UBRAF [2016-2020]	[2018-2020]	SRH/GBV SIDA [2016-2020]	UN CORE/Regular Funds	Total
FAO	583,830	0		0	100,000	683,830
ILO	191,248	153,255		0	224,000	568,503
IOM	339,183	0		0	108,000	447,183
UNAIDS	2,644,121	0		414,448	1,520,600	4,164,721
UNDP	0	213,235		0	0	213,235
UNESCO	321,757	71,153		0	35,000	427,910
UNFPA	1,943,428	255,640		1,120,000	27,000,000	30,319,068

UNHCR	0	70,470	0	0	70,470
UNICEF	1,347,950	323,260	1,676,486	4,887,080	8,234,776
UNWOMEN	730,730	675,229	0	650,258	2,056,217
WFP	518,412	305,742	0		824,154
WHO	969,662	230,792	900,000		2,100,454
Total	9,590,321	2,298,776	3,696,486	34,524,938	50,110,521

4.0 KEY ISSUES AND LESSONS LEARNED

- Human rights issues and Enabling policy frameworks –weak enforcement
- Low coverage especially for adolescents and young people
- Increased leadership commitment but persistent governance issues: ownership, resource management, mutual accountability and Weak coordination of efforts at district/community level
- Very low primary prevention funding
- Recurrent HIV commodity stockouts (Medicines, Laboratory reagents and HIV test kits)
- Risks of Dolutegravir use in women of reproductive age group reduced the roll-out pace
- Communities are faced with multiple issues affecting their capacity to be food and nutrition secure

ii) Indicator Based Performance Assessment:

CUMMULATIVE JUPSA PROGRESS AS AT 5TH YEAR OF IMPLEMENTATION (DECEMBER 20120)

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2020)	Comments
Outcome 1.1: Increased adoption of safer sexual behaviours among adolescents, young people and MARPS					
Outcome Indicators	% of young people 15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission (strategic)	Total 38.9% Women 38.6% Men 39.3% (UAIS 2011)	Women 70% Men 70%	46% F 45% M (UDHS,2016)	UPHIA 2017 provided for age group 13-14years as below Total : 25.6% Girls: 26.3%
	Proportion of young women and men aged 15–24 who have had sexual intercourse before the age of 15 years.	Total 12.6% Female 13.1% Male 11.9% (UAIS 2011)	Female 7% Male 7%	Total: 13.6% Female: 10.2% Male: 17.3 % (UPHIA)	Decline among females, with male rates increasing
	% of adults 15-48 who use a condom at the last high risk sex (sex with a non-marital partner) increased from 35% to 75%	35%	75%	Total : 32% Male: 37.6% Female: 29% (UPHIA)	Low coverage
	% of women 15-49 years who experience sexual and gender-based violence reduced from 28% to 23%	28%	23%	18%	No data available Need to update with 2020 UDHS. For 14-25 aged UPHIA gave Physical Sexual violence 11.1%
Output 1.1.1: HIV integrated into investment, annual and financing plans of key sectors that address identified structural drivers of the HIV epidemic	# of sectors budgets with HIV reflected in budget papers, sector HIV budget lines and expenditure reports	3 (2013)	9 (2020)	7 on track	- Key achievements: Mainstreaming guidelines and compliance tools for the 0.1% budget allocation for MDAs. PFTI -UAC, MoH, MoES, MoD, MoWTC, MoTWA, MoJCA, implementing HIV programs with domestic funds. Mainstreaming policy to expand to all & LGs. 5 of 7 districts (Moroto, Kotido, Kaabong, Napak and Abim) planning and budgeting for gender and HIV in the Karamoja region
Output 1.1.2: Programmes addressing underlying socio-cultural and economic drivers of the HIV epidemic expanded	# of cultural institutions with structured programs addressing structural and behavioural drivers of the HIV epidemic.	4	9	12 Achieved	Studies on harmful practices, leadership orientation, policy positions, message concepts, action plans, M&E& resource mobilization strategies, community engagements, 9 designated cultural institutions with action plans, M&E and resource mobilization frameworks. Working with up to 12 CIs. Source JUPSA reports. Key achievement: Work with 7 major religious denominations resulting in endorsement of pastoral letters (policy guidance) on HIV prevention, MNH,

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2020)	Comments
					teenage pregnancy, FP & GBV. Work with Cross Cultural Foundation of Uganda to compliment the work of MoGLSD I building stronger networks and institutions of cultural leaders to address the norms and practices that propel vices child marriage and inheritance restrictions for women and girls in 9 cultural institutions.
	# of adolescents and girls reached with SRH services.	200,000 (2016)	450,000	650,000 Achieved	Increased resource mobilization for hard to reach areas.
	# of municipalities implementing Cities Fast Track HIV programmes targeting priority population groups	1	6	7 Achieved	Worked with AMICAAL to develop and implement a CFT for 41 municipalities Leadership orientation, integration into annual commitments & accountability protocols, development of delivery frameworks. Worked with KCCA to finalize a safe cities scoping study. Started a new safe cities initiative focusing on reducing violence (murders, rape and sex exploitation) and creating safe spaces and
Output 1.1.3: Social and behaviour change communication focusing on adolescents, young people and key populations	# of adolescents and young people out of school reached with HIV information annually	500,000	3,000,000	4,500,000	Coverage by various campaigns & channels including mass media, community dialogues, cultural and religious institutions, sports, education institutions in various districts. Up to 300,000 in Karamoja.
	# of regions that have implemented the Protect the Goal project.	0	12	2	Karamoja and Lango regions. PFT annually conducted in Karamoja districts for out of school reaching average 100,000 with services. PTG Institutionalized to deliver through school sports season. Risk reduction campaigns reaching 615 HIV positive couples and 1,365 adolescent girls and young women 15-24years through targeted small community sensitization and education sessions on HIV risk reduction
	# of peers trained in MARPS Programming to support community engagement initiatives.	50	500	450	Expanded programming beyond MoH designated KP hubs to Karamoja region. The geographical focus of the peers trained has been conducted in the 3 districts focusing on the sub counties with critical MARPS(cross

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2020)	Comments
					border and the mining sites in Amudat-Karita and Moroto Rupa and Tapac, Kabong-Loyoro.
Outcome 1.2: Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up					
Outcome Indicators	Proportion of HIV-positive pregnant women who receive anti-retroviral therapy (ART) to reduce risk of mother to child transmission.	92% HIV estimates 2014	98%	>95%	Consistent achievement over the years
	Estimated percentage of Child HIV infections from HIV positive women delivering in the past 12 months	6 weeks = 5.7% After Breastfeeding = 13.6% (2013)	6 weeks = 4.24% After Breast-feeding = 7.93%	6 weeks = 1.9%	6 weeks = 1.9% After Breastfeeding = 6.5% (2017, NSP MTR)
	Number of males circumcised per year.	878, 109 (2014 DHIS 2)	1,000,000 annually	Cumulatively about 5M,	SMC for young people stood at 68% by end of 2019
	Percentage of adults aged 15-49 yrs. who tested for HIV in the last 12 months and know their results.	47% (2013)	80% (2020)	99%= (8,445,382/ 8.473,606)	Indicator adjusted to read of all those that tested, proportion that received their results
Output 1.2.1: Availability of stocks of HIV prevention commodities at service delivery points	# of Health workers trained in Procurement Supply Chain Management	50	600	160	MoH established the Condom Logistics management information system (CLMIS) with training of users. CLMIS rapid roll to all hotspots planned
	% unmet need for FP among people living with HIV	41% (MoH 2017)	10% (2020)	41% (2016)	MoH, 2016/17 survey supported by GF/UNFPA. Awaiting new survey results. Study conducted by Makerere school of public health and MOH
	# of additional districts supported to establish the e-ordering system	40	200		Ministry of Health in 2013 launched the Web-based ARV/PMTCT medicines ordering and Reporting System (WAOS) and majority of the ART sites (97%) are currently using it to order and report to their respective warehouses
	% of designated community condom distribution points with stocks of female and male condoms	0	80%	70%	In Karamoja region working through VHTs attached to HFs and designated community points. Achievement: Increasing number of HF reporting dispensing condom in Karamoja increasing

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2020)	Comments
	# of Male condoms procured	60,000,000	100,000,000	150,000 average annual	About 560m male condoms procured and received in the country (USAID, GF, UNFPA) in the last 4 years. Annual figures vary from 60 to 300m
Output 1.2.2: Biomedical HIV prevention interventions delivered to optimal coverage levels	# of district Health workers trained in SMC for sustainable service delivery.	20	160	120 On-track	Surgical teams trained in both adult and early infant MC. Reusable SMC kits procured to facilitate service delivery at facility level provided
	# of adults reached with HCT services in selected districts annually	0	1,000,000	1,295,031	In 14 KARUNA and SRHR districts with a positivity 3.4% 35 regional mentors oriented and mentored on the comprehensive HTS guidelines.
	% of all people living with enrolled HIV treatment centres receiving SRH services including FP	TBD	60%	TBD	Need for a mini-survey to establish this. Baseline surveys indicate that over 80% HFs providing integrated services but no user surveys yet. Data systems being strengthened to capture data
	# of MARPs in 6 regional hotspots reached with SRH/HIV services	5000	10000	40,000 annually	Cannot do % without knowledge of denominator in the supported hubs Up to 40,000 KPs and clients annually reached with SRH/HIV/GBV services in the 22 MARPs designated sites around the country and about 4000 in Karamoja region
	# of MTCT community engagements conducted in targeted districts./ # of functional Family support groups (FSGs) in targeted districts	50	400	294 On-track	Planned expanded focus on FSGs as part of the Free to Shine EMTCT Campaign. A minimum of 148 MTCT community engagements were conducted during this period including targeted community dialogues, outreaches and follow up of missed appointments by mentor mothers
Output 1.2.3: SRH/HIV interventions for adolescents and young people delivered at optimal coverage levels	# of refugees supported with SRH/HIV, at all stages of humanitarian programming	0	300,000	650,685 achieved	Expanded HW training in SRH/HIV/GBV in refugee settings. Within refugee setting: 650,685 HIV tested, 18,628 on ART, Attended 4+ ANC Visits 69, 393
	# of health workers trained in delivery of friendly SRH services to adolescents and young people.	200	600	3000	About 1700 HW and 1500 teachers trained on delivery of friendly AYSRH in all Karamoja and eastern Uganda districts
	% of HCs in selected 15 districts providing AYFSRH/HIV services	10%	50%	53%	53% in 29 targeted districts where at least 2 HWs were trained on AYSRH skills
Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access.					

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2020)	Comments
Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access.	% of adults and children with HIV infection receiving antiretroviral	50.1% (DHIS 2014)	80% (2020)	Country have achieved 90-90-90 targets	All ages- 91-90-82 Adult men: 89-86-77 Adult women: 96-96-88 Children: 63-63-49
Output 2.1.1: Guidance provided and capacity built for provision of standard ART care according to the new WHO recommendations	# of health workers trained in revised WHO policies and guidelines.	0	480 (2020)	JUPSA-286; 19,456/31,742	Specialists, doctors and clinical officers (2,539) On-track pending Karamoja trainings
Output 2.1.2: Institutional capacity for procurement and supply chain management systems enhanced	# of health workers trained in commodity quantification;	50	480 (2020)	285 Pharmacy personnel	More to be trained in Karamoja, Luuka and Kween
	# of additional health facilities with functional Web based ordering systems	0	200 (2020)	136 out of 2000 current users	97% of ART sites are currently using it to order and report to their respective warehouses
Output 2.1.3: Institutional capacity for tracking, retention and adherence monitoring of PLHIV on treatment strengthened.	# of additional Health facilities using Open eMRS;	0	200 (2020)	7	Off track Inadequate resources
Outcome 2.2: Quality of HIV care and treatment improved.					
Output 2.2.1: Institutional capacity for HIV care and treatment monitoring including scaling up of viral load monitoring and surveillance of drug resistance and toxicity enhanced.	# of survey reports generated and disseminated for PDR and ADRS	0	2 PDR survey report (Yrs. 1 & 4), 2 ADR survey reports (Yrs. 3 and 5)	One PDR study done 08/2016/03/2017; 2 ADR studies done (12&48 months on 1 st line medicines);	PDR of 15.4% provided evidence for adoption of TLD; ADR common virally failing clients (10.1% after 48 months on Rx); limited mutations to protease inhibitors

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2020)	Comments
Output 2.2.2 Accelerated and streamlined implementation of HIV Co morbidities interventions	# of Health workers trained on screening and management of co morbidities.	50	300 in Hepatitis, 200 trained in Visceral Leishmaniasis,	JUPSA-286 9,718 for all co-morbidities 15 Trainers to cascade the screening throughout Karamoja	An integrated training model was adopted for the rolling-out the 2018 consolidated HIV prevention and treatment guidelines
Joint Programme Outcome 2. 3: Programs to reduce vulnerability to HIV /AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced.					
Outcome indicators	% of care, protection and support to orphans and other vulnerable children (disaggregated by sex) and their families through case management.	60%	90%	>89% served as per core program areas	Number receiving services as per CORE PROGRAM AREAS (2,770,615 vs2,474,340)were served
	Ratio of Orphans to non-orphans (10-14yrs attending school)	0.9	0.96		Through Government Programs, 31,096 OVC households were given agricultural /farm inputs, 123,153 elderly most of who are taking care of orphans are benefiting from SAGE program in 40 districts.
	% of households receiving social assistance	4.50%	6%		
	Proportion of girls aged 15–19 who have experienced sexual violence	18.90%	At least 5% reduction	9.9 % [ever experienced sexual violence in their lifetime] 5.3% [experienced sexual violence within the 12mons before the survey]	Girls in this aged group are less likely to report incidence of sexual violence. This gets even worse with higher levels in education attainment.
Output 2.3.1: Enhanced capacity of government and communities to mainstream the needs of PLHIV, OVC, adolescents and other vulnerable groups into other development	# of social welfare workers trained in basic skills and practices of child protection.	–	500 (2020)		
	Household dietary diversity score among targeted households	North 5.7, Karamoja 3.8	6.5 (2020)	Data collection exercise for the Karamoja FSNA ongoing	Malnourished pregnant and lactating women as well children 6-59 months receive rations of specialised nutritious foods to improve their nutrition status.

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2020)	Comments
programs.					
Output 2.3.2: Strengthened community capacities for food security, nutrition, and economic livelihood to mitigate the socio-economic impact of HIV/AIDS	Assessment and guidelines for integrating FNS in HIV counselling, care and treatment services developed	-	TBD (2020)	Done	The assessment was completed. Food and Nutrition Support for individuals with chronic conditions including HIV and TB integrated was integrated into the revised IMAM guidelines which are in the final stages and will be launched soon.
	# of households/communities trained on good agricultural practices, basic nutrition in context of mitigation of impact of HIV and AIDS.		TBD (2020)	32 communities reached targeting both in and out-of-school youth. These comprise 960 Junior Farmer Field/Life School (JFFLS) members.	Four districts of Napak, Amudat, Kotido and Moroto targeted. Each district has 08 JFFLS comprising 04 in school and 04 out-of-school youth groups.
GOVERNANCE AND HUMAN RIGHTS					
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*					
Outcome indicators	HIV national policy composite index scores	55%	95%	>90%	Country has achieved milestones on policy and legal entainment save for issues of key population and financing
	%age of domestic and international AIDS Spending categories and financing sources	GOU 11.2 External 68 Out of pocket 20.8	GOU 40 External 50 Out of pocket 10	9.5%	A flat lining of resources for the response was witnessed. The same period saw a stagnation of the resources from the GoU, estimated to be approximately 9.5% of the national HIV response funds. A finance gap analysis of the NSP 2014/15 -2019/20 shows an overall funding gap of US \$ 195.5 Million in FY 2018/19 and US \$ 272.7 Million in FY 2019/20.
Output 3.1.1: Functional capacity of HIV and AIDS	# of LGs with functional AIDS Task Forces.	-	90%	14 districts out of 128 (10.9%) off track	7districts in Karamoja & 8 SRH districts National structures functional (NPC, M&E, mates, KPs, CCM)

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2020)	Comments
coordination structures at national and subnational levels strengthened	# of Committee meeting conducted.	-	24.00	Quarterly meetings	7 districts in Karamoja and 8 SRH districts
Output 3.1.2:Sustainable financing mechanisms for the HIV Response in Uganda strengthened	Existence of functional HIV trust fund	None (2015)	One	On-going ATF advocacy .0.1% allocation among pilot MDAs .Health Insurance Bill tabled in parliament	Ministry of Finance, Planning and Economic Development, through its the 2019/20 Budget Call Circular, instructed all Ministries, Departments and Agencies (MDAs) to provide for HIV mainstreaming budget (0.1% of their sectoral budgets) in their Mid-Term Expenditure Framework (MTEF) allocation. This development is substantial step forward to increase and sustain national funding HIV response
	# of AIDs funds tracking surveys conducted.	0	3 (2020)	One	Call for bidders for 2017/18, 2018/2019 placed to cover NASA & Out of pocket expenditure study
	# of GFATM proposals developed and submitted in time	0	6 Proposals 2020	3 (Malaria, HIV/TB & catalytic funding proposals)	a) (Malaria, HIV/TB & catalytic funding proposals), the 2020 preparations ready for March submission b) CCM annual support \$70,000
Output 3.1.3: A harmonized monitoring and evaluation system for the HIV and AIDS response built at national and sub national levels	# of UAC and sectoral joint programme reviews conducted	1 Annual JAR Conducted (2015) 3 Sectoral Review Conducted (2015)	Annual JAR, Annual HIV Country reports, NSP Midterm, and end term evaluations, HIV gender Assessments by	NSP developed, MTR done, 5 JARS held On track	Country supported and concluded: 2016/2020 NSP developed, implemented, evaluated through MTR and JARS. Four Annual Joint AIDS Reviews convened, four Annual Country progress reports done, ACP/MOH 2018-2023 plan and M&E finalized and in use. Overall: Noted improvement in reporting and meeting country and Global reporting
	Existence of a fully functional and centralized tracking and reporting system	One (2015)	One	<ul style="list-style-type: none"> DHIS OVC MIS 	A harmonized DHIS 2 for the country being used by all partners. OVC MIS was rolled out and functional across country
	# of National, regional and Districts HIV estimates and projections	One National and Nine regional	One national, 10 regional and 112 district HIV estimates	Annual National estimates and 2020 districts level estimates generated	Four annual national HIV estimates and projections produced. District level HIV estimates generated for 2019

	Key progress indicators,	Baselines	Targets by 2020	Progress by 4th year (2020)	Comments
Output 3.1.4: Strategic alliances and Partnerships enhanced for the multi-sectoral HIV response	# JUPSA program reviews conducted	0	1	Four annual reviews held	JUPSA supported KARUNA Baseline, and undertook annual HIV reviews in Karamoja region and a midterm evaluation
	# of non-traditional partnership promoted for social responsibility	2	6 (2020)	Four strategic partnership have been secured	The key partnerships include: KPC pharmaceuticals of China /JMS – Syringes/ARVs, STAR Times , Airtel and Kabaka Run and Masaza Cup, CBS system, Uganda Boxing Federation, VCT@work initiative was piloted in 5 -Roads and Construction companies
Output 3.1.5: Reforms in national and sub-national laws, policies and strategies for better alignment to international standards	Second Stigma index report produced	1st Stigma index report Produced (2013)	2nd Report produced by 2020.	One study	Stigma index study done. There are on-going advocacy and implementation of its recommendations
	% of PLHIV and CSO coalitions to with gender responsive and human rights included in their HIV plans and budgets	0	60#	Quarterly CSOs meetings held to support alignment of interventions.	Global Fund Breaking Barrier. Advocacy with the DPP Ministry of Judiciary, HIV Prevention, Control Act and Anti Stigma policy translated to a local language Continuous Advocacy for enabling environment
		0		Finalized	Policy regulations of HIV – Non Discrimination in the world of work developed and finalized