THE JOINT UN PROGRAMME OF SUPPORT ON AIDS IN UGANDA (JUPSA)
FINAL NARRATIVE REPORT
REPORTING PERIOD: FROM JANUARY 2016 TO JULY 2021

Programme Title & Project Number • Programme Title: **Joint Programme of Support on AIDS** • MPTF Office Project Reference Number:[2] 00101638		**Country, Locality(s), Priority Area(s) / Strategic Results[1]** *Country/Region* ***Uganda/East Southern Africa Region*** *Priority area/ strategic results* **Prevention, Treatment Care and support; Governance and Human Rights**	
Participating Organization(s) UNICEF UNFPA, FAO, UNwomen, WHO, WFP, ILO, IOM , UNESCO, UNHCR, UNAIDS, UNDP		**Implementing Partners** **National counterparts (government, private, NGOs & others) and other International Organizations**: **Government:** Ministry of Health, MoES, Ministry of Gender, Ministry of Agriculture, Ministry of Works and Transport, Uganda AIDS Commission; Ministry of Education & Sports, Private Sector, MoJCA, MoTIC **CSOs**: AIDS Information Centre; AMICAAL; Community Initiative for the Prevention of HIV (CIPA), Inter-religious Council of Uganda IRCU) Uganda Red Cross Society; UHMG, PLHIV Networks, Parliament of Uganda, RHU, UHMG, UPDF, Federation of Uganda Employers, National Organization of Trade Unions. German Leprosy & Tuberculosis Relief Association (GLRA), Africa Network for Care of Children Affected by HIV/ AIDS(ANECCA), Baylor- Uganda, Mothers 2 Mothers (M2M), Elizabeth Glazer Paediatric AIDS Foundation (EGPAF), Medici con l'Africa (CUAMM), BRAC, Straight Talk Foundation.	
Programme/Project Cost (US$)		**Programme Duration**	
Total approved budget as per project document: MPTF /JP Contribution[3]: • *by Agency (if applicable)*	**$80,223,365 (2016-2020)**	Overall Duration	**67 months (Five years, 7 months)**
Agency Contribution • *by Agency (if applicable)*	$70,223,365 of which €7,435,205 is for KARUNA/HP	Start Date[4]	***1st January, 2016***
Government Contribution *(if applicable)*	In kind	Original End Date[5]	***31st December, 2020***
Other Contributions (donors) *(if applicable)*	**€10,900,000**	Current End date[6]	**31st July, 2021**
TOTAL:			
Programme Assessment/Review/Mid-Term Eval.		**Report Submitted By**	
Assessment/Review - if applicable *please attach* ☐ Yes ☐No Date: *dd.mm.yyyy* Mid-Term Evaluation Report – *if applicable please attach* ☐ Yes ☐No Date: *dd.mm.yyyy*		○ **Name**: Jotham Mubangizi ○ **Title:** UNAIDS Country Director a.i ○ **Participating Organization (Lead)**: UNAIDS ○ Email address: Mubangizij@unaids.org	

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

EXECUTIVE SUMMARY

This final report is compiled and submitted in compliance with the Standard Administrative Arrangement (SAA) for Joint Programme Support for AIDS in Uganda signed 28th July 2016 by Embassy of Ireland and Multi Partner Trust Fund of the 2016-2020 Joint programme. It provides final consolidated narrative report, based on final narrative reports received from participating UN Organizations that implemented JUPSA after the completion of the activities in the Joint programme and including the final year of the activities in the programme. The programme that was expected to end by December 2020 was granted a no cost extension to 31st July 2021due to COVID disruptions that occurred from the 1st quarter of 2020.

The United Nations family in Uganda, through JUPSA, remains a strategic partner in the national HIV and AIDS response and has supported to galvanize political commitment; mobilize resources; support generation of strategic evidence, policy formulation, and development of strategic and technical normative guidance in identified priority areas; and advocate for an expanded and effective response at the national, sector, district and community levels.

Despite the impact of the COVID-19 pandemic on the HIV response, the Joint Team continued its support to reinforce Uganda's effort to catalyse scale up of HIV prevention, testing, treatment services and achieve the 90-90-90 targets. Data collection and people-centered analysis of HIV programmes with focus on the drivers of the epidemic and meeting the needs of people living with or affected by HIV generated critical evidence for decision making such as for increased domestic and prioritized Global Fund's investments and implementation of evidence-based interventions. Advocacy for a conducive policy and a more protective legal framework, defining national technical normative guidance, and strengthening coordination and governance structures have been areas of focus to scale up rights based and stigma free service delivery systems. Critical support was provided for a more sustainable and efficient national HIV response including further mobilizing and enhancing capacities of political, religious, and cultural institutions to ensure more effective outreach through adapted service delivery, especially for young people and key populations, and a more sustainable response for impact.

Accordingly, JUPSA has contributed to significant milestone during the period 2016 and 2021 including

- 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 that revitalized focus on HIV prevention and ownership of the response, this in part contributed to reduction in new HIV infections by 22% between 2016 and 2021 to 54,000. The noted reductions were in part due to UN support for the development, customization and implementation of key frameworks including; Presidential Fast Track Initiative, Endorsement of the National HIV Prevention Roadmap , National Plan for MTCT Adolescent Girls and young women, national Early Infant Diagnosis, National Sexuality education integrated into lower secondary school curriculum, Integration of HIV in the integrated management of acute malnutrition and maternal, Expanded condom programming up to 300m annual, Expanded capacity for SRH/HIV service delivery for adolescents and strengthened capacity for CSOs, cultural and religious leaders

- The 2022 MOH/UNAIDS HIV Estimates, and projections reveals that at national level, the country achieved the 90-81-73 treatment cascade with a progress of 89% people knowing their HIV status, 82% of all PLHIV on treatment and 78% viral suppressed by 2021 compared to the 2016 treatment cascade of 84-65-57. This further contributed to a 37% reduction in AIDS related deaths from 27,000 t0 17,000 between 2016 and 2021. The noted milestones were due in part to UN support that included: Revision of National consolidated guidelines for the prevention, care and treatment of HIV/ AIDS and adapted the WHO 2018 care and treatment guidance, Optimization of more efficacious ART regimen for children & Adolescents- Use of DTG, Establishment of the first pediatric and adolescent HIV learning collaborative for Africa-PAHLCA, Revised National guidelines of the Integrated management of Acute Malnutrition (HIV/TB Nutrition Care and Support, The National Drug misuse and Alcohol treatment guidelines, for PWIDs in Uganda and 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

- The Joint Programme prioritized support to Uganda to further ground its HIV responses in human rights principles. Successful advocacy by the Joint Team, civil society and other development partners helped persuade the President of Uganda to decline approval of the sexual offences bill. The Office of the Director of Public Prosecutions (ODDP) was supported to implement various activities aimed at removing human rights barriers in accessing HIV, tuberculosis, and COVID-19 services—in line with the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination initiative. Similarly, National AIDS Council was assisted to reconstitute the National Technical Working Group on Stigma and Discrimination to address barriers faced by people living with HIV. Thanks to the Joint Programme's and the Global Fund's technical and financial support, the Working Group finalized and launched the National Policy Guidelines on Ending HIV related Stigma and Discrimination in 2021, as well as the judicial handbook on HIV, human rights and the law in Uganda aimed at strengthening evidence-based decision making among judicial officers in handling cases related HIV and human rights. JUPSA further supported the development, customization and implementation of key planning frameworks including: The national HIV and Social Protection Assessment Tool,

National multisectoral coordination Framework for Adolescent Girls 2017/2018-2021-2022, The HIV&AIDS workplace policy revised and endorsed, Gender equity and HR strategy in collaboration with MoH and GFATM supported communities, A National Action Plan 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, A Gender Policy Action Plan for the Uganda Police Force, The policy regulation on Employment HIV Non-Discrimination was launched by the Ministry of Gender Labour and Social Development and The judicial handbook on HIV, human rights and the law.

- Investment and efficiency. To ensure sustainability and efficiency of the national HIV response, the Joint Team provided critical support in mobilizing resources and mapping out sustainable financing options, including the establishment of the AIDS Trust Fund. Technical and advocacy support also resulted in the endorsement of the National HIV Mainstreaming Policy Guidelines that mandate government entities to allocate 0.1% of their budget for the HIV response. Under the One Dollar HIV and AIDS Initiative (ODI), 152 champions and promoters were trained to support private sector resource mobilization efforts. At total of 73 companies were involved in a virtual training raising US$ 50 000 through cash and pledges. Support was provided for the development of a successful grant application for the Global Fund, securing US$ 602 501 931 for the national HIV, tuberculosis, and malaria responses and to build a Resilient and Sustainable Systems for Health (RSSH) for 2021-2023. Additionally, US$ 34 565 047 were raised from the Global Fund COVID-19 Response Mechanism to strengthen the COVID-19 response in Uganda. The Second National AIDS Spending Assessment (NASA) covering the period 2014/15, 2015/16 and 2016/17 was finalized to inform resource mobilization, allocation, and monitoring of the national HIV response.

- **Contribution to the integrated SDG agenda**

  In support of Uganda's progress towards the Sustainable Development Goals (SDGs), the Joint Team provided significant support for the development of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025, which included key outcomes areas to ensure quality, equitable, rights-based, gender-responsive health and social protection services. The framework also comprises result areas focusing on promotion and protection of gender equality and human rights of people in Uganda, contributing to SDGs 3, 5, 10, and 16.

- **Challenges and lessons learned**
  - In 2020-2021, Uganda saw an increased number of GBV cases, possibly due to lockdown measures during the COVID-19 pandemic—GBV cases soared from 1084 in 2019 to 11 883 in 2020, according to the GBV Dashboard from the Ministry of Gender. Human rights violations against people from the lesbian, gay, bisexual, transgender and intersex (LGBTI) community continued to be a major challenge.
  - Uganda continues to rely heavily on external resources for its HIV response—nearly 92% of the 1.2 million people living with HIV on ART are supported by international donors. Domestic spending (private and public) covers only 16% of the total HIV response expenditure where international entities support 83% of the total budget.
  - Primary HIV prevention programmes remain underfunded resulting in low HIV prevention service coverage among key populations, including adolescents and young people. Existing prevention services remain sub-optional in terms of the required minimum package of services on the National HIV Prevention Roadmap.
  - Persistent governance issues, such as weak ownership, poor resource management and mutual accountability, and inadequate coordination of efforts at district- and community-level call for stronger support for the implementation of more robust interventions.
  - The COVID-19 pandemic continued to negatively impact vulnerable communities, including loss of livelihood and food insecurity. Despite the good progress made in expanding ART and multi-month dispensary of ART services to people living with HIV during the pandemic. Recurrent stockout of ART and HIV commodities, including laboratory reagents and HIV testing kits presented significant challenge in the response.

CONTENTS

1.0 Purpose

This final report is compiled and submitted in compliance with the Standard Administrative Arrangement (SAA) for Joint Programme Support for AIDS in Uganda signed 28th July 2016 by Embassy of Ireland and Multi Partner Trust Fund of the 2016-2020 Joint programme and aims to provide a comprehensive overview of achievements and challenges associated with the Joint Programme.

1.1. Background and context

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

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

Table 1: Linkage between NSP, UNDAF and JUPSA

NSP	UNDAF	JUPSA
NSP Sub-goal 1: To reduce the number of new youth and adult HIV infections by 70% and the number of new paediatric HIV infections by 95% by 2020	UNDAF Outcome 2.2: By end 2020, strengthened national capacity to deliver improved health outcome and nutrition through delivering preventive, promotive, curative and rehabilitative services that are contributing to: reduced mortality and morbidity, especially among children, adolescents, pregnant women and other vulnerable groups, and sustained improvements in population dynamics	JUPSA Outcome 1.1 Increased adoption of safer sexual behaviors among adolescents, young people and MARPS Outcome 1.2: Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up
	UNDAF Outcome 2.2: By end 2020, strengthened national capacity to deliver improved health outcome and nutrition through delivering preventive, promotive, curative and rehabilitative services that are contributing to: reduced mortality and morbidity, especially among children, adolescents, pregnant women and other vulnerable groups, and sustained improvements in population dynamics	Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access. Outcome 2. 3: Programs to reduce vulnerability to HIV /AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced.
NSP Sub-Goal 4: An effective and sustainable multi-sectoral HIV/AIDS service delivery system that ensures universal access and coverage of quality, efficient and safe services to the targeted population by 2020	UNDAF Outcome 2.5: By end 2020, a multi-sectoral HIV & AIDS response that is gender and age-responsive, well-coordinated, effective, efficient and sustainably financed to reverse the current trend and reduce the socio-economic impact of HIV and AIDS	JUPSA Outcome 3.1: A well-coordinated, inclusive and rights based multi-sectoral HIV and AIDS response that is sustainably financed to reverse the current trend of the epidemic JUPSA Outcome 3.2: Capacity to implement and coordinate the JUPSA interventions

2.0 JUPSA ACHIEVEMENTS 2016-2021

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

KEY BREAKTHROUGH IN PREVENTION AGENDA (2016-2021)

- Significant decline in new HIV infections – but not hitting ambitious 2020 targets
- The Presidential Fast Track Initiative that revitalized focus on HIV prevention and ownership of the response at all levels
- Endorsement of the National HIV Prevention Roadmap 2018-2025 aligning to Global HIV prevention priorities
- Endorsement of the National HIV Mainstreaming Policy Guidelines that mandate allocation of 0.1% of budget of government entities to HIV
- Development of the national Early Infant Diagnosis (EID) plan with scale up of POC testing from 27 sites to 103 with focus on hard-to-reach sites, Refugee site and islands sites
- National Plan for Elimination of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B (2020/21 – 2023/24)
- Development of the HIV presentation strategy for Adolescent Girls and young women 2020-2025
- Capacity of Network of Teacher and Learners living with HIV and AIDS built to fight stigma and discrimination in schools
- Establishment of the HIV Expert Client model in all the refugee hosting districts in the West-Nile
- Cultural and religious institutions on board as key players in SRH/HIV programming with endorsed policy guidance that mandates use of owned resources
- Endorsement of the National Sexuality education translated into lower secondary school curriculum and implementation guidelines for the extra curricula platform
- Expanded capacity for SRH/HIV service delivery for adolescents and young people based on HW training and mobilization of resources for service delivery. Introduction of holistic programming for AGYW e.g., under DREAMs
- Uninterrupted and expanded programming for KPs hinged on UN supported government programming frameworks even with the AHA Bill and generated strategic information
- Expanded programming for gender equality, women socio-economic empowerment and prevention/management of GBV, access to justice as major HIV prevention enablers
- Expanded condom programming up to 300m annual procurement and penetration in Karamoja region
- Adoption and expansion of new prevention technologies including PrEP, HIV self testing, Point of Care(POC)testing
- capacity of the agriculture extension workers, adolescents and farming communities built for food and nutrition security

KEY BREAKTHROUGH IN TREATMENT AGENDA (2016-2021)

- Revised National consolidated guidelines for the prevention, care and treatment of HIV/ AIDS in Uganda and adapted the WHO 2018 care and treatment guidance
- Optimization of more efficacious ART regimen for children & Adolescents- Use of DTG
- Establishment of the first paediatric and adolescent HIV learning collaborative for Africa-PAHLCA
- Innovations to improve access to HIV care and treatment-group ANC, Young people and Adolescent Peer Support (YAPS) Model, HIV Expert Client model
- Revised National guidelines of the Integrated management of Acute Malnutrition (HIV/TB Nutrition Care and Support was incorporated into the revised guidelines)
- Development of Nutrition Assessment, Counselling and Support (NACS) guidelines for Uganda in order to integrate nutrition into HIV service provision.

- The National Drug misuse and Alcohol treatment guidelines, which were develop with TA from UCO, is being used to initiate Medically Assisted Therapy (including OST) for PWIDs in Uganda.
- The Health Integrated Refugee Response Plan was launched in 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

KEY BREAKTHROUGH IN HIV Social Support, Gender and Human Rights Agenda (2016-2021)

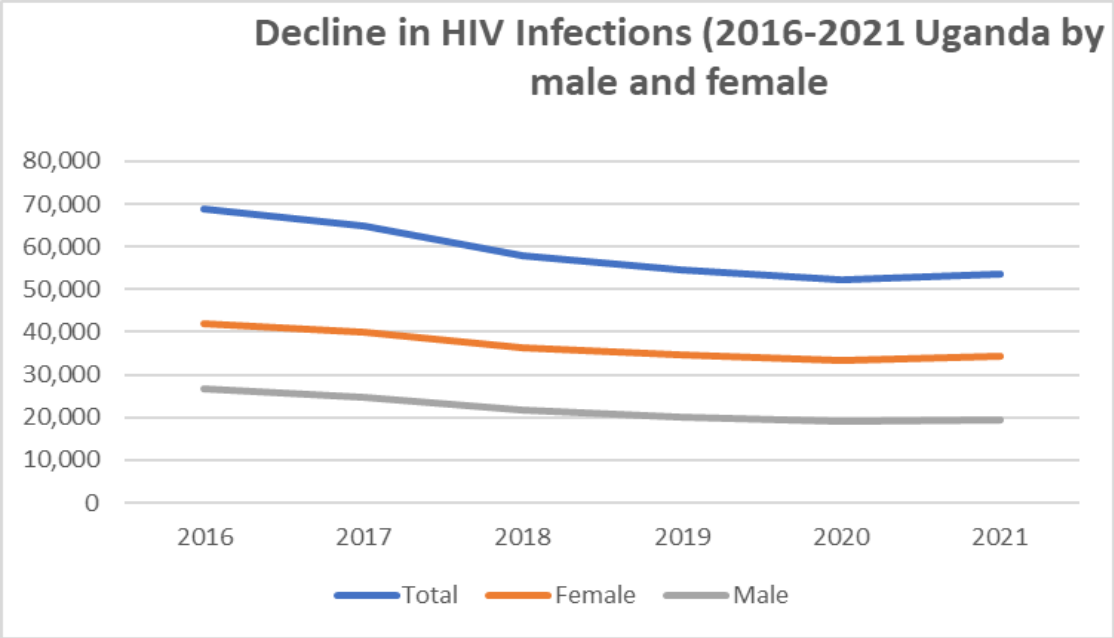
- Development of a national HIV and Social Protection Assessment Tool
- Development of a national multisectoral coordination Framework for Adolescent Girls 2017/2018-2021-2022
- The HIV&AIDS workplace policy revised and endorsed
- Finalized development of the gender equity and HR strategy in collaboration with MoH and GFATM supported communities
- Completed establishment of a gender tracker (dashboard) based on selected core indicators of the NSP 2016-2020 .
- 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.
- A Gender Policy Action Plan for the Uganda Police Force (UPF) was developed to promote gender responsiveness, non-discrimination, just and fair treatment in the provision of general policing services.
- The policy regulation on Employment HIV Non-Discrimination was launched by the Ministry of Gender Labour and Social Development
- Developed and launched the judicial handbook on HIV, human rights and the law
- Support to annual multi-sectoral national dialogue on HIV, human rights and the law. Its institutionalized as an annual event

KEY BREAKTHROUGH IN FINANCING AND REPORTING (2016-2021)

- HIV mainstreaming guidelines approved
- Sustained support for writing Global Fund applications, implementation, and reporting
- Harmonized M&E system for the HIV and AIDS response to meet country and global reporting requirements
- Business-case for the private sector financing developed, including feasible models for resource mobilization.
- Supported UAC to coordinate and raise resources from all capital infrastructure projects for the HIV response.
- Strengthened structural and operational systems of the ODI

2.1 PREVENTION THEMATIC AREA ACHIEVEMENTS

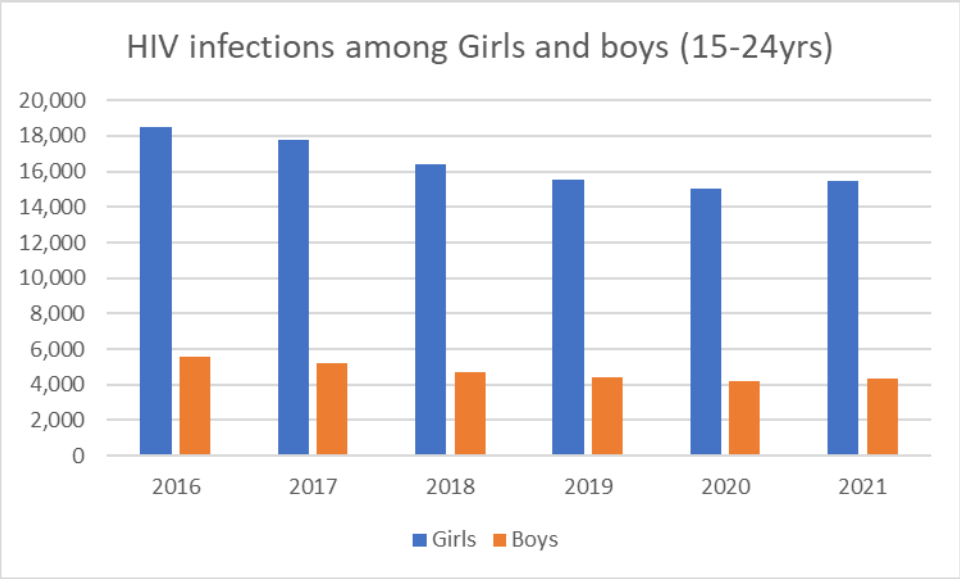
JUPSA contributed to advocacy efforts to mobilize high level leadership to revive the national HIV response resulting in the continued implementation of the Presidential Fast Track Initiative on HIV that revitalized focus on HIV prevention and ownership of the response, this in part contributed to reduction in new HIV infections by 22% between 2016 and 2021 to 54,000. The noted reductions were in part due to UN support for the development, customization and implementation of key frameworks including; Presidential Fast Track Initiative, Endorsement of the National HIV Prevention Roadmap , National Plan for MTCT Adolescent Girls and young women, national Early Infant Diagnosis, National Sexuality education integrated into lower secondary school curriculum, Integration of HIV in the integrated management of acute malnutrition and maternal, Expanded condom programming up to 300m annual, Expanded capacity for SRH/HIV service delivery for adolescents and strengthened capacity for CSOs, cultural and religious leaders



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

Key progress indicators	B-line	T-2020	Progress by Dec 2021	Comments
% of young people 15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission (strategic)	Total 38.9% Women 38.6% Men 39.3% (UAIS 2011)	Women 70% Men 70%	46% F 45% M (UDHS,2016)	UPHIA 2017 provided for age group 13-14years as below Total : 25.6% Girls: 26.3%
Proportion of young women and men aged 15–24 who have had sexual intercourse before the age of 15 years.	Total 12.6% Female 13.1% Male 11.9% (UAIS 2011)	Female 7% Male 7%	Total: 13.6% Female: 10.2% Male: 17.3 % (UPHIA)	Decline among females, with male rates increasing
% of adults 15-48 who use a condom at the last high risk sex (sex with a non-marital partner) increased from 35% to 75%	35%	75%	Total : 32% Male: 37.6% Female: 29% (UPHIA)	Low coverage

% of women 15-49 yrs who experience sexual and gender-based violence reduced from 28% to 23%	28%	23%	18%	off track – will update with 2020 UDHS. For 14-25 aged UPHIA gave Physical Sexual violence 11.1%
# of refugees supported with SRH/HIV, at all stages of humanitarian programming	0	300,000	Within refuge setting: Accessed FP 137,385, Deliveries 114,861, SGBV cases managed (1,765 PEP, 1,885 ECP), 790,996 HIV tested for HIV, 6,812 provided with ART,	



While there was an overall reduction in HIV infections. The country continued to experience, high proportional rates of new HIV infections among the adolescent young girls (15-24years). This is in part associated with the fact that Uganda has the highest fertility rate in the region and over 78% of the country's population is below 30years of age. The statistics below present the magnitude of HIV among the young people that will be addressed in the coming years:

- Three in four (75%) of new HIV infections among young people, occurred among adolescent girls
- 13% of adult People Living with HIV are young people.
- Three in four (75%) of new HIV infections among young people, occurred among adolescent girls.
- 42% of adult HIV infections occurred among young people aged 15-24 years in 2021.
- 71% of PLHIV (170,000) aged 15-25years were adolescent girls despite the equal total population boys and girls of 51% and 49% respectively
- Adolescents and young people have been noted to have high interruption in ART treatment, negatively impacting viral suppression rates among those on treatment. Clients in these age groups report being less likely to return to treatment due to stigma, knowledge gap about the benefit of treatment among other factors.

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

Other achievements included i) SBCC champions 3000 people have been profiled reached with critical information on HIV, COVID-19 & EVAWG, four radio talk shows were conducted to create more awareness about COVID-19, second chance education, HIV, and all forms of Violence, stigma, discrimination (GBV/SGBV). Supported MoH to develop the National FP Costed Implementation Plan 20160-2020. 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. Additionally, several years' worth of FP supplies were procured which will contribute to improved FP commodity security.

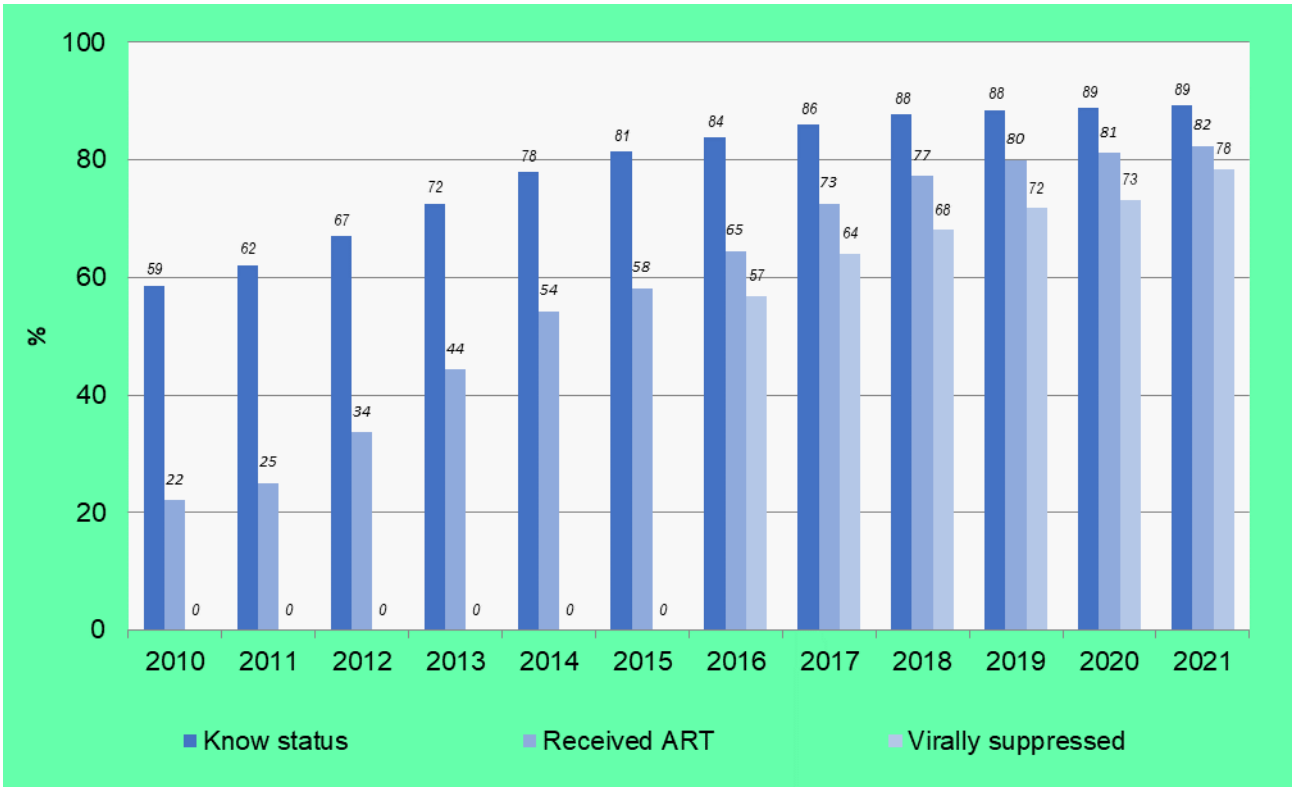
Further JUPSA supported; (i) Uninterrupted and expanded programming for KPs hinged on UN supported government programming frameworks even with the legislative bills and generated strategic information; (ii) Expanding programming for gender equality, women socio-economic empowerment, prevention/management 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.

2.2 TREATMENT, CARE AND SUPPORT THEMATIC AREA – ACHEIVEMENTS

Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access

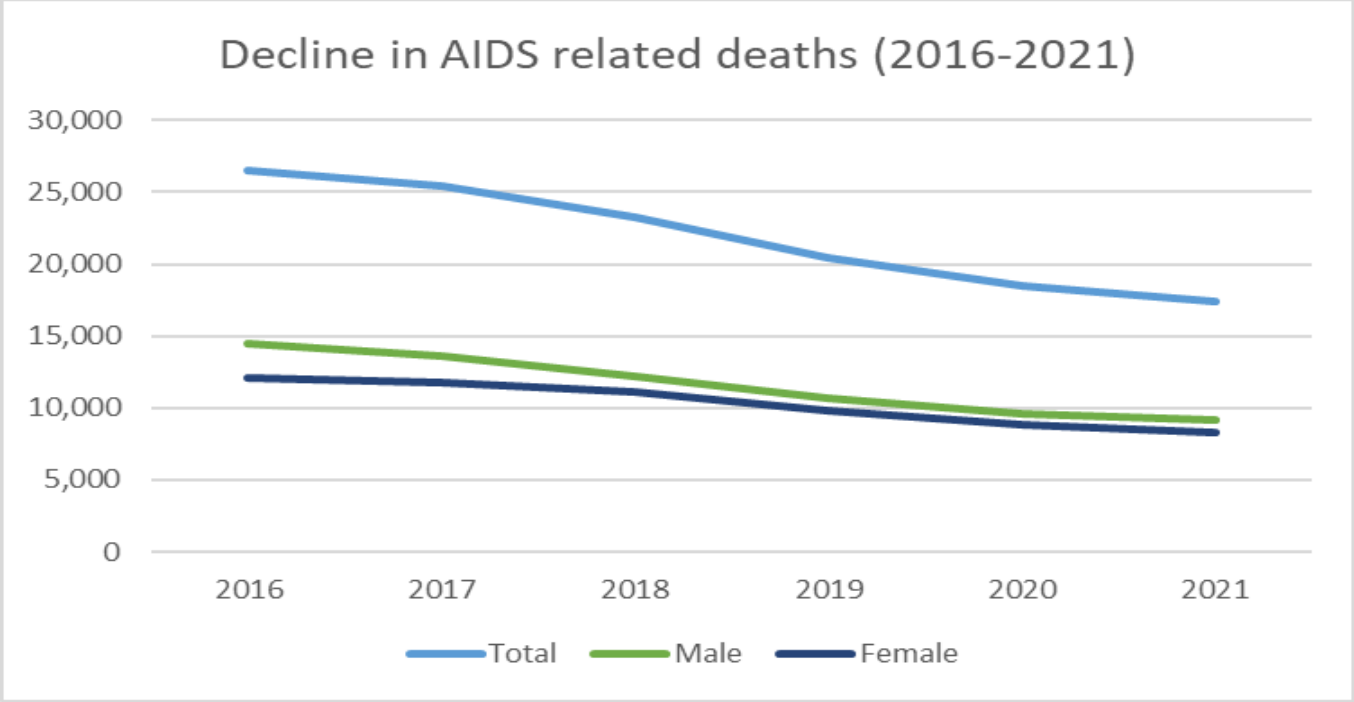
During the period, the UN Joint Team members leveraged on JUPSA's added value to the National HIV/AIDS response by supporting the country through various sectors to adopt international normative guidance for HIV prevention; catalyzing the scale-up of implementation of proven HIV prevention and control strategies; and supporting critical research and documentation of efforts towards accelerated HIV prevention and control within the country.

The 2022 MOH/UNAIDS HIV Estimates, and projections reveals that at national level, the country achieved the 90-81-73 treatment cascade with a progress of 89% people knowing their HIV status, 82% of all PLHIV on treatment and 78% viral suppressed by 2021 compared to the 2016 treatment cascade of 84-65-57. This further contributed to a 37% reduction in AIDS related deaths from 27,000 t0 17,000 between 2016 and 2021. The noted milestones were due in part to UN support that included: Revision of National consolidated guidelines for the prevention, care and treatment of HIV/ AIDS and adapted the WHO 2018 care and treatment guidance, Optimization of more efficacious ART regimen for children & Adolescents-Use of DTG, Establishment of the first pediatric and adolescent HIV learning collaborative for Africa-PAHLCA, Revised National guidelines of the Integrated management of Acute Malnutrition (HIV/TB Nutrition Care and Support, The National Drug misuse and Alcohol treatment guidelines, for PWIDs in Uganda and 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



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

Key progress indicators	B-line	T-2020	Progress by Dec 2021	Comments
% of HIV-positive pregnant women who receive ART to reduce risk of mother to child transmission.	92% HIV estimates 2014	98%	>95%	Consistent achievement over the years
Estimated percentage of Child HIV infections from HIV positive women delivering in the past 12 months	6 weeks = 5.7% After B/F = 13.6% (2013)	6 weeks = 4.24% After Breast-feeding = 7.93%	6 weeks = 2.8% Final MTCT=6.76	Achieved the target
Number of males circumcised per year.	878, 109 (2014 DHIS 2)	1,000,000 annually	Cumulatively about 5M,	The proportion of men aged 15 to 49 years that reported being circumcised increased from 42.2 percent in 2016 to 57.5 percent in 2020.
Percentage of adults aged 15-49 yrs. who tested for HIV in the last 12 months and know their results.	47% (2013)	80% (2020)	99%= (8,445,382/ 8.473,606)	proportion that received their results



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.

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

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

Key progress indicators	B-line	T-2020	Progress by Dec 2020	Comments
% of care, protection and support to orphans and other vulnerable children and their families through case management.	60%	90%	>89% served as per core program areas	No. per CORE PROGRAM AREAS (2,770,615 vs2,474,340)were served
Proportion of girls aged 15–19 who have experienced sexual violence	18.90%	At least 5% reduction	9.9 % Ever experienced Sexual violence 5.3% experienced sexual violence- 12 months	Girls in this aged group are less likely to report incidence of sexual violence. This gets even worse with higher levels in education attainment.

3.0 HIV GOVERNANCE AND HUMAN RIGHTS SUMMARY OF ACHIEVEMENTS

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

Financing and Strategic information. JUPSA supported resource mobilization including Global Fund grant applications; re-engagement on sustainable financing options including establishment of the AIDS Trust Fund; compilation of the Country's 2nd and 3rd National AIDS Spending Assessment (NASA); and dissemination of the HIV resource mobilization strategy. High-level re-engagements with government,

religious and cultural institutions, and civil society organizations (CSOs) increased access to services. JUPSA improved capacity for data generation and use to inform implementation and prioritization of interventions including a harmonized data management system (DHISII) 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.

Sustainable financing mechanism

Key progress indicators	B-line	T-2020	Progress by Dec 2021	Comments
HIV national policy composite index scores	55%	95%	>90%	Country has achieved milestones on policy and legal entrainment save for issues of key population and financing
%age of domestic and international AIDS Spending categories and financing sources	GOU 11.2 External 68 Out of pocket 20.8	GOU 40 External 50 Out of pocket 10	9.5%	• NASA studies- GoU increased allocation • Increased allocation for ARVs budget • TA for successful GF resources • Approval of mainstreaming guidelines, 0.1% sector allocation, and creation of vote output by MOFPED for HIV
Existence of functional HIV trust fund	None (2015)	One	Acheived	• Approval of mainstreaming guidelines, 0.1% sector allocation, • Creation of vote output by MOFPED for HIV
# of GFATM proposals developed and submitted in time	0	6 Proposals 2020	Achieved	• Malaria, HIV/TB & catalytic funding proposals) • The other 3 will be done in the next funding cycle • CCM annual support $75,000

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

Key progress indicators	B-line	T-2020	Progress by Dec 2021	Comments
# of UAC and sectoral joint programme reviews conducted	1 Annual JAR 3 Sectoral Reviews	5 Annual JAR, Annual HIV Country reports, NSP Midterm, and end term evaluations, HIV gender Assessments	• Five Joint annual reviews held • NSP Midterm review done • Four country HIV status reports • Karamoja districts have strategic plans • Moroto developed a workplace policy • KARUNA MTE • 2021- 2025 NSP developed • Annual national and district level HIV estimates	All targets achieved
Existence of a fully functional and centralized tracking and reporting system	DHIS	One	• DHIS • OVC MIS • GBV database	Country have harmonized numbers for advocacy

# of National, regional and Districts HIV estimates and projections	One National and Nine regional	national, 10 regional and 112 district HIV estimates	• 5 Annual national estimates • District level HIV estimates and projections	All targets achieved

Outcome 3.2: Capacity to implement and coordinate the JUPSA interventions

3.2.1 Administrative and technical capacity for JUPSA implementation enhanced

The MPTF Office served 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 consolidated financial and narrative reports are uploaded at the MPTF Office Gateway at http://mptf.undp.org/factsheet/fund/JUG00..

3.2.2 JUPSA monitoring and evaluation and performance tracking strengthened

JUPSA 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 has tracked progress of the planned, on-going and concluded activities. There were monthly UN Joint team meetings at national and regional levels, where each agency updated the members on the implementation progress, approaches to joint action were discussed, and agencies shared their scheduled activities. Specifically, Agencies have proactively participated in providing technical backstopping as IPs implement by reviewing reports and in participating in some of the IP activities.

4.0 KEY ISSUES AND LESSONS LEARNED

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

5.0 SOME BEST PRACTICES

Partnering with HIV Expert Clients (EC) in extending HIV and nutrition services to communities

BACKGROUND

Uganda, like many countries in the region, has an overstretched skilled human resource capacity for the health sector. Indeed, there is a high health worker to patient ratio of approximately 1 doctor to 24,000 patients. This situation is exacerbated n Karamoja where there are adverse impacts on the provision of care and treatment services to people living with HIV (PLHIV).

WFP SOLUTIONS

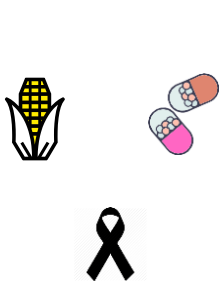
In order to support health system strengthening, WFP enrolled and trained HIV Expert Clients (EC) to complement the work of professional health care providers by extending health services from the health facilities to households and communities. Through the Karamoja United Nations HIV Programme (KARUNA- HP), under the support of the Embassy of Ireland, a number of village health workers were identified and supported to become HIV Expert Clients. The mission of WFP in Karamoja through the component of HIV/AIDS is:

- To promote food and nutrition interventions that actively improve the nutritional intake of PLHIV in Karamoja.

WFP promotes the HIV Expert Client model as a mechanism to support PLHIV. The model is a peer-to-peer intervention that is aimed at offering a viable, creative solution to areas grappling with human resource challenges that can act as barriers to universally accessible, high quality HIV and nutrition care and treatment in resource limited setting such as Karamoja. To be eligible to become an HIV expert client, the criteria is:

- To have lived with HIV for many years
- To have a very suppressed viral load
- To be living positively
- To adhere to medication

WFP identified 75 HIV Expert Clients and 20 district health workers who were trained in this peer-to-peer model in 2017. They were drawn from all the district hospitals in Karamoja region - Abim, Kotido, Kaabong, Moroto Napak, Nakapiripirit and Amudat. HIV Expert Clients were recruited by the district health offices and trained on:



WFP trained HIV Expert Clients on an abundance of factors (predominantly nutritional support for PLHIV) in order to alleviate the health care burden in Karamoja and to support adherence to treatment.

WFP developed an Expert Client operation and monitoring guide for health facilities to assist in ensuring expert clients deliver on agreed targets and obligations and observe a clear ethical code of conduct. The Expert Clients are monitored and supervised by the health facility individuals in-charge and district HIV/ Nutrition focal points with reported monthly performance.

Experts Clients use their own personal experiences as PLHIV to provide services such as:

- Health and nutrition education through group and one-on-one sessions.
- Prioritizing pregnant women for HIV care and treatment services and follow-up mother and infants to ensure adherence to ART and elimination of mother to child transmission (EMTCT) services to ensure zero vertical transmission of HIV.
- Keeping basic records and compile reports for reporting to the health facility and WFP teams.
- Assisting in rapid nutritional assessment at the community and household level and explain the referral processes to ECs.
- Acting as a link between the patients and a multidisciplinary care team to raise any issues or concerns.
- Voluntary participation at service delivery points.

WFP World Food Programme

HIV Expert Clients were able to empower the people they engaged with during the programme.

WHAT WORKED WELL

- EMPOWERMENT: The engagement and empowerment of PLHIV, their households and their peers catalyzed the delivery of services and project ownership.
- OWNERSHIP: Health facility ownership is critical as the Expert Clients work closely with the health facility under their supervision.
- COORDINATION: Aligning the UN Joint Team agenda and priorities to those of the national government creates a holistic, rights-based approach and strong coordination between programme efforts and government policy.
- MONITORING: Harmonizing M&E frameworks and tools for various donors, partners and agencies in project programming helps to monitor overall progress and write joint reports.

WHAT DID NOT WORK WELL

- NUTRITION STATUS, NOT HIV STATUS: Obtaining HIV status of individuals on nutrition programmes is still difficult since the programmes are community based and assistance is based on nutritional status not HIV status.
- INACCESSIBILITY: Logistical challenges, especially with hard-to-reach clients, is an issue compounded by long distance, the sorry state of the roads, and deteriorated road conditions during the rainy seasons. This is a challenge for both health care workers and patients. Some patients walk for over one week to reach health centres. As such, patients become discouraged to retrieve their medicine and some are too weak to withstand the trek.
- LIMITED LINKAGES: There are limited linkages for the implementation of other livelihood programmes to support PLHIV.
- FOOD INSECURITY: Food insecurity is a challenge the HIV Expert Clients must manage, as many of the people they visit are too malnourished to adhere to medication. Some patients ask the HIV Expert Clients for food, which they are unfortunately unable to provide.

FUTURE DIRECTION


The programme has strong potential to expand its outreach to integrate HIV testing and the elimination of mother-to-child transmissions.

- EXTEND SERVICES: Adapt the HIV Expert Client model to extend services to communities to reach out to people living with HIV.
- HOLISTIC APPROACH: A holistic approach can be achieved by integrating other success factors such as: improving hygiene; introducing food and nutritional interventions at individuals and household level; supporting individuals and households to start gardening their own nutritional crops. This will increase resilience to droughts, food insecurity and sanitation issues.
- SCALE-UP: HIV Expert Clients are an untapped resource that can be used for scaling-up nutrition and HIV interventions in settings with human resource constraints.
- INTEGRATION: HIV Expert Clients can be integrated into other related programmes and interventions, for instance they can be linked with the village health teams, joint district supervision exercises, outreaches and other nutrition-sensitive agriculture interventions.
- EMTCT: HIV Expert Clients can support the elimination of mother-to-child transmissions by following up with pregnant and lactating women living with HIV. This can be done by linking them to health facilities and relevant WFP programmes such as the Maternal Child Health and Nutrition Programme.
- MONITORING: Additional support to monitor the ongoing activities can help to achieve the proposed actions in a sustainable manner.
- HIV TESTING: As programmes are based upon nutritional status rather than HIV status, it is important to collaborate with agencies who provide HIV testing.
- DISTRICT LEADERSHIP: It is important for the district to take a strong lead role in the utilization of Expert Clients to further extend the outreach of nutrition and HIV services.

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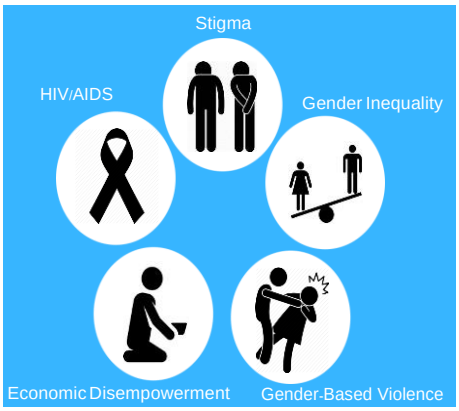
WFP World Food Programme

BACKGROUND

In Karamoja, just like many conservative societies, gender norms limit women's access to opportunities, resources and power. Exacerbating this, women living with HIV (WLHIV) experience stigma, discrimination and inequalities that often have negative consequences on their health and economic survival. Violence against women and girls, particularly those living with HIV/AIDS, remains widespread in communities. In most cases, this intersects across classes, traditions and cultures. Some cultures, for instance the Karamojong culture, often ignore, justify or encourage violence against women in the name of tradition.

With funding from the Embassy of Ireland, UN Women and its implementing partner Action Africa Humanitarian Uganda (AAHU) implements a range of interventions to address issues faced by women living with HIV/AIDS. This was undertaken by the Karamoja Economic Empowerment Project (KEEP), implemented under the joint Karamoja United Nations HIV/AIDS Programme (KARUNA).

Experiences of Women living with HIV



CASE STUDY 1: HIV/ GBV

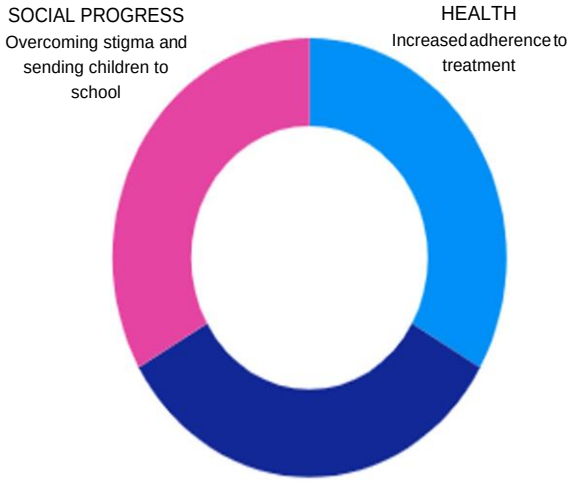
Ms. Lolem Rukiya, aged 36, is a single mother of five children and a survivor of gender-based violence (GBV). Rukiya says violence is deeply present and ingrained in her life as well as the lives of other women. Having been abandoned by her partner, who is also the father of her children, life became unbearable. Rukiya recalls that as a women living with HIV, she was evicted from her home, denied access to property, accused by her family and relations of bringing HIV into the home and behaving immorally. During one phase of her life, Rukiya resorted to commercial sex work, asking "what do you do when you have 5 kids, no job and no education?" I have lived with the HIV virus for close to 7 years now. When I was diagnosed with HIV, I felt like it was a death sentence. I only discovered I was HIV positive when I attended antenatal during the pregnancy of my last child. At first I was too scared to tell my then loving husband. After 1 year of knowing, I confided to him, but he changed and became brutal and violent. My husband abandoned me with the children. I was so frustrated I even tried to end my life a couple of times. Back then, I engaged in many activities just to survive and feed my children... I begged and engaged in prostitution."

UN WOMEN SOLUTIONS

UN Women's KEEP programme, as introduced aforesaid, acknowledges that many women in conservative societies face violence resulting from harmful gender norms

and traditions, social acceptance of violence, and stigmatization. KEEP works on the evidence that building economic security for WLHIV is an important determinant in increasing the productivity and earnings of rural women. This can lead to improved health seeking behaviours and the economic and social survival of their households. Indeed, Rukiya was a beneficiary of the KEEP programme, as explained beneath:

Key Achievements from the KEEP programme



CASE STUDY 2: BUILDING RESILIENT COMMUNITIES

Catherine Asio, 23, is a single mother of two children aged 7 and 4 years. She is a member of Katikekile Youth group in Moroto municipality, Moroto District in North-Eastern Uganda. She studied up to primary level and stopped in primary7.

Growing up as a teenager, Catherine lacked parental support and guidance. In the absence of a family support system, Catherine fell pregnant at the age of 16 and, unfortunately, the father of her children abandoned her. Life was difficult and Catherine attempted to end her own life, until her Auntie came and brought her to Moroto for a better chance in life. Initially, Catherine started brewing local beer as a means of survival for herself and her children whilst staying in her Aunt's home. She was then identified by a catholic church sister who moved around the communities looking for vulnerable youth. Catherine was advised to join other youth members at Radio Maria youth centre where counselling was provided. Unfortunately, the youth centre had no funding.

Thanks to KEEP and AAHU, members of the youth group were able to start their very own textiles business. Now, youth members generate their own sources of income, which leads to independence, confidence and the ability to send their children to school.

UN WOMEN SOLUTIONS

The catholic sister along with 3 youth members, including Catherine, approached Action Africa Help Uganda (AAHU) to request for support for the vulnerable youth. Fortunately, AAHU responded positively and asked the youth to form a group of 12 members, of which would be mentored by AAHU under the KEEP programme. The group was taken for business training and was granted 5 million Ugx. The group collectively agreed to use the money to invest in their very own sweater weaving business. From there on, the group purchased manual sweater machines and one sewing machine. Now that the equipment was ready, AAHU organised and sent a trainer to teach the group how to operate the machinery. Part of the grant was used to buy ingredients to make liquid soaps, textiles to produce traditional skirts, and knitting timber to make tablecloths. Once these skills were acquired, members of the youth group were able to sell the seaters to members of the public and schools. So far, the group has supplied 100 sweaters to Elshadai in Wera, 50 sweaters in Kapwat Primary School in Iriiri and 100 sweaters to Police Primary School. The project is a success as the market is expanding and demand is growing. However, supply cannot meet this demand because the machines have a low capacity.

As an outcome of the programme, Catherine is now independent and no longer lives with her Aunt. She manages the welfare of her children, she sends them to school and she is able to buy scholastic materials and uniform. Past temptations of prostitution and drinking no longer linger on Catherine's mind. Indeed, Catherine excels in the programme as she is frequently called to train new members on how to operate the machines. Catherine says "*Without AAHU/UN Women, I would not manage to get skills in making sweaters that has enabled me to get some money to rent a house, buy food and dress my children. Life would still be hard without their support. With the skills I have received, I will continue training other new members who join the group*."

KEYWORDS

COMPLIED BY NAME, DESIGNATION
UN WOMEN

Digital Innovations to accelerate progress in managing HIV/AIDS responses in Karamoja

Karamoja health services are hindered by paper-based medical records and low reporting rates.

BACKGROUND: INEFFICIENCIES IN COMMODITIES, AVAILABILITY OF DOCTORS, AND HIV REPORTING RATES

Karamoja is, indeed, a unique region. HIV prevalence is nearly double among adolescent girls aged 15-19 years compared to boys the same age, at 3% and 1.7% respectively. Overall, across the Karamojong ethnic group, HIV prevalence is 3.7%. Whilst it may be argued that this is lower than the national average of 6.7%, it must be taken into account that due to alcoholism, burdening poverty, hindering socio-cultural practices and widespread unemployment, Karamoja has a lower capacity to cope with new HIV infections and to care for people living with HIV than other parts of the country where HIV prevalence rates are higher. Thus, presents the need to invest efforts in Karamoja.

Our attention shall now be drawn to three problems:

- PROBLEM 1: There is a high condom demand yet frequent condom stockouts in Karamoja.
- PROBLEM 2: There is an extremely high doctor to patient burden in Karamoja of 1 doctor to 50,000 patients. The national level doctor to patient ratio is almost half, at 1 doctor to 28,200 patients. Exacerbating this burden, the majority of patient medical records are paper based, meaning that it is highly time-consuming to find each individual patients' file.
- PROBLEM 3: HIV and TB commodity reporting rates in Karamoja was low at 56% compared to national reporting rates of 75%.

DIGITAL SOLUTIONS

ADDRESSING PROBLEM 1

UNFPA implemented the Condom Logistics Management Information System (CLMIS) to digitally capture the condom commodity market. This enables condom supply and demand to be managed because stock movement levels can be monitored, thus when stock is low, more condoms can be ordered before supplies deplete. This has enhanced and expanded Karamoja's condom programme planning.

EMRS enhances health service delivery by facilitating digital patient medical records and increasing the accuracy of ordering and reporting.

ADDRESSING PROBLEM 2

The introduction of Electronic Medical Record Systems (EMRS) in Karamoja was supported by the WHO, the Ministry of Health and Makerere School of Public Health. EMRS has been implemented in 19 sites across the region and has already delivered numerous benefits to Karamoja's health service delivery. 6,019 people living with HIV in Karamoja are already enrolled on EMRS and of these 1,635 have benefited from active care and treatment. Patients' medical records are stored digitally and securely and can be accessed by health workers at the touch of a button. This decreases patients' waiting time. Facility data entry staff can enter ART care cards, EID cards and HTS cards, as well as generate in-built reports on key HIV indicators (enrolment, retention and viral suppression) and interpret patient dashboard information. All of these digital practices enhance health facility capacity. As health workers are trained on EMRS, they gain technological skills. These technological skills may have positive spillover effects upon the local community as technological knowledge and skills can be shared.

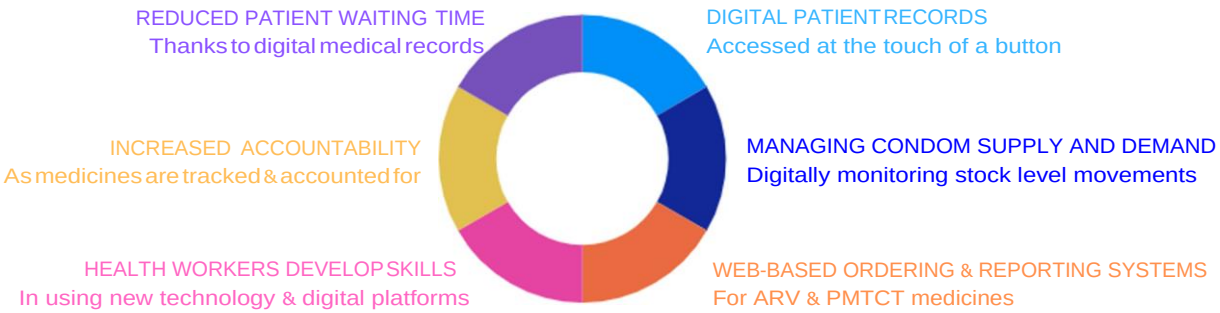
ADDRESSING PROBLEM 3

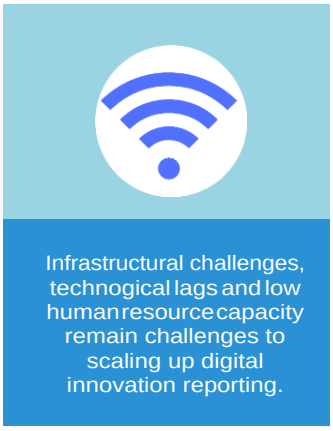
WHO and the Ministry of Health supported the web-based ARV/PMTCT medicines ordering and reporting system (WAOS) along with the TB web-based ordering system to enhance the reporting capacities of health facilities. These web-based ordering systems are directly linked to the District Health Information System (DHIS2) and facilitate accurate ordering, HIV/TB reporting rates and stock management. This increases the overall accountability of tracking and accounting for medicines.

World Health Organization

UNFPA

KEY ACHIEVEMENTS





CHALLENGES

Whilst there may be solutions to the 3 problems, challenges still persist:

CHALLENGES TO PROBLEM 1

There is a lack of human resource capacity to manage the CLMIS at the facility level. Furthermore, CLMIS depends upon the computer equipment of a district and the technological affordances (i.e. the ability to use technology) of the health workers. As of now, only 3 districts have benefited from CLMIS: Kaabong, Kotido and Moroto. It can be inferred that as these 3 districts benefit from CLMIS, the remaining 4 districts may inadvertently be left behind until CLMIS is installed.

CHALLENGES TO PROBLEM 2

Infrastructural challenges such as irregular power supply, unreliable internet connectivity and computer breakdowns prevent the scale-up of EMRS across additional sites.

CHALLENGES TO PROBLEM 3

Some sites still use the older version of EMRS, which does not have the MCH module, and this is the basis for training and upgrades.

FUTURE DIRECTION

The above digital innovations can be scaled up to all eligible health facilities across all districts in Karamoja. Adequate equipment, enabling infrastructure and human resources in both quantity and quality is first necessary before these digital innovations can be implemented. Such equipment includes reliable electricity supply, computers, antivirus software, training sessions, enhanced technological affordances of health workers and improved literacy levels. Installing this infrastructure has the potential to increase health services, encourage overall levels of development across the Karamoja region and generate positive spillover effects from wealth creation to entrance into the digital era to increased standards of living.

Word cloud of the keywords

KARUNA Coordinators addressing EMRS participants

World Health Organization

UNFPA

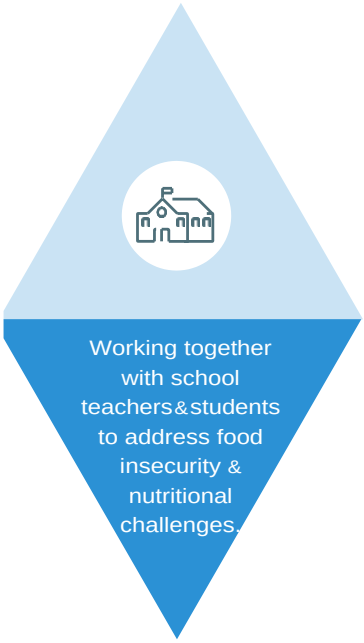
Junior Farmer Field and Life Schools (JFFLS) as a delivery mechanism: A case of Nakoreto Primary School in Kotido District

BACKGROUND

The Food and Agriculture Organization (FAO), with support from the Embassy of Ireland and other United Nations agencies, is implementing the Karamoja United Nations HIV Programme (KARUNA HP). This programme is aimed at addressing critical bottlenecks in expanded access to quality biomedical and behavioural sexual reproductive health (SRH) and HIV interventions at both macro and micro levels. Furthermore, the programme aims to transform harmful social factors and economic circumstances that hinder adolescents and young people from exercising their rights to access services in a timely manner. Indeed, Karamoja faces a multitude of challenges from HIV/ AIDS and food and nutrition insecurity, to low household income security and climate change. Specifically, the FAO's target is:

- To improve food and nutrition security as a key entry point for the prevention and mitigation of HIV/ AIDS among over 5,000 adolescent and young people in Karamoja.

Food security is essential for all people living with HIV on antiretroviral drugs. Without adequate food consumption and nutritional intake, patients may not adhere to antiretroviral treatment.



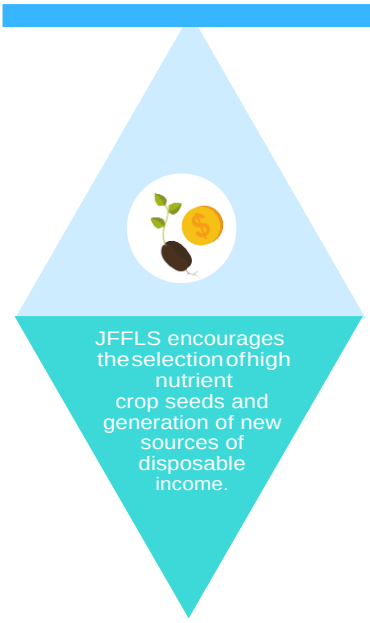
FAO SOLUTIONS

In order to prevent and mitigate HIV/AIDS, the FAO is implementing the Junior Farmer Field and Life Schools (JFFLS) project as a mechanism to deliver both school content and life skills to adolescents and young people in order to improve their overall socio-economic welfare. Nakoreto primary school, with 989 pupils, is one of the schools implementing the JFFLS. The FAO organised:

- Training of Trainers (ToT) for both teachers and Community Based Facilitators (CBFs) to provide them with the necessary skills and tools to successfully run and manage JFFLS.
- Capacity building training for the line departments of production, education and community-based services to provide necessary backstopping to the JFFLS.
- Hands-on training in climate smart and nutrition sensitive agriculture technologies/ practices alongside other social life skills topics.
- Bio-intensive gardens, sack mounds and food security gardens and technology multiplication gardens

The strategic partnership with local Government line departments was particularly important for the IP to take full advantage of their technical expertise and ownership for sustainability of efforts beyond the project life cycle. Additionally, the JFFLS facilitators and teachers have since cascaded the knowledge and skills from the ToT and transferred them to the JFFLS groups both in and out of school. The JFFLS have been taken through real practical sessions in climate smart and nutrition sensitive agriculture technologies and/or practices. Regular participatory monitoring and provision of immediate feedback by FAO, district staff and sub-county staff is helping to solve some of this project's gaps in the progress. The use of the gender sensitive JFFLS approach also provided a good entry point and platform for addressing gender and social exclusion issues common in Karamoja communities.

Students mulching their vegetable plots



WHAT WORKED WELL

After days, weeks and months of hard work, some impacts are already being seen:

- HUMAN CAPITAL ASSET DEVELOPMENT: The knowledge and skills imparted in the JFFLS, such as the recommended agronomic methods for improving crop production and productivity, are being practiced.
- EXPANDED PROGRAMME OUTREACH: Some students replicate JFFLS practices back at home, hence the programme outreach expands and the students' families benefit from these positive spillover effects.
- SMALL DISPOSABLE INCOME: Indeed, as stated aforesaid, some pupils now grow vegetables at home and sell them locally. This generates a new source of small disposable income, which can be used to meet the costs of basic school needs such as soap, pencils and books.
- BIO-FORTIFIED CROP SEEDS: The JFFLS programme select seeds based upon their bio-fortified attributes, such as proteins. The vegetables supplied are equally nutrient dense and contribute to household dietary diversity.

LESSONS LEARNT

CSA PRACTICES
Increasing episodes of droughts in the region means that CSA practices and technological adaptation are highly recommended.

LOCAL STAKEHOLDERS
Capacity development is a prerequisite for the successful implementation of the project.

CAPACITY DEVELOPMENT
Capacity development is a prerequisite for the successful implementation of the project.

EMPOWERING COMMUNITIES
Empowering communities and schools to take lead roles in all aspects of the project.

PARTICIPATORY DISASTER RISK ASSESSMENT
This is an important decision support tool that informs enterprise selection undertaken by the JFFLS.

GENDER SENSITIVE PROGRAMMING
Gender sensitive programming in the JFFLS has proven to be a good entry point in breaking social and gender exclusion issues common to Karamoja's traditional farming system. Boys and girls freely share all roles in their technology demonstration plots and food security gardens.

FIREWOOD
Schools and communities rely heavily on firewood. Establishing a community woodlot and exploring alternative sources of energy, such as briquettes, will relieve pressure from the environment.

VSL
VSL is key to sustaining the efforts and ensure sustainability.

LOCAL LEADERSHIP
Local leadership provided a good entry point to the social acceptability of the project.

CHALLENGES

- Parents withdraw children from school during harvesting seasons, which has a negative affect on academic performance and co-curricular activities.
- The number of girls in JFFLS remains disproportionately lower than boys. This is partially explained by the reality that girls are sent to peri-urban centres to undertake casual labour and for food and small cash for the family.
- Students must walk far distances to collect firewood which is, of course, very time consuming and reduces the time students spend in the JFFLS.

FUTURE DIRECTION

- SCALE-UP: Due to popular demand for climate smart adaptation technologies, which are water and energy efficient as well as space maximizing, there is a need to scale-up to new areas and communities.
- WOODLOT: A woodlot establishment and energy saving cook stoves will address wood fuel deficits. Biogas can be considered as an alternative.
- POST-HARVEST HANDLING: Post-harvest handling and preservation of food can reduce food loss.
- GIRLS IN SCHOOL: Given that the main reason for girls being out of school is to contribute to their families' food intake and household income, it is wise to promote the programme's productivity enhancing technologies and practices to improve household food security and income. This will alleviate pressure from girls and encourage them to go back to school.
- CLIMATE RESILIENCE: Climate resilient high value crops such as Bambara nuts can be introduced.
- ENERGY EFFICIENT COOKING: Teachers and students can be trained in energy efficient cooking technologies such as briquettes.

COMPLIED BY NAME, DESIGNATION
UN FAO

Food and Agriculture Organization of the United Nations

ii) Indicator Based Performance Assessment:

CUMMULATIVE JUPSA PROGRESS AS AT 5TH YEAR OF IMPLEMENTATION (2021)

	Key progress indicators,	Baselines	Targets by 2020	Achievements (2021)	Comments
Outcome 1.1: Increased adoption of safer sexual behaviors among adolescents, young people and MARPS					
Outcome Indicators	% of young people 15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission (strategic)	Total 38.9% Women 38.6% Men 39.3% (UAIS 2011)	Women 70% Men 70%	46% F 45% M (UDHS,2016)	UPHIA 2017 provided for age group 13-14years as below Total: 25.6% Girls: 26.3%
	Proportion of young women and men aged 15–24 who have had sexual intercourse before the age of 15 years.	Total 12.6% Female 13.1% Male 11.9% (UAIS 2011)	Female 7% Male 7%	Total: 13.6% Female: 10.2% Male: 17.3 % (UPHIA)	Decline among females, with male rates increasing
	% of adults 15-48 who use a condom at the last high risk sex (sex with a non-marital partner) increased from 35% to 75%	35%	75%	Total : 32% Male: 37.6% Female: 29% (UPHIA, 2017)	Low coverage
	% of women 15-49 years who experience sexual and gender-based violence reduced from 28% to 23%	28%	23%	18%	No data available Need to update with 2020 UDHS. For 14-25 aged UPHIA gave Physical Sexual violence 11.1%
Output 1.1.1: HIV integrated into investment, annual and financing plans of key sectors that address identified structural drivers of the HIV epidemic	# of sectors budgets with HIV reflected in budget papers, sector HIV budget lines and expenditure reports	3 (2013)	9 (2020)	Achieved	- Key achievements: Mainstreaming guidelines and compliance tools for the 0.1% budget allocation for MDAs. PFTI -UAC, MoH, MoES, MoD, MoWTC, MoTWA, MoJCA, implementing HIV programs with domestic funds. Mainstreaming policy to expand to all & LGs. 5 of 7 districts (Moroto, Kotido, Kaabong, Napak and Abim) planning and budgeting for gender and HIV in the Karamoja region
Output 1.1.2: Programmes addressing underlying socio-cultural and economic drivers of the HIV epidemic expanded	# of cultural institutions with structured programs addressing structural and behavioural drivers of the HIV epidemic.	4	9	12 Achieved	Studies on harmful practices, leadership orientation, policy positions, message concepts, action plans, M&E& resource mobilization strategies, community engagements, 9 designated cultural institutions with action plans, M&E and resource mobilization frameworks. Working with up to 12 CIs. Source JUPSA reports. Key achievement: Work with 7 major religious denominations resulting in endorsement of pastoral letters (policy guidance) on HIV prevention, MNH, teenage

	Key progress indicators,	Baselines	Targets by 2020	Achievements (2021)	Comments
					pregnancy, FP & GBV. Work with Cross Cultural Foundation of Uganda to compliment the work of MoGLSD I building stronger networks and institutions of cultural leaders to address the norms and practices that propel vices child marriage and inheritance restrictions for women and girls in 9 cultural institutions.
	# of adolescents and girls reached with SRH services.	200,000 (2016)	450,000	650,000 Achieved	Increased resource mobilization for hard to reach areas.
	# of municipalities implementing Cities Fast Track HIV programmes targeting priority population groups	1	6	7 Achieved	Worked with AMICAAL to develop and implement a CFT for 41 municipalities Leadership orientation, integration into annual commitments & accountability protocols, development of delivery frameworks. Worked with KCCA to finalize a safe cities scoping study. Started a new safe cities initiative focusing on reducing violence (murders, rape and sex exploitation) and creating safe spaces and
Output 1.1.3: Social and behaviour change communication focusing on adolescents, young people and key populations	# of adolescents and young people out of school reached with HIV information annually	500,000	3,000,000	4,500,000	Coverage by various campaigns & channels including mass media, community dialogues, cultural and religious institutions, sports, education institutions in various districts. Up to 300,000 in Karamoja.
	# of regions that have implemented the Protect the Goal project.	0	12	2	Karamoja and Lango regions. PFT annually conducted in Karamoja districts for out of school reaching average 100,000 with services. PTG Institutionalized to deliver through school sports season. Risk reduction campaigns reaching 615 HIV positive couples and 1,365 adolescent girls and young women 15-24years through targeted small community sensitization and education sessions on HIV risk reduction
	# of peers trained in MARPS Programming to support community engagement initiates.	50	500	450	Expanded programming beyond MoH designated KP hubs to Karamoja region. The geographical focus of the peers trained has been conducted in the 3 districts focusing on the sub counties with critical MARPS(cross border and the mining sites in Amudat-Karita and Moroto Rupa and Tapac, Kabong-Loyoro.

	Key progress indicators,	Baselines	Targets by 2020	Achievements (2021)	Comments
Outcome 1.2: Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up					
Outcome Indicators	Proportion of HIV-positive pregnant women who receive anti-retroviral therapy (ART) to reduce risk of mother to child transmission.	92% HIV estimates 2014	98%	>95%	Consistent achievement over the years
	Estimated percentage of Child HIV infections from HIV positive women delivering in the past 12 months	6 weeks = 5.7% After Breastfeeding = 13.6% (2013)	6 weeks = 4.24% After Breast-feeding = 7.93%	6 weeks = 2.82% Final MTCT=.76	Achieved though still high
	Number of males circumcised per year.	878, 109 (2014 DHIS 2)	1,000,000 annually	Cumulatively about 5M,	The proportion of men aged 15 to 49 years that reported being circumcised increased from 42.2 percent in 2016 to 57.5 percent in 2020.
	Percentage of adults aged 15-49 yrs. who tested for HIV in the last 12 months and know their results.	47% (2013)	80% (2020)	99%= (8,445,382/ 8.473,606)	Indicator adjusted to read of all those that tested, proportion that received their results
Output 1.2.1: Availability of stocks of HIV prevention commodities at service delivery points	# of Health workers trained in Procurement Supply Chain Management	50	600	160	MoH established the Condom Logistics management information system (CLMIS) with training of users. CLMIS rapid roll to all hotspots planned
	% unmet need for FP among people living with HIV	41% (MoH 2017)	10% (2020)	41% (2016)	MoH, 2016/17 survey supported by GF/UNFPA. Awaiting new survey results. Study conducted by Makerere school of public health and MOH
	# of additional districts supported to establish the e-ordering system	40	200		Ministry of Health in 2013 launched the Web-based ARV/PMTCT medicines ordering and Reporting System (WAOS) and majority of the ART sites (97%) are currently using it to order and report to their respective warehouses
	% of designated community condom distribution points with stocks of female and male condoms	0	80%	70%	In Karamoja region working through VHTs attached to HFs and designated community points. Achievement: Increasing number of HF reporting dispensing condom in Karamoja increasing
	# of Male condoms procured	60,000,000	100,000,000	150,000 average annual	About 560m male condoms procured and received in the country (USAID, GF, UNFPA) in the last 4 years. Annual figures vary from 60 to 300m
Output 1.2.2: Biomedical HIV	# of district Health workers trained in SMC for sustainable service delivery.	20	160	120	Surgical teams rained in both adult and early infant MC. Reusable SMC kits procured to facilitate

	Key progress indicators,	Baselines	Targets by 2020	Achievements (2021)	Comments
prevention interventions delivered to optimal coverage levels					service delivery at facility level provided. COVID impacted scale-up
	# of adults reached with HCT services in selected districts annually	0	1,000,000	1,295,031	In 14 KARUNA and SRHR districts with a positivity 3.4% 35 regional mentors oriented and mentored on the comprehensive HTS guidelines.
	% of all people living with enrolled HIV treatment centres receiving SRH services including FP	TBD	60%	TBD	Need for a mini-survey to establish this. Baseline surveys indicate that over 80% HFs providing integrated services but no user surveys yet. Data systems being strengthened to capture data
	# of MARPs in 6 regional hotspots reached with SRH/HIV services	5000	10000	40,000 annually	Cannot do % without knowledge of denominator in the supported hubs Up to 40,000 KPs and clients annually reached with SRH/HIVGBV services in the 22 MARPs designated sites around the country and about 4000 in Karamoja region
	# of MTCT community engagements conducted in targeted districts./ # of functional Family support groups (FSGs) in targeted districts	50	400	294 On-track	Planned expanded focus on FSGs as part of the Free to Shine EMTCT Campaign. A minimum of 148 MTCT community engagements were conducted during this period including targeted community dialogues, outreaches and follow up of missed appointments by mentor mothers
Output 1.2.3: SRH/HIV interventions for adolescents and young people delivered at optimal coverage levels	# of refugees supported with SRH/HIV, at all stages of humanitarian programming	0	300,000	650,685 achieved	Expanded HW training in SRH/HIV/GBV in refugee settings. Within refuge setting: 650,685 HIV tested, 18,628 on ART, Attended 4+ ANC Visits 69, 393
	# of health workers trained in delivery of friendly SRH services to adolescents and young people.	200	600	3000	About 1700 HW and 1500 teachers trained on delivery of friendly AYSRH in all Karamoja and eastern Uganda districts
	% of HCs in selected 15 districts providing AYFSRH/HIV services	10%	50%	53%	53% in 29 targeted districts where at least 2 HWs were trained on AYSRH skills
Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access.					
Outcome 2.1: Utilization of antiretroviral therapy increased towards universal access.	% of adults and children with HIV infection receiving antiretroviral	50.1% (DHIS 2014)	80% (2020)	Country has achieved 90-90-90 targets	All ages- 91-90-82 Adult men: 89-86-77 Adult women: 96-96-88 Children: 63-63-49

	Key progress indicators,	Baselines	Targets by 2020	Achievements (2021)	Comments
Output 2.1.1: Guidance provided and capacity built for provision of standard ART care according to the new WHO recommendations	# of health workers trained in revised WHO policies and guidelines.	**0**	480 (2020)	JUPSA-286; 19,456/31,742	Specialists, doctors and clinical officers (2,539) On-track pending Karamoja trainings
Output 2.1.2: Institutional capacity for procurement and supply chain management systems enhanced	# of health workers trained in commodity quantification;	50	480 (2020)	285 Pharmacy personnel	More to be trained in Karamoja, Luuka and Kween
	# of additional health facilities with functional Web based ordering systems	0	200 (2020)	136 out of 2000 current users	97% of ART sites are currently using it to order and report to their respective warehouses
Output 2.1.3: Institutional capacity for tracking, retention and adherence monitoring of PLHIV on treatment strengthened.	# of additional Health facilities using Open eMRS;	0	200 (2020)	7	Off track Inadequate resources
Outcome 2.2: Quality of HIV care and treatment improved.					
Output 2.2.1: Institutional capacity for HIV care and treatment monitoring including scaling up of viral load monitoring and surveillance of drug resistance and toxicity enhanced.	# of survey reports generated and disseminated for PDR and ADRS	0	2 PDR survey report (Yrs. 1 $ 4), 2 ADR survey reports (Yrs. 3 and 5)	One PDR study done 08/2016/03/ 2017; 2 ADR studies done (12&48 months on 1st line medicines);	PDR of 15.4% provided evidence for adoption of TLD; ADR common virally failing clients (10.1% after 48 months on Rx); limited mutations to protease inhibitors
Output 2.2.2 Accelerated and streamlined implementation of HIV Co morbidities interventions	# of Health workers trained on screening and management of co morbidities.	50	300 in Hepatitis, 200 trained in Visceral Leishmanaisis,	JUPSA-286 9,718 for all co-morbidities 15 Trainers to cascade the screening	An integrated training model was adopted for the rolling-out the 2018 consolidated HIV prevention and treatment guidelines

	Key progress indicators,	Baselines	Targets by 2020	Achievements (2021)	Comments
				throughout Karamoja	
Joint Programme Outcome 2. 3: Programs to reduce vulnerability to HIV /AIDS and mitigation of its impact on PLHIV and other vulnerable communities enhanced.					
Outcome indicators	% of care, protection and support to orphans and other vulnerable children (disaggregated by sex) and their families through case management.	60%	90%	>89% served as per core program areas	Number receiving services as per CORE PROGRAM AREAS (2,770,615 vs2,474,340)were served
	Ratio of Orphans to non-orphans (10-14yrs attending school)	0.9	0.96		Through Government Programs, 31,096 OVC households were given agricultural /farm inputs, 123,153 elderly most of who are taking care of orphans are benefiting from SAGE program in 40 districts.
	% of households receiving social assistance	4.50%	6%		
	Proportion of girls aged 15–19 who have experienced sexual violence	18.90%	At least 5% reduction	9.9 % [ever experienced sexual violence in their lifetime] 5.3% [experienced sexual violence within the 12mons before the survey]	Girls in this aged group are less likely to report incidence of sexual violence. This gets even worse with higher levels in education attainment.
Output 2.3.1: Enhanced capacity of government and communities to mainstream the needs of PLHIV, OVC, adolescents and other vulnerable groups into other development programs.	# of social welfare workers trained in basic skills and practices of child protection.	_	500 (2020)		
	Household dietary diversity score among targeted households	North 5.7, Karamoja 3.8	6.5 (2020)	Data collection exercise for the Karamoja FSNA ongoing	Malnourished pregnant and lactating women as well children 6-59 months receive rations of specialised nutritious foods to improve their nutrition status.

	Key progress indicators,	Baselines	Targets by 2020	Achievements (2021)	Comments
Output 2.3.2: Strengthened community capacities for food security, nutrition, and economic livelihood to mitigate the socio-economic impact of HIV/AIDS	Assessment and guidelines for integrating FNS in HIV counselling, care and treatment services developed	-	TBD (2020)	Done	The assessment was completed. Food and Nutrition Support for individuals with chronic conditions including HIV and TB integrated was integrated into the revised IMAM guidelines which are in the final stages and will be launched soon.
	# of households/communities trained on good agricultural practices, basic nutrition in context of mitigation of impact of HIV and AIDS.		TBD (2020)	32 communities reached targeting both in and out-of-school youth. These comprise 960 Junior Farmer Field/ Life School (JFFLS) members.	Four districts of Napak, Amudat, Kotido and Moroto targeted. Each district has 08 JFFLS comprising 04 in school and 04 out-of-school youth groups.
GOVERNANCE AND HUMAN RIGHTS					
Outcome 3.1: A well-coordinated, inclusive and rights based multi-sectoral HIV and AIDS response that is sustainably financed to reverse the current trend of the epidemic*					
Outcome indicators	HIV national policy composite index scores	55%	95%	>90%	Country has achieved milestones on policy and legal entrainment save for issues of key population and financing
	%age of domestic and international AIDS Spending categories and financing sources	GOU 11.2 External 68 Out of pocket 20.8	GOU 40 External 50 Out of pocket 10	9.5%	A flat lining of resources for the response was witnessed. The same period saw a stagnation of the resources from the GoU, estimated to be approximately 9.5% of the national HIV response funds. A finance gap analysis of the NSP 2014/15 - 2019/20 shows an overall funding gap of US $ 195.5 Million in FY 2018/19 and US $ 272.7 Million in FY 2019/20.
Output 3.1.1: Functional capacity of HIV and AIDS coordination structures at national and subnational levels strengthened	# of LGs with functional AIDS Task Forces.	-	90%	14 districts out of 128 (10.9%) off track	7districts in Karamoja & 8 SRH districts ational structures functional (NPC, M&E, Estimates, , CCM)
	# of Committee meeting conducted.	-	24.00	Quarterly meetings	7 districts in Karamoja and 8 SRH districts

	Key progress indicators,	Baselines	Targets by 2020	Achievements (2021)	Comments
Output 3.1.2:Sustainable financing mechanisms for the HIV Response in Uganda strengthened	Existence of functional HIV trust fund	None (2015)	One	On-going ATF advocacy .0.1% allocation among pilot MDAs .Health Insurance Bill tabled in parliament	Ministry of Finance, Planning and Economic Development, through its the 2019/20 Budget Call Circular, instructed all Ministries, Departments and Agencies (MDAs) to provide for HIV mainstreaming budget (0.1% of their sectoral budgets) in their Mid-Term Expenditure Framework (MTEF) allocation. This development is substantial step forward to increase and sustain national funding HIV response
	# of AIDs funds tracking surveys conducted.	0	3 (2020)	One	Call for bidders for 2017/18, 2018/2019 placed to cover NASA & Out of pocket expenditure study
	# of GFATM proposals developed and submitted in time	0	6 Proposals 2020	3 (Malaria, HIV/TB & catalytic funding proposals)	a) (Malaria, HIV/TB & catalytic funding proposals), the 2020 preparations ready for March submission b) CCM annual support $70,000
Output 3.1.3: A harmonized monitoring and evaluation system for the HIV and AIDS response built at national and sub national levels	# of UAC and sectoral joint programme reviews conducted	1 Annual JAR Conducted (2015) 3 Sectoral Review Conducted (2015)	Annual JAR, Annual HIV Country reports, NSP Midterm, and end term evaluations, HIV gender Assessments by	NSP developed, MTR done, 5 JARS held On track	Country supported and concluded: 2016/2020 NSP developed, implemented, evaluated through MTR and JARS. Four Annual Joint AIDS Reviews convened, four Annual Country progress reports done, ACP/MOH 2018-2023 plan and M&E finalized and in use. Overall: Noted improvement in reporting and meeting country and Global reporting
	Existence of a fully functional and centralized tracking and reporting system	One (2015)	One	• DHIS • OVC MIS	A harmonized DHIS 2 for the country being used by all partners. OVC MIS was rolled out and functional across country
	# of National, regional and Districts HIV estimates and projections	One National and Nine regional	One national, 10 regional and 112 district HIV estimates	Annual National estimates and 2020 districts level estimates generated	Four annual national HIV estimates and projections produced. District level HIV estimates generated for 2019
Output 3.1.4: Strategic alliances and Partnerships enhanced for the multi-sectoral HIV	# JUPSA program reviews conducted	0	1	Four annual reviews held	JUPSA supported KARUNA Baseline, and undertook annual HIV reviews in Karamoja region and a midterm evaluation

	Key progress indicators,	Baselines	Targets by 2020	Achievements (2021)	Comments
response					
	# of non-traditional partnership promoted for social responsibility	2	6 (2020)	Four strategic partnership have been secured	The key partnerships include: KPC pharmaceuticals of China /JMS – Syringes/ARVs, STAR Times , Airtel and Kabaka Run and Masaza Cup, CBS system, Uganda Boxing Federation, VCT@work initiative was piloted in 5 -Roads and Construction companies
Output 3.1.5: Reforms in national and sub-national laws, policies and strategies for better alignment to international standards	Second Stigma index report produced	1st Stigma index report Produced (2013)	2nd Report produced by 2020.	One study	Stigma index study done. There are on-going advocacy and implementation of its recommendations
	% of PLHIV and CSO coalitions to with gender responsive and human rights included in their HIV plans and budgets	0	60	Quarterly CSOs meetings held to support alignment of interventions.	Global Fund Breaking Barrier. Advocacy with the DPP Ministry of Judiciary, HIV Prevention, Control Act and Anti Stigma policy translated to a local language Continuous Advocacy for enabling environment
		0		Finalized	Policy regulations of HIV – Non Discrimination in the world of work developed and finalized