



NAFOPHANU

ANNUAL REPORT

2019/2020

FOREWORD



MESSAGE FROM BOARD CHAIRPERSON

I have the pleasure and honor to present to you the NAFOPHANU report 2019/2020. In the year 2019/2020, we found much reason to celebrate following the achievements registered as regards to addressing Stigma and Discrimination, improved HIV financing at Local Government levels and improved access to HIV treatment and Sexual Reproductive Health services among People Living with HIV.

NAFOPHANU is born out of a desire to improve lives of People Living with HIV (PLHIV) in a sustainable manner; appreciation goes to all PLHIV for the resilience and efforts towards embracing positive living. This has given us hope over the past year and has contributed to the successes realized overtime.

We continue to advocate for sustainable improved services such as elimination of ART and TB drug stock outs by working closely with PLHIV networks, ART service providers, Ministry of health, National Medical Stores, Uganda AIDS Commission, and Civil Society Organizations among other actors. With a coordinated “voice”, we achieve more!

The world is continuously changing and as NAFOPHANU, we have made tangible progress in the HIV response. To our PLHIV network members, CSOs and Donors I’m proud of the role NAFOPHANU has played with your support. As we did then, so must we act boldly now with the advent of the Presidential Fast Tract Initiative to end AIDS by 2030.

I applaud management, staff and volunteers for the great work done, for without your dedication and commitment we cannot achieve our goal.

Appreciation goes to my fellow Board members for their time, effort and commitment to the constituency. That expert guidance, wealth of knowledge and oversight role which you share with us enables smooth and efficient functioning of the organization.

Thank you.

Dr. Stephen Watiti

Board Chairperson



MESSAGE FROM THE EXECUTIVE DIRECTOR

On behalf of NAFOPHANU, I am glad to share with you the 2019/2020 Annual Report. The report gives an overview of the key achievements made in the year towards improving quality of life among PLHIV in a sustainable manner. NAFOPHANU's strategy focuses on 3 major priorities of improving welfare of PLHIV, strengthening of member networks and organizational capacity enhancement. The report presented here highlights our achievements in the above areas and how they have contributed to the wellbeing of PLHIV in Uganda as aligned to our core mandate of advocacy, capacity building, resource mobilization, information sharing, networking and partnership building. The report underscores the importance of partnerships and strengthening of the systems that have led to results achieved.

Within context, NAFOPHANU has comprehensively extended her interventions to Karamoja region under the PACK project reaching out to 8 districts. The continued support from our donors and partners has allowed us to continue supporting PLHIV forums and addressing their pertinent issues through various interventions. Sixteen years have elapsed with NAFOPHANU contributing to the national HIV response through playing a coordination role of PLHIV in the country. The untiring support of donors and our partners has made the long journey possible and successful and as we move into our 16th birth day, we look back at the past years with pride. Nevertheless, the year has been filled with challenges and rewards.

Our 2019 programming was altered by the COVID19 pandemic coupled with campaigns and elections of our leaders. This posed interruptions in activity implementation and service delivery for the people living with HI, however we managed to get services delivered to communities.

We further hope that 2020/2021 will enhance collaboration between NAFOPHANU and her partners in the realization of our future aspirations.

Thank you for your continued support as we look forward to 2021

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Stella Kentutsi', written over a horizontal line.

Stella Kentutsi
Executive Director

ACRONYMS

AGM	:	Annual General Meeting
AGYW	:	Adolescent Girls and Young Women
AIC	:	AIDS Information Centre
AMICALL	:	Alliance of African Mayors Initiative for Community Action on AIDS at Local Level
ANC	:	Antenatal Care
ARISE	:	African Research and Innovation Initiative for Sickle Cell Education
ART	:	Anti-Retroviral Therapy
AVAC	:	AIDS Vaccine Advocacy Coalition
BCC	:	Behavioral Change Communication
CBO	:	Community Based Organisation
CEHURD	:	Centre for Health, Human Rights and Development
CHAU	:	Community Health Alliance Uganda
CQUIN	:	HIV Coverage, Quality and Impact Network
DHTs	:	District Health Teams
DSDM	:	Differentiated Service Delivery Model
CSO	:	Civil Society Organisation
EANNASO	:	Eastern Africa National Networks of Aids and Health Service Organisations
EMTCT	:	Elimination of Mother to Child Transmission
GBV	:	Gender Based Violence
GNP+	:	Global Network of People Living with HIV
GUSO	:	Get-upSpeak out
HIV	:	Human Immunodeficiency Virus
ICWEA	:	International Community of Women living with HIV Eastern Africa
IPs	:	Implementing Partners
JAS	:	Joint Advocacy for Sexual Reproductive Health and Rights
MDAS	:	Ministries, Departments and Agencies
NUSUF	:	Northern Uganda Social Action Fund
OPM	:	Office of the prime Minister
PACK	:	Prevention of HIV/AIDS in Communities of Karamoja
PEPFAR	:	Presidents Emergency Plan for Aids Relief
PITCH	:	Partnership to Inspire, Transform and Connect the HIV response
PLHIV	:	People Living with HIV
RHITES	:	Regional Health Integration to Enhance Services in East Central Uganda
SRHR	:	Sexual Reproductive Health and Rights
TAFU	:	Towards AIDS Free Uganda
TASO	:	The AIDS Support Organization

TWG	:	Technical Working Group
UAC	:	Uganda AIDS Commission
UCCM	:	Uganda Country Coordinating Mechanism: Uganda
UGANET	:	Uganda Network on Law Ethics and HIV/AIDS
UNAIDS	:	The Joint United Nations Programme on HIV/AIDS
UNASO	:	Uganda Network of AIDS Support Organisation
UNPFA	:	United Nations Population Fund
URA	:	Uganda Revenue Authority
WASH	:	Water Sanitation and Hygiene
VSLAs	:	Village Savings and Loan Association

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About NAFOPHANU

The National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU) was founded on 23 May 2003 as the national umbrella organization of People living with HIV/AIDS (PLHIV). It is a Non-Governmental Organization (NGO) registered with the National NGO Board (Reg. No. S.5914/4991).

NAFOPHANU was established to provide a country-wide systematic and all-inclusive coordination structure for People Living with HIV (PLHIV) networks, associations and support groups in order to play advocacy, policy and decision-making roles in the HIV&AIDS partnership.

This decision to establish NAFOPHANU was reached through a consultative process between members from several PLHIV initiatives in Uganda, with support from UNAIDS and the HIV&AIDS Partnership Committee of Uganda AIDS Commission.

NAFOPHANU is a member of CQUIN,GNP+ and is a secretariat of the UCCM of the Global Fund.

VISION

People living with HIV to live a quality and productive life in a sustainable manner.

MISSION

To spearhead and coordinate the efforts of PLHIV networks to live productive lives to effectively contribute to the national HIV/AIDS response.

CORE VALUES

1. Positive living
2. Integrity
3. Professionalism
4. Respect for Human Dignity
5. Affirmative Action
6. Teamwork

OUR MANDATE

Our mandate is hinged on advocacy, resource mobilization, building partnerships, research and documentation, information sharing and capacity building.

HOW WE WORK

BOARD OF DIRECTORS

NAFOPHANU is governed by the Board of Directors whose term is two years. The BOD members are elected by the NAFOPHANU members during Annual General Meeting. They are eligible for re-election for a term of two years. The role of the Board is to organize, govern and administer the affairs of NAFOPHANU whilst meeting the appropriate interests of its stakeholders.

NAMES AND POSITIONS OF 2019-2020 BOD

SN	NAME	POSITION
1	Dr. Stephen Watiti	Chairperson
2.	Ms. Molly Okello	Vice Chairperson
3.	Mr. Livingstone Kizza	Treasurer
4.	Mr. Nicholas Niwagaba	Member-National Networks
5.	Mr. Tom Odhiambo	Member –Northern
6.	Ms. Bennah Namono	Member –Eastern
7.	Mr. Kuraish Mubiru	Member –Central
8.	Mr. Fred Batwesigye	Member –Western
9.	Mr. Stanley Nsubuga	Member -Young People & Children
10.	Ms. Caroline Aanyu	Member –Women
11.	Ms. Joy Nakyesa	Member -People with Disabilities
12.	Col. Cassette Wamundu	Member –Uniformed
13.	Dr. Alex Muganzi Muganga	Member-Professional
14.	Mr. Livingstone Ssali	Member –Professional
15.	Mr. David Kabanda	Member –Professional
16.	Ms. Stella Kentutsi	Secretary/Executive Director

SECRETARIAT

The Secretariat is responsible for the day-to-day operations of NAFOPHANU; it is headed by the Executive Director and assisted by the Finance and Administrative Manager, Programmes Manager and support staff. Below is a list of our staff

NAMES AND POSITIONS OF STAFF

SN	NAME	POSITION
1	Ms. Stella Kentutsi	Executive Director
2.	Mr. Geoffrey Twine	Finance and Administrative Manager
3.	Ms. Proscovia Nyanzi	Programmes Manager
4.	Ms. Winnie Matovu	Human Resource and Administrative Officer
5.	Mr. Steven Sentongo	Accountant
6.	Mr. Richard Mugumya	Monitoring and Evaluation Officer
7.	Ms. Joselyn Mbawadde	Project Coordinator
8.	Ms. Bridget Ndagire	Project Officer
9.	Ms. Winifred Ikilai	HIV Prevention Advocate
10.	Ms. Leah Alupo	Communications and PRO
11.	Mr. James Lule	Project Officer
12.	Ms. Evelyn Nambozo	Project Officer
13.	Ms. Deborah Kwamagezi	Assistant Accountant
14.	Ms. Teddy Nakanabi	Cleaner
15.	Mr. Timothy Kalungi	Driver
16.	Mr. Richard Echoku	Day Guard
17.	Mr. Nelson Angudria	Night Guard



NAFOPHANU STAFF at the 2019 Annual General Meeting.

NATIONAL NETWORKS AND DISTRICT FORUMS

Since inception, NAFOPHANU has championed the cause of PLHIV and widened her membership countrywide. We have 13 National Networks and over 120 District Forums.

Our National Networks include:

- Friends of Canon Gideon Foundation (FOCAGIFO)
- Global Coalition of Women against HIV/AIDS in Uganda (GCOWAU)
- International Community of Women Living with HIV Eastern Africa (ICWEA).
- Mamas Club
- National Coalition of Women against AIDS (NACOA)
- National Community of Women Living with HIV/AIDS (NACWOLA)
- Positive men's Union (POMU)
- Support on AIDS and Life through Telephone Helpline (SALT)
- Teachers against AIDS Group (TAAG)
- Uganda Network of Religious Leaders Living with and affected by HIV/AIDS (UNERELA).
- Uganda Network of Young People Living with HIV&AIDS (UNYPA)
- Uganda Peoples Defense Forces (UPDF)
- Uganda Young Positives (UYP)

HOW WE MOBILISE RESOURCES

This activity was conducted under **Strategic Objective 2: To mobilise resources for adequate and sustainable programming for PLHIV**. NAFOPHANU continues to mobilise resources as an organisation/consortium. The resources are received upon application for grants and requests for proposals by the donor community. Some of the concept notes/proposals written include;

1. "Empowering women and girls with skills and knowledge to effectively advocate for reduced sexual gender sexual violence, demand, access and utilization of sexual reproductive health rights-Submission to Dan Church AID,
2. HIV Prevention and Control among Refugees in Kyaka II settlement-Submission to OPM
3. Reducing Early Child Marriage Through Comprehensive Sexuality Education In Kamuli and Butaleja-**(Submitted to Amplify Change)**
4. SRHR Alliance/Get Up Speak UP project on Strengthening and building the capacity of local health care providers through structured assessments of selected medical clinics, community health posts to improve the delivery of SRHR health services in Uganda**(Submitted to the Canadian Department of Foreign Affairs)**
5. Menstrual health Management Proposal-Submitted to SRHR Alliance

6. Socio-Economic Empowerment of AGYW for improved HIV service delivery (Submitted to Aidsfonds International)
7. Promoting and protecting the sexual and reproductive health rights of Women and Girls living with HIV to combat sexual and gender-based violence-submitted to European Union.
8. Socio-Economic Empowerment of Adolescent girls and Young women living with HIV for Improved Access to HIV and SRHR services(**Submitted to Embassy of Japan**)

NAFOPHANU through the office of the Executive Director conducted a five (5) day practical training on grants writing process. Staff were equipped with skills in concept development (**Identification of issues, designing of objectives, interventions & budgeting process**). The training improved skills of staff in proposal development. Staffs were allocated different grants to apply for on monthly basis with the aim of increasing the resource base of the organization.

MILESTONES

NAFOPHANU under the Preventing of HIV/AIDS in Communities of Karamoja (PACK) built capacity of PLHIV networks and addressed HIV stigma and discrimination as a key barrier to utilization of services in 8 districts and 48 sub-counties in Karamoja Region. NAFOPHANU managed to reach 21,443 people including adolescents and young people, men, women, people living with HIV (PLHIV), Key populations, Local leaders, Partners in public and private sector, religious leaders, market vendors and saloon attendants among others. The project was funded by the Embassy of Ireland.



Elders displaying their stools with anti HIV translated stigma messages

Reached 1,051 children, adolescents, women and expert clients with information aimed at improvement of uptake of pediatric HIV services, EMCT services, family planning antenatal care, HIV Testing, TB and cervical cancer screening and immunization in districts of Soroti, Mityana, Ntungamo, Mubende and Kyenjojo.

6 families were interviewed as part of evidence-based advocacy, a news article was published on the Daily Monitor, the interview was aired on NBS TV and news clips/links were circulated widely through social media. This was made possible by funding from Aidsfonds International under the Towards an AIDS free Uganda (TAFU) II Project.

106 AGYW in the district of Busia, Mbale and Mityana were trained in business development and entrepreneur skills, they include entrepreneur knowledge, marketing strategies, record keeping practices and business development. 6 Groups were linked to Community Development Officer(CDO) to access government livelihood programmes. The project is funded by Aidsfonds International through Partnership to Inspire, Transform, Connect the HIV response PITCH-Flexi.



AGYW being trained on how to make and decorate cakes

Under the Get Up Speak Out (GUSO)-Flexi project funded by Aidsfonds International peers and village health were trained to become Community Health Entrepreneurs (CHEs) to provide health information through e-tablets, sell and distribute contraceptives, essential medicines and nutritional products. 300 CHEs were trained specifically to provide depot medroxyprogesterone acetate (DMPA-SC)/ Sayana press. Distributed 1,104,781 condoms, 30,050 DMPA-SC/sayana press, 4,610 contraceptives, 62,400 SRHR videos were watched and 26754 referrals were made by the CHEs. Each CHE was earning an average of UGX70,000 as profit for each item sold.

COVID-19 RESPONSE

With support from Reckitt Benckiser (RB) through UNAIDS Uganda NAFOPHANU received 30,000 750mls bottles of JIK and 180,000 105gms of Dettol soap. The items were distributed to over 111 districts and 20 National networks. The hygiene packs were aimed at fighting COVID-19 among PLHIV in Uganda.



Dr. Nelson Musoba, Director General UAC handing the hygiene pack to Dr. Stephen Watiti Board Chairperson NAFOPHANU at our offices on plot 213 Sentema road Mengo

Received and distributed 131 mega phones to over 87 districts in Uganda. The mega phones were given to expert clients to reach out to the community with COVID-19/HIV messages. NAFOPHANU distributed 800 T-shirts with translated messages in Ngakarimonjong, Lebtur and Pokoton COVID19 prevention. Over 14,000 people were reached.



Area MP Abim Mr. Ayepa Michael handing over megaphones and T-shirts to Chairperson District forum



Handover of megaphones and T-shirts to Kotido and Moroto forum

NAFOPHANU procured and distributed 4,200 of maize flour, 2,820Kgs of beans, 5,120Kgs of soya flour, 1,830Kgs of sugar, 1200 Kgs of rice and 250kg of salt were procured and distributed to vulnerable PLHIV households across the districts of Kyenjojo, Mubende, Mityana, Ntungamo, Soroti, Wakiso, Kampala and Mpigi. Another 80 Families in Karamoja were offered food relief. This was aimed at ensuring that PLHIV don't abandon their drugs due to lack of food. This led to good adherence to medication and viral load suppression among PLHIV.



Dr. Karusa Kiragu, Country Director UNAIDS Uganda hands over food to the PLHIV



Children receive food relief

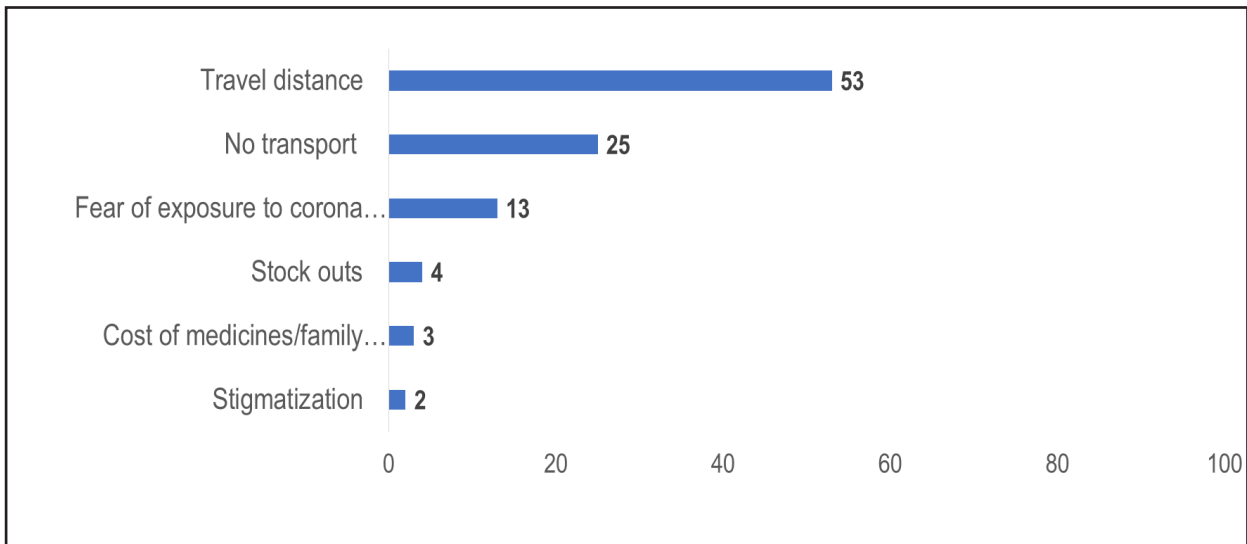


From left Amudat District HIV focal person, NAFOPHANU staff, DHO and CAO handing over the food packages and hygienic packs to one of the PLHIV at Amudat Local Government headquarters.

NAFOPHANU in collaboration with UNAIDS conducted 2 rapid assessment to find out the challenges faced by people living with HIV amidst COVID-19 pandemic. The study aimed at finding out the extent to which COVID-19 impacted HIV service delivery, how are individuals, families, communities, institutions coping with the impacts of COVID-19 and the key unique needs of people living with HIV that need special attention. Questionnaire was developed and respondents were contacted through social media and telephones. 607 people were reached in round 2 of the survey. Almost one in ten of all respondents identified the need for provision of food and means to access their treatment with ease.

78% (482/615) of respondents reported travel distance, lack of transport and fear of exposure to COVID-19 as their major challenges as seen on the table below;

Challenges faced by respondents during COVID19 Lock down



3 whatsapp groups were formed mainly to offer psychosocial support, conduct advocacy and to address the challenges faced by people living with HIV/discuss the modalities of having ART delivered to them. It provided a platform for sharing experiences, best practises and led to adoption of our members to the HIV/COVID19 technical working group and development of the HIV specific COVID19 guidelines by MoH.

Conducted interviews on Morning@NTV, KFM radio and UBC TV all efforts were geared to highlighting the plight of people living with HIV. Clips were produced and circulated widely on social media.



Ms. Stella Kentutsji, Executive Director conducting an interview with UBCTV in her office

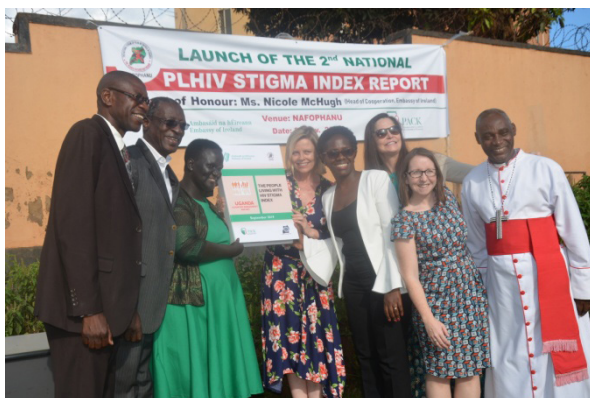
100 selected expert clients were facilitated to identify PLHIV who had missed appointments, pick and deliver ART to them. Reached 229 children, 277 HIV+ pregnant women and 52 HIV +women with exposed children. 13 pregnant women were referred for HIV testing and 2 turned out HIV+ and 21 HIV + women issued with family planning services.

A zoom meeting with 26 participants including the district Health teams and other partners in Karamoja region was held to discuss key issues affecting access to treatment in the era of COVID 19 and forge a way forward. The meeting was attended by the DHO's, HIV focal persons, implementing partners, UN representative, UAC Karamoja regional representative among others. The district leaders committed to support the PLHIV structures to ensure uninterrupted access to treatment. They also pledged to prioritize PLHIV during food distribution in order to improve on the drug adherence.

THE YEAR IN PICTURES



Prof. Vinand Nantulya, Patron, Dr. Stephen Watiti, Board Chairperson, Ms. Stella Kentutsi, Executive Director and staff of NAFOPHANU held a meeting on 31 January 2020 with Ambassador William Carlos, Ms. Lorraine Gallagher, Deputy Head Cooperation and Ms. Jackie Katana, HIV Advisor Embassy of Ireland to discuss the continuity of the PACK Project.



Ms. Nicole McHugh, Head of Cooperation, Embassy of Ireland launching the 2nd National PLHIV Stigma Index report on 26 November, 2019 at NAFOPHANU offices on Plot 213 Sentema Road, Mengo. The Stigma Index report is a country assessment/research that is aimed at measuring the levels of stigma among PLHIV.



Dr. Nelson Musoba, Director General UAC, officiating the handover ceremony for the hygiene packs that were donated by Reckitt Benckiser through UNAIDS and the food donated by UNAIDS in the presence of the UNAIDS Country Director Ms. KarusaKiragu and other PLHIV representatives. The ceremony took place on 24 June 2020.

The photo that won the last mile distribution according to Reckitt Benckiser



Some of the guests at the official handover ceremony of hygiene packs.

PROGRAMME UPDATES

ADVOCACY

REDUCING NEW HIV INFECTIONS AMONG CHILDREN BETWEEN (0-14 YEARS)

NAFOPHANU aimed at reducing new HIV infections among children between (0-14years) as well as increasing the number of HIV+ children on treatment in five districts of Mubende Mityana, Kyenjojo, Ntungamo, and Soroti.

This was guided by the Strategic objective 4&I: **Enhance advocacy and communication for the PLHIV in National HIV response and to strengthen governance, leadership and management systems of the secretariat & PLHIV Network respectively**

Approaches

- a) Identification of issues affecting access and utilization of pediatric HIV and eMTCT services and the general service delivery in health facilities and address barriers to access eMTCT and pediatric HIV services by; empowering families and communities to take and retain their HIV positive children into care.
- a) Capacity building of PLHIV networks in advocacy as well as supporting the consortium partners in identification, referral and follow up of children to ensure retention.
 - 1) Conduct advocacy refresher training for PLHIV Networks.
 - 2) Strengthen community structures to be able to trace, refer and follow up with HIV positive children and their families.
 - 3) Strengthening coordination between community structures and health facilities for improved paediatric service delivery.
- a) Conduct eMTCT camps with the aim of increasing awareness on eMTCT and HIV service up-take.
- a) Conduct media tours

Key Achievements

- a) Conducted a total of 5 refresher trainings in five project districts. The training was aimed at re-equipping PLHIV in advocacy and lobbying skills to be able to identify, analyze and advocate for better pediatric HIV service delivery.
- b) 100 people were trained in advocacy knowledge and skills. The topics included Understanding advocacy, Understanding power and power dynamics, Planning and implementation, monitoring and evaluation of advocacy work. Members were also taken through HIV services for children and eMTCT services.
- c) Community structures like PLHIV Networks, Village Health Teams (VHTs), teachers and Religious and opinion leaders were empowered to trace, refer and follow up on lost children living with HIV and pregnant women to ensure retention in care.
- d) NAFOPHANU trained 125 PLHIV network in advocacy skills to ably document and front issues affecting pediatric HIV and eMTCT service delivery.

- e) NAFOPHANU conducted 5 eMTCT camps across 5 districts. 500 people were reached with ANC and HIV testing for pregnant women, partner testing, initiation of HIV positives on ART, family planning for PLHIV breast feeding mothers, cervical cancer & T.B screening, safe male circumcision, immunization services as well as health talks.
- f) NAFOPHANU conducted 2 media tours in the districts of Mityana and Ntungamo; journalists from *Bukedde TV*, and *New Vision* were part of the team. 6 families were interviewed to highlight challenges faced regarding access to treatment among children living with HIV, the findings were compiled in short video clips and news features and evidence documented and disseminated through various media platform for evidence-based advocacy. Below are some of the stories.



- g) Monitoring visits were conducted across project districts to assess the impact of TAFU program, to follow up on advocacy issues and document successes and emerging issues. Kibalinga reported 150 pregnant women in ANC, increase in the number of women delivering from the health facility and children on ART.

This was made possible by NAFOPHANU, ARISE, HNU and CHAU under TAFU II project funded by Aidsfonds International

SOCIO-ECONOMIC EMPOWERMENT OF AGYW LIVING WITH HIV FOR IMPROVED ACCESS TO HIV/SRHR SERVICES



Blessed Girls Group in Mityana District after the training in soap making.

The organization undertook social economic empowerment for Adolescent Girls and Young Women (AGYW) in the district of Busia, Mbale and Mityana for improved quality of life. The PITCH-Flexi Project was funded by Aids fonds International.

All the efforts are gained towards realization of **Strategic Objective 3: Empower PLHIV to engage in activities, programs and enterprises that harness available resources for improved wellbeing.**

Approaches

- a) Conduct project introduction meeting
- b) Conduct a needs assessment and selection of most motivated AGYW
- c) Organise AGYW into groups.
- d) Build capacity for AGYW and link them to benefit from government livelihood programmes (Youth Livelihood fund, Community Demand Driven grants and Women's economic empowerment grants among others)

KEY ACHIEVEMENTS

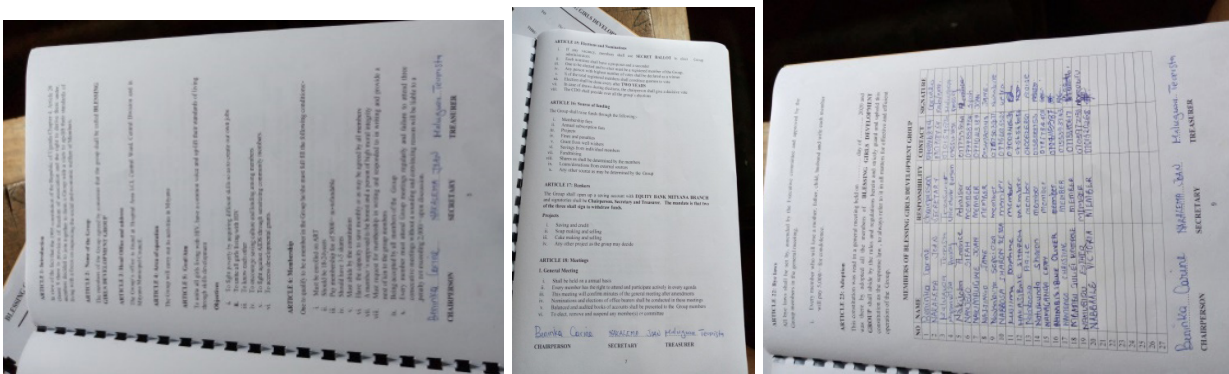
- a) Trained 106 AGYW in business development and entrepreneurship skills e.g. writing marketing strategies, record keeping practices, sustainability plan development and Health/Nutritional Information. This empowered them as individuals (e.g., increased knowledge and self-esteem), but also strengthened their economic independence, which reduced their vulnerability to poverty and violence. The groups received the following skills: Cake making and decoration, Baking, Jewelry, Soap, Candle and Paper bag making.

- b) Formed 7 organised formal group structures (Busia-02, Mityana-02 and Mbale-03) and linked them to the District Community Development Officers (DCDO to benefit from existing district structures and youth groups’ activities.

“Youth groups like these have a greater success rate because young people usually look to promiscuity for money, it is good to see genuine groups ready to work for their future, and they have my full support.” (DCDO, Mbale District)

“As NAFOPHANU, you have helped us to do our work. It’s our duty to look for these people and support them to organise themselves but we are in most cases restricted by resources. Now that you have identified them, I will ensure I support the groups to benefit from the funds available at the district” (DCDO, Mityana District)

- c) Supported 84 AGYW with economic empowerment so they are able to access and utilize HIV and SRH services.
- d) Conducted 03 project introduction meetings aimed at soliciting buy-in for the project and 03 follow-up meetings with the districts leadership to share the plans for the youth groups and lobby for inclusiveness of AGYW groups in livelihood programs
- e) The AGYW groups were introduced and linked to their respective CDOs who committed to support the groups to benefit from the government livelihood funds programs, including Youth Empowerment Fund, Women’s Livelihood Fund and the Village Savings and Loans Associations (VSLA).
- f) The groups were further supported to develop constitutions, open bank accounts and develop work plans, including e.g., mandatory savings and group fines to generate some funds for the members to access small loans.



Excerpt from the constitution detailing activities from Mityana’s Blessed Girls group.

- g) Increased knowledge concerning existing social protection programs among YPLHIV. The project was an eye opener to YPLHIV about existing programs which they are eligible to apply for. *“I didn’t know that there is money at the sub county we can apply for [...]. It is good that we have this information and we will not be the same again.” (Natukunda, 20yrs, Kalanagalo, Mityana Districts)*
- h) Improved dignity of YPLHIV as a result of the skilling. The life of YPLHIV has improved; their self-esteem has improved greatly, reduced their vulnerability to poverty and violence as well as improved their economic independence.

“My life changed, I feel good about myself, I am able to run our business with my peers and we are assured of our income at the end of the day.” (Teddy Alijitwala, Mbale District)

“I am now also respected at home because I contribute to providing upkeep at home.” (Lunkuse, Mityana District)

“My family respects me more now; I left my abusive husband because now I have my own funds to take care of my little daughter.” (Maria Nakessa, Mbale District)



Training on beads making



Training on Liquid and Bar soap making



Training on Baking, Paper bag Candle Making

REDUCING NEW HIV INFECTIONS AMONGST ADOLESCENTS YOUNG PEOPLE (10-24 YEARS) AND KEY POPULATION

NAFOPHANU in partnership with STF, TASO, and AMICAALL embarked on the PACK project with the aim of reducing new HIV infections among adolescents, young people (10-24 Years) and key populations through increasing demand and access to HIV services and addressing the deep rooted social cultural beliefs and practices in the Karamoja sub-region. The project was funded by the Embassy of Ireland.

This is aligned to **strategic objective 1, 3, 4 & 5, To strengthen governance, leadership and management systems of the secretariat & PLHIV Networks, Empower PLHIV to engage in activities, programmes and enterprises that harness available resources for improved wellbeing, enhance advocacy and communication for the PLHIV in National HIV response and Improve knowledge management for evidence based PLHIV programming, advocacy, communication, learning and accountability respectively.**

Priority Area 1

To increase demand and access to quality HIV and AIDS services for Adolescents(10-19yrs), young people (10-24yrs) and /key population over the period 2018-2020

Priority Area 2

To empower communities to address social cultural barriers including violation of human rights, and access to justice to HIV and AIDS prevention, care and treatment and social support over the period 2018-2020.

Priority Area 3

To develop the capacity of CSOs in good governance, advocacy, resource and community mobilization to deliver their mandate in the HIV /AIDS response at national and local levels over the period 2018-2020

Priority Area 4

To strengthen evidence-based HIV&AIDS and SRH programming and documentation of lessons learnt and best practices at national and local levels over the period 2016-2020

Approaches

1. Conduct quarterly community dialogues
2. Facilitate and support expert clients
3. Conduct refresher trainings for Expert Clients
4. Strengthening young positives clubs and refer for support
5. Conduct community psychosocial meetings
6. Facilitate community structures to integrate stigma and discrimination reduction in Health and other social services through expert clients sharing meeting.
7. Facilitate Consortium of Advocates for Access to Treatment (CAAT) meetings at regional and district level.
8. Support, Orient & follow up district forums on the development of working/operational documents (roll out of districts Management Hand book & Accompanying Standards)
9. Support sub-county Annual General Meetings
10. Support 7 district forums to hold quarterly planning meetings
11. Conduct M&E and Financial support supervision and mentorship visits

Key Achievements

- a) NAFOPHANU conducted 20 Community Dialogues in 20 sub counties and reached 628 persons (M-295, F-333) 98% of the planned target. The people reached include Sub County
- b) NAFOPHANU facilitated 172 (M=60 F=112) Expert clients from eight (8) districts with a monthly stipend to offer psychosocial support to fellow PLHIVs in form of home visits, peer and adherence counselling, linkages and referrals, supporting ART clinics among others.

“Nakapiripirit acknowledged the role of expert clients in contributing to the viral load suppression rates in the district from 65% to 86%”.

“In Kaabong district, families abandon terminally ill PLHIV in the hospital and expert clients play a critical role of taking care of their peers by nursing them, providing basic needs and burying them in case of death”.

- c) Conducted a two (2) day refresher training for 172 (M-60, F-112) expert clients from the 8 districts of Karamoja sub region. The training equipped expert clients with knowledge and skills in (Counseling, DSDM, SRHR, BCC and referral tools) relevant for reaching out to PLHIV and community members with HIV prevention and management messages and also support health facilities through peer and adherence counseling, follow up lost clients, triaging and linking clients into care among other tasks.



Expert client's refresher training at Kotido District.



Expert client's refresher trainings Kaabong District

- d) NAFOPHANU formed 8 Young People Living with HIV (YPLHIV) clubs comprising of chairperson, vice chairperson, speakers, secretary, mobilisers and 3 committee members including representatives of in school, out school and young mothers across the 8 Karamoja districts of Karamoja reaching 204 YPLHIV (M-71, F-133). During the group formation, YPHIV were oriented about leadership, advocacy, human rights and gender and referral pathways of human rights violation
- e) NAFOPHANU conducted 22 community psychosocial group meetings that reached 242 (M-99, F-143) persons. The meetings offered a platform for newly enrolled HIV clients to present some of their challenges.
- f) NAFOPHANU facilitated eight (8) district based expert clients sharing meetings and reached 162 persons (M-50, F-112).
- g) 08YPLHIV district level clubs were trained on how to mobilize their peers and spearhead YPLHIV advocacy at district level through working closely with other allies.

"I used to travel to Nakapiripirit to pick my ARVs, due to fear that people will get to know my status, even in the first YPLHIV meeting I didn't want to associate with PLHIV but I was convinced by the forum coordinator to attend. It gave chance to meet with many other young positives and I picked courage to ask for a transfer to Nabilatuk HC IV which is nearby home, currently I adhere to my treatment, clinic appointment and I have been able to mobilize my peers to access services". Alinga Henry, Nabilatuk District.



Moroto district YPLHIV leaders



Napak newly elected YPLHIV leaders



Kaabong newly elected YPLHIV Leaders



Nabilatuk newly elected YPLHIV leaders

- h) Held CAAT meetings in Amudat, Nakapiripirit, Nabilatuk and Napak districts involving 117 (78 Male, 39 Female) stakeholders, from local governments, implementing partners, community-based organizations, cultural leaders and PLHIV networks. The meetings centered on issues that had been raised in various community dialogues and mitigations measures were to be jointly arrived at.



CAAT meeting at Nakapiripirit



PLHIV Coordinator of NABILATUK Addressing the CAAT meeting

“Amudat district already passed an ordinance on alcohol abuse and the Catholic Church has supported campaigns against alcohol and all districts had security agencies impound waragi being transported to Karamoja”;

- i) NAFOPHANU trained and oriented 68 (M-31 F-37) executive members from 8 district forums. NAFOPHANU has supported the district forum to register as CSOs with the District and Uganda Registration Services Bureau. The accompanying standards are to be applied in subsequent meetings where progress will be documented and support given as needed.
- j) 08 planning meetings were held with the PLHIV executive committee members in the respective districts.
- k) NAFOPHANU rolled out and conducted an orientation of the handbook in Amudat, Nakapiripirit, Nabilatuk, Moroto and Napak districts, 57 (25 Male, 32 Female) Executive Committee members were reached.



Ms. Stella Kentutsi, Executive Director, Orienting PLHIV executive members of NAPAK District Forum on the management handbook.

- l) NAFOPHANU conducted 26 sub county Annual General Meetings in three districts of Amudat, Napak and Kaabong and reached 594(M-214, F-261) persons 91% of the planned target. The aim was to strengthen community PLHIV coordination structures to sustainably respond to HIV response.
- m) NAFOPHANU organised and facilitated seven (7) PLHIV district Executive planning meetings in 8 districts and reached 99 (M-48, F-51) 95% of the planned target.



One of the candidates campaigning for the post of sub-county coordinator in Labalong



Elections in Amudat sub county during the Annual General Meeting.



Election going on in Kaabong Town council.

Conducted (16) support visits and reached 135 (M-66, F-71) persons from eight districts. The team was able to establish the status of records management for both programmatic and financial data. The district teams were oriented more on new data collection tools so as to improve in reporting and accountability of funds utilized.

“In Abim district, young positive clubs strengthened on coordination and joint advocacy on issues of young positives as a result, separate ART days for adolescents have been created in the 6 facilities. This has reduced on stigma and discrimination thus increased number of adolescents accessing ART services”.

In Kotido, church mission, the PLHIV were provided with groundnuts gridding machine by religious leaders and also have been economically empowered by supplying beads which are used to make shoes as a way of generating income.

In Kotido, Village Loans Associations have been formed by PLHIV and nurses have joined these groups to continuously offer counseling. These groups have economically empowered the members through savings and loans and besides, the platform is used for identifying more HIV positive people, sharing challenges and counseling which has improved adherence among members.

COVID-19 relief food improved disclosure among PLHIV. Many people disclosed their HIV status because they wanted to benefit from food distribution and data base for PLHIV has been created (PLHIV register) to ease follow up and coordination.

In Moroto, the PLHIV have been able to jointly plan on how maintain PACK project achievements by working with government and have organized PLHIV into VSLAs. Currently, 6 groups composed of 30 members have been formed and linked to NUSAF and each will be getting 12m.

“15 PLHIV in Abim sub-county have been able to get cotton seeds planted and sold the products and were able to earn 1.5M per member”, Adoch Esther expert client said.

Working with government has improved recognition and involvement of PLHIV in government intervention like during the launch of food distribution by Minister of Karamoja. The Minister refused to launch without a PLHIV representative and the first 2 people to benefit with 50 kg each were PLHIV. 50 bags posho per month from October 2019 to March 2020 have always been given to then PLHIV.

SUCCESS STORY

Addressing hunger among PLHIV through advocacy in Nakapiripirit District

Low involvement of PLHIV to benefit from Government programs mainstreamed through community development office was challenged that was echoed during the 2017 community and district CAAT meetings held in Nakapiripirit. Through lobbying and follow up with district coordination team, 3 groups in Nabilatuk were able to receive seed grant for income generation under WEP, 2 million seed-funds was given to PLHIV groups under NUSAF2 of 50 members

Improvement of lives of PLHIV in Nakapiripirit through partnerships

In Kacheri, poor adherence to ART, poor nutrition, stigma and discrimination, long distances to facilities were identified as key issues. Following the ongoing counseling by expert clients, now many people are coming out to disclose and have freely joined the PLHIVVSLA group.

One LC III chairperson of a given sub-county in Kotido had been on treatment since 2017 and never suppressed and refused to pick his viral load results. The expert identified him and acted as a treatment supporter with ongoing peer counseling. The expert client during one of her visits convinced the LC III chairperson to test all his children. One was found positive and was linked to the young positives that supported him to disclose to his family. The boy was enrolled into care and was given a bursary by the district and is now studying from Kampala. .

Paul from Kotido testified that he was in denial, fear and being an elite with a Degree and other profession back ground couldn't associate with PLHIV in the community who are illiterate and of low status. Following the PACK interventions in his community he picked interest and attended, as a result he continued to seek for more information quietly about the group and was so much inspired by their work. He came out and volunteered to support the network as a Coordinator, this exposed him to many other opportunities including attending the national level activities where he met many educated people living openly and happily with HIV. He changed his mind set and is open about his status and free from stigma. He mobilizes fellow PLHIV in the district to form groups and as per now all sub county networks in Kotido are registered with the district as CBOs and the district network under registration with URBS. He encouraged all sub county networks have start VSLA groups which keep them together and more focused as they wait for other opportunities.

Defeating Stigma, denial and fear

One Omara Alfred and his wife (the late) Akullo Mary were tested positive during Antenatal visit but on their way back from Morulem H/C III, the husband told her to throw away the ARVs because he was not ready to take them, the wife refused and took the medicine home. The man threw the ARVs in the latrine, when Janet (expert client) went for follow up, he chased her away with a spear and that very night he migrated to a new settlement area with his family members and left a message with his neighbors to tell Janet not to step where he had gone. Janet reported to the ART In charge who encouraged her to engage the family members. The man was rude and chased the relatives away. After 6 months, the wife delivered in the resettlement area and he refused her to go to the Health facility, so the child died after 1 month. Janet reported the case to police who picked the wife and she was admitted to the H/C unfortunately, she passed away. The man also became ill and he sent his daughter to inform Janet. Janet brought his refills and immediately after he got well, he again jumped off the treatment. She continuously visited and counseled him to come back to the former home which is nearer to the H/C and he came with his 2 daughters. Janet took the 02 daughters for testing and they were positive and initiated to ART. The man's attitude changed,

he does not miss appointment, Janet encouraged him to stand while replacing the chairperson of Amero East which he accepted and went through currently serving as the chairperson of that village.

Expert client from Kaabong said “we happy that we are not discriminated as it was before the PACK Project. We are also happy because of the Food (posho and beans), Dettol soap and Jik these have really improved our health and sanitation”

During lockdown, most PLHIV especially breast-feeding mothers from Napak who were getting their drugs from Moroto were locked out had no way out to pick drugs. So, Catherine (expert client) contacted AAH (Action Africa Help) who facilitated her and a health worker with transport to deliver drugs for them in NAPAK. Moroto referral hospital provided medicine and delivered to client in NAPAK.

During an engagement with the expert clients and executive committee members of Nabilatuk District. Expert clients revealed that there was a lot of self-stigma among the people living with HIV. However, when the PACK project was launched, NAFOPHANU trained expert clients who offered psychosocial support and provided HIV information. The information has helped reduce new HIV infections and promoted adherence to medication. They added that HIV+ mothers have all delivered HIV- children. Lorachat sub-county registered reduction on stigma and discrimination and increased disclosure of status among the PLHIV.

According to Ms. Logel Gloria over 23 PLHIV in Lolachat Sub-county disclosed their status she added that they are now living positively. There are no cases of drug stock outs and Gender based violence reported. They added that, the technical and political wing of Nabilatuk District have been very supportive, which led to receipt of food supplies from the Office of the Prime Minister before, during and after COVID-19.

In Amudat, the Expert clients appreciated the capacity building trainings they received from NAFOPHANU under PACK. They have been able to offer counselling and conduct follow-up on the lost clients to bring them to care. The district forum was strengthened to advocate for the rights of PLHIV, drug stock outs are no longer an issue in the district. They pushed for an ordinance about alcoholism since it was the leading cause of HIV infections. Today if anyone is got drunk, they are taken in jail (Charles to provide the ordinance) in addition five women LHIV were given a loan of UGX1,000,000 each and 11 PLHIV of Loro sub-country were given anon refundable fee of UGX200,000 as startup capital. PLHIV were incorporated in the DAC and SAC and 90% of the children delivered by the HIV+ mothers are HIV- and generally the death rate of the PLHIV has reduced.

PARTNERSHIP BUILDING

1. NAFOPHANU participated in religious and cultural leader’s regional engagements in Fort-portal and Hoima aimed at engaging them on HIV-TB stigma and discrimination reduction in the national response, equipping religious and cultural leaders with the right message to promote campaigns to address HIV- TB stigma in all institutions. The PLHIV, IPs, DHT, and district political leaders in the respective regions participated.
2. Also, NAFOPHANU attended the Uganda Coalition on Access to Essential Medicines (UCAEM) meeting at HEPS organised by CEHURD. The purpose of the meeting was to increase access to essential maternal health care services in order to address maternal deaths in Uganda. The meeting was also meant to strategize on how best to popularize the issue of privatization of Mulago hospital and how it is violating human right of access to health services as well as to mobilize more stakeholders to be part of the case filing team to create impact. The following stakeholders participated in the meeting: HEPS, CEHURD, NAFOPHANU, MOH, NACOLA,

Global coalition of Women AGAINST AIDS in Uganda, media, Health GAP, POMU, MAMA'S CLUB among others.

3. In addition, NAFOPHANU participated in CSOs coalition meeting on improving uptake of family planning services among adolescents that was held on 3 September 2019 at Mizigo community hall in Mityana district. The meeting was aimed at advocating for increased utilization of family planning services among PLHIV.

Participated and made presentations in meetings and various fora's during the COVID-19 era. The engagements include;

- a) HIV advocacy days like the international world AIDS Day at Kayunga and made the PLHIV statement at the national celebration, Philly Lutaaya day, Philly Lutaaya Memorial Lecture and International Candlelight Day.
- b) Religious and cultural leader's regional meetings on stigma and discrimination. The meetings were organized by UAC in the following regions/districts Rwenzori, Bunyoro, Ankole, Kigezi, Mbale and Kabale.
- c) Country assessment meetings to see readiness for Uganda to host the 2021 ICASA, PEPFAR country operational planning meeting, EANNASO AGM, Chaired TAFU steering Committee, HIV criminalization meeting organized by UGANET, RHITES south west PLHIV regional meetings, MoH DSD technical working groups and CQUIN AGM.
- d) Conducted south to south visit to Ethiopia to benchmark how they launched the 6 months DSD model under CQUIN.
- e) Represented PLHIV at the JUPSA, UCCM and hosted the CCM constituent meetings.
- f) JAS organization capacity assessment and monitoring and evaluation training.
- g) ICASA conference that was held in Rwanda, the Executive Director and the Board Chairperson attended a conference on the AIDS and STDS under IAS and made presentations on advanced HIV disease, HIV TB integration and DSDM.
- h) URA Tax Appreciation Week.
- i) Made a presentation on stigma index findings to MDAs at the office of the president.
- j) Facilitated six community dialogues on HIV stigma and discrimination among PLHIV Community and Key populations to address barriers to quality HIV prevention, care and treatment for HIV/ TB stigma services.
- k) CSO coalition on HIV/SRHR/Gender integration virtual meeting that was organized by the Ministry of Gender, Labour and Social development addressing sexual and gender-based violence and Ending Teenage Pregnancy, virtual Inter-University coalition meeting for University leaders on HIV prevention organized by AVAC, CSO bi-monthly coordination virtual meeting organized by UNASO and UNAIDS to strategize on interventions required to mitigate the impact of COVID-19 on HIV, TB and Malaria.

LOOKING AHEAD.

FINANCIAL REPORT

INDEPENDENT AUDITOR'S REPORT

TO THE DIRECTORS OF NATIONAL FORUM OF PLHA NETWORKS IN UGANDA

Report on the Audit of the Financial Statements for the year ended June 30, 2020

Opinion

We have audited the financial statements of The National Forum of PLHA Networks in Uganda (NAFOPHANU) which comprise the Statement of Financial Position as at June 30, 2020, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended and a summary of significant accounting policies and other explanatory notes.

In our opinion, the accompanying financial statements gives a true and fair view of the financial position of National Forum of PLHA Networks in Uganda (NAFOPHANU), as at June 30, 2020, and its financial performance and its cash flows for the year then ended, in accordance with International Financial Reporting Standards (IFRSs) and the Uganda Companies Act 2012.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs) and Guidelines issued by the Institute of Certified Public Accountants of Uganda. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statement section of our report. We are independent of NAFOPHANU in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants (IESBA Code) together with the ethical requirements that are relevant to our audit of the Financial Statement in Uganda, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Key Audit Matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the Financial Statement of the current period. Key audit matters are selected from the matters communicated with those charged with governance but are not intended to represent all matters that were discussed with them. These matters were addressed in the context of our audit of the Financial Statement as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. We have determined that there are no key audit matters to communicate in our report.

Responsibilities of Management and Those Charged with Governance for the Financial Statements.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the IFRSs; and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organisation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management intends to liquidate the Organisation, or cease operations or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organisation's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. 'Reasonable assurance' is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of management's internal controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organisation's ability to continue as a going concern. If we conclude that a material uncertainty exists, then we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to

modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Organisation to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

REPORT ON OTHER LEGAL REQUIREMENTS

As required by the Uganda Companies Act 2012, we report to you, based on our audit that;

- i) We have obtained all the information and explanations which to the best of our knowledge and beliefs were necessary for the purposes of our audit;
- ii) In our opinion, proper books of account have been kept by the organisation, so far as appears from our examination of those books; and
- iii) The organisation's statement of financial position and statement of comprehensive income are in agreement with the books of account.

The Engagement Partner on the audit resulting in this independent auditor's report is CPA Dativa Nabimanya – P0123.

Dativa Nabimanya

DATIVA & ASSOCIATES

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Date: 4th March 2021

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
JUNE 30, 2020**

	2020	2019
	UGX	UGX
Income		
Transfers from donors	1,622,658,795	2,150,329,725
Other Income	90,471,821	39,949,200
Total income	1,713,130,616	2,190,278,925
Expenditure		
Personnel costs	654,390,707	527,411,752
Direct project costs	872,265,595	1,560,095,887
Project administration costs	31,052,745	61,401,239
Other Administration costs	2,765,000	17,156,393
Total expenditure	1,560,474,047	2,166,065,271
Unspent funds / (Deficit) for the year	152,656,569	24,213,654

STATEMENT OF FINANCIAL POSITION AS AT JUNE 30, 2020

	2020 UGX	2019 UGX
Assets		
Non-Current Assets		
Property, Plant & Equipment	78,001,087	101,759,911
Current assets		
Cash and bank	448,995,838	278,166,368
Receivables	71,186,700	81,037,602
Total current Assets	520,182,538	359,203,970
Total Assets	598,183,625	460,963,881
Funds and liabilities		
Funds		
General fund	1,128,150	(5,131,645)
Capital fund	78,001,087	101,682,792
Restricted funds	505,962,389	359,412,735
	585,091,625	455,963,881
Current liabilities		
Staff Savings-Voluntary	7,800,000	-
Accruals and other payables	5,292,000	5,000,000
	13,092,000	5,000,000
Total funds and liabilities	598,183,625	460,963,881

 Ms. Stella Kentutsi EXECUTIVE DIRECTOR	 Dr. Stephen Watiti BOARD CHAIRPERSON
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STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED JUNE 30, 2020

	General Fund UGX	Restricted Funds UGX	Capital Fund UGX	Total UGX
Balance B/F as at 01/07/2018	32,751,286	297,006,949	133,118,124	462,876,359
Prior year adjustment	-	309,200	-	309,200
Depreciation charge for the year	-	-	(31,435,332)	(31,435,332)
Surplus / (Deficit) for the year	(37,882,932)	62,096,586	-	24,213,654
Balance C/F as at 30/06/2019	(5,131,645)	359,412,735	101,682,792	455,963,881
Balance B/F as at 01/07/2019	(5,131,645)	359,412,735	101,682,792	455,963,881
Depreciation charge for the year	(77,119)	-	(23,681,705)	(23,758,824)
General Fund / Restricted Funds harmonisation	10,757,098	(10,527,098)	-	230,000
Surplus / (Deficit) for the year	(4,420,184)	157,076,753	-	152,656,569
Balance C/F as at 30/06/2020	1,128,150	505,962,389	78,001,087	585,091,625

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED JUNE 30, 2020.

	2020 UGX	2019 UGX
OPERATING ACTIVITIES		
Surplus/(Deficit) for the year	152,656,569	24,213,654

**WORKING CAPITAL
MOVEMENTS**

Decrease in receivables	9,850,902	(38,871,174)
Increase in payables	8,092,000	(37,951,759)
Net Cash flow from Operating Activities	170,599,471	(52,609,279)

**NON-WORKING CAPITAL
MOVEMENTS**

Prior year adjustments during the year	230,000	309,200
	230,000	309,200
Net Increase/Decrease in Cash & Cash Equivalents	170,829,471	(52,300,079)
Cash and Cash Equivalent at the beginning of the Financial year	278,166,368	330,466,448
Cash and Cash Equivalent at the end of the Financial year	448,995,838	278,166,368

**REPRESENTED BY;
CASH AND BANK**

Cash at bank	448,995,838	278,166,368
Total	448,995,838	278,166,368

LESSONS LEARNT AND BEST PRACTICES

- a) Skills building for YPLHIV are not only important for empowerment, but also broaden their knowledge base and reduces their vulnerability to poverty and its related effects that impede uptake of HIV and SRHR services. Such as risky sexual behaviors to earn a living.
- b) The skills learned by the young people can and will be replicated by them. Young people will also skill other members who were not part of the training; this shall go a long way in strengthening peer to peer approach among the youth groups.
- c) Working with the district leadership and structures not only ensured ownership of the program, but also enhanced linkages for the youth groups to economic opportunities and initiatives like the youth livelihood fund, women empowerment fund as well as monitoring and follow up of their performance.
- d) Collaboration with the Elite Skilling organization ensured that the youth groups have the continuous hands-on required support and mentorship, the small businesses leverage on the business mentorship to grow their businesses and expand within Mbale district.
- e) The willingness of YPLHIV to conduct the program in the district, their commitment to start the businesses allowed ownership of the program and ensured that the beneficiaries are also the drivers of the initiative. This guaranteed success as they did whatever is possible to make the program work.
- f) Support, guidance and cooperation of the community development officers and District Health Officers was instrumental in the success of the project.
- g) In Mityana district, the DREAMS safe spaces also acted and still act as convening places for the AGYW to conduct their operations.
- h) In Busia, Uganda Youth Coalition on Adolescent SRHR and HIV (CSYRA) supported with mobilization of the beneficiaries for the trainings.
- i) There is need for continuous capacity building/empowering of PLHIV to utilise the available advocacy space to front key issues affecting access and uptake of HIV services is key.
- j) Regular supportive supervision for CORPS that keeps them coordinated and increases their commitment to the project work and provide platform for their continuous mentorship.
- k) Working with other partners doing similar or complimentary work enabled us link our advocacy efforts with other players to ensure a bigger impact and avoid duplication as a result of delivering as one
- l) Entrepreneurship skilling goes a long way in empowering young people especially AGYW; the economic independence gives YPLHIV the space to make informed responsible life choices.
- m) Working with existing groups is key as the young people are better placed to mobilize and support themselves within the businesses. Working as peers also strengthens the component of peer-to-peer support as the groups also become a platform for psychosocial support among the peers.
- n) It is important to work with local partners; they support the groups to understand the context of the businesses, but also provide the necessary day to day on-going mentorship and support for the business to be success.
- o) Skilling alone is not enough, it is also vital to provide training materials to motivate and propel the trained AGYW to start their economic empowerment journey, the materials provided for the peers provide the necessary fuel for the groups.
- p) The groups have become an advocacy and lobbying tool when designing programs for YPLHIV, it is important to incorporate aspects of economic empowerment because more than information, young people need a source of income to cater for their diverse needs. The advocacy is 2-fold i.e., first, it guides the local government authorities on where in supporting vulnerable groups based on the successes achieved so far from such pilots. Secondly, the empowered groups are confident enough to also advocate for their colleagues who have not been empowered yet.

- q) Learning through action is a core condition of transformation because we see empowerment as one process that will contribute to ending exclusion, HIV stigma & discrimination and promoting social justice. The purpose of such empowerment is to challenge existing stigmatizing and discriminating tendencies and spark social transformation.
- r) Integration of HIV/SGBV&SRHR is a component highly regarding in the current funding space. We will utilize our current strategic plan to inform our grant writing process since it aligns HIV with other areas.
- s) Strong partnerships are key in resource mobilization. Due to our coordination with SRHR Alliance members and other partners, we have been able to develop joint RFAs such as the Amplify change grant which was developed in partnership with Mamas club and but also the GUSO grant submitted to the Canadian Embassy.
- t) Continue empowering PLHIV to utilize the available advocacy spaces to front key issues affecting access and uptake of HIV services.
- u) YPLHIV need up to date information on HIV/ SRHR so that they can spear head advocacy at district and regional level. The Lack of safe spaces to access ART affects uptake of ART and retention into care by YPLHIV for example in Tokoro Health Centre IV and Nakapiripirit HCIII as ART clinics doubles as OPDs or general clinics so YPLHIV that are seen going to the ART clinic are labeled sick person and stigmatized in the community. GBV, Sexual harassment and assault, defilement and rape, faced by YPLHIV has left many psychologically tortured for the rest of their lives. Interrupted access to ART treatment in some prisons in Nakapiripirit and Kaabong district, left two young positives dead due to adverse effects due of full-blown HIV.
- v) The CAAT meetings highlighted critical issues that require constant follow up if PLHIV are to adhere to treatment, enjoy positive living and in the process become less infectious, such as on laws controlling, alcohol abuse, GBV, stigma, food security and working with partners to support young people remain in school
- w) Stigma remains a critical barrier requiring multiple stakeholder efforts, implementing strategies that have worked and peculiar to Karamoja sub region
- x) The Annual General Meetings has improved coordination and collaboration among PLHIV. The leaders who elected are helping in guiding PLHIV and have started VSLAs and saving.
- y) Advocacy on involvement of PLHIV in government interventions yield results. At this moment, PLHIV are always involved in whatever is done in the sub-counties.
- z) Advocacy trainings helped to build confidence and strengthened the capacity of PLHIV to fight for their rights. They demanded for the translation of information at the facility for clients to know and be able to demand for service. Besides, PLHIV can now challenge the duty bearers and have been able to claim their space especially in AIDS committees where they have been involved and are able to present PLHIV issued for action
- aa) Improvement in food availability (nutrition). After training in food nutrition, information was shared with other community members through community dialogues and they were encouraged to engage in Income Generating Activities and crop growing. Members have opened up kitchen gardens and grown beans sweet potatoes, maize to be self-reliant in terms of food and improved adherence
- ab) Reduced stigma among community members due to sensitization during community dialogues where members were warned against stigmatizing PLHIV and encouraged to support them, fear has reduced and people are openly coming up and no longer walk to far distant facilities

CHALLENGES FACED

- a) For this reporting period, the following constraints and challenges were faced; Weak PLHIV networks. NAFOPHANU has not been able to attract funds to support PLHIV networks to become more functional like holding regular meetings to discuss and plan PLHIV issues right from the sub-county to district levels, stigma among caregivers of children living with HIV and among adolescents even when services are improved and brought closer to them cases of caretakers moving long distances for services are still common. Inadequate HIV testing kits during eMTCT camp due to conditions attached them by government and HIV partners that provide them. Like in Katooke sub- county Kyenjojo district only 50 kits were provided and many women who were interested went untested.
- b) There are limited resources for joint planning and coordination of the PLHIV forums. This is affecting effective advocacy at grass root and national level.
- c) Coronavirus (COVID 19) cut short project implementation that all remaining activities for the quarter had to be halted. Reprogramming to integrate COVID 19 into HIV/SRHR has been undertaken.
- d) Most district forums lack the essential documentation to operate. NAFOPHANU will support them to put in place key documents and process activities to make the Forums more operational with systems and structures in place
- e) Alcoholism among YPLHIV which affected YPLHIV active participation during engagement however facilitators adopted mixed methods of facilitating which triggered YPLHIV concentration
- f) Stigma and discrimination towards PLHIV, Negative attitude of some health workers and drug Stock outs for instance at Nabilatuk health Centre IV and Lorengedwat health Centre III, YPLHIV have missed drugs on their appointment dates on a number of occasions. This has slowed down NAFOPHANU's effort to increase access and demand for HIV and SRH services in Karamoja NAFOPHANU is going to present these issues to District leaders during CAAT, SAC and DAC meetings where PLHIV have got representation.
- g) Hunger among PLHIV that affected their adherence to treatment as many could not afford what to eat. NAFOPHANU supported the most vulnerable and needy PLHIV with food support and requested districts to prioritize them during food distribution. Also, PLHIV are encouraged to engage in agriculture since the season is not as bad as it used to be.
- h) Lost to follow up cases and missing of appointment was also cited as one setback during the lock down. Expert clients will continue to follow up and provide adherence counselling.
- i) In Moroto COVID 19 affected access to medication due to transfer of ART drug supply from HCIII levels to only Moroto referral hospital which impacted on drug adherence as most people missed out their refills due to long distances. Affected facilities included Rupa, St. Pius,

Kidepo, Loptuk and Nakirior, health workers could not move to the stations.

- j) Also, PLHIV were being given Echarakantha (milk mixed with fresh blood of animals). It is a staple food but very dangerous to PLHIV and community members were giving it to people once identified to be HIV positive to kill them. This case was presented to elders meeting in Lesolena and sensitization of the community members is ongoing to stop this problem.
- k) One of the biggest challenges was the emergence of the COVID 19 pandemic where government enforced a number of measures such as; social distancing, no community activities that gather more than 5 people and this was enforced to slow down possible community infections in Uganda and subsequently the government locked down all mobility. Therefore, a number of activities were halted to that effect under the Presidential directives. In response, NAFOPHANU undertook reprogramming to integrate COVID 19 into HIV/ SRHR planned activities to be able to achieve all the PACK set objectives.

PROJECT



Partnership to Inspire Transform and Connect the HIV Response



Towards an AIDS Free Generation in Uganda (TAFU II) project



Prevention of HIV in Communities of Karamoja (PACK PROJECT)



GET UP SPEAK OUT and FLEXI (GUSO PROJECT)



Joint Advocacy for sexual Reproductive health and rights in Uganda

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