



UNITED NATIONS  
UGANDA



**THE UN'S  
CONTRIBUTION TO  
THE NATIONAL HIV  
RESPONSE IN UGANDA**

THE JOINT UN PROGRAMME OF SUPPORT ON AIDS IN UGANDA (JUPSA) - JUNE 2021





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# FOREWORD



**H.E. Rosa Malango**  
UN Resident Coordinator and  
Chair Joint Steering Committee



**Dr Nelson Musoba**  
Director General Uganda AIDS  
Commission and Co-Chair Joint  
Steering Committee

As Chair and co-Chair of the Joint UN Programme of Support on AIDS in Uganda (JUPSA) Steering Committee, we want to appreciate the support from our development partners and the sustained partnership with the Government of Uganda.

JUPSA works through established partnerships with government, civil society institutions at national, sector and local government levels to expedite delivery of UN-funded programs. We hope this collaboration can continue.

Currently, JUPSA has developed its strategic plan for 2021-2025 which is aligned to key national and international documents including the National Development Plan, the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025, the Global AIDS Strategy (2021-2026) and the National HIV Strategic Plan 2020/21–2024/25. The JUPSA interventions are also aligned to the UN core functions and mandate, largely focusing on upstream support and playing a catalytic role for implementation and scale-up of selected service delivery interventions.

The UN Joint Programme of Support on AIDS in Uganda (JUPSA) is still viewed as a relevant program given its alignment to the national and international HIV and AIDS strategic plans; generating critical evidence for decision making; focusing on the drivers of the epidemic and meeting the needs of those infected and affected by HIV and AIDS through evidence-based interventions. JUPSA 2016-2020 focused on advocacy for a conducive policy and legal environment, evidence generation, defining national technical normative guidance, strengthening coordination and governance structures as well as service delivery systems. The program implementation approach had a strong element of continuity through investment in institutional and capacity enhancement, and working with and through existing service delivery, political, religious, and cultural structures to ensure sustainability of services.

The JUPSA support has contributed to significant milestone during the period 2010 and 2020. Uganda is one of the 14 countries globally that has achieved the 90-90-90 targets of ensuring that 90% of People living with HIV and AIDS know their HIV status, 90% are on treatment and 90% are virally suppressed. By end of 2020, Uganda had 1.41 million people living with HIV; AIDS related deaths declined by 61% from 56,000 to 22,000 and new HIV infections declined by 60% from 94,000 to 38,000. However, we are concerned about the high burden of new infections among children which are at 5,300.

We are pleased to note the key achievements highlighted in this booklet, and wish to commend all stakeholders in the HIV response for their invaluable and tireless commitment to the fight against HIV and AIDS.

We remain committed to the national HIV response and the broader integration of Sexual Reproductive Health, HIV and Gender Based Violence services for Universal Health Coverage in Uganda through implementing the United Nations Sustainable Development Cooperation Framework 2021-2025 in support of the third National Development Programme (NDP III) and the 2030 Agenda and the Sustainable Development Goals.



H.E. Rosa Malango  
UN Resident Coordinator and  
Chair Joint Steering Committee



Dr Nelson Musoba  
Director General Uganda AIDS Commission  
and Co-Chair Joint Steering Committee

## UGANDA IS ONE OF THE 14 COUNTRIES GLOBALLY THAT HAS ACHIEVED THE 90-90-90 TARGETS



AWARE OF THEIR  
HIV+ STATUS



ENROLLED ON  
ARV THERAPY



ON HIV TREATMENT  
ARE VIRALLY SUPPRESSED



MILLION PEOPLE  
LIVING WITH AIDS



DECLINE IN AIDS  
RELATED DEATHS



REDUCTION IN  
HIV INFECTIONS



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# LIST OF ACRONYMS

<b>ART</b>	Antiretroviral Therapy
<b>ADPG</b>	AIDS Development Partners
<b>AGYW</b>	Adolescents, Girls, and Young Women
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CCM</b>	Country Coordinating Mechanism
<b>CSE</b>	Comprehensive Sexuality Education
<b>DREAMS</b>	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
<b>ELA</b>	Empowerment and Livelihood for Adolescents
<b>HIV</b>	Human Immune Virus
<b>JUPSA</b>	Joint UN Programme of Support on AIDS
<b>KARUNA</b>	Karamoja United Nations HIV Program
<b>KEEP</b>	Karamoja Economic Empowerment Program (KEEP)
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>SBCC</b>	Social and Behavior Change Communication
<b>SE</b>	Sexuality Education
<b>SGBV</b>	Sexual and Gender-Based Violence
<b>UAC</b>	Uganda AIDS Commission
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programme on AIDS
<b>UNCT</b>	UN Country Team
<b>UNDAF</b>	UN Development Assistance Framework
<b>UNESCO</b>	United Nations Education, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children’s Fund
<b>UNSDCF</b>	United Nations Sustainable Development Cooperation Framework
<b>VMMC</b>	Voluntary Medical Male Circumcision
<b>YAPS</b>	Young People and Adolescent Peer Supporters

# SUMMARY

This publication has been produced by the Joint UN team on AIDS and primarily highlights the contribution of the UN to the national HIV response in Uganda, through an account of the partners and communities we work with.

The Joint UN Programme of Support on AIDS in Uganda (JUPSA) is the joint UN Country Team Delivery as One (DaO) platform and mechanism to ensure coherence and overall effectiveness of the UN support to position the UN as a strategic partner to the national AIDS response.

While this publication focuses on the 2016- 2020 achievements, to date, three cycles of JUPSA have been implemented namely 2007-2010, 2011-2015, 2016-2020 and a fourth (2021-2026) has been developed. These have been aligned to UNDAF, the National HIV/AIDS Strategic Plans (NSPs), the UN Sustainable Development Goals (SDGs), NDPs and other national and international strategic documents. The JUPSA programs are implemented within the larger UN DaO framework.

JUPSA is hinged on three thematic areas namely HIV Prevention, HIV Care and Treatment and Governance and Human rights.

Nested within the JUPSA program was the Karamoja United Nations HIV programme (KARUNA/HP) funded by Embassy of Ireland to support some national level activities but with priority focus on the underserved Karamoja region. KARUNA aimed to:

- (i) scale up coverage, utilization, and access to quality SRH, HIV prevention, treatment, care and support services for adolescents (10-19 years) and young people (10-24 years) in Karamoja subregion over the period 2016-2020
- (ii) address socio-cultural and economic barriers that hinder HIV preventive behaviours and constrain timely access to sexual reproductive health, HIV prevention, treatment and care services among adolescents and youth 10-24 years

- (iii) strengthen national and Karamoja region's capacity for planning, coordination, sustainable financing, and information systems for tracking programs.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together the diversity, resources and expertise of the UN system FAO, ILO, IOM, UN Women, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO, the Secretariat (UNAIDS), government, private sector and civil society around a shared vision of ending AIDS.

The Joint Steering Committee (JSC) chaired by the UN Resident Coordinator and Co-Chaired by the Director General of Uganda AIDS Commission provides overall oversight and governance for JUPSA. Representatives from the UN Country Team, Government of Uganda and other national stakeholders constitute the JSC to ensure joint oversight for the JUPSA activities.



**“MAYBE I AM THE LUCKY ONE”**

“

**A SPONTANEOUS HIV TEST THAT YIELDED A POSITIVE RESULT CHANGED MARTHA CLARA NAKATO'S LIFE FOREVER. WHEN MS NAKATO, FOUND OUT SHE WAS LIVING WITH HIV, SHE WAS 14 YEARS OLD AND HAD NEVER HAD SEX.**

**~ MARTHA CLARA NAKATO**

“I accompanied my twin brother only to support him to take up the test. I didn't know taking one too would change my life forever,” she says as she recalls her shock and confusion at her result.

Her brother's HIV test came out negative.

Ms Nakato soon discovered from her father that she was born with HIV. She is the only one of her eight siblings who contracted HIV from her mother. She lost her mother to AIDS-related illnesses when she was just five years old.

“I don't know why this had to happen to me. Maybe I was the lucky one; maybe there was a purpose meant for me. When I look back I now know the only way you can find your purpose in life is to think about that one thing that hurt you the most,” Ms Nakato says.

**MS NAKATO HAS TRANSFORMED HER PAIN TO POWER AND WORKS AS A HUMAN RIGHTS DEFENDER AND HIV ADVOCATE WITH THE UGANDA NETWORK OF YOUNG PEOPLE LIVING WITH HIV/AIDS (UNYPA).**



In 2019, she was recognized as one of the Global Fund to Fight AIDS, Tuberculosis and Malaria's five faces that championed the worldwide sixth replenishment campaign.

"I do a lot of mentorship and motivational speaking," says Ms Nakato, who uses her own story to demonstrate how adherence to HIV treatment can help people living with HIV live a full and healthy life.

Much of Ms Nakato's advocacy and mentorship involves interacting with young people in their communities with in-person dialogue. Following the COVID-19 outbreak, she had to rethink how to reach young people while adhering to the social distancing measures that followed because of the pandemic.

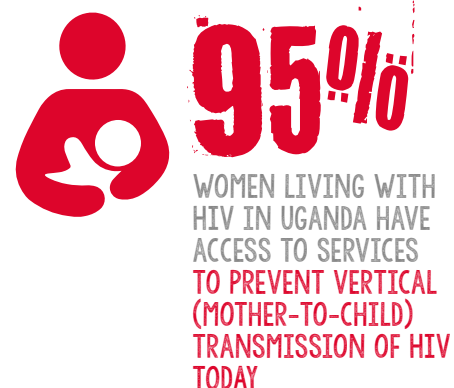
"Most of those engagements that involved face-to-face were not able to happen. Looking at young people in the rural areas who don't have access to the Internet or a smartphone, we really had challenges reaching out to them," Ms Nakato says.

However, Ms Nakato and her team realized the importance of reaching out to young people on social media platforms, such as Facebook, to get her message across.

UNAIDS provides financial and technical support to the annual Y+ beauty pageant and youth summit, events that are organized by UNYPA. The pageant crowns a Mr and Miss Y+, encouraging young people living with HIV to come together, celebrate their beauty and address HIV-related stigma and discrimination.

During the COVID-19 outbreak, UNAIDS ensured that community-based organizations such as UNYPA had access to national platforms—for instance, the national COVID-19 national secretariat—so that organizations could engage in dialogue with the government and thereby provide better relief and food support to communities in need.

Ms Nakato was born in 1996, a time when HIV treatment was inaccessible in Uganda. In that year alone, 35,000 children between the ages of 0 and 14 years acquired HIV.



5,300 of new infections among children is still too high given the available services and tools.

**"I DON'T WANT TO GIVE BIRTH TO A CHILD WHO IS HIV-POSITIVE OR SEE ANY OTHER YOUNG WOMAN DO SO. WE NOW HAVE THE POWER TO PREVENT THIS FROM HAPPENING, NOT LIKE MANY PEOPLE IN THE PAST WHO DIDN'T HAVE THAT CHANCE."**

As an AIDS activist, Ms Nakato has plans for herself and society, hoping to see an AIDS-free world. She stresses the importance of adhering to HIV treatment to help make that a reality.

"One thing I know is that I am the proof of treatment. I am proof of what self-love is," she says.

By **UNAIDS**

## KARUNA'S LEADERSHIP FORUMS LINKING LEADERS AND YOUNG PEOPLE FOR HIV/AIDS PREVENTION

**“I WANT TO  
SPEARHEAD  
THE FIGHT  
AGAINST HIV  
IN KARAMOJA”**

**Lopeyok Raphael Kakamongole, aged 25**

**LOPEYOK IS ONE OF THE YOUTH CHAMPIONS  
WHO BENEFITED FROM THE KARAMOJA UNITED NATIONS  
HIV PREVENTION PROGRAMME (KARUNA), AN INITIATIVE  
THAT MOBILISES YOUNG PEOPLE TO HELP TACKLE  
HIV/AIDS IN THEIR LOCAL COMMUNITIES.**

The programme, funded by UNFPA, was implemented in seven districts, including Kotido, Abim, Napak, Kaboong, Moroto, Nakapiripirit and Amudat.

A huge part of the foundation for KARUNA's activities were the Leadership Forums which were held from 30th June to 9th July 2020. The forums brought together young people and local leaders to dialogue and generate solutions for improving sexual and reproductive health and rights (SRHR) in their districts.

The local leaders and young people engaged in discussions on cultural practices such as child marriage, courtship rape, bride price and widow inheritance, which have promoted unhealthy sexual practices. Among the participants were youth champions who were selected, trained, and actively involved in the fight against HIV/AIDS, becoming role models by living healthy lifestyles.

The forums also acted as platforms through which the youth champions were commended for the positive impact they have made on their communities. The youth champions were also able to showcase their findings from the focus group discussions and debates. The winning debate teams were rewarded with trophies for their successes thus boosting their confidence and strengthening their leadership skills.

“Positive progress in these communities is evident as many young people now freely approach the youth champions for advice. Today, these young people are proactively taking charge of their sexual health,” said a local leader.

In addition to community events, over 21,000 people were engaged through radio talk-shows where district officials and youth champions discussed the current HIV/AIDS situation and prevention strategies. During the talk shows, cultural practices that hinder positive SRHR behaviour and information were discussed, emphasizing HIV prevention.

*By Erin Parkington Tee a former summer intern at Reach A Hand Uganda from University of East Anglia.*



# OVER 21,000

PEOPLE WERE ENGAGED THROUGH RADIO TALK-SHOWS  
WHERE DISTRICT OFFICIALS AND YOUTH CHAMPIONS DISCUSSED  
THE CURRENT HIV/AIDS SITUATION AND PREVENTION STRATEGIES



**YOUNG PEOPLE IN KARAMOJA REGION ARE TAKING  
THE LEADERSHIP MANTLE IN HIV PREVENTION  
IN THEIR COMMUNITIES.**

© REACH A HAND UGANDA



**“I DECLARE TO STAND AND TO BE AN EXAMPLE TO OTHER YOUNG GIRLS.”**

**IT IS TIME TO START A NEW JOURNEY IN LIFE. A JOURNEY OF FREEDOM NOT VIOLENCE AND FREE PARTICIPATION FOR CHANGE ~ LONGOK ROSE**

Fourteen-year-old Longok Rose is a member of Young Stars Farmer Field School Group. She is a resident of Kangole Middle cell, Lopiida Ward, Kangole Town Council in Napak district and the second born in a family of four.

“Before KARUNA came to our village, life was extremely hard because most of the youth are school dropouts due to lack of school fees. This made us very idle and relaxed since we had lost hope of getting back to school. We merely collected firewood and worked in people’s gardens to have something to take home” she says.

When the KARUNA project was introduced in her village by COMWO, little thought was given to it. After a while, Rose was among those who had been identified to attend the training as a Junior Farmer Field Life (JFFLS) School member. During the training, she was able to learn many things which she took up.

COMWO gave her group vegetable seeds like cow peas, sukuma wiki (Kales), cabbage, tomatoes, onions, watermelon, green pepper and eggplant. Each group member was then able to transplant the vegetable seeds to their individual plots. They were trained in agronomic practices including making organic insecticides/pesticides from the local materials around them.

From the vegetables she harvested, Rose’s family had enough to eat and sell the remainder whose proceeds were used to purchase vegetable oil, silver fish and posho to further improve their diet.

**“I WAS ABLE TO SAVE UGX. 100,000 WHICH I USED TO BUY BOOKS, PADS, SOAP AND PENS FOR MYSELF AND TAKE MY MOTHER FOR MEDICATION” SAYS A JOVIAL ROSE. “I HAVE LEARNT THAT I SHOULD ALWAYS INVOLVE MYSELF IN PRODUCTIVE INTERVENTIONS THAT COME TO OUR COMMUNITY. I NOW SPEND MY TIME IN THE GARDEN WEEDING, WHICH HAS EVENTUALLY SAVED ME FROM BAD PEER INFLUENCE WHICH WOULD LEAD TO CONTRACTING HIV”.**

Rose notes that there is a change in her community, and GBV cases have reduced.

“I declare to stand and to be an example to other young girls. It is time to start a new journey in life. A journey of freedom not violence and free participation for change” she says.

*Submitted by FAO*





**A HARVEST FROM ONE OF THE BENEFICIARIES OF THE JUNIOR FARMER FIELD LIFE SCHOOL**





# LEAVE NO ONE BEHIND

COMBAT STIGMA, END  
HIV DISCRIMINATION  
AND CRIMINALIZATION

“

**I HAVE LIVED WITH HIV FOR 13 YEARS, BUT SINCE I CAME OUT PUBLICLY ABOUT MY STATUS, MY CHILDREN HAVE BEEN STIGMATIZED BY PEOPLE AROUND THEM. NEVERTHELESS, I AM LIVING POSITIVELY AND EDUCATING THE YOUTHS ON HOW TO AVOID CONTACTING THE VIRUS - HAVING HIV DOESN'T LIMIT ANYONE FROM LIVING THEIR DREAMS”**

**~ EDWIN KATAMBA ALSO KNOWN AS MC KATS**

“I first lived in self-denial when I learnt about my HIV status. The Red Pepper article that was published stating that I had spread HIV to my girlfriend broke me down. It led me to self-isolation,” he adds.

Under the theme, “Leaving no one behind; Combat Stigma, End HIV Discrimination and Criminalization” UGANET with funding from Global Fund under TASO – Uganda, UNDP, and Re-Insurance Company Uganda held the second-high level national dialogue on HIV, Health and the Law, on December 17, 2020.

The dialogue is essential because, while several persons living with HIV are on treatment, and are fairly living normal lives, stigma and discrimination for persons living with HIV is on the rise in the country, as witnessed on social media, among employers and in some national laws.

The agenda for Sustainable Development (Agenda 2030) and the 17 Sustainable Development Goals (SDGs) contain important pledges by 193 UN Member states to end the epidemics of AIDs, TB and Malaria by 2030 and to leave no one behind.

However, stigma and discrimination remain mostly unaddressed by the laws of the land, and the available legislation on HIV have clear clauses that promote the vice.

Dorah Kiconco Musinguzi, UGANET Executive Director and a passionate defender of human rights notes the strides being taken by the organization to not only bring to the attention of legislators the need to repeal some laws that are fueling discrimination, but also explain the steps being taken to change the narrative.

**"REPORTS ABOUT HUMAN RIGHTS VIOLATIONS ESPECIALLY WOMEN AND GIRLS ARE ALARMING, AND THAT IS WHY UGANET IS PUSHING FOR GENDER EQUALITY AND ADDRESSING THESE HUMAN RIGHTS VIOLATIONS. THIS IS KEY BECAUSE IF THIS IS NOT DONE, HIV SPREAD, AND RELATED DEATHS WILL INCREASE" SAYS MS KICONCO**

The organization in partnership with TASO are working on a judicial handbook about HIV and the Law, which is in its final stages. To ensure thoroughness, the handbook is being handled by judges, members of parliament and key lecturers and doctors who are authorities on the subject matter.

Results of research done on the assessment of the impact of punitive laws and policies on people living with HIV and TB in Uganda, and the state of human rights violations against people living with HIV and TB in Uganda, indicated a delicate human rights situation across the country, and the need to bring this to the attention of legislators and other key stakeholders.

A panel of actors in GBV activism, key populations, and persons living with HIV and TB revealed how violation of human rights after the outbreak of COVID-19 have increased multiple times.

By UGANET



**PARTICIPANTS AT THE 2ND HIGH LEVEL NATIONAL DIALOGUE ON HIV, HEALTH AND THE LAW**

©UGANET



# THE MANYATTA CARAVAN SERVICE DELIVERY MODEL

DURING THE MANYATTA CARAVAN TEAMS OF HEALTH WORKERS VISIT INDIVIDUAL HOMES IN THE MANYATTA AND PROVIDE HEALTH SERVICES WHICH INCLUDE: HIV COUNSELLING AND TESTING, HEALTH EDUCATION AND SEXUAL REPRODUCTIVE HEALTH MESSAGES INCLUDING FAMILY PLANNING AND CONDOM DISTRIBUTION.





Communities in Karamoja settle in homesteads referred to as Manyatta. They live a communal lifestyle of extended families in a shared compound. The Manyatta is a cluster of several grass-thatched mud and wattle huts enclosed inside a common fence (perimeter fence) of thorny twigs.

The settlement often temporary, is established by a family or clan. Livestock kraals are in the centre of the Manyatta and men set campfire to keep guard overnight and share cultural traditions that have been passed on for many generations.

Karamoja region has limited availability and access to quality services. This is attributed to long distances and bad terrain to service points, inadequate programming for migrants and Key Populations, stock-out of supplies at public health facilities and poor community referral and linkage systems in mining sites, construction and cross-border towns/sites.

**TO INCREASE ACCESS TO HIV AND SEXUAL REPRODUCTIVE HEALTH AND RIGHTS SERVICES, IOM AND ITS IMPLEMENTING PARTNER, RIAMIRIAM INNOVATED AN INTEGRATED HEALTH OUTREACH SERVICE MODEL THE MANYATTA CARAVAN THAT IS TAILORED TO THE KARAMOJA ENVIRONMENT AND SUITS THE UNIQUE NEEDS OF THE KEY POPULATIONS, MIGRANTS AND MIGRATION AFFECTED COMMUNITIES TO DELIVER SERVICES TO COMMUNITIES IN HARD-TO-REACH COMMUNITIES.**

During the Manyatta Caravan teams of health workers divide, each visiting Manyattas that have been mobilized by the trained peer educators who are usually members of that community. The peer educators mobilize communities in Manyattas ahead of time and accompany a team of health workers during the outreach.

While in the settlements, the teams visit individual homes in the Manyatta and provide health services which include HIV counselling and testing, health education and Sexual Reproductive Health messages including family planning and condom distribution. This approach helps to bring services nearer to the community who would have otherwise not been able to come to the health facilities.

The peer educators continue to conduct follow ups and support linkages between the community and health facilities

*Submitted by IOM*



**KARUNA-HP INTEGRATED  
OUTREACH LORENGEDWAT,  
MOROTO**  
© UNAIDS

**PARTICIPATORY  
COOKING  
LESSONS (PCL)  
TO IMPROVE  
INFANT AND  
YOUNG FEEDING  
PRACTICES IN  
KARAMOJA:**

**A CASE OF CHRISTINE AND NANGIRO**







**DESPITE THE LACK OF ACCESS TO ADEQUATE FOOD AT HOME, I HAVE TRIED TO PROVIDE THE BEST MEALS FOR NANGIRO USING THE KNOWLEDGE I ACQUIRED FROM THE COOKING DEMONSTRATIONS AT THE SITE” SAID A BEAMING CHRISTINE ON HEARING THE NEWS ABOUT HER 26-MONTH-OLD CHILD’S CONDITION AT THE LAST VISIT. “NOW THAT MY CHILD HAS RECOVERED, I WILL NOT COME BACK ON THE PROGRAM” SHE ADDED.**

The World Food Programme through KARUNA has supported routine participatory cooking demonstrations at community based supplementary feeding sites (CBSFP) in all the districts of Karamoja. During the demonstrations, mothers and caretakers receive lessons on food group classification in addition to demonstrations on preparation of enriched meals for children under 5 years.

In October 2020, Nangiro was discharged from the moderate acute malnutrition (MAM) treatment programme with a mid-upper arm circumference (MUAC) of 13.0cm. However, a month later, she was readmitted on the programme with a MUAC of 11.6cm.

To understand the reason(s) behind the relapse, the health workers ruled out recurring sicknesses and poor dietary diversity (poor feeding practices). Christine and other mothers underwent participatory cooking demonstrations to acquire knowledge on food groups and skills to prepare enriched diets for their infants. Following the PCLs, Christine demonstrated improved knowledge and skills and promised to enhance the dietary practices at home to improve the nutrition status of the child and prevent further relapses.

During a follow up home visit on 10th December 2020, Christine was found preparing enriched sorghum porridge by blending sorghum porridge with eggs and fortified vegetable oil. The child consumed the porridge, and Christine was further supported with information on portion sizes to ensure that Nangiro is given the required quantity.

**ON THE SUBSEQUENT VISIT ON 10<sup>TH</sup> JANUARY 2021, TWO DAYS BEFORE THE SUPPLEMENTARY FEEDING PROGRAMME (SFP) REFILL DATE, CHRISTINE PREPARED ENRICHED SORGHUM PORRIDGE WITH AVOCADO FOR ALL HER CHILDREN AND ON SCREENING NANGIRO, THE MUAC HAD IMPROVED TO 12.8CM. CHRISTINE ATTRIBUTED THE IMPROVEMENT IN THE BABY’S NUTRITION STATUS TO THE KNOWLEDGE AND SKILLS ACQUIRED FROM THE PRACTICAL FOOD AND COOKING LESSONS.**

On the CBSFP appointment date of 21st January 2021, the baby had a MUAC of 13.0cm and was discharged from the programme as cured. At the next appointment date of 20th February on re-assessment Nangiro had progressively improved to a MUAC of 13.3cm which was way above the cut-off point of 12.5cm.

*Submitted by WFP*

# ECONOMIC ENTERPRISES INTENSIFYING ACCESS TO HIV & AIDS SERVICES THROUGH THE WORKPLACE MODEL

MEN HAVE OFTEN BEEN RELUCTANT TO TAKE ON HIV TESTING SERVICES

ACCOUNTING

53.4%

OF THE AIDS RELATED DEATHS

45%

DO NOT KNOW THEIR HIV STATUS

THIS IS LARGELY ASSOCIATED WITH THEIR POOR HEALTH SEEKING BEHAVIOR AND THE EGOISTIC TENDENCIES CHARACTERIZED BY THEIR MASCULINITY.

THE INTERNATIONAL LABOUR ORGANIZATION IN COLLABORATION WITH THE FEDERATION OF UGANDA EMPLOYERS (PRIVATE SECTOR MEMBERSHIP ORGANIZATION), WITH SUPPORT FROM THE EMBASSY OF IRELAND, ORGANIZED VCT@WORK CAMPAIGNS REACHING OUT TO OVER 4,000 WORKERS IN THE MBALALA INDUSTRIAL COMPLEX (MUKONO DISTRICT LOCATED ALONG KAMPALA - JINJA ROAD).

Mbalala Industrial Complex resides 32 factories involved in the production of steel bars, plywood, paper products, rubber tyres and electric cables. The factories directly employ workers that range from 500 to 16,000 young men and women, who migrate from different parts of the country to seek for employment. The adjacent settings are highly characterized with vulnerabilities associated with HIV – arising from the congested living conditions, pre-disposable income, commercial sex activities and alcohol – thus increasing the vulnerability of workers to HIV.

In September and October 2020, VCT@work activities were in nine companies in the Mbalala Industrial Complex; Uganda Hortec Limited, Tiang Tiang Factories, Riley Packaging, Royal form, Rose Foam mattresses, Abacus Parental Drugs, Royal Van Zanten, Landy industries Limited and Oasis Nursery Limited. The ILO partnered with SAIL Uganda, an NGO, which provided integrated services to workers that combined HIV testing and COVID19 risk communication, including, Safe Male Circumcision, Family Planning, condom education and distribution, sensitization and referrals for on-going care. The activities preceded dialogue and orientation with the management of the respective companies, who participated in the formulation of the workplace policy, planning for the activities and mobilization of their workers to participate in the VCT@work campaigns.



Engaging economic enterprises in developing and implementing HIV&AIDS workplace programmes is not only a sustainable approach to the HIV&AIDS response but also an effective one in reaching out to workers' communities with integrated HIV&AIDS prevention services.

Earlier in May 2020, a similar approach was organized to reach-out to young men through sports, where VCT@work campaigns were organized for forty boxing clubs in the eastern regions of Uganda. The VCT@work campaign was able to provide combined HIV testing and COVID19 risk communication to 1,102 young men.

*Submitted by ILO*



**I AM HAPPY THAT I NOW KNOW MY HIV STATUS, I USED TO FEAR TO GO AND TEST. I VOLUNTEERED TO TEST USING THE SELF-TEST KIT; IT IS SIMPLE, FAST AND EFFECTIVE. THIS IS EFFECTIVE FOR US MEN WHO DO NOT HAVE MUCH TIME TO LINE UP AT HEALTH CENTERS AND WAIT FOR RESULTS”.**



**CONDOM DISPENSER AT  
WORK PLACE**

©ILO

# UNODC SUPPORT TO ENSURE WELLBEING OF PRISONERS AND PRISON STAFF DURING THE COVID-19 PANDEMIC

UNODC in Uganda continues to implement a series of integrated initiatives aimed at improving the quality and efficiency of the criminal justice process and support the establishment of alternatives to imprisonment in support of prison de-congestion, health promotion, offenders' rehabilitation and prevention of recidivism.

The COVID 19 pandemic has reinforced the fact that prisons in many countries, including Uganda, have been neglected for a long time and are operating beyond their official capacity. Poor prison conditions and inadequate resourcing make it difficult for many prison systems to adequately respond to health pandemics and the use of excessive imprisonment as opposed to non-custodial measures, continues to exacerbate the problem.

UNODC recently donated video conferencing equipment, medical equipment, information, Education and communication tools and sports equipment as part of a significant consignment of goods to boost the COVID-19 response in the country's prisons and to ensure the wellbeing of prisoners and prison staff.

The ten video conferencing systems have been gradually installed in prison facilities, namely; Uganda Prisons Service Headquarters, the Prison Academy and Training School, Jinja, Mabel, Arua, Gulu, Mbarara, Murchison Bay, Luzira Remand and Kigo prisons to facilitate prisoners' access to justice through virtual court hearings and safe capacity building initiatives targeting prison staff. So far, approximately 80 prison staff have virtually participated in various training sessions.

UNODC further equipped 16 COVID-19 isolation centres with medical equipment including; 40 high-dependence hospital beds with mattresses, 80 bedsheets and 80 blankets. The isolation centres were set aside for the purpose of handling COVID-19 cases in prisons. This equipment made it possible for prisoners to have direct access to medical and healthcare services during the pandemic when required. UNODC also donated 3,000 UNODC IEC posters on COVID-19 prevention in prisons tailored for both prisoners and prison staff; these were distributed in various prisons to ensure that prisoners had access to reliable information on ways to prevent exposure to COVID-19.

WITH THE INCREASE IN THE PRISON POPULATION DUE TO CURFEW VIOLATIONS AND FAILURE TO FOLLOW GOVERNMENT DIRECTIVES, THERE WAS AN URGENT NEED TO FURTHER EQUIP PRISONS WITH BASIC ACCOMMODATION FACILITIES. UNODC FURTHER PROVIDED TO THE UGANDA PRISON SERVICE (UPS) 3,000 MATTRESSES AND 3,000 BLANKETS, 16 X (5000 LITERS) WATER TANKS AND FUEL TO SUPPORT THE TRANSFER OF RELEASED PRISONERS. THESE DONATIONS WERE SPREAD OUT ACROSS THE PRISONS IN UGANDA ENSURING PRISONERS AND REMANDEES MAINTAIN THEIR DIGNITY AS HUMAN BEINGS WHILE IN PRISON OR PRE-TRIAL DETENTION CENTERS.

In addition, UNODC procured a range of sports equipment (including footballs, volleyballs), games (such as Scrabble) to provide recreation options and further develop prisoners' skills through sport. In 2020, a sports tournament supported by UNODC was held in Luzira Upper Prison in commemoration of the Nelson Mandela day, which served as a reminder that promoting, protecting and improving the physical and mental health of prisoners should be part of the rehabilitation process.

These efforts continue to reflect UNODC's mandate to make societies more resilient to crime and to promote social cohesion while remembering that prisoners continue to be part of society and must be treated with respect due to their inherent dignity as human beings.

*Submitted by UNODC*





**3000** MATTRESSES

**3000** BLANKETS

**16** 500LITRE WATER TANKS

RECEIVING ITEMS DONATED BY UNODC

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# PROTECT THE GOAL CAMPAIGN

UNESCO USES SPORTS TO  
EMPOWER SCHOOL CHILDREN TO  
PREVENT HIV TRANSMISSION IN  
KARAMOJA REGION

OVER 10,000  
STUDENTS WERE REACHED DIRECTLY  
WITH HIV PREVENTION MESSAGES

UNESCO supported Ministry of Education and Sports in HIV prevention and behaviour change messaging for young people and adolescents in schools through sports and games as entry point. The district sports and games tournaments were used to disseminate HIV prevention messages and information and referring those in need of HIV services to the service centres. This experience is built on a similar project that UNESCO implemented in the 24 districts of Northern Uganda in 2014 and 2015.

Through interactive school-based dialogue, students developed contextualized messages that appeal to young people and were displayed on placards, printed on football jerseys to reinforce Behavior change communication towards HIV prevention, positive living and stigma reduction. As a result of this intervention over 10,000 students were reached with HIV prevention messages directly. Indirectly over 50,000 people benefited.

When asked to formulate messages that they think will appeal to the youth to be used in Behaviour change communication, below are some of the messages developed by the young people.

"SPORTS FOR LIFE, STOP HIV."

"TAKE AN HIV TEST TODAY. TOMORROW IS TOO LATE."

"VALUE YOUR LIFE, ABSTAIN FROM SEX."

"I USE CONDOM TO PROTECT AGAINST HIV."

"I USE CONDOM TO PROTECT THE FUTURE."

"DON'T ALLOW HIV TO SCORE, TAKE YOUR MEDICINE CONSISTENTLY."





**ENGAGING YOUNG PEOPLE IN THE HIV RESPONSE:  
SPORTS FOR LIFE, STOP HIV**

**© UNESCO**





**YOUR HIV STATUS  
DOES NOT STOP  
YOU FROM  
PARTICIPATING  
IN POLITICS**

“

**THE KARAMOJA ECONOMIC EMPOWERMENT (KEEP) PROGRAM HAS GROOMED ME INTO A BETTER PERSON. I CONFIDENTLY BELIEVE EVERY PERSON LIVING WITH HIV SHOULD NOT SEE IT AS A DETERRENT BUT SEE THEMSELVES WITH A PURPOSE”**

~ MS PEDO HAJIRA

Ms Pedro, a 33-year-old mother of 3 and a beneficiary of the KEEP program was motivated to vie for an elective position to represent her people through the leadership and mentorship training. She was eventually elected as Councilor Female Representative for Camp Swahili South Division in Moroto Municipality.

“I appreciate the fact that with disclosure comes empowerment. Though am positive, I sought this leadership position so that my role helps to change the situation” says Ms Pedro.

The KEEP Program focuses on positively influencing the outlook and public attitudes towards women and girls living with HIV (WGLHIV). Besides creating an enabling environment that strengthens economic activities for improved household income among WGLHIV, the program has also been carrying out leadership training and mentorship. This is intended to support them strengthen the established structures necessary for coordination functions in groups, build competence to advocate for their rights and voice their issues in community platforms where their plight can be addressed.

"Here in Karamoja women are discriminated against and in an environment where you are positive, it's double or even triple discrimination. I remember when I was diagnosed, I returned home and was shocked by my husband's refusal to open the house for me. His relatives threw my belongings to the street. But today, I am supporting the very man who once made me suicidal" says Ms Pedo.

Over its implementation period, KEEP program has been able to reach out to the marginalised groups such as women and girls especially those living with HIV to build their capacity to better understand issues that concern them and be able to communicate, build and influence environments in which women and girls are respected and given a platform to pursue their lives with dignity.

**"THE KEEP PROGRAM HAS SHOWN US THAT AS WOMEN LIVING WITH HIV/AIDS, WE NEED SOCIETY TO ACCEPT US AS WE ARE. THEREFORE, MY ROLE IN THIS RACE IS IMPORTANT BECAUSE AM HERE TO HELP CHANGE THE SITUATION IN EVERY WAY I CAN" SHE CONCLUDES.**

*Submitted by UN Women*



**ONGOING WOMEN ECONOMIC ACTIVITY UNDER  
THE KARUNA PROGRAM**

©UNAIDS



# UNICEF PROVIDES SAFE SHELTER FOR ORPHANS AFFECTED BY HIV/ AIDS IN UGANDA

At the footsteps of a hill in Buhara Sub County in Kabale District in south western Uganda, the driver makes a final turn to what appears to be a footpath and parks on the side. A lady we are traveling with beckons us to step out, instructing the driver to wait for us.

A few steps out, we realize we are in it for the long steep climb to the top of the hill. A few tin roofed houses can be seen atop the hill that seem to touch the sky. We bypass a few smallholder farmers tending to lush green bean plants tied on wooden stems. We are told they are called climbing beans.

We exchange greetings and continue turning from one corner to another. Looking back, the car looks like a small piece of metal. Every time a house comes into view, we become excited thinking our steep climb is over only to make another winding turn into another garden. Some of my colleagues are panting like they have just made a 100 metre Olympic dash. Our bodies are now drenched in sweat. It is no longer as cold as Kabale usually is. We just wish the lady leading us can simply declare that we have arrived at our destination.

Soon after, a house totally different from many that we have seen comes into view. A solitary solar panel decorates its maroon iron roof. This must be it.

Liberty Kasande, the lady who has been leading us, declares the end of our ascend to the top of the hill. We are as excited as a toddler who has been promised some ice cream. A colleague says that she can now take on Mt Rwenzori, the highest in Uganda! Kasande is the Community Development Officer of Buhara Sub County.

“You are most welcome,” a young man dressed in a cream white shirt says. He is accompanied by a young girl in a blue school uniform. They are orphaned siblings.

In 2015, their mother fell sick and descended the hills in Buhara to a health facility. Upon arrival, the health workers carried out several tests and she turned out HIV positive. She wasn’t aware she had been living with the virus. She was immediately counseled and put on treatment.

Given that she lived in a hard to reach area, she only sought for health care when it was necessary. The health workers realized that she was giving birth at home and she had three children. Her husband had long abandoned them.

Tests were necessary for her children too. Two of them were HIV positive. She was devastated but the counsellors tried their best. The news of her children’s health status is said to have taken her aback. Six months later, she was dead.

With a father whose whereabouts were unknown, the children, all minors at the time, were on their own. With no education or even basics like food. The house in which they lived was incomplete. The mother had tried as much as she could to build a mud and wattle house for them. She was now dead without it being complete. The children were at the mercy of the community in an area where poverty stinks.

One community member took on the youngest child. At 12 years old, the elder child was now the head of the home. As health workers and the community grappled with the situation, a team from UNICEF Uganda visited the area on a documentation assignment.

The team was directed to this home. The story of this child headed home was disturbing leading to the Japan National Committee for UNICEF and Fugit Television Network through UNICEF Uganda to offer the construction of a house for them. The house atop the hill with a spectacular view that Kasande led us to.

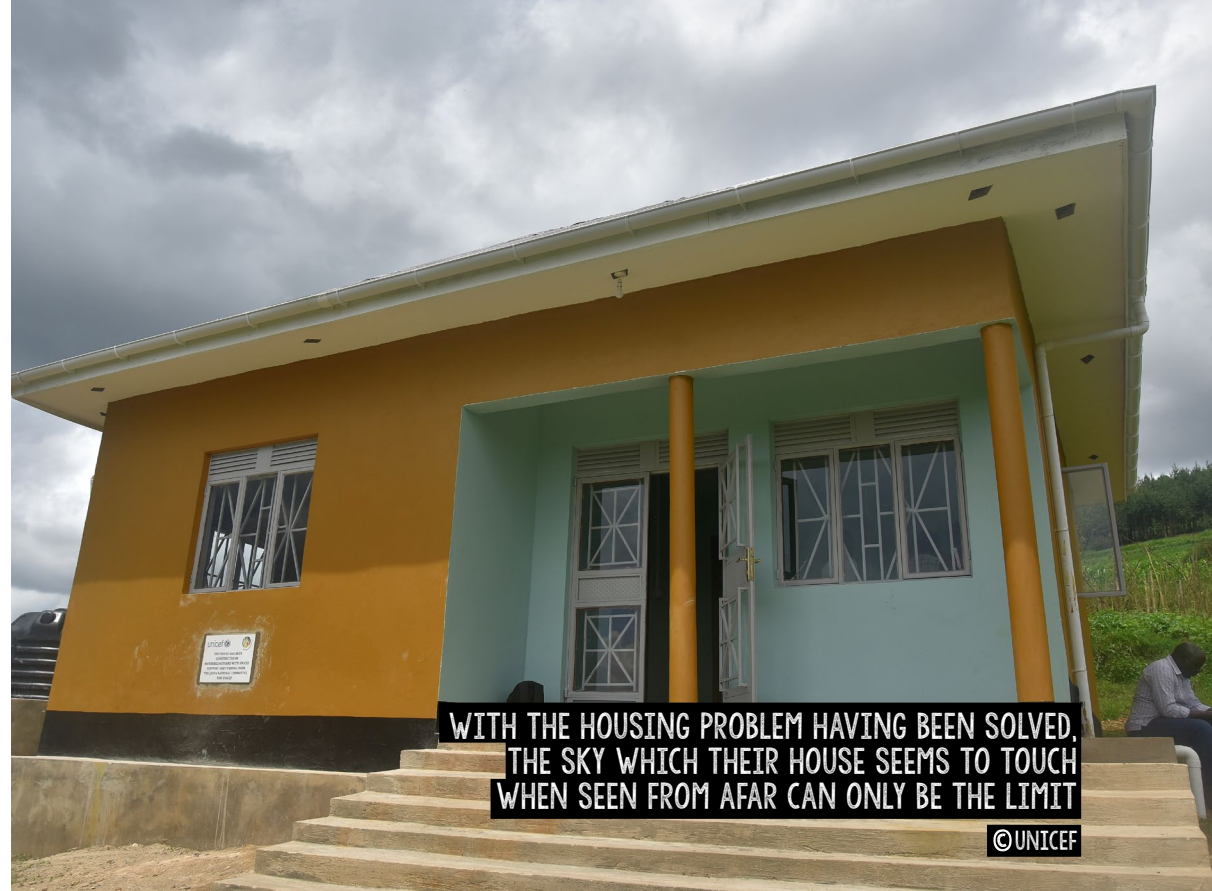
“We managed to improve their viral loads, but they had many challenges,” Alfred Basigensi, the Kabale District Principal Health Educator and acting District Health Officer recalls. “UNICEF’s support was a miracle,” he adds.

With funding secured, UNICEF Uganda working with Mothers to Mothers, an NGO, embarked on building the children a modern house. This is part of the catalytic intervention to end child marriages and HIV/AIDS and address their impact among children and adolescents in Uganda.

The children were happy to take us on a guided tour. It is a two-bedroom house with a kitchen and a living room. Water and sanitation facilities have also been built. Solar power has been installed.

Both the two elder children are now in primary five in a nearby school.

*By Denis Jjuuko, UNICEF Uganda*



WITH THE HOUSING PROBLEM HAVING BEEN SOLVED, THE SKY WHICH THEIR HOUSE SEEMS TO TOUCH WHEN SEEN FROM AFAR CAN ONLY BE THE LIMIT

© UNICEF



**I want to be a Catholic Priest,” the elder child, Paul says. “God has been so grateful to us, I want to help others who may not be so lucky,” he adds. At the moment, Paul is a choir member at his local church. For the girl, her dream is to become a teacher. “Education is so important for our community. I want to help this community become better,” Florence says.**

# PROGRESS IN NATIONAL HIV REPOSENSE

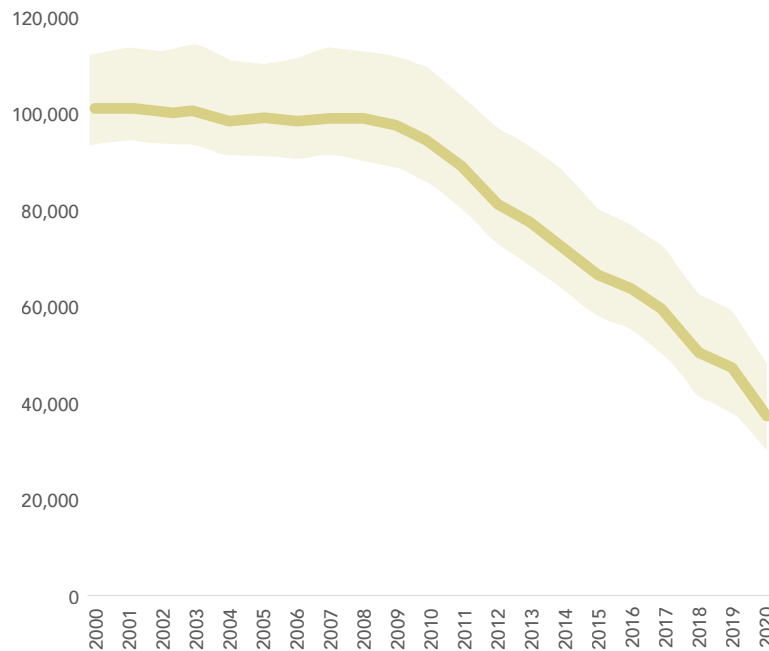
## HIV PREVENTION

SIGNIFICANT DECLINE IN NEW HIV INFECTIONS

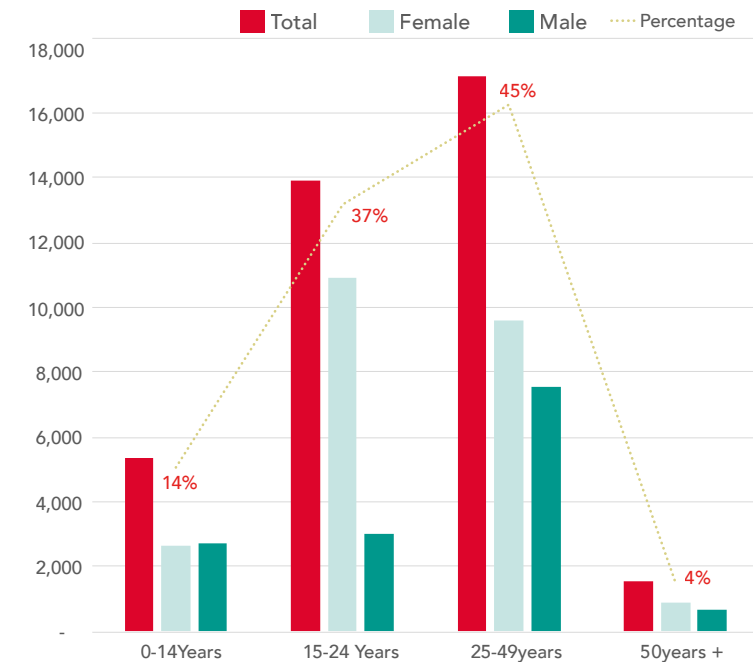
**60%**  
2010-2020

**75%**  
TARGET BY 2020

DAILY, 100 PEOPLE ARE  
INFECTED WITH HIV  
AND 800 ON A WEEKLY



## NEW INFECTIONS BY AGE GROUP





### **Revitalized HIV prevention through various strategies**

- The Presidential Fast Track Initiative launched in June 2017.
- The Global HIV Prevention Coalition led by Uganda AIDS Commission and Ministry of Health.
- Prioritization in funding streams especially Global Fund NFM2 and NFM3 focusing on the 5 pillars of HIV prevention.
- Expanded focus on SRH/HIV Integration leveraging resources and expanding program coverage with focus on structural and behavioral drivers of HIV.
- Institutionalized SRH/HIV/GBV programming by urban centers, major cultural and religious institutions with endorsed policy guidance that mandates use of owned resources.

### **Development and endorsement of progressive policy and strategic guidance at national and sectoral levels**

- National HIV Prevention Roadmap 2018-2025 aligning to Global priorities
- National HIV Mainstreaming Policy Guidelines that mandate allocation of 0.1% of budget of government entities to HIV.
- National Sexuality Education translated into lower secondary school curriculum and implementation guidelines for the extra curricula platform.
- National Early Infant Diagnosis (EID) plan
- National Plan for Elimination of Mother-to-Child Transmission of HIV, Syphilis and Hepatitis B (2020/21 – 2023/24)
- HIV Prevention strategy for Adolescent Girls and Young Women 2020-2025
- Revised National condom strategy 2020-2025
- National KP Programming Framework 2020-2026 and Action Plan 2020-2023
- National SRH/HIV/GBV Integration Strategy

### **Expanding programming to address structural factors as major HIV prevention enablers.**

- Gender equality, women socio-economic empowerment and prevention/management of GBV, access to justice
- Socio-norm change by various actors including cultural and religious leaders.

### **Expanded capacity for SRH/HIV service delivery for adolescents and young people and mobilization of resources for service delivery.**

- Introduction of holistic programming for AGYW notably under DREAMs, KEEP, ELA.

### **Universal coverage with biomedical interventions and increased access**

- Achievement of annual targets for ART, VMMC
- Adoption of new prevention technologies including PrEP, HIV self-testing, Point of Care (POC) testing scaled to hard-to-reach areas including refugee site and islands sites.
- Expanded condom programming up to 300m annual procurements and penetration in hard-to-reach areas like Karamoja region.

### **Uninterrupted and expanded programming for KPs hinged on UN supported government programming frameworks even with the AHA Bill and generated strategic information.**

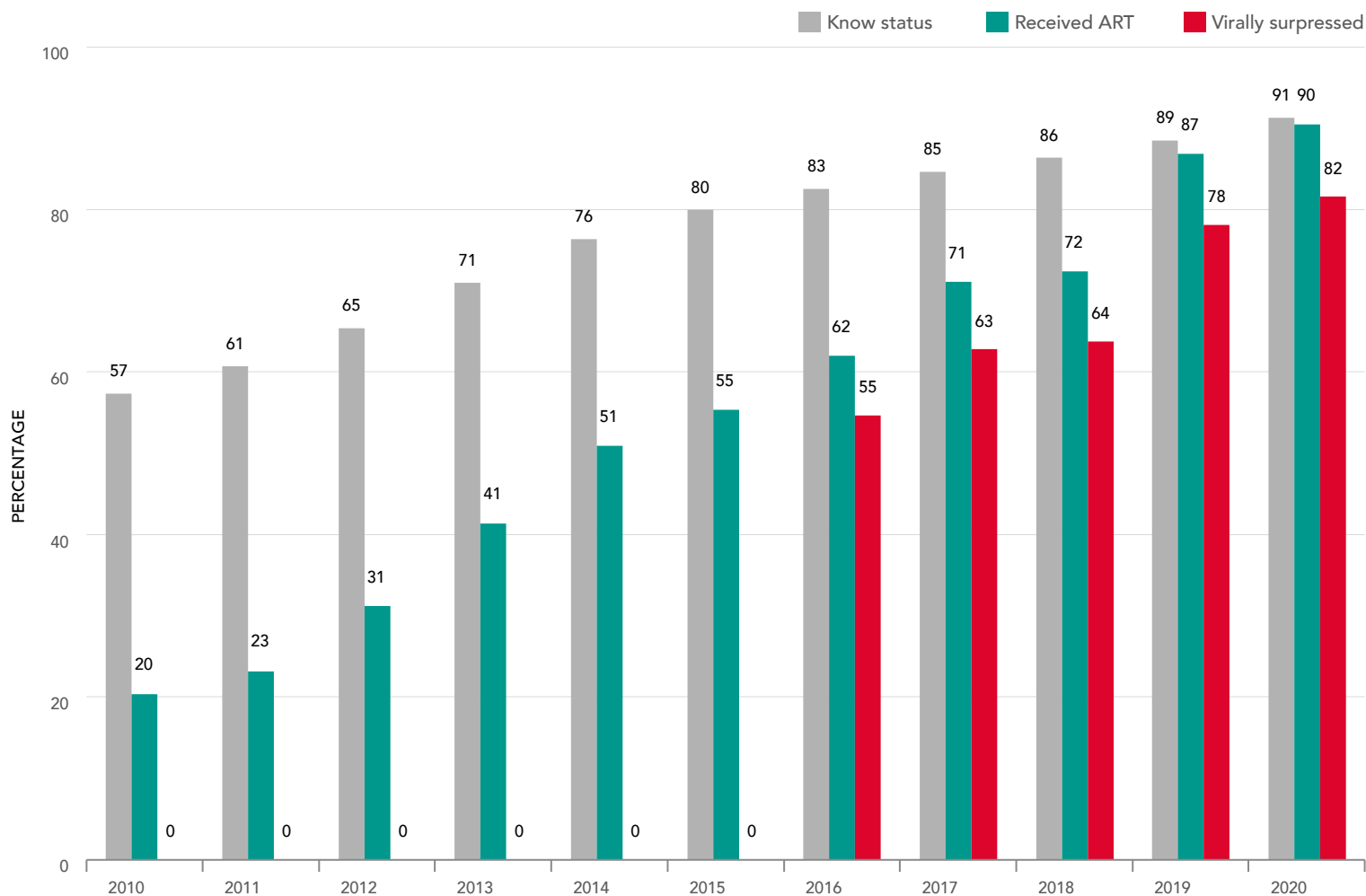
- Generation of evidence that informed advocacy
- Programs running for and by sex workers, MSM, GBTI, transgender, people with injecting drug use.
- Engagement of KPs to shape programs and advocate for conducive legal framework

# HIV CARE AND TREATMENT

SIGNIFICANT IMPROVEMENT IN ACCESS TO ART BY BOTH CHILDREN AND ADOLESCENTS AND VIRAL SUPPRESSION

2016  
**62%**  
 ACCESS TO ART  
**63%**  
 VIRAL SUPPRESSION

2020  
**90%**  
 ACCESS TO ART  
**75%**  
 VIRAL SUPPRESSION



### Adoption of the WHO HIV care and treatment guidelines.

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

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

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



- HIV Drug Resistance (HIVDR) surveillance program the findings of high pretreatment drug resistance of 17% to NNRTIs in 2016 informed the policy adoption of DTG and phase out of Niverapine as NNRTI and establishment of the 3rd line ART subcommittee by MOH. The collaborative is actively working on key processes to improve outcomes in three priority areas: (1) improving viral load suppression among adults and children, (2) improving initiation and completion of TB preventive therapy (TPT) among PLHIV; (3) and improving ART retention among PLHIV receiving ART including among mother-baby pairs. The initiative developed evidence-based standardized intervention packages to address gaps in the service provision.
- Early warning Indicator (EWI) surveys- First was conducted at 304 sites in 2017 and another in commenced in 2019. These are expensive and hence data generated isn't current and make timely remedial action difficult.

#### **Innovations to improve access to HIV care and treatment services.**

- Group Antenatal care (GANC)- with focus on improving HIV services for pregnant adolescent with improved access to ART by pregnant women from 91% in 2016 to 95% in 2020.
- Young people and adolescent Peer Support (YAPS) model to improve adherence and viral suppression among adolescents.
- Family connect; focusing adherence to care and appointment keeping for pregnant women
- Use of web-based ordering for supplies.

- Roll out of continuous quality Improvement collaboratives (CQI) established in 2019 and target 100 health facilities. The collaborative is actively working on key processes to improve outcomes in three priority areas: (1) improving viral load suppression among adults and children, (2) improving initiation and completion of TB preventive therapy (TPT) among PLHIV; (3) and improving ART retention among PLHIV receiving ART including among mother-baby pairs. The initiative developed evidence-based standardized intervention packages to address gaps in the service provision.

#### **Building resilience and economic empowerment among the most impoverished communities**

- Women and Girls living with HIV/AIDS and at risk of HIV infection living in urban and remote villages of Karamoja have had their capacity built and supported financially to kick start economic livelihood agenda. 56 % (5/9) districts of Karamoja (Moroto, Napak, Kotido, Karenga and Kaabong supported ,890 beneficiaries of which 730 (82%) women and 18% (160) men organized in 60 groups received entrepreneurial training mentored and given start-up capital now economically empowered and more resilient.



**ONGOING WOMEN ECONOMIC ACTIVITY  
UNDER THE KARUNA PROGRAM**

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## GOVERNANCE AND HUMAN RIGHTS

### Functional capacity of coordination structures at national and subnational levels strengthened:

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

### Sustainable financing mechanism for the HIV Response in Uganda strengthened:

- Technical assistance for the successful development and implementation of the road map for the Global Fund New Funding Model (NFM)-3 grants funding requests to the Global Fund, which has generated additional USD \$602,501,931 (including Catalytic Matching Funds) towards the Country's responses to HIV, TB and Malaria as well as support the building of Resilient and Sustainable Systems for Health (RSSH) during the next three-year grant implementation period 2021-2023.
- Successful coordination of the C-19RM funding request to the Global Fund, which has yielded USD \$34,565,047 towards country's response to the COVID-19 pandemic.

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

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

- Supported convening of annual Joint AIDS reviews (2016/2017, 2017/18, 2018/2019, 2019/2020, 2020/2021) that informed prioritization and meeting national and international reporting obligations.
- UN Supported the country for the development of key planning and evaluation frameworks.
  - a) National HIV strategic plan (2020- 2025), M&E Plan and National Priority action plan
  - b) HIV investment and 2021-2025 HIV strategic plan
  - c) National AIDS Spending Assessments, (2015-2016) and (2017-2019).
  - d) Midterm Evaluation of the NSP 2015/2016-2019/2020
  - e) Country national priority action plans 2018/19 and 2019/2020
  - f) A consolidated Key and Priority Population Size Estimation for Uganda
  - g) Annual HIV estimates and projections used to inform country planning, prioritization.
  - h) Health Sector HIV & AIDS Monitoring & Evaluation plan 2018/19-2022/23
  - i) The 2019 HIV Epidemiological Surveillance report for Uganda
  - j) National and district level 2020 targets of Core public health HIV and AIDS services for HIV Epidemic control in Uganda
  - k) Districts of Karamoja supported and developed their HIV strategic plans.

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

**Capacity building**

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





Compiled and edited by Caroline Magambo  
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