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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 2021**

Programme Title & Project Number <ul style="list-style-type: none">Programme Title: Joint Programme of Support on AIDSMPTF Office Project Reference Number:³ 00101638		Country, Locality(s), Priority Area(s) / Strategic Results²	
Participating Organization(s) UNICEF, UNFPA, FAO, UNwomen, WHO, WFP, ILO, IOM , UNESCO, UNHCR,UNAIDS, UNDP		<i>Country/Region</i> Uganda/East Southern Africa Region	
		<i>Priority area/ strategic results</i> 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 (ANE CCA), 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 : <ul style="list-style-type: none"><i>by Agency (if applicable)</i>	\$80,223,365	Overall Duration (<i>months</i>)	60 months (Five years)
Agency Contribution <ul style="list-style-type: none"><i>by Agency (if applicable)</i>	\$70,223,365 of which €7,435,205 is for KARUNA/HP	Start Date ⁵ (<i>dd.mm.yyyy</i>)	1st January, 20
Government Contribution (<i>if applicable</i>)	In kind	Original End Date ⁶ (<i>dd.mm.yyyy</i>)	31st December, 2021
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 - if applicable <i>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>		<ul style="list-style-type: none">Name: Jotham MubangiziTitle: UNAIDS Country Director a.iParticipating Organization (Lead): UNAIDSEmail 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 2021, 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 and contributed to the following:

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 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. 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.

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; (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,

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 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:

- The program has continued to work with IPs and the district local governments. The program has strengthened community response systems especially aimed at addressing socio-cultural and economic barriers that hinder HIV preventive behaviors and constrain timely access to sexual reproductive health, HIV prevention, treatment and care services among adolescents and youth. The program has mobilized communities and promoted access to SRHR/HIV/GBV services in the region through different approaches. Besides, several activities were implemented under national COVID-19 guidelines to support all districts in the region to respond to Covid-19 and ensure essential SRHR service continuity.
- The national COVID19 Resurgence Response Plan is budgeted at USD 358M, and the UN Response plan is budgeted at USD 136M to contribute to the National response. WHO spent purchased from KARUNA to support procurement of COVID response items.

Enhancing the capacity of teachers:

- A total of 70 teachers were trained comprising 30 primary school teachers and 10 secondary school teachers as ToTs, and 30 district officials as managers and leaders in COVID-19 safety precautions and related health risk management

for safe reopening of school. The training targeted primary school teachers from Karamoja region (3ToT's per District), Secondary school teachers from Karamoja region (one per District) and District education officials (1 per district)

Thorough Uganda AIDS Commission, the following were achieved:

- Finalization of key strategic documents including National AIDS Spending Assessment, HIV Research Agenda for the period 2020/21-2024/25; National HIV&AIDS Strategic plan (NSP) 2020/21 – 2024/25
- HIV&AIDS multi-sectoral Mainstreaming Multisectoral HIV&AIDS mainstreaming guidelines were developed and commissioned. The guidelines have been disseminated and its implementation rolled out in all the 135 districts, 72 MDAs (votes) out of 146, and 7 municipalities out of 41. The MOFPED instructed in the Budget Call Circulars for 2018/2019, 2019/2020, and 2020/2021 directives that all government MDAs and District Local Governments allocate 0.1% of their budgets (excluding Pensions, Gratuity & Transfers) to HIV activities
- Five (5) SCEs i.e., PLHIV, Media, Cultural, Academia, Private Sector SCEs conducted quarterly meetings and developed quarterly reports for incorporation into the overall national joint AIDS report. The SCEs supervised their constituent members, compiled, and consolidated their respective quarterly reports
- Functionality of Districts AIDS Coordination Committees (DACs) Through the Karamoja Zonal Coordination office, UAC followed up with districts HIV&AIDS Focal persons on the progress of implementing their action plans for the fast-track initiative for ending AIDS by 2030. In addition, the Zonal Coordinator provided technical support in quarterly health review meetings to all DACs in the 9 Karamojong districts
- Dissemination of Prevention Road map UAC conducted dissemination meetings of the Prevention Road map to 7 MDAs including Ministry of Gender Labor and Social Development; Ministry of Justice and Constitutional Affairs; Ministry of Education and Sports; Ministry of Water & Environment, Ministry of Works, and Transport; Ministry of Agriculture; and Ministry of Health.

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) Similarly, to other regions, the COVID pandemic has had a negative impact in Karamoja, affecting access to essential health services including HIV and SRH services. The Joint Program supported MoH and districts to develop and implement national guidelines on essential health services continuity, including the monitoring of essential HIV services to flag any disruptions, inform the development of programming approaches and assess their effectiveness over time. The latest data suggests, that after an initial deep in health service coverage and utilization, these are now recovering but have not yet reached the pre-epidemic levels.

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1.0 Purpose

This 2021 annual report provides an overview of JUPSA outputs, resources and a synthesis of performance highlighting key programmatic achievements, lessons learnt, emerging issues and challenges

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 2021 was the first year of implementation of the fourth JUPSA (2021-2025)

Table 1: Linkage between NSP, UNSDCF and JUPSA

Thematic area	NSP goals	UNAIDS vision	UNSDCF outcome	JUPSA outcomes
HIV and AIDS prevention	Youth and adult HIV infections reduced by 65% by 2025 Paediatric HIV infections reduced by 95% by 2025	Zero new HIV infections: <ul style="list-style-type: none"> – 95% of people at risk of HIV use combination prevention – 95% of women access sexual and reproductive health and rights services 	Outcome 3.1: by 2025, people, especially those who are vulnerable or marginalized, have equitable access to and use good-quality basic social and protection services	Outcome 3.1.1: increased coverage and use of HIV and AIDS prevention services among key and priority populations, including adolescent girls and young women
		– 95% coverage of services for eliminating vertical transmission		
HIV and AIDS care and treatment	AIDS-related morbidity and mortality reduced	Zero AIDS-related deaths: <ul style="list-style-type: none"> – 95–95–95 HIV testing, treatment and viral suppression among adults and children 		Outcome 3.1.2: improved coverage, quality, and use of antiretroviral therapy by people living with HIV
		– 90% of people living with HIV receive preventive treatment for TB		

Health systems strengthening and social support and protection	Resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient strengthened social and economic protection to reduce vulnerability to HIV and AIDS and to mitigate the impact on people living with HIV, orphans and other vulnerable children, key populations and other vulnerable groups	Zero discrimination: <ul style="list-style-type: none"> - 90% of people living with or at risk of HIV linked to other integrated health services - Less than 10% of people living with HIV and key populations experience stigma and discrimination - Less than 10% of people living with HIV, women and girls, and key populations experience gender-based inequalities or gender-based violence - Less than 10% of countries have punitive laws and policies 	Outcome 3.2: by 2025, gender equality and human rights of people in Uganda are promoted, protected, and fulfilled in a culturally responsive environment	Outcome 3.2.1: strengthened policy and regulatory environment to promote equitable access to and use of rights-based, gender-responsive social and protection services that prevent, mitigate, and respond to shocks and stress, including stigma and discrimination Outcome 3.2.2: strengthened capacity of governmental and nongovernmental institutions to effectively plan, monitor and deliver public and private financing to social sectors in an equitable, gender-responsive, accountable, sustainable manner
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2.0 JUPSA ACHIEVEMENTS 2021

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.

JUPSA outcome 3.1.1: increased coverage and use of HIV and AIDS prevention services among key and priority populations, including adolescent girls and young women.

JUPSA output 3.1.1.1: programmes addressing underlying sociocultural and economic drivers of the HIV and AIDS epidemic expanded, including harmful social and gender norms.

- UNESCO supported Ministry of Education and Sports to train teacher in Karamoja Region on how to deliver Adolescent and Sexual Reproductive Health education for learning during the COVID 19 pandemic period. The need for this intervention arose from the increasing number of schools' girls who were reported to have got pregnant during the pandemic period. It was further necessitated by the desire to ensure that when school reopen the teacher will be in position to handle learners in appropriate way to minimize contracting COVID 19 virus and or manage it better when learners report infection. A total of 70 teaching was trained comprising 30

primary school teachers and 10 secondary school teachers as ToTs, and 30 district officials as managers and leaders in COVID-19 safety precautions and related health risk management for safe reopening of school. The training targeted primary school teachers from Karamoja region (3ToT's per District), Secondary school teachers from Karamoja region (one per District) and District education officials (1 per district)

- For the period 2020/2021, Uganda AIDS Commission was supported to revise, through stakeholder consultation the National Multisectoral Key Population (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 also developed, and a draft awaits endorsement. UNFPA supported the Ministry of Health (MoH) to finalize the development of the National STI Management Guidelines and accompanying health worker training manuals that partners rolled out beginning 2021. UNFPA as a champion member on the South-to-South Learning Network (SSLN) of the Global HIV Prevention Coalition (GPC) contributed to and participated in several KP programming activities including: (a) the compilation of the Uganda KP Programme Self-Assessment Tool (PSAT) and findings were utilized to revise the KP Programming Framework and also develop a KP Human Rights Advocacy Manual for Civil Society Organization (CSO) entities supported by the SSLN Secretariat; (b) preparation and hosting of a KP learning session on the integration of KP rights-based services into public health facilities services; and (c) participation in various KP learning sessions at regional and global levels.
- JUPSA provided technical and financial support to the delivery of the national KP programme. The Ministry of Health designated 22 regional hubs to institutionalize the provision of KP-friendly services within public health facilities. In 2020, over 120,000 KPs and community members they interface with were reached with comprehensive SRH/HIV/GBV services through Health Facilities (HFs), drop-in centres (DiCs) and outreach services. In 2021, up to 145,333 KPs and community members they interact with were reached with HIV and SRH services from public HFs and DICs distributed around the country. With UNFPA support, 30 HWs from 6 districts with capacity gaps underwent a 5-day MoH training on SRH/HIV/GBV friendly service delivery for key populations. The training was a response to a KP mapping exercise conducted in 14 districts in 2019 to establish hotspots and the capacity of HFs to respond to needs to strengthen people-centered service delivery.
- Building on the 2019 mapping exercise of most at risk population groups (MARPs) in targeted districts, MARPs peer networks were established in 2020 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 (\$1140 per group of 25) 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 to further support from government welfare programs. In 2021, 30 groups had established themselves, grown their capital and some ventured into other business projects despite the harsh covid-19 conditions.
- **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 total lockdowns 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, UNFPA 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, UNFPA supported CSO partners to deliver door-to-door and mobile clinic services in hotspot areas especially in Kampala city reaching over 60,000 people largely sex workers

- Supported MOH to conduct baseline data collection exercise for the YAPS scale up implementation in 6 JUPSA Supported Districts, this was enabling the program to 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.

Adolescents and young people access to SRH/HIV and GBV services strengthened

- During the biennium, the ILO focused on scaling up HIV testing through its VCT@work campaigns and HIV Self-testing (HIVST) activities, among predominantly male-dominated economic and social enterprises. The HIV testing campaigns, were able to increase access and up-take of HIV testing to 12,350 men (67%) and women (33%) workers, with a positivity rate of 4% and effected referral for early enrolment of ART. The campaigns further raised awareness to over 50,000 workers, – including increasing their HIV risk perception and utilization of condoms. Through collaboration with the Federation of Uganda Employers (FUE), the process strengthened the capacity and establishment of appropriate workplace structures in the respective economic and social enterprises. For instance, twenty senior managers of twelve manufacturing companies in Mukono Industrial Park, through training, developed and established HIV workplace policy and programmes in their respective companies. This was informed by a collaborative study between ILO and the Chinese Academy of Labor and social security on employment and HIV discrimination (2019). Also under the Uganda Boxing Federation, forty boxing coaches, from five districts in Eastern Uganda, were trained on integration of HIV prevention in the boxing clubs training sessions, which was cascaded into their boxing clubs to benefit mainly adolescent boys and young people.
- In addition, an integral component of the VCT@work was building capacity and creation of eighty peer educators as HIV champions in the targeted twelve economic enterprises. Through application of the workplace model, the peer educators provided knowledge and information on HIV prevention (including COVID19 risk communication) to fellow workers, distribution of testing kits, conducted referral for confirmatory HIV testing and early enrolment to ART, and integrated work-based information in the overall district health information management system (DHIMS). Furthermore, through the campaigns, twenty condom dispensers were installed in the target workplaces, which continue to be replenished by the District Health Department and FUE through supplies from the National Medical Stores. This has enabled steady access and utilization of condoms among workers of the target companies.
- With UN Women support the National strategic Plan for HIV and annual action plan for 2021-2025 fully integrate strategies, actions, and indicators for addressing gendered barriers to HIV prevention. A fully functional gender dashboard is in place and regularly updated and maintained with routine data from HMIS2 and DHMI2 and is fully synchronized to generate age appropriate SRMNCAH and HIV disaggregated data that is helping policy makers and district planners including financial and budgeting experts in critical decision making to ensure equitable investments for HIV prevention, protection and access to SRMNCAH services <https://genderdashboard.uac.go.ug> With UN Women support and other partners, UAC completed validation and dissemination exercise for the HIV investment case framework for Uganda 2021-2030. Gender and HR TWG led by UN Women supported country efforts for the Global AIDS Response Progress Reporting (GARPR) 2021.

- With support from UN Women, a total of 99 AGYW have successfully completed secondary school certification Programme with 93 (02-Div1, 10-Div2, 21-Div3, 42-Div4 and only 18Fs) successfully completing their UACE while only 07 AGYW completed their UCE with the required 2 principle passes. All formal school learners have expressed willingness to continue studies. 103 vocational students acquired placements, and this has enhanced their skills; 09 plumbing, 07 carpentry, 06 electrical and solar installation, 1 mechanics, 51 catering, 2 are doing auto mobile repairs, 2 tailoring, 6 agriculture - animal husbandry, 2 driving and 3 welding and 14 building and concrete practice (BCP). An additional 657 AGYW are on track to complete various vocations.
- With support from UN Women, communities of LGBTQI, Female sex workers, women and young people living with HIV to question a new law i.e SoB that was discriminatory and had the potential to increase stigma, discrimination, and vulnerability based on known or perceived HIV status and gender identity. The proposed law has been redirected to focus on the more pertinent issues of sexual offences which is a concern among LGBTQI, female sex workers and women and young people living with HIV among others.
- 31 targeted awareness dialogue sessions were conducted in the 4 districts of Pader, Amuria, Kaberamaido and Nakapiripirit and 1,367 people reached, with the message on the existing government guidelines and policies that promote second chance Education of which majority 807 (59%) were females.
- An additional 384 new female beneficiaries from Terego (77), Yumbe (67), and Adjumani (240) have been recruited to the project bringing the cumulative total with full support to 904. During this quarter, 11 out of the 26 POWER clubs have received their enterprise development start up grants. This was possible after all 11 clubs opened bank accounts and demonstrated proficiency to manage finances in a much more organized manner - i.e., Adjumani (02) and Yumbe (09). At subcounty level, 23 out of the 26 POWER clubs have acquired corporation certification after completing all due processes of registration. All the 23 clubs are now formally recognized women led grassroots organization in their sub counties.
- Further, a total of 52 community leaders (26 community Facilitators (Female= 20, Male= 06, R=4, H=03) 26 VSLA Trainers of trainees; and 05 FAWE field staff acquired skills in proper handling of enterprise development, VSLA management and documentation/book-keeping from refresher training by the district authorities in collaboration with FAWE-U. The training also directly benefitted 551/904 club members who got refresher skills in group enterprise management. As a result, the POWER club's members are in a better position to initiate own enterprises depending on their choices basing on their strengths and from a more perspective of knowledge than previously before this kind of training was carried out.
- In collaboration with FAWE-U, a total of 75 targeted community level dialogues (including small team sessions, community dialogues and policy level meetings) were conducted on second chance education rights for girls and young women reaching 4,163 people (1,528 males and 2,635 females) across levels. An additional 718 home visits conducted by community facilitators reached 1,230 people (311 males and 919 females). The visits enabled a one-on-one discussion with project beneficiaries, spouses, and the extended family. Discussions centered on how women can support households if they are empowered including economically. Partners who still had doubt about education of their spouses were helped to appreciate the importance of education in the family - for instance in Iriri in Karamoja, 8 men who had earlier resisted got convinced and accepted that they will support their wives.
- UNFPA champions policy advocacy for adolescent health (ADH) with a focus on SRHR at the country level. For the period 2020-2021, UNFPA supported MoH to review and finalize the National SRHR Policy and requirements for submission to the Cabinet of Uganda for endorsement. As a key highlight, the policy lowers the age of consent to access SRH services unaccompanied from 18 to 15 years, a move that will enable many young people to exercise their SRH rights. Similarly, UNFPA supported MoH to redraft the ADH Policy and

Regulatory Impact Assessment (RIA) securing approvals at 5 levels including Top Management now pending submission to Cabinet. The ADH Strategy was revised, and its implementation and monitoring framework finalized pending stakeholder validation and endorsement. 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 2020 Global Fund catalytic proposal on AGYW. The ESA Commitments ended in 2020 and in 2021 UNFPA contributed to UN support to the evaluation of the commitment and the country recommitment for 2022/2025 which is still a work in progress with anticipation for clearance in early 2022.

- The 2018 National Sexuality Education Framework (NSEF) was systematically rolled out in the period 2020-2021. In 2020, the Ministry of Education and Sports (MoES) trained 126 secondary school headteachers and 345 teachers on NSEF and the New Lower Secondary Curriculum following the 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 2021, a total of 2,506 school administrators, teachers, and district officials were oriented on SE including GBV, Menstrual Health (MH), teenage pregnancy-related policy frameworks, and on the New Lower Secondary Curriculum which integrates SE. A total of 80,515 young people (43,008 females, 37,507 males) 10 to 24 years were reached with information through implementation of the NSEF. A total of 391 teachers (158 females, 233 males) were engaged in learning circles designed as interactive and participatory activities for knowledge sharing through open dialogue and deep reflection around issues to learn from NSEF implementation experiences.
- UNFPA sustained support to the MH program supporting in 2020 the organization of the first MHM Day Conference in Uganda, and participation in the Africa MH Symposium where Uganda showcased 2 innovations (EcoSmart and Smart Bag). A total of 40,336 in-school young people (21,651 female, 18,685 male) were provided with MH IEC materials; 2,792 Girls were provided with MH products, and 180 young people were reached through the EcoSmart campaign.
- In 2020, up to 260,000 adolescents, young people, and priority populations were reached with comprehensive SRH/HIV/GBV services in 45 UNFPA-supported districts. In 2021, UNFPA supported 833 HWs, 479 HFes including those in humanitarian settings, and 4,711 peer educators to deliver integrated friendly AYSRH services through static and integrated outreaches reaching 143,984 young people. Up to 101,818 young people were engaged in community activation events, including generation for generation dialogues and outreaches to engage in decision making. A total of 160 youth champions were trained to increase AYPs engagement in family planning platforms. With strengthened integrated SRH/HIV/GBV service delivery, overall, data from HMIS on the 56 districts supported by UNFPA reflected that 338,532 adolescents, 1,002,248 youth and 106,468 people with disability have utilized at least one of such services in 2021.
- UNFPA continued support to 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 in 2020, a total of 1,347 young mothers were mapped and successfully followed up to ensure safe deliveries. In 2020, the SafePal mobile app on real time reporting of GBV cases was integrated with the National Violence Against Children (VAC) and GBV hotline (SAUTI 116) and launched by the Ministry of Gender for a national rollout alongside the National GBV Database System to enhance immediate response to reported cases. In 2021 a total of 2,475 application downloads and 216 cases were reported and successfully referred through the GBV helpline for further handling. Approximately 500,000 young people were reached with information about SGBV through

social media, radio, events, and dialogues. The app has developed a USSD feature to allow young people to report cases of violence without smartphones even from remote areas with low internet connectivity.

- In 2020, UNFPA 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 into 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
- 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 reached over 6 million with messages through the mass media channels. In 2021 during the world's longest Covid lockdown, UNFPA supported training of teachers to deliver sexuality education to school goers in their community settings in the West Nile and Acholi regions of Uganda.
- Support 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
- Supported MOH to print and distributes some YAPS materials (Implementation guide, Facilitator's guideline, and job aides)

JUPSA output 3.1.1.2: guidance provided, and institutional capacity built to implement programmes that reduce vulnerability to HIV and AIDS and mitigation of their impact on people living with HIV and other vulnerable communities.

- UNODC erected a prefabricated structure to serve as a clinic and procured medical equipment to enhance delivery of TB/HIV services at Masindi Main Prison in the Western region of Uganda, where limited space has greatly impeded health service delivery. The equipment procured included a GeneXpert Machine and related power back-up, a biosafety cabinet, Complete Blood Count machine, Microscopes both ultraviolet and bright light, general medical equipment, air-conditioning and furniture.

JUPSA output 3.1.1.3: delivery enhanced of good-quality, high-coverage biomedical HIV and AIDS prevention interventions as part of integrated health-care services.

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 is of the supervision is to ensure program implementation is conducted according to guidelines and 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. \r\nA 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 WFP 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. \r\nAll 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 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
- Strengthen the integration of nutrition in HIV service provision. Building on the previous efforts aimed at ensuring the integration of food security and nutrition screening, counselling and support services offered to the vulnerable groups especially pregnant and lactating women and children under 5 years, WFP supported the strengthening of integration of nutrition in HIV service provision. To strengthen the integration of nutrition in HIV service provision, WFP supported Ministry of Health to conduct a targeted support supervision and mentorship for health workers engaged in HIV service provision. This was conducted in the 9 refugee hosting districts in the West-Nile and Acholi sub-regions regions. A total of 52 ART sites in the region were covered and this has greatly improved the screening and counselling of people living with HIV on ART and data from the national district health information system indicate that over 80% of PLHIV are screened for acute malnutrition. As a result of strengthened nutrition assessment, counselling and support, pregnant women, lactating women, and children under 5 years that were malnourished were enrolled on to the acute malnutrition treatment programme while the rest malnourished clients were referred to individualized nutrition and dietary counselling.
- In 2021, People Living with HIV (PLHIV) visited the OPD HIC clinics a total of 5,131,504 times. TB screening was performed in 91% of these visits (4,653,748), with 2.8% (128,818) having presumed TB and 19,913 having a confirmed diagnosis of HIV and TB co-infection. Further, in collaboration of HIV implementing partners, 3 national and 16 regional-level trainings on updated guidelines for providing TB Preventive Treatment (TPT) among PLHIV using the various TPT regimens currently recommended by the WHO were conducted.

- Additional HIV/TB interventions included: (1) increased use of the VISITECT CD4 test at the point of HIV care to enable rapid diagnosis of individuals with Advanced HIV Disease (CD4 count less than 200 cells/L) and subsequent screening for TB or Cryptococcal disease; (2) increased use of the TBLAM test as a screening tool for TB among PLHIV; (3) development of guidelines for conducting clinical audits on HIV related mortality towards the goal of Zero deaths due to HIV; and (4) implementation of a national data quality assessment (DQA). This assessment revealed that there was still a 32% unmet need for TPT among PLHIV across the country, which needed to be addressed urgently. Further interventions included continued screening of TB patients for HIV, with current data indicating that TB/HIV co-infection dropped from 39% in the previous year to 32% in 2021. ART was started for 97% of the TB/HIV patients.
- UNFPA champions condom programming in the country for triple protection against HIV, STIs, and unintended pregnancies. In 2020, Government endorsed the National Comprehensive Condom Programming (CCP) Strategy and operational plan 2020-2024. The strategy aligns to the UNFPA/UNAIDS global guidance featuring a focus on people-centred CCP, defines clear target audiences for triple protection, and identifies strategic shifts from a 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.
- In 2021, JUPSA mobilized stakeholders with MoH leadership to conduct a baseline assessment for the global Condom Strategic Initiative (CSI), facilitated the UNAIDS-secured consultant to develop the work plan, budget, and results framework that were approved for funding under the Global Fund (GF) and UNAIDS partnership where UNFPA has been sub-contracted to boost programme delivery. The CSI targets to maximize the efficiency of the GF Condom funding under the running grants largely through technical assistance to the implementation of the National Condom Strategy. Uganda will receive up to \$550,000 annually for 2022 and 2023 under the CSI programme. In 2020, Uganda, with UNFPA support, prepared and submitted a successful NFM3 GF 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.
- With sustained advocacy, there is an increase in the number of condoms distributed to users in the country. In 2020, 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 and USAID 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. In 2021, UNFPA inspired expanded Condom Last Mile distribution initiative funded by USAID through the Alternative Distribution System (ADS) warehouse distributed up to 177m male condoms from the national warehouses. This included 44.2m distributed in Q4 alone exploiting the GIS mapping of community condom distribution points around the whole country where condoms are distributed from the national warehouse directly to these points. Only 140,000 female condoms were distributed in 2021 due loss of stock in a warehouse fire.
- The second national condom demand generation campaign was launched in 2020 with UNFPA technical and financial support. 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. In 2020, up to 4m people were exposed to condom campaign messaging including 1.9m young people reached through face-to-face interactions. Expanded implementation in 2021 further exploited non-traditional approaches of social media, USSD platform, roadshows and radio talk shows in selected districts reaching over 10m people. The campaign targets breaking the social stigma around condom use and promoting use among young people as a lifestyle.
- In 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 2017 CLMIS protocol was repackaged to track condom last-mile

distribution from the HF to the end user with a focus on targeted population groups aligning to people-centered CCP. A geospatial hotspot and condom distribution point mapping was conducted in 8 districts to enhance condom last mile distribution and understudy roll-out of the new CLMIS protocol. In 2021, with USAID funding to Joint Medical Store (JMS) as the Alternative Distribution warehouse, the geospatial mapping, dashboard, and last mile distribution concepts were adapted to scale. The mapping was conducted to achieve national coverage; data was captured into a new version of CLMIS aligned to the newly innovated Condom last mile stock distribution mechanism. Through negotiations and presentation of proof of concept, the MoH Health Information Division finally approved future linkage of this mechanism to the public health information platforms which will enhance data capture and visualization to inform planning. UNFPA has secured funding to support this process in 2022.

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

- Family planning is key to the prevention of vertical transmission of HIV averting an estimated 30% of infections. Similarly, the maternal health platform provides a foundation for addressing vertical transmission and better health outcomes for women especially those living with HIV. UNFPA supported MoH to develop the National FP Costed Implementation Plan (CIP) 2016-2020 and in 2020 supported evaluation of the country's performance against the CIP targets revealing that FP unmet need among the married women reduced from 30.5% to 23.8%, modern Contraceptive Prevalence Rate (mCPR) increased from 27.5% in 2016 to 37.2% in 2020. In 2021, UNFPA continued support to the establishment of a conducive policy environment including MoH revision of the Ugandan Government FP2030 Commitments; development of the National Family Planning Costed Implementation Plan (FP CIP) 2021-2025; the National FP Advocacy Strategy 2020-2025; the national Reproductive Health Commodity Security (RHCS) Strategic Plan III 2019-2025; the national FP Financing strategy; and the National Total Market Approach (TMA) Strategy, 2020-2025. A FP Atlas was generated by the Uganda Bureau of Statistics presenting granular data to enhance decision making at regional and lower levels.
- In 2020, UNFPA procured 1,317,000 couple Years of Protection (CYPs) worth of FP supplies contributing to improved FP commodity security, and during the year only 6.9% of Service Delivery Points (SDPs) experiencing stock out of up to 5 contraceptive methods over 3 months. In 2021, UNFPA procured 4,778,607 couple Years of Protection (CYPs) worth of FP supplies and supported last mile distribution through public and non-public mechanisms. The overall average availability for the basket of 10 RMNCAH tracer commodities remained above 78% throughout the year.
- UNFPA contributed to the strengthening of the RH supply chain management system through human resource capacity building. In 2020, a total of 1,243 health workers were trained and mentored on Comprehensive FP including Emergency Contraception (EC), Long Acting and Reversible Contraceptives (LARCs) and new Technologies like Implanon NXT. In 2021, a training of 86 trainers at national and district levels was done and these cascaded the training to 591 health workers in the West Nile, Acholi, and Karamoja regions on the use of electronic Logistics Management Information System (eLMIS) the platform converging RH and HIV commodity ordering and reporting mechanisms. A total of 869 health workers were trained and mentored on Comprehensive rights-based Family planning including EC, LARCs and new Technologies to provide choice to users including people living with HIV.
- IN 2020, MoH was supported to reach 194,780 new FP users and 1,460,020 total users with contraceptives in 53 UNFPA-supported districts. In 2021, MoH was supported to reach 473,702 new users and 1,640,147 total FP users. The DHIS2 reporting platform was upgraded to capture more integration indicators including access to FP by those seeking HIV services and vice versa. Overall analysis of HMIS/DHIS2 data from 53 UNFPA-supported districts reveal that: 25,750 PLHIV accessed FP services in 2020 and 23,660 in 2021; 105,468 FP clients were screened for cervical cancer in 2020 and 137,941 in 2021; 107,797 mothers received FP in postpartum and

203,833 in 2021; 191,482 FP clients were screened for STI in 2020 and 296,250 in 2021; and 41,806 FP clients were screened for HIV in 2020 and 48,123 in 2021.

- On the maternal health platform, and in humanitarian settings specifically, 28 midwives were recruited and deployed in HFs that serve 8 refugees' settlements and host communities in 2020. A total of 198,868 mothers utilized ANC services, 43,942 births were attended by skilled health personnel and 74,085 women received postnatal services with linkage to PMTCT. UNFPA supported ambulance referral system operating in seven refugee settlements transported 4,112 pregnant mothers with complications to access emergency obstetric services. Five blood storage 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. UNFPA supported the procurement and distribution of 1,408 emergency reproductive health kits to HFs in humanitarian settings.
- UNFPA in 2021 supported functionalization of Health Center IVs through training of HWs in the provision of quality emergency obstetric care including post-abortion care, procurement of equipment as well as recruitment process of Anesthetists to activate 5 CEmONC sites. UNFPA supported the training of 20 clinical preceptors on Structured and Collaborative Clinical Training Programme (SCTP) for 10 EmONC sites and mentored 30 preceptors making a cumulative total of 110 trained preceptors in SCTP methodology from 75 Midwifery Training Institutions. Thirty-five Midwifery Tutors were oriented on new midwifery training manuals for diploma and extension programmes to improve the quality of maternal and EmONC services. The Uganda Nurses and Midwives Council (UNMC) trained midwives on Geographic Information System (GIS) and sensitize district leaders to scale up the Midwifery GIS resulting in the enrolment of 75% of all midwives in the country onto the GIS enhancing decision making on human resources for health.
- A total of 2,362 teenage and adult mothers received dignity kits after childbirth in these health facilities as well. Despite constraints due to Covid-19 lockdown situations, UNFPA sustained innovative approaches to service delivery especially to AYPs, and KPs through mobile services with an integrated package of services including HIV testing and linkage to treatment; provision of contraceptives; ANC; Post-Abortion Care (PAC); cervical cancer screening and referral; STI management; and GBV screening and management in 20 districts. With strengthened integrated service delivery, overall, data from HMIS on the 56 districts supported by UNFPA reflected that 1,554,634, women, 338,532 adolescents, 1,002,248 youth and 106,468 people with disability have utilized at least one of such services through an integrated sexual and reproductive health service delivery mechanism.
- 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 in the March-Aug 2020 lockdown; (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 2m people, established an e-shop for RH commodities and HIV self-test kits

JUPSA output 3.1.2.1: enhanced institutional capacity for provision and monitoring of high-quality HIV and AIDS care and treatment service delivery.

- In 2021, across the humanitarian settings, a total of 207, 496 (127, 562 refugees, 79, 934 nationals) individuals were tested for HIV. Of the 127,562 refugees (107, 629 adults, 19,933 children (<18)) tested, 889 tested positives giving a positivity rate of 0.7%. Of the adults, 75,830 were women while 31,799 were men. Those who tested positive were linked to care and by end of year a total of 6,987 (588 children, 6,399 adult) refugees were on anti-retroviral therapy (ART) across the operation. Overall, for the entire operation 18,936 (6,978 ref, 11,949 nat) PLHIV accessed ART from facilities in humanitarian settings. With a viral load suppression of 81% and a one-year retention on ART at 68%.
- 45,155 (28,601 ref, 16,554 nat) live births were reported and 1,101 (3.8%) were deliveries amongst refugee mothers <18 years of age. A total of 38,312 refugee mothers were tested for HIV at different MCH clinics with 406 (1.1%) testing positive and initiated on ART. PCR testing was conducted for 416 (1st PCR) and 310 (2nd PCR) with a total of 8 (7 1st PCR, 1 2nd PCR) testing positive giving a transmission rate of (1.1%). All 8 HIV positive infants were started on ART.
- A total of 42,623 new mothers accessed family planning with the mCPR averaged at 25% for the entire operation. Depo-provera and Implants were the preferred methods.
- A total of 826 survivors (641 ref, 185 nat) reported to the facilities and were examined within 72 hours. Of the 641 refugees who reported at the facilities, 580 (90%) qualified for and were given PEP, 478 were given emergency contraception and 821 given STI prophylaxis.
- A total of 3,426 new TB cases (2,338 ref, 1,088 nat) were notified and linked to treatment with treatment success rate of 92 % reported.
- In the refugee settlements a total of 204 Health care workers were trained in the revised Prevention, Care, Treatment guidelines. 49 Hot spots for Sex workers were mapped, 94 sex workers were tested for HIV, 72 provided with PrEP and 365 provided with condoms. 157 health care workers were trained in cervical cancer, prevention, screening, and treatment, 5,298 women were screened for cervical cancer and 44 with suspicious lesions were referred for cryotherapy, 333 HCWs were trained in provision of ASRH services, 14 Adolescent and Youth friendly spaces supported and established, 44 outreaches were conducted in schools and in the community.
- In the refugee settlements 1,240 CHWs were trained on TB signs and symptoms, TB transmission, TB screening, community contact tracing, follow up, linkage, documentation and reporting using VHT tools, community engagement, education and sensitization, activities. 972 health care workers were also trained on different topics included: TB prevention, TB screening, diagnosis, management, MDR TB management, TB/HIV integrations, documentation, and reporting, in registers, laboratory quality management systems.
- With support of the USG through CDC, a Refugee Population Based HIV Impact assessment was conducted and the expected mid 2022 should be able to guide planning and interventions for identified drivers and barriers in the humanitarian context.
- Accreditation of health facilities for APN supported, scaleup of HIVST services in both public and private facilities and Revision of HTS policy and implementation guidelines in line with WHO 2019 guidance.

JUPSA outcome 3.1.2: improved coverage, quality, and use of antiretroviral therapy by 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.

JUPSA output 3.1.2.2: integration of HIV and AIDS into other core programme areas across sectors effectively conducted.

JUPSA outcome 3.2.1: strengthened policy and regulatory environment to promote equitable access to and use of rights-based and gender-responsive social and protection services that prevent, mitigate, and respond to shocks and stress, including stigma and discrimination.

JUPSA output 3.2.1.1: reforms in national and subnational laws, policies and strategies strengthened for better alignment to international human rights and gender equality standards.

JUPSA output 3.2.1.2: laws, policies and practices are adequately progressive to address structural barriers and inequalities

- JUPSA supported processes for legal and policy reforms for rights programming. Consultations were conducted on the EAC SRHR Bill involving Parliamentarians who endorsed it to move for public consultations also conducted end of 2021. The revised national Key Population Programming Framework was also concluded aligning to global guidance; a CSO KP human rights advocacy tool was developed both with the support of the GPC/SSLN working with the national team of champions, and the national PrEP Implementation guidelines were developed by MoH.

JUPSA output 3.2.1.3: women and men practice and promote healthy gender norms and work together to end gender-based, sexual, and intimate partner violence and other harmful practices to mitigate risk and impact of HIV and AIDS.

GBV is a cause and consequence of HIV infection and integrated SRH/HIV/GBV enhances efficient resource use. JUPSA is a key partner in the national GBV response with a focus on policy, systems, services delivery, and community empowerment.

- In 2021, JUPSA through UNFPA supported the Ministry of Gender to revise the National Disability Policy that integrates SRHR and the 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, and guidelines on counselling and management of pregnancy and Mental Health protocols. The Justice Law and Order Sector (JLOS) was supported to develop a draft national strategy for the 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. UNFPA supported 22 districts to develop Ordinances and byelaws on drivers of VAWG/HP including a focus on alcohol abuses, 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. UNFPA supported the Ministry of Gender and the 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.

- In 2021, through UNFPA supported 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 and GBV messaging integrated with Covid-19 prevention. In 2021, overall, in the 56 UNFPA supported districts, 20,408 women subjected to violence, 10,092 girls subjected to violence, and 5,826 disabled women and girls subjected to violence received the essential services package. Up to 694,371 young people and women received prevention and/or protection services and care related with harmful practices, including child marriage and female genital mutilation. Specifically, 389,717 girls at risk of or affected by child marriage received prevention and/or protection services and care related to child, early and forced marriage. Up to 4.4m people were reached with SRH, GBV, and end child marriage messaging through religious and cultural leaders in the 45 UNFPA-supported districts. The leaders conducted community dialogues, household visits, and mass media sessions through radio talk shows utilizing commonly agreed SRRH tools. Seven major religious denominations were supported to translate the SRH/Covid-19 integrated pastoral letter into denomination guidance that they used to undertake community dialogues and orient lower-level leadership. Overall, HMIS/DHIS2 data from 53 UNFPA-supported districts shows that 3,632 eligible Rape/Sexual Assault or Defilement clients were initiated on Post-Exposure Prophylaxis (PEP) in 2020 representing 89.5% of all eligible clients and 4,223 in 2021 representing 83.3% of all eligible clients.
- Through UNFPA supported the Uganda Bureau of Statistics (UBOS) to integrate GBV/SRH indicators in the 4 modules of the National Community Information System to allow for the collection of data on the 10–14-year-olds that are not generated through the Uganda Demographic Health Survey (UDHS). UNFPA facilitated to convene key partners to agree on and integrate GBV/SRHR indicators into the Local Government Performance Assessment tools aligning to the 3rd National Development Plan (NDPIII) compliance tools.
- **Covid-19 response:** through UNFPA supported ministries of health and gender to integrate GBV into the guidelines for Continuity of the Essential Health Services (CEHS) 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 the community for SRH, HIV maternal health and family planning services. The pastoral letter was adopted at the denominational level translated into several local languages and used as a basis for reaching over 12m people through mass media and community interface. Male Action Groups (MAGS) were supported with Personal Protective Equipment (PPE) to continue with community engagements through door-to-door visits reaching 5,495 people; of which 2,348 were female and 3,147 men.

- 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. In response to the escalating teenage pregnancy due to prolonged Covid-19 lockdown situations, UNFPA and UNICEF inspired and supported launch of a national campaign against escalating teenage pregnancy, defilement and child marriage in December 2021
- A total of 58 community dialogue sessions were conducted on GBV and Second Chance Education reaching out to 5,372 people (3,521 female, 1,851 male) and 100% spouses to the vocational beneficiaries committed to provide financial and moral support to their wives when schools reopen. 125 male champions of change (62 in Amuria and 63 in Kaberamaido) were trained on male engagement and parenting from 6 sub counties. This training equipped participants with skills and knowledge that promotes gender equality, girl child education and women's economic and reproductive rights.
- Applied the men@work methodology during the generation equality consultations. As a result, a national reference Team with representation from Karamoja, West-Nile, Acholi and Lango regions was constituted. Uganda was engaged and contributed to the final compacts and recommendations especially for the bodily autonomy/SRHR, economic rights and justice, feminism movement and leadership, and gender-based violence.
- The Effects of Gender Inequality on Girls and Women| NBS Breakfast Meeting
https://www.youtube.com/watch?v=57WkvftFZL8&ab_channel=NextMediaUganda
- UN Women moves to empower youth
https://www.youtube.com/watch?v=Gdsa1NZ88O0&ab_channel=NextMediaUganda
- GEF youth taskforce activated and led in mobilizing Government, Civil society, and the UN for GEF forum just concluded in Paris. Uganda made commitments worth USD 577 to support programmes for ending violence against women and girls and promoting economic justice and rights for women and girls.

JUPSA outcome 3.2.2: coordinated and strengthened capacity of governmental and nongovernmental institutions to effectively plan, monitor and deliver public and private financing to social sectors in an equitable, gender-responsive, accountable, and sustainable manner.

JUPSA output 3.2.2.1: sustainable financing mechanisms heightened.

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 participated in national events and processes for example participated in the organization of the 2021 National Joint AIDS review and Partnership Forum. JUPSA is actively participating in the on-going National AIDS Spending Assessment, among others. In all these processes, JUPSA P has provided either financial and technical support or one of them. 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.

Year Three Key Strategies and Targets	Progress and Achievements
<p>3.1.1 Advocate for re-engagement able</p> <p>Target:</p> <p>Increase in District Local Government Financing</p>	<ul style="list-style-type: none"> Trained District Departmental Heads and HIV Focal Persons and Political Executives in the 9 districts of Karamoja region on mainstreaming HIV in district plans to develop systematic actions for district context mainstreaming. UAC provided technical support to all the 9 districts of Karamoja region to be able to plan for HIV into their plans and work plans during the planning process for FY 2020/21. Costed annual HIV&AIDS action plans were developed to be incorporated in the overall district plan. Through DACs UAC has engaged all the 9 districts to prioritize allocating 0.1% of local revenue to HIV/AIDS intervention. Amudat, Kotido and Napak have initiated to implement the directive of Finance, Planning and Economic Development on 0.1% while the other districts referred the matter back to Ministry of Local Government for more clarity.

- Resource mobilization: (a) In 2020/2021, Uganda prepared and submitted five successful proposals to Global Fund on HIV, Malaria, TB, and Covid-19. 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 and differentiated HIV testing. The grant intentionally integrates HIV with other services including TB, FP, maternal health, and attendant systems strengthening aspects. UNFPA served as the UN substantive member on the Country Coordinating Mechanism (CCM) and co-chaired the Programme Development and Resource Mobilization Committee of the CCM that led the proposal development processes. UNFPA also: (a) provided financial support for technical assistance and stakeholder consultations for condom and AYP working groups and for the development of the Covid-19 proposal; (b) In 2021, led the Joint Team on the 2gether4SRHR to develop a successful proposal that mobilized \$500,000 for 8 months as a bridging programme from the newly established Joint SRHR Fund of the SIDA ESA Regional Office; (c) led country processes for the establishment of the global Condom Strategic Initiative (CSI) of the Global Fund where Uganda will receive up to \$550,000 annually for 2021-2023 including staff support; and (d) engaged in the processes for operationalizing the HIV mainstreaming guidelines through development of compliance tools and sensitizing sector and district partners to mobilize the 0.1% of their government budgets to invest in HIV programming.
- Over the reporting period, UNDP supported the Private sector through their innovative one-dollar initiative to Fast-track domestic resource mobilization for HIV and AIDS through awareness promotion and advocacy among its member companies. Therefore, the achievements are.
 - HIV&AIDS financing contribution guide for companies developed and disseminated
 - Increased ODI visibility, appreciation buy-in, commit, support and contributions into ODI among company managers and general population.
 - Key private sector players mapped out and engaged to contribute to ODI.
 - Increased support and popularity through 200 oriented Ambassadors branded (students and teachers) creating awareness and mobilizing resources in educational institutions (school, tertiary institutes, and universities).
 - Ten MOUs signed with strategic partners of private organizations and civil society institutions to align their project proposal sustainability plans to contribute to ODI.
- Over the same period, UNDP supported Uganda AIDS Commission to assess the performance of the HIV & AIDS interventions, and budget allocations and utilization in major infrastructure projects in Uganda for the financial year 2020/21. Specifically, the assessment will.

- Map out large infrastructure projects in Uganda implemented for the financial year 2020/2021 to capture information on where their locations, source funding and the size of the overall investment of the project and proportion of the budget allocated for HIV intervention.
 - Ascertain the scope of HIV intervention undertaken by the various infrastructure projects
 - Assess the budget allocation and actual amounts and percentages allocated towards HIV and AIDS interventions for FY 2020/2021 and once completed the assessment will provide the status of mainstreaming and HIV resource allocation and utilization among infrastructure projects.
- An interagency forum that comprised of ILO, UNCDF, UNDP and UNAIDS provided both technical and financial assistance to support undertakings of a business case for private sector investment in the national HIV&AIDS response. The business case proposed two model scenarios through which the private sector could effectively contribute resources for the national HIV&AIDS response. The modules suggested were to establish mechanisms for financing to be through mainly individual private sector entities and member organizations. The Federation of Uganda Employers has so far conducted to an assessment among 8 companies to assess the feasibility of implementing the suggested private sector HIV&AIDS financing models. It was also identified that the willingness for financial contribution is dependent on the budget size of the business enterprise and the benefits that will accrue to the company. In addition, a menu of benefits has been developed, as a selling point for business enterprises to consider financing HIV&AIDS activities among private sector entities. Some private sector entities have shown willingness to integrate HIV&AIDS messaging on their products, such as school exercise books and mineral water beverages. Plans are also underway to support the private sector organizations to develop concrete and sustainable plans and strategies for financing HIV&AIDS response both in cash and in-kind contributions.

JUPSA Output 3.2.2.2: harmonized monitoring and evaluation system and human capacity for the HIV and AIDS response built at national and subnational levels.

- Supported convening of annual Joint AIDS reviews 2021 that informed prioritization and meeting national and international reporting obligations.
- 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 2021 targets of Core public health HIV and AIDS services for HIV Epidemic control in Uganda
- Districts of Karamoja supported and developed their HIV strategic plans.
- high-level national launch of the Presidential Fast Track Initiative (PFTI) on ending AIDS
- A National Action Plan (2017-2021) on Women, Girls and Gender Equality and HIV&AIDS developed
- A Gender Bench Book (GBB) to guide adjudication of GBV cases by Judicial Officers was developed
- National Action Plan (NAP) for HIV and Mobility for the Ministry of Works MARPS Sector (2015/16-2017/18)
- The policy regulation on Employment HIV Non-Discrimination was launched by the Ministry of Gender Labor and Social Development.
- **Capacity building**
 - Capacity built for projections and estimation with a functional national Estimates team.

- 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.
 - Revised National Integrated Management of Acute Malnutrition (IMAM) guidelines which include nutritional support and care for PLHIV.
 - Mentorship sessions for the data manager on the revised Open EMRS conducted in 10 districts in the Karamoja region.
 - Data management and utilization are important and critical in achieving a successful evidence-based program. DQAs, mentorship and printing of data tools.
- Uganda fulfilled reporting requirements for the Global HIV Prevention Coalition (GPC) with UNAIDS and UNFPA support to data collection and stakeholder validation to update the country HIV prevention Scorecard and drafting of the country's commitments for presentation at the GPC high level meetings 2020 and 2021. 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 the development of the Strategy documents as well as the Condom Strategic Initiative Inception report end of 2021.

Key Strategies and Targets	Progress and Achievements
<p>3.3.1 strengthen national information and documentation center for tracking, analyzing and regular reporting</p> <p>Targets:</p> <p>b) Contribution to PSA on HIV/AIDS</p> <p>c) Improve storage and dissemination of policy brief.</p> <p>d) Contribution to national and international HIV awareness.</p>	<ul style="list-style-type: none"> ● Improve Storage and Dissemination of policy briefs, fact sheets, brochures on HIV and AIDS ● Uganda AIDS commission periodically provides timely data and information through compilation, analysis, publishing of information - disseminated through various formats, media platforms, and advocacy events at national and international levels. During the period under review, UAC translated 27 HIV&AIDS messages into 4 local languages (ethuri, kiswahili, pilot, and nyakarimojong) in karamoja region. Printed fact sheets, the district HIV prevalence, art coverage and re-printed the fact sheet and popular version of the fact sheet. The UAC film van was utilized to support partners and zonal offices to scale up HIV and AIDS awareness, organize information sharing events, and support resource centers with strategic information materials. ● Contribution to National and International HIV Awareness Campaign.

Key Strategies and Targets	Progress and Achievements
<p>3.3.2 periodic reviews of the national response</p> <p>Target:</p> <p>2019 JAR concluded and watching space on how to undertake the 2020 JAR. Other activities to be done as detailed in UAC workplan include</p> <ol style="list-style-type: none"> Convene 2020 JAR, Consultants for JAR 2021 JAR preparatory meetings. Finalization of NSP. The SCE activities will include - support SCEs constituency to implement and submit quarterly reports. 	<ul style="list-style-type: none"> As part of the JAR processes, different stakeholders were engaged consultative meetings. The meetings targeted Self-Coordinating Entities and MDAs to allow review and provision of progress on the implementation of the NSP based on their work plans. JAR 2021 Consultative and preparatory meetings conducted. National HIV Strategic Plan 2020/2021- 2024/25 has been copyedited, printed, and disseminated Strengthened SCEs Constituency capacity for coordination, planning, and reporting. UAC engaged SCEs through quarterly meetings to consolidate the quarterly reports, which were submitted for consolidation into the overall national joint report. Specifically, three SCEs were financially supported to carry effective supervision, compilation, and consolidation of the quarterly reports
<p>3.3.3 technical guidance and financial reports</p> <p>Targets:</p> <ol style="list-style-type: none"> 2019 Global AIDS Monitoring report /Annual Country progress report 2019 National and regional estimates generated and used to inform planning, reporting and assessment Capacity of national HIV Estimates and projections team built. <p>NAFOPHANU project- Reaching PLHIV with accurate and appropriate messages and ease access to treatment in various localities in a bid to mitigate the impact of COVID19 on the communities</p>	<ul style="list-style-type: none"> HIV mainstreaming guidelines has been disseminated in 82 out of 136 districts, 72 MDAs (votes) out of 146, and 7 municipalities out of 41 and rolled out the implementation of the guidelines to Government MDAs and District local governments. The MOFPED's instruction in the Budget Call Circulars for 2018/2019 & 2019/2020, directing all government MDAs and District Local Governments to allocate 0.1% of their budgets (excluding Pensions, Gratuity & Transfers) to HIV activities. From 2019 to date, HIV&AIDS guidelines have been disseminated in 82 out of 135 districts,
<p>3.3.3</p> <p>Targets:</p> <ol style="list-style-type: none"> Convene two Karamoja Stakeholders meetings KARUNA Coordinator supported to participate in the regional quarterly data cleaning and review exercises Convene KARUNA meeting to finalize mid-year and annual KARUNA reports 	<ul style="list-style-type: none"> Coordination meetings: Due to COVID-19, KARUNA physical meetings did not take place regularly and agreement was reached to have the Joint Program agency participate in bi-weekly UNAC/ASMT virtual meetings and share KARUNA implementation updates & plans. Karamoja stakeholders meeting held in Moroto 5th May 2021, and progress report July 2020-December 2021 shared and discussed, and recommendations followed up. Draft January 2021-June 2021 draft Completed.

JUPSA output 3.2.2.3: enhanced access to strategic information and best global guidance to catalyze early adoption of bestpractices at country level

JUPSA output 3.2.2.4: strengthened capacity of community-led structures for HIV and AIDS services delivery

- Knowledge Management: In 2021, UNFPA supported organization and hosting of the first-ever National hybrid SRH/HIV/GBV Conference attended by over 300 people, officiated by the Minister of Health, the UN Resident Coordinator, and the Ambassadors of Sweden, and the Netherlands. Among other follow-ups, an issue paper, two policy briefs were developed and a community of practice on SRHR related topics established. UNFPA also supported organization of an HIV Prevention symposium as part of the 2021 National HIV Conference and Joint Annual AIDS Review (JAR). The symposium sought to amplify focus on marginalized primary HIV prevention especially among the priority groups and key recommendations were integrated into the Joint Annual AIDS Review (JAR) aide-memoire to inform partner decision making. UNFPA also ensured focus on integrated SRH/HIV programming in the compilation of the JAR report and identified priorities inform 2021/2022 government annual action planning. A good practice on integration at the HF level was documented and presented at a session on SRHR integration during the ICASA conference in Durban South Africa. UNFPA as a champion member on the GPC South-to-South Learning Network contributed to the development of key HIV prevention tools, presentation of learning from Uganda to other countries in the region, and efforts to engage KPs in programming.

JUPSA output 3.2.2.5: strategic private- and public-sector alliances and partnerships enhanced for multisectoral HIV and AIDS response

- Partnership engagements: UNFPA and UNICEF entered partnership with government that resulted into the conceptualization and launch on 3rd December 2022 of the national campaign against teenage pregnancy championed by the First Lady and co-championed by the Vice President and the Prime Minister. With UNFPA support, high-level cultural leaders of nine major cultural institutions and high-level religious leaders congregating under the Interreligious Council of Uganda (IRCU) committed to address teenage pregnancy and child marriage. A national dialogue and dialogues in 3 regions most affected were organized with government to mobilize action against teenage pregnancy. The UNFPA supported SRHR CSO coalition engaged members of the Parliamentary committee on social services resulting in the drafting of a private member's Bill on health financing due for tabling in Parliament.
- Through UNFPA, JUPSA supported convening of several government 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 to advance HIV prevention and SRH/HIV/GBV integrated programming. These platforms included: the MoH Task Team on SRH/HIV/GBV that cleared the revised SRH/HIV/GBV/TB integration strategy for endorsement; the National HIV Prevention Committee discussed SRH as part of the Joint Annual AIDS Review; the Adolescent Girl and Young Women Task Team and National Condom Coordination Committee developed the inception phase for the Global Fund Strategic Initiative; and the GBV Reference Group that addressed GBV integration into guidelines for continuity of essential services during Covid crisis. The MoH KP TWG, the Uganda AIDS Commission KP Steering Committee, and the GPC/SSLN platform of Uganda champions engaged KPs. UNFPA hosts the Development Partners Group on SRHR that promoted a focus on integrated programming including advocacy for the passing of pertinent policy frameworks; and participates in the Joint UN Program on AIDS, the AIDS Development Partners, and the Health Development Partners Groups.

JUPSA output 3.2.2.6: strengthen civil society coordination, partnerships, and support

Key Strategies/ Targets	Progress and Achievements
<p>3.2.1 support integration and implementation of HIV intervention in national and district development agenda</p> <p>Targets:</p> <p>Support COVID advocacy campaign for Karamoja sub-region-</p> <p>a) Develop and Air awareness messages in local languages and conduct Radio talk shows</p>	<ul style="list-style-type: none"> As part of advocacy and awareness rising about Covid 19 and HIV, 20 Radio talk shows were conducted using three radio stations i.e Akica FM Moroto 8 talk shows, Heritage FM 8 talk shows and Etoil FM 4 talk shows. The same radio stations were engaged to air Spot messages and DJ Mentions. Total of 420 Covid 19 Spot messages were aired and 252 DJ Mentions were aired on Covid-19 and HIV&AIDS awareness raising. Megaphones were purchased and 'Foot soldiers' have been mobilized to carry out community sensitization with the funding UAC bought 110 Megaphones which were distributed among the districts and to specific health center and the in charge of the health center oversee their utilization. Foot soldiers were hired to conduct community sensitization total of 154-foot soldiers were hired (110 were hired to use UAC procured megaphone and 44 hired to use the earlier megaphones procured by NAPHOPHANO) There has been increased awareness on Covid 19, HIV and TB among the communities in Karamoja sub region. The Local leaders at Sub County level have been empowered to oversee the utilization of these megaphones.
<p>3.2.3 support functionality of national coordination mechanisms</p> <p>Target:</p> <p>DACs will continue respecting the social distance guidance. The detailed activities as in UAC workplan are:</p> <p>a) Quarterly DAC meetings</p> <p>b) LG bi-annual subcounty meetings</p> <p>c) Support to HIV Focal persons.</p> <p>d) Facilitate 8 districts to undertake Bi-annual monitoring visits.</p> <p>e) UAC Zonal coordination Office functional</p> <p>f) At least one DLG supervision visits held per district per quarter.</p>	<ul style="list-style-type: none"> Support functionality of LG Quarterly Districts AIDS Coordination Committees (DACs) meetings in 8 districts of Karamoja. District AIDS Committees (DACs) form a pivotal coordination structure of the decentralized HIV&AIDS response. Through effective and functional DACs, the districts can provide oversight for the HIV response as well as to guide and strengthen IPs in the districts to implement HIV activities as per the district priority interventions in line the National and district policies and document best practices for replication. Support functionality of LG Bi-annual Sub County AIDS Committees (SACs) meetings in 49 Sub counties of Karamoja Not supported by AMICAAL Currently AMICAAL is supporting 28 out of 64 sub counties in the karamoja region, and 7 urban councils out of 20. Therefore, in the reporting period, UAC through its Karamoja region zonal office supported the functional of the remaining SACs in 36 sub counties and 13 urban councils where AMICAAL is not supporting. Specifically, the zonal coordination office supported functionality of Sub country HIV&AIDS committee (SAC) meetings in 5 districts of: Napak and Nabilatuk Districts Lopei, Lorengecora, Lotome, Nabilatuk, Kosikei. This involved facilitating the convening of quarterly committee meetings, developing work plans and dissemination HIV&AIDS mainstreaming guidelines. UAC regional coordinator Provided technical support supervision to HIV&AID focal persons in 7 districts of Kotido, Kaabong, Abim, Napak, Moroto, Amudat, Nakapiripirit Provided technical support supervision to HIV&AIDS focal persons in 8 Moroto, Napak, Kotido, Kaabong, Abim, Karenga, Amudat, Nabilatuk, UAC organized five (5) Sub country HIV&AIDS committee (SAC) meetings in 2 districts of: Napak and Nabilatuk Districts Lopei, Lorengecora, Lotome, Nabilatuk, Kosikei. In addition, the Zonal Coordinator provided technical support to Karamoja Elders Association. This association of elders is helping in fighting HIV/AIDS in Karamoja

	<p>region.</p> <ul style="list-style-type: none"> • Support to HIV Focal Persons Office for Monthly and Quarterly reporting. In recognition of growing HIV incidence and multiple stakeholders in the Karamoja region, UAC with support from partners opened a regional zonal HIV&AIDS coordination office in Moroto on 2nd August 2018, to provide closer and more effective coordination in the region. This was in line with the aim of improving coordination and management of the decentralized HIV and AIDS response in Karamoja sub-region. • In the period under review, HIV Focal Points were facilitated with airtime and fuel to enable them to carry out support supervision to lower local government i.e., SACs and participate in the meetings -on a quarterly basis. To submit timely and quality reports. As a result, HIV focal persons convened district performance review meetings. The district reports were submitted to UAC on quarterly basis for consolidation into the overall national HIV&AIDS progress report. • The Zonal coordinator was facilitated with monthly per diem and SDA to physically provide technical support to districts that are distant from Moroto. In the period under review, the Zonal Coordinator undertook the following activities like DACS, SACS.
3.2.3 Target: a) Documentation (documentary, case studies, good practices)	<ul style="list-style-type: none"> • The Best practices and short documentary were produced during the reporting period, the best practice is at the stage of copy editing and will be printed and disseminated after.
a) Convene monthly ADPG meetings.	<ul style="list-style-type: none"> • Monthly (6) Online ADPG meetings were organized during the reporting period.

JUPSA output 3.2.2.7: enhance coordination and support to government structures and systems.

- 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
- 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 transitioned into new development programming cycles 2020-2025. In 2020, JUPSA supported the development of policy, strategic and resource mobilization frameworks, including: (a) the draft Health Sector Investment Plan prioritizing health service integration; (b) the second HIV Investment Case for the first time integrating SRH and GBV; (c) the National HIV Strategic Plan; (d) the Country endorsed Global Fund NFM3 2020-2023 grant for HIV embedded 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; (g) 18 urban centres and 8 district local governments developed SRH/HIV/GBV priority action plans; and (h) the National STI Guidelines and the National Condom Strategy were developed and endorsed.

- In 2021 with JUPSA support, the SRHR Policy, the Adolescent Health Policy were endorsed at MoH for submission to cabinet; the Costed RMNCAH roadmap 2020- 2025, the 2030 Family Planning Costed Implementation Plan, the Adolescent Health Strategy and service standards, the Essential Maternal and New-born care guidelines, the ANC guidelines, Obstetric Hemorrhage Intervention Framework, and the Obstetric Fistula Strategy were developed.
- Various SRHR accountability platforms were functional in 2021 with UNFPA support. These include: (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 and disseminated at regional and national levels; and (3) CSO SRHR Accountability Scorecard reports for 14 districts were finalized and discussed in each district to inspire focus on community driven recommendations.
- UNFPA led the 2gether4SRHR Joint programme pooling expertise and resources from UNAIDS, UNFPA, UNICEF, and WHO to deepen implementation science on integration from a system strengthening perspective. MoH was supported to strengthen the functionality of the MoH/Regional Referral Hospital (RRH) SRH/HIV/GBV integrated HW mentorship and support supervision model in 26 model HFs in 8 districts. 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. The approach supports HFs to design context specific patient flow designs to enhance integration, provide clinical and organizational skills building exploiting results from the SRHR Integration scorecard applied to each HF before the mentorship exercise to enhance focus on actual gaps. The mentorship approach has been documented to inform advocacy for institutionalization at MoH level. A good practice from Bududa Hospital, Eastern Uganda, was presented at the 17th ICASA in Durban and will form the basis for inter-district learning exchange visits in 2022. Building on the approval of additional indicators that capture integration into the HMIS tools, in 2020/21, with UNFPA advocacy, the DHIS2 platform uploaded some more integration indicators improving the visibility of integration results at district and national levels. This supports the systematic transition from manual extraction of data from paper-based tools at HF level that previously impacted data use. UNFPA supported the development of a register for tracking PAC services which was cleared by MoH for piloting.
- MoH was supported to develop and apply an SRH/HIV/GBV integration scorecard featuring indicators on service output obtained through HMIS/DHISII as well as integration management parameters at the HF level. In 2020, 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 the lowest scores in the key areas of quality improvement, community linkages, HW multi-skills, and data review and utilization. In 2021, the scorecard was applied in 23 UNFPA-supported districts generating evidence to inform advocacy at HF, district, and national levels with potential for adoption for institutionalization. A UNFPA Country Programme SRH/HIV/GBV Integration checklist was drafted and presented to all Implementing Partners at the annual planning and review sessions. It will inspire an institutionalized focus on integrated approaches exploiting various entry points at all levels from 2022.
- Through UNFPA, JUPSA supported community accountability platforms in 5 sub-counties in each of the 8 learning districts where leaders, partners, HWs, and groups of beneficiaries including young people and KPs supported to meet prior to the sessions to present their issues and action points on areas of improvement are generated. A peer mechanism on SRHR and the demographic dividend (DD) was initiated in the 8 districts focused on mindset change among young people to appreciate SRHR as a major socio-economic development issue. A tool for orienting district officials and the selected community peer was developed and endorsed by districts and 450 peers oriented and facilitated to reach out to more young people. The initiative targets to

create a critical mass of out of school young people with competence to access SRH/HIV information and services and mindsets for overcoming socio-economic dependence towards reaping the demographic dividend at household and community levels.

- 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.
- MoH strengthen 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 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.

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.

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.

Enhanced advocacy and resource mobilization to support JUPSA implementation

4.0 KEY ISSUES AND LESSONS LEARNED

KEY ISSUES

- The Covid-19 epidemic and lockdown measures left many KPs without shelter, food, and livelihoods, many were psychologically affected, some had their rights abused by rounding them and imprisoning them for weeks on cases of contravening Covid-19 lockdown measures and many still could not access government welfare support due to social discrimination. Consequently, access to services was also limited until MoH released guidelines for essential service continuity and earnest program delivery picked in the latter half of 2020 that applied even in the 2021 lockdowns
- The Ministry of Health operationalized the One Warehouse One HF policy on reproductive health commodity distribution that heavily impacted the movement of condoms that previously were 80% delivered outside the public health supply chain mechanism through CSO partners to peer-managed community distribution points. Negotiations resulted in temporarily staying of implementation of the policy for condoms, but this had already disrupted distribution. Moving forward, a mechanism for CSO partners to pick condoms from district stores and HFs has been established to mitigate the impact of the policy
- This disruption also created a setback on the roll out of the Condom Logistics Management Information System (CLMIS) that was largely tracking the condom on the alternative distribution mechanism. Discussions with MoH resulted in a proposal to repackage CLMIS to align with the newly launched RH ELMS that tracks to the HF level but does not capture condom community distribution aspects that are needed to track implementation of the MoH endorsed condom strategy which advocates for people-centered condom programming
- A warehouse fire in 2021 burnt all the available stock of female condoms, some male condoms and other RH commodities.
- The VCT@work campaigns were implemented through AIDS service organisation (SAIL Uganda), in conjunction with the District Health Services and Federation of Uganda Employers. The COVID19 pandemic affected the full participation of target groups. For instance, due to the COVID19 pandemic, community activities were restricted, and health related activities were to be conducted only in a government health facility, where numbers of participants attending awareness sessions and testing were too restricted to not more than 40 participants a day. The arrangement had to provide for SOP facilities at every session to ensure safety and continuity of the awareness and testing sessions. In addition, plans for following-up with the trained peer educators were disrupted – as in the first half of 2021 business enterprises were putting much focus of COVID19 risk communication and vaccination activities to continue their operations. Nevertheless, workplaces were supported to include HIV&AIDS into the COVID19 risk communication activities.
- Closure of schools and restrictions of movement due to Covid-19 affected implementation and full roll-out of SE activities for both in and out of school young people.
- Reports of an increase in teenage pregnancy during the world's longest Covid-19 lockdown in Uganda are worrying pointing to increased violence and harmful practices including child marriages and more so

increased chances for many affected girls to fail to get back to school when the lockdown is lifted. UNFPA and UNICEF have inspired the launch of a national campaign to mitigate this

- Lack of disaggregated program coverage data especially at subnational and community levels is still a challenge hence limiting targeted focus on the diverse needs of adolescents and circumstances of adolescents and young people.
- The coordination mechanisms for AYSRH/HIV programs are still weak with multiples partners and structures in various sectors that are not harmonized to amplify focus on common challenges and mobilize stronger responses for sustained impacts.
- The finalization of key SRHR policies related to adolescents and youth is still a challenge in the health, education, and social sectors e.g., ADH policy, School Health Policy and Sexuality Education guidelines for the out-of-school youth have been pending for many years.
- The Covid-19 lockdown spiked an increase in GBV cases with challenges of access to timely services by survivors. Innovation such as SafePal for GBV incident reporting have been employed to address such
- Even when the case court backlog was reduced through special court system, it is estimated that most GBV including defilement cases never reach courts of law due to cultural values, social norms and corruption in the justice system.
- COVID 19 lock down and prevention restrictions were a big challenge to accessing health services especially limiting transport to facilities and halting community related interventions like outreaches during the period of the lock down. These were however lifted when the COVID 19 cases reduced.
- Cultural barriers and societal biases towards contraceptive use is still a challenge that is continually being addressed through community sensitization and engagement especially targeting influential leaders.
- Health care worker capacity to provide youth and adolescent responsive services is still inadequate despite the trainings and is being prioritized for implementation.
- There are challenges with consistency of drugs and supplies especially HIV test kits and ART for lower levels facilities that are not yet receiving drugs even when accredited. There remain challenges with capacity for testing TB in some of the settlement facilities.
- Some health facilities are still temporary which affects the quality of care especially for privacy and confidentiality.
- The Covid-19 pandemic strained the public health systems with unprecedented measures triggered by travel restrictions by the government affecting service provision and access to essential health services including FP. In the first three months of the lockdown, there were reductions in the utilization of essential SRH services due to travel restrictions and reduction in service provision through the community delivery channels like integrated outreaches.
- In 2020, MoH rolled out the implementation of the new policy guidance of; one-health facility-one-warehouse, aimed at streamlining the distribution of reproductive health commodities through National Medical Stores (NMS) and Alternative Distribution System (ADS) under Joint Medical Store (JMS). This meant that all public health facilities only get commodities from NMS and all private and NGO facilities from JMS. This temporarily disrupted commodity distribution and availability at public health facilities since implementing partners used to buffer these sites in case NMS had not delivered any or delivered insufficient commodities. Ministry of Health and UNFPA continued to create awareness about the policy through the engagement of district leaders and implementing partners and facilitated the revision of the procurement plans for several districts to include FP commodities.
- In 2021, the country was affected by a temporary stockout of RH commodities at HF level due to the prioritization of delivery of Covid-19 related supplies by the NMS. The situation has been rectified.
- Persistent weaknesses in the health system constrain the delivery of comprehensive integrated services. For example, some HFs have very few staff who are not multi-skilled to provide the full package of services in the kiosk model of delivery of integrated services. Yet there are more challenges curtailing adequate staffing

norms including lack of resources and outdated staffing norms that UN programming may not immediately mitigate.

- Persistent delays in endorsement of policy and programmatic documents by government ministries and institutions results in delays for expanded programming and realization of rights at individual levels. For example, the delay in endorsement of the National SRHR Policy Guidelines still holds endorsement of National SRH/HIV/GBV Integration Strategy and operational guidelines.

LESSONS LEARNED

- Continuous dialogues with DLGs, District PLHIV Coordinators, the DACs members and other partners through the District COVID-19 Task Forces and teleworking arrangements ensured no interruption in HIV services. The Delivering as One UN through the UNAC system enhanced agency response for improved service delivery. Supportive quality assurance and support supervision from the agency country teams provided oversight for improved implementation and service delivery.
- Quick response to integrate emerging challenges including the COVID19 global pandemic, in addition, the Karamoja region continues to face the usual security and destabilizing situations including cattle rustling, which can sometimes flare up into security crisis that affect health service delivery.

