



NAFOPHANU

**NATIONAL FORUM OF PEOPLE LIVING WITH HIV/AIDS NETWORKS
UGANDA (NAFOPHANU)**

ANNUAL REPORT 2021-2022



Aga Khan Foundation COVID-19 Support to People Living with HIV in Kampala

Together for a Positive Difference

TABLE OF CONTENTS

List of Acronyms.....	4
About NAFOPHANU.....	5
Message from the Board Chairperson.....	6
Message from the Executive Director.....	7
Board of Directors 2021-2022.....	8
Programmes 2021-2022.....	9
Achievements for the Period 2021-2022.....	18
Financial Management.....	35
Independent Auditor’s Report.....	37
Report on other Legal Requirements.....	40
Statement of Comprehensive Income for the Year Ended June 30, 2022.....	41
Statement of Financial Position as at June 30, 2022.....	42
Challenges Faced.....	43
Lessons Learned.....	44
Donors and Partners.....	45

LIST OF ACRONYMS

AIDS	:	Acquired Immunodeficiency Syndrome
AGM	:	Annual General Meeting
AGYW	:	Adolescent Girls and Young Women
ART	:	Anti-Retroviral Therapy
AVAC	:	AIDS Vaccine Advocacy Coalition
BOD	:	Board of Directors
BP	:	Breakthrough Partnerships
CAAT	:	Consortium of Advocates for Access to Treatment
CCM	:	Country Coordinating Mechanism
CEHURD	:	Centre for Health, Human Rights and Development
CLM	:	Community Led Monitoring
COP	:	Country Operational Plan
CQUIN	:	HIV Coverage Quality and Impact Network
CSSA	:	Civil Society Strengthening Activity
CSO	:	Civil Society Organization
DSDM	:	Differentiated Service Delivery Model
ED	:	Executive Director
eMTCT	:	Elimination of Mother-to-Child Transmission
GBV	:	Gender-Based Violence
GIPA	:	Greater Involvement of People Living with HIV/AIDS
GNP+	:	Global Network of People Living with HIV
HIV	:	Human Immunodeficiency Virus
ICWEA	:	International Community of Women living with HIV Eastern Africa
JAS	:	Joint Advocacy for Sexual Reproductive Health and Rights
MIPA	:	Meaningful Involvement of People Living with HIV/AIDS
MOH	:	Ministry of Health
NCDs	:	Non Communicable Diseases
PEPFAR	:	President's Emergency Plan for AIDS Relief
PLHIV	:	People Living with HIV
SRHR	:	Sexual Reproductive Health and Rights
TAFU	:	Towards AIDS Free Uganda
TASO	:	The AIDS Support Organization
TPT	:	TB Preventive Therapy
TWG	:	Technical Working Group
UAC	:	Uganda AIDS Commission
UHRN	:	Uganda Harm Reduction Network
UNAIDS	:	The Joint United Nations Programme on HIV/AIDS
UNASO	:	Uganda Network of AIDS Service Organisations
UNYPA	:	Uganda Network of Young People living with HIV/AIDS
USAID	:	United States Agency for International Development

ABOUT NAFOPHANU

National Forum of People Living with HIV/AIDS Networks Uganda (NAFOPHANU) was founded on 23 May 2003 as the national umbrella organization of People living with HIV (PLHIV). It is legally registered with the Uganda Registration Services Bureau as a private company limited by guarantee (Reg. No. 80010003203080) and National Bureau for Non-Governmental Organizations. NAFOPHANU was established to provide a country-wide systematic and all-inclusive coordination structure for PLHIV networks, associations and support groups to play advocacy, policy and decision-making roles in the HIV/AIDS partnership.

MANDATE

NAFOPHANU's mandate is hinged on advocacy, resource mobilization, building partnerships, information sharing and capacity building. The target is all People Living with HIV.

VISION

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

MISSION

To coordinate and strengthen PLHIV networks at national and sub-national levels for a concerted HIV, TB, SRHR and NCDs response through advocacy, information sharing, networking and collaboration.

CORE VALUES

Positive living, Integrity, Professionalism, Respect for Human Dignity, Affirmative Action and Teamwork.

LONG TERM GOAL

To contribute to the improved well-being of 700,000 PLHIV in 135 districts of operation by 2025.

MEMBERSHIP

NAFOPHANU coordinates over 135 District Forums of PLHIV at the decentralized response and 13 National Networks that comprise young people, men, women, teachers, people with disability and armed personnel (police, army and prisons). The National Networks include:

1. Uganda Network of Young People Living with HIV/AIDS (UNYPA)
2. Uganda Young Positives (UYP)
3. Positive Men's Union (POMU)
4. International Community of Women Living with HIV Eastern Africa (ICWEA)
5. Mamas Club
6. National Coalition of Women Against AIDS (NACOA)
7. Teachers Against AIDS Group (TAAG)
8. Uganda People's Defense Forces (UPDF)
9. Friends of Canon Gideon Foundation (FOCAGIFO)
10. Support on AIDS and Life Through Telephone Helpline (SALT)
11. Global Coalition of Women Against AIDS in Uganda (GCOWAU)
12. Uganda Network of Religious Leaders Living with or Personally Affected by HIV/AIDS (UNERELA)
13. National Community of Women Living with HIV and AIDS (NACWOLA)



MESSAGE FROM THE BOARD CHAIRPERSON

NAFOPHANU Board remains committed to executing our role of providing governance, financial oversight, and leadership for effective management of NAFOPHANU affairs whilst meeting the appropriate interests of our stakeholders. NAFOPHANU conducted the annual general meeting (AGM), new Board members were elected and induction was conducted to orient them about organization principles, their roles and expectations

NAFOPHANU is a Secretariat to PLHIV Self coordinating entity in the multi-sectoral response as coordinated by Uganda AIDS Commission and works in consortiums and coalitions to reach the networks of PLHIV. This has enhanced the meaningful participation of PLHIV in the response both at national and decentralized levels.

COVID-19 and its associated effects greatly affected PLHIV as many could not access their life-saving ARVS and food to support adherence to medication. Some PLHIV lost their lives while others lost their dear ones due to COVID-19. However, amidst the COVID-19 era, we continued to support the response as well as averting the impact of COVID-19 among PLHIV.

On behalf of the board, I would like to thank Donors, Partners, Government, Other Stakeholders, and NAFOPHANU Staff for implementing the strategic plan. In addition, I thank all of you for the contribution made towards access, availability and utilization of ART among PLHIV across the country, I urge you to continue supporting PLHIV such that they live quality and productive lives.

I thank the outgoing board of 2020 – 2021 for their dedication and commitment to the organization and for ensuring that the mission is achieved and I welcome the newly elected board members.

Warm regards,

A handwritten signature in blue ink, appearing to read 'Dr. Watiti'. The signature is written in a cursive style and is positioned above a dotted line.

Dr. Stephen Watiti
Board Chairperson



MESSAGE FROM THE EXECUTIVE DIRECTOR

I am pleased to bring you the 2021-2022 Annual Report that is in line with the NAFOPHANU's mission, vision, strategic objectives and features the programs conducted. Through various funding streams, NAFOPHANU has strengthened some of its network members in areas of project management, governance, communication, advocacy, networking, building partnership and coalitions, resource mobilization and financial management.

NAFOPHANU continues to strengthen its systems and structures to enable her to play its coordination role to advance the interests of the PLHIV constituency. The partners that have supported this role are greatly appreciated. They include Uganda AIDS Commission, UNAIDS, GNP+, International Treatment Preparedness Coalition (ITPC), International Association of Providers of AIDS Care (IAPAC), Global Fund through TASO, USAID/Uganda Civil Society Strengthening Activity as managed by East-West Management Institute, VIIV Health Care through Aidsfonds (BP), European Union through Aga Khan Foundation, Swedish International Development Agency through Centre for Health Human Rights and Development, HIVOS through SRHR Alliance Uganda, CSO partners, Government entities and other UN and Bilateral agencies.

We are grateful to members who have supported PLHIV at community, district and national levels in various forms such as psychosocial support, stigma and social support, adherence counseling and general positive living.

Looking forward to more collaboration in years ahead.

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

Ms. Stella Kentutsi
Executive Director

BOARD OF DIRECTORS 2021-2022

SN	NAME	DESIGNATION	JOINED DECEMBER 2021
1	Dr. Stephen Watiti	Chairperson	
2.	Ms. Molly Okello	Vice Chairperson	
3.	Mr. Livingstone Kizza	Treasurer	Ms. Jane Mwirumubi
4.	Mr. Nicholas Niwagaba	Member-National Networks	Ms. Florence Buluba
5.	Mr. Tom Odhiambo	Member –Northern	
6.	Ms. Bennah Namono	Member –Eastern	Ms. Sylvia Night Awor
7.	Mr. Kuraish Mubiru	Member –Central	Mr. William Mulindwa
8.	Mr. Fred Batwesigye	Member –Western	
9.	Mr. Stanley Nsubuga	Member -Young People & Children	Mr. Mark Seffuko Tuhaise
10.	Ms. Caroline Aanyu	Member –Women	Ms. Peace Kaconco Natukunda
11.	Ms. Joy Nakyesa	Member -PWD	Mrs. Betty Babirye Kwagala
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	

PROGRAMMES 2021-2022

Towards an AIDS Free Generation in Uganda

Communities taking lead in reaching all children

Towards an AIDS Free Generation in Uganda (TAFU) targeted pediatrics and young children living with HIV and their caregivers. The project was implemented in a consortium of four that included Community Health Alliance Uganda (CHAU), Health Needs Uganda (HNU), Appropriate Rural Initiatives for Strategic Empowerment (ARISE), and NAFOPHANU with funding from Aidsfonds covering districts of Mityana, Mubende, Soroti, Ntungamo and Kyenjojo. NAFOPHANU has supported 80 expert clients to reach their peers, conducted capacity building on treatment literacy, conducted sub-county-based advocacy meetings, monitoring and evaluation visits, strengthened governance of 10 sub-county PLHIV Forums, organized community dialogues, and National level engagements as part of advocacy for improved pediatric and adolescent service delivery.



VIIV Break-through Partnership (BP) Program

The ViiV breakthrough partnership is a community project that aims at ending pediatric HIV by 2025 using a strategic framework that centers on resuming focus on providing quality services for children and adolescents living with HIV. The project is implemented in collaboration with Aidsfonds, Elizabeth Glazer Pediatric Foundation (EGPAF), Pediatric–Adolescent Treatment Africa (PATA), United Nations Children’s Fund (UNICEF) and ELMA Foundation, all being coordinated by ViiV Healthcare. The project runs from August 2020 to July 2024. The Programme is locally implemented by NAFOPHANU, Community Health Alliance Uganda (CHAU) and Health Need Uganda (HNU) in Soroti, Mubende, Mityana and Kyenjojo districts with support from Aidsfonds.

Under the program, NAFOPHANU’s core role is to spearhead advocacy agenda at all levels, empowering children and their caregivers with treatment knowledge, strengthening PLHIV networks as well as working closely with district officials, project partners and other implementing partners in the project areas for improved identification, referral, retention and viral load suppression rates.

So far, 286 PLHIV leaders were reached through sub-county Annual General Meetings, 10 Sub-county AIDS Committee (SAC) meetings reaching 215 people, 5 Consortium of Advocates for Access to Treatment (CAAT) meetings involving 157 participants, 5 district stakeholders meetings reaching 150 participants, 10 treatment literacy sessions targeting 300 participants including children, adolescents and caregivers, 10 HIV status disclosure meetings for caretakers of children, home visits, HIV testing services, Intensive counseling, health education about EMTCT and pediatric HIV, conducted 15 facility based monitoring and evaluation visits and formed 7 PLHIV groups.



A participant making a submission on issues affecting Paediatric HIV during the stakeholder engagement meeting in Kyenjojo district



CEHURD
social justice in health

Joint Advocacy for Sexual Reproductive Health and Rights (JAS) Programme

The JAS program aims at building a progressive social movement boldly challenging the deep structures affecting the realization of SRHR in Uganda. Funded by Swedish International Development Agency (SIDA) through the Center for Health Human Rights and Development (CEHURD). The program is implemented in collaboration with Human Rights Awareness and Promotion Forum (HRAPF), Reach A hand Uganda (RAHU), Uganda Network of Sex Work Led Organisations (UNESCO), The Coalition for Health Promotion and Social Development (HEPS), Akina Mama wa Africa (AMwA) and Center for Health Human Rights and Development (CEHURD). The four-year program started in January 2020 and ends in December 2023.

NAFOPHANU facilitated 60 Expert Clients with airtime, transport and issued IEC-branded materials like bags, umbrellas, notebooks, pens and T-shirts to ease their work and provided psychosocial support to PLHIV and affected communities. Conducted a two-day training for 60 expert clients on HIV/SRHR Advocacy and communications skills, conducted Community Scorecards to assess beneficiary satisfaction in Kamuli and Isingiro and disseminated them, held three (3) Consortium of Advocates for Access to Treatment (CAAT) meetings, besides media tours and community dialogues. A Technical Working Group for HIV Thematic area was formed to oversee the project and meets every quarter.

Reached 29,446 people with ART delivery, adherence counseling, home visits, follow-up on lost clients, referrals on HIV/TB/Legal aid & COVID-19, health education and community dialogues mainly focusing on GBV and SRHR services such as family planning.



Conducting an interview with Namasagali Health Facility ART Incharge Ms. Catherine Tushemereirwe



Global Fund Project

Supporting Uganda's Response to HIV/AIDS and Tuberculosis Reduction Strategy (UGA-C-TASO) is a 28 months project which started in September 2021 with funds from Global Fund through The AIDS Support Organisation (TASO). It is implemented in three sub-regions of Karamoja, West Nile and Northern Uganda. As a Sub Recipient, NAFOPHANU is implementing and supporting activities in Karamoja Region, while the Sub-Sub Recipients are the Center for Health, Human Rights and Development (CEHURD) and Uganda Harm Reduction Network (UHRN) implementing in West Nile/ Acholi and Lango / Teso regions respectively.

The targeted districts include; Moroto, Kaabong, Napak, Amudat, Nabilatuk, Nakapiririt, Abim, Kotido, Dokolo, Amolatar, Lira (City and district), Kitgum, Pader, Maracha, Yumbe and Arua (district and City). These directly implement both HIV and TB activities. Other districts are however implementing TB contact tracing only. They are; Moyo, Nebbi, Obongi, Pakwach, Zombo, Bukedea, Kaberamaido, Katakwi, Amuria, Kalaki, Kapelebyong, Kumi, Ngora, Serere, Soroti (City and District) and Karenga.

The project implementation is at community, district, regional and national levels under 03 Implementation Modules; Reducing human rights-related barriers to HIV/TB services focusing on Stigma and discrimination reduction, improving laws, regulations and policies relating to HIV/TB, coordination and management of national disease control programs, Community Systems Strengthening including community-based monitoring and community-led advocacy and research, social mobilization, building community linkages and coordination and TB care and prevention.

During the third reporting period, the following interventions were undertaken; district entry meetings, quarterly coordination meetings, community dialogues, community sensitization meetings, accountability meetings, TB contact tracing, advocacy training and facilitated expert clients with airtime, transport and stipend to reach fellow peers with psychosocial support.



Mr. Samuel Okurut, TB Contact Tracing Officer, NAFOPHANU conducting TB contact tracing in Moroto District



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USAID/Uganda Civil Society Strengthening Activity Treatment Literacy Project

The Treatment Literacy Project is a one-year project (February 2022 to January 2023) funded by USAID/PEPFAR in collaboration with East West Management Institute (EWMI). The project aims at building a resilient treatment-literate community of People Living with HIV (PLHIV) targeting children, adolescents, young people, unsuppressed adults, PLHIV that are newly enrolled to care, those aging with HIV in Northern Uganda and West Nile Region covering the districts of Amuru, Gulu, Kitgum, Lamwo, Agago, Zombo, Nebbi, Yumbe, Moyo and Koboko. Key outcomes include viral load suppression and retention in care.

The project supported the capacity building of 120 expert clients, 20 Key Populations and 10 PLHIV network leaders with HIV treatment literacy to be able to scale up the information to their peers at health facilities and community levels. Besides, health facility meetings, monitoring and evaluation visits, community dialogues, district coordination meetings, and district stakeholder meetings were conducted. The project brought on board Key and Priority Populations (KPs).

NAFOPHANU underwent Organisational Capacity Assessment (OCA) and Advocacy Capacity Assessment (ACA) under the USAID/Uganda Civil Society Strengthening Activity.



Mr. Raymond Kwesiga, Program Officer Advocacy, NAFOPHANU conducting a training on treatment literacy in Amuru District.



AGA KHAN FOUNDATION
An agency of the Aga Khan Development Network

Aga Khan Foundation EC COVID-19 Rapid Response Project

Funded by the European Union through Aga Khan Foundation which is a subsidiary of Aga Khan Development Network (AKDN), the EC COVID-19 Rapid Response Project aims at mitigating the impact of COVID-19 on PLHIV. The one-year project started in January 2022 and ends in December 2022 covering Arua City and District and Kampala.

Under the project, NAFOPHANU distributed maize flour, rice, beans and salt to 1,000 people, created awareness on COVID-19 and HIV through six radio and eight TV talk shows, 24 online posters and fact sheets, printed 400, A3 posters, provided 460 face masks and 460 sanitizers to PLHIV whereas bicycles, bags, T-shirts, gum boots and raincoats were given to 20 Expert Clients in Kampala and Arua District and City to reach fellow peers with ART and psychosocial support for increased access to HIV/SRHR services and conducted quarterly support supervision.



Beneficiaries in Arua District receive food under the Aga Khan Foundation EC COVID-19 Rapid Response Project.



UNAIDS COVID-19 Rapid Response Project 2020-2022

The project aimed at building resilient PLHIV structures to access HIV and COVID-19 services and information. The districts targeted were Kampala, Wakiso, Soroti, Luwero, Busia, Gulu, Mbarara, Jinja and Tororo targeting People living with HIV, key and vulnerable populations as well as communities of people affected by HIV and COVID-19. The project reached PLHIV with accurate and appropriate messages and eased access to treatment in various localities in a bid to mitigate the severe impact of COVID-19 on the communities.

As a result, NAFOPHANU distributed food, masks and sanitizers to vulnerable PLHIV in Kampala and its surrounding, created awareness on COVID-19 and HIV through 24 online posters and factsheets, 110 megaphones, translated SMS, five tweet chats and three zoom calls. Influencers were brought on board to popularize the content online and a what's group was created for PLHIV to share information. NAFOPHANU facilitated district forum members and peer buddies with airtime and transport to link and follow up on PLHIV at the family and community level, the Support on AIDS and Life through Telephone Helpline (SALT) was facilitated to do telephone counseling. Medical workers were given boxes of water, N95 face masks, Oxygen heads and mosquito nets.

Conducted radio talk shows on CBS radio, NBS Radio, Rock Mambo FM, Speak Fm, Teso Broadcasting, Vision Radio and Jogoo Fm and TV talk shows on NTV, UBC and BBS TV. The topics included; PLHIV amidst COVID-19 (What you need to know).

Reached 1,025 people with psychosocial support, linkages and referrals in Central, Eastern, Sothern, Western and South Western Uganda through SALT. Reached 10,874 people on Facebook and 26,584 people on Twitter.



Right-Left :Ms Stella Kentusi, Executive Director, NAFOPHANU, Ms Enid Wamani, Director Partnerships UAC and Mr. Jotham Mubangizi, Ag. Country Director, UNAIDS handing over cartons of bottled drinking water and JIK, mosquito nets, N95 face masks and oxygen head regulators to Entebbe Referral Hospital.



UNAIDS Stigma Reduction Project

UNAIDS Stigma Reduction project was a one-year project targeting key populations and adolescent girls and young women. It was implemented at the national level covering districts of Kampala, Wakiso, Mukono, Mityana and other districts online.

The project aimed at contributing to the Global Coalition on the reduction of HIV, TB and COVID-19 related stigma in the workplace and community setting to increase the uptake & utilization of HIV services in Uganda by 2022.

Accordingly, HIV treatment literacy sessions at health care centers, workplaces and community levels were conducted, documentation and sharing of personal & untold stories of PLHIV who were stigmatized, produced 2 minutes video clips, online posters and fact sheets, facilitated tick tokers to promote #SpreadloveNotHate, #LetsEndHIVStigma campaign, conducted street jams, facilitated the Salt helpline to do telecounselling and organized quarterly National Technical working advisory groups to strategize and contribute to the Global partnership targets on ending HIV, TB and COVID-19 related stigma and discrimination. The one-year project that started in April 2021- March 2022 was funded by UNAIDS.



Innovative ways of sharing HIV/AIDS information in a market area.



SRHR Alliance Uganda “We Lead” Project

Funded by HIVOS through the SRHR Alliance Uganda, NAFOPHANU is implementing the We Lead Project that aims at supporting rights holders (Young women in all their diversities) in the districts of Amuru, Gulu and Arua with the aim of impactfully and sustainably advocating for their sexual and reproductive health and rights. NAFOPHANU contributes to intermediate outcome three (3) that focuses on increasing health workers, their understanding and responsiveness to HIV/SRHR integration for rights holders through capacity strengthening and engagement, assessment of service delivery and creation of safe spaces for dialogues with duty bearers and policymakers at various levels.

Activities include Integrated HIV/SRHR competence strengthening for health workers and service providers, building capacity for rights holders in HIV/SRHR Advocacy, facilitating rights holders (Champions) to conduct evidence generation, holding quarterly accountability meetings/forums with duty bearers, facilitating health management committee meetings and support PLHIV forum coordination meetings. We lead is a one-year project that started in April 2022 and ends in March 2023.

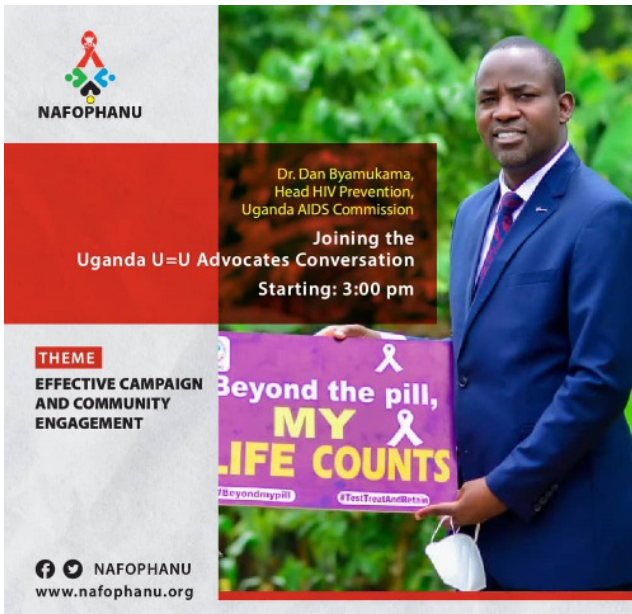


Ms. Bridget Ndagire, Programme Officer and Ms. Joselyne Mbawadde Ag. Program Manager giving an overview of the project during the Advocacy Training targeting rights holders in Gulu district.



AVAC Fellowship aimed at advocating for the effective implementation of the Test & Treat policy through the engagement of the Ministry of Health, PEPFAR, USAID, UNAIDS and like-minded Civil Society Organizations. The fellowship led to improved HIV treatment literacy and counseling through the Beyond My Pill Campaign. As part of the advocacy for improved treatment services, the fellow organized a national-level dialogue on test and treat, revitalizing the voices of PLHIV networks and mobilizing for further funding by PEPFAR and conducted a national dialogue on undetectable equals to untransmittable

as a means of HIV prevention. The fellowship ended in September 2021.



ACHIEVEMENTS FOR THE PERIOD 2021-2022

GOVERNANCE

Conducted four Board meetings and held a successful induction of new Board members to orient them about organization principles, their roles and expectations.



Dr. Stephen Watiti, Board Chairperson chairing a board meeting

Held a successful Annual General Meeting on 3rd December 2021 at NAFOPHANU Offices on plot 213 Sentema Road Mengo. Over 123 delegates were in attendance and new board members were elected.



Board Chairperson Dr. Stephen Watiti congratulates the newly elected Board members



One of the participants making submissions during the AGM.

ADVOCACY

NAFOPHANU participated in the aidsfonds Paediatric HIV linking and learning initiative webinar that was aimed at improving the efficiency and effectiveness of the pediatric HIV response toward children living with or exposed to HIV. Specifically, the objective of this virtual webinar was to facilitate a learning exchange between aidsfonds implementing partners, to generate evidence and document a scalable, sustainable community-based intervention model; and to use this evidence to inform future programming and policies.

Organized a PLHIV engagement with the parliamentary committee on HIV with representatives from CSOs in HIV thematic area and funded by the Country Coordinating Mechanism of Global Fund. In the meeting, a PLHIV position paper was presented with the following advocacy asks; Demonstrate stronger commitment to creating an enabling environment to end HIV-related stigma and discrimination, prioritize and lobby for increased domestic funding including operationalization of the AIDS Trust Fund, strengthen initiation of the comprehensive integrated health system in response to the management of HIV infection and the growing non-communicable disease (NCD) epidemics, advocate for the 0.1% allocation for HIV programs at the Local Government, rally support to the leaders in their constituencies to integrate HIV program in other interventions, conduct community mobilization and sensitization during MP constituency engagements and let HIV become part of their agenda.



PLHIV Constituency members petition parliament to increase domestic funding for HIV

A National Consortium of Advocates for Access to treatment (CAAT) was conducted reaching 39 participants including District Health Teams, PLHIV Coordinators and Chairpersons, CSOs and AIDS Control programme representatives. The aim of the meeting was to discuss how to improve HIV/TB and SRHR treatment and services in the districts of Kampala, Isingiro and Kamuli.

Participated in the national advocacy days, they include; Joint AIDS Annual Review (JAAR), World AIDS Day, Philly Lutaya Memorial Lecture and Candle Light Memorial Day. NAFOPHANU developed and presented PLHIV statements with specific asks such as increasing domestic funding, stigma reduction, economic empowerment and treatment literacy for all duty bearers and policymakers. These days usually inform members about the progress in the fight against HIV and highlight the gaps as well.



Mrs. Betty Babirye Kwagala, PWD representative on NAFOPHANU Board presents the PLHIV Statement at the 2022 Candle Light Memorial Day.

Worked with UAC to disseminate National Policy Guidelines on Ending HIV stigma and discrimination in Uganda targeting District AIDS Committees (DACs) across the country. NAFOPHANU drafted an abridged version of the policy and is currently working with UAC to assess the implementation of the National Policy Guidelines on ending HIV stigma and discrimination.



Participants take a group photo in front of the Kalaki and Ngora District Local Government Offices

NAFOPHANU participated in the (Out-comes Policies Resource Constraints Context) OPERA workshop organized by CEHURD, which involves appreciating the framework while assessing the country’s progress towards implementation of international, and national commitments and declaration through benchmarking the Beijing Declaration and Maputo Platform for Action.

115 PLHIV leaders participated in an online CCM constituency engagement meeting. Updates shared include; COVID-19 and the Global Fund 2021 funding application, feedback on the impact of COVID-19 on service delivery in relation to the three diseases of; TB, HIV and Malaria among PLHIV, proposing ways of strengthening grants oversight through the use of Community-based monitoring tool.

NAFOPHANU was part of the stakeholder's review meeting of the human rights tools that were later disseminated to the community and district PLHIV coordinators. The key indicators were revised to ensure effective reporting of violations such as gender-based violence, economic violence, stigma and discrimination and other human rights/structural-related barriers impeding access to treatment. UGANET pledged to work with PLHIV structures to document and report any human rights abuses in the community.

Attended the Uganda Advocates Coalition Meeting organized by UNASO on the impact of COVID-19 on SRHR and HIV services. The meeting generated remedies and key solutions for the dwindling HIV/SRHR services in the country amidst the pandemic. NAFOPHANU shared emerging issues from the districts following the documented report on the impact of COVID-19 on HIV services.

In Partnership with UNASO, we convened a meeting to share feedback regarding the research happening in Uganda including; FTAF, Prep and the long-acting injectable cabotegravir (CAB-LA). A community engagement plan was discussed on how best research institutions can work with the advocates to create awareness around research happening in Uganda.

A Coalition on Financing for Health Research and Development (COFHRED) was organized by IAVI to share progress made on budgetary allocation towards Health research including a meeting with the Parliamentary committee on health.

Organized one quarterly National technical working advisory group, under the coordination of UAC to strategize and contribute to the Global Partnership targets on ending HIV, TB and COVID-19 related stigma and discrimination.

NAFOPHANU participated in the campaign #WomenHealthMattersUG under CEHURD and our call to action was government to increase domestic funding for HIV.

Participated in a press conference organized by AIDS Health Foundation/Uganda Cares in commemoration of 20 years contribution to the HIV response.



Dr. Dan Byamukama, Head HIV prevention at UAC making a presentation at the press conference.

NAFOPHANU participated in the quarterly working group meeting on TB/HIV organized by USTP (supporting Uganda's response to TB/HIV and AIDS reduction strategy). The agenda of the meeting was to present updates on TB/HIV policy as well as sharing of TB/HIV experiences by various stakeholders for learning purposes. Participants were from MoH, PLHIV constituency, CSOs and health workers.

NAFOPHANU participated in the three day community forum on access to long-acting injectable Cabotegravir (CAB-LA) in Africa, the meeting was organized by AFRO-CAB Zambia in partnership with UNITAID and CHAI USA. The meeting was attended by over 50 delegates from different parts of Africa. We mainly discussed how to accelerate approval, rollout and the possibility of lowering the cost of CABLA to increase access and utilization.

Conducted four dialogue meetings with youth leaders in Napak, Kaabong, Amudat and Nakapiripirit targeting their meaningful engagement in addressing HIV and TB-related stigma, discrimination and violence within communities in order to improve uptake and retention in care. Challenges affecting the uptake of services were discussed and proposed actions for improving service uptake and stigma reduction. The youth leaders committed to being role models in challenging stigma and creating awareness of HIV, TB and Malaria in their constituencies.

Participated in the CLM annual dialogue organized by ICWEA in Mukono and Jinja. PLHIV, Key and vulnerable populations were engaged in a dialogue to ascertain the challenges in HIV response in their respective regions and proposed possible solutions to the challenges.

With support from ICWEA, NAFOPHANU conducted one CLM meeting in Amudat district targeting adolescent girls and young women living with HIV. Key issues identified included stigma and discrimination which affect the effective uptake of services and adherence.

Organized four district level stakeholder engagement meetings in ViiV implementing districts to review the implementation of pediatric HIV Intervention within the districts as well as to design sustainable strategies for improved service delivery. Reached 30 participants including, district officials, ViiV partners, Lead IPS such as Baylor and Mildmay, CSOs, PLHIV, VHTS, facility in-charges, media, religious and cultural leaders. During the meeting, a presentation on district pediatric HIV status was shared, duty bearers engaged on gaps that are affecting pediatric HIV service delivery and an action plan was developed to address the identified issues.

- In Kyenjojo, the CAO pledged to build the capacity of expert clients in counseling knowledge and skills under the capacity building fund.
- In Mityana the LCV chairperson pledged to work with CAO to ensure that all sub-country plans and budgets incorporate budgets for SAC meetings.

Participated in four radio talk shows and one TV talk show on Akica FM, KFM and NTV to sensitize masses in Karamoja region about the importance and benefit of the community scorecard, to discuss condom use and access among young people and how COVID-19 impacted access to SRHR services as part of the World Population Day celebrations and “Ending stigma and Discrimination our collective responsibility respectively.

Facilitated 5 Sub-county AIDS Committee meetings (SAC) in Kumuda and Tubur HCIIIs in Soroti district, Ngoma, Butaare HCIIIs in Ntungamo district and Mpongo HCIII in Mityana district reaching 115 participants majorly to advocate for PLHIV involvement in government programmes.

Facilitated 60 Expert Clients in Kamuli and Isingiro with transport and airtime to enable them to identify advocacy issues and lobby duty bearers to respond to the issues. They also reached fellow peers with ART and psychosocial support to reduce drug interruptions and improve adherence. They also conducted health education, community dialogues, linkages and referrals, encouraging PLHIV to get vaccinated among others. A total number of 6,360 people were reached.

Conducted four media tours in the districts of Kamuli and Isingiro to document SRHR success stories, best practices to identify issues and gaps in service delivery to inform policy and advocacy. During the visit, District SRHR partners, Expert Clients, VHTs and Beneficiaries were interviewed by the Programme and District PLHIV coordinators and Journalists. The stories were broadcasted and published on Bukedde and Spark TV, Busoga FM and Sunday Monitor newspaper.



Ms. Leah Alupo, JAS Programme Coordinator interviewing Rose, a widow with five children at Butale Bugulumba sub-county-Kamuli District.



Mr. Stephen Salamuka, PLHIV Coordinator for Kamuli District identifying issues affecting PLHIV at Mbulindi village in Namwendwa sub-county.

Conducted 7 bi-annual community dialogues in Agago, Yumbe, Lamwo and Amuru districts and reached 210 participants. During these dialogues, issues around HIV treatment literacy were generated; high stigma and discrimination, self-transfers and false identity of some clients which was affecting follow-up and retention in treatment. Some of the recommendations to address stigma and discrimination included; utilizing drama groups and conducting adherence counseling.

Conducted 34 quarterly facility-based engagement meetings on treatment literacy with 510 stakeholders including, the health facility In charge, representatives of the health workers from the ART clinic, Maternal and Child care, Pharmacists, Outpatient and in-patient departments and the health unit management committees.

Conducted 10 health facilities Monitoring/feedback meetings in Mityana, Mubende, Kyenjojo and Soroti districts involving expert clients, health workers, IPs and district officials and reached 150 participants. The focus was on the documentation of project achievements, lessons learned, challenges and strategies to improve TAFU interventions. Also, emerging issues affecting pediatric and adolescent HIV services were identified and this evidence has been used to inform advocacy agenda during engagement with duty bearers at sub-county, district and national levels.

RESEARCH AND DOCUMENTATION

NAFOPHANU disseminated the findings of the community scorecards to relevant stakeholders in Kampala, Wakiso, Kamuli and Isingiro districts. Some of the findings included; ANC (eMTCT, Postnatal care) services, HIV, Pregnancy and STDs testing was generally good in all facilities. However there were low staffing levels at Nyamuyanja, Rwekubo and Kabuyanda HCIV, absence of female condoms in all facilities except Kamuli General Hospital, lack of breast and cervical cancer screening in all facilities, absence of safe male circumcision in Ngarama, Kikagate, Namasagali, Kitayunjwa, Mbulamuti and Balawoli HCIII, lack of male condoms at Kakoma HCIII and Namwendwa HCIV, no family planning at Kakoma HCIII, there were cases of sexual gender-based violence at Ngarama HCIII and absence of mentorship of peer buddies at Kakoma and Ngarama HCIV. There is need to follow up on the recommendations.



Facilitated 15 Adolescents girls and young women (AGYW) living with HIV to assess the implementation of Differentiated Service Delivery (DSD) models in their respective districts with the aim of getting feedback on the effectiveness of the implementation of DSD models.

Conducted research on stockouts of third-line medicine across Uganda and findings were shared by UAC, MoH and UNAIDS to ensure that supplies are delivered to the health facilities that lack medicine.

NAFOPHANU participated in the research dissemination workshop: Fighting COVID-19: Tackling COVID-19 vaccine Hesitancy among PLHIV in Kampala, The meeting was organized by IDI. The research was aimed at collecting evidence on the acceptability of COVID-19 vaccine among PLHIV. The research was based on the background that PLHIV have a higher risk of SARS CoV-2 infection, and mortality from COVID-19. The evidence was to be used to plan, lobby and advocate for improved acceptance and availability of the vaccine.

PARTNERSHIPS

NAFOPHANU is part of UAC partnership coordination mechanisms as a self-coordinating entity for PLHIV, Coverage Quality Impact Network (CQUIN) that covers 21 African countries on making Differentiated Service Delivery (DSD) models more effective. A number of exchanges and workshops are made and attended the 5th ICAP/CQUIN annual meeting from 16-19 November 2021, Global Network of People Living with HIV (GNP+), Global Partnership to eliminate all forms of stigma and discrimination in the 6 settings ie Schools, Workplaces, Health Centres, Family/Community, Justice and Emergency Settings.



Ms.. Stella Kentutsi, Executive Director, attending the Annual General Meeting for CQUIN at Durban – South Africa

NAFOPHANU is a member of the SRHR Alliance Uganda alongside CEHURD, RAHU, FLEP, Reproductive Health Uganda, Straight Talk Foundation, Restless Development and UNYPA. NAFOPHANU Executive Director is the current Board Chairperson.

We belong to In-country Coalitions- Uganda Coalition on Access to Essential Medicine(UCAEM) under HEPS Uganda, CAAT, under NAFOPHANU, Petition 16 under CEHURD, Petition against criminalization by UGANET.

EMPOWERMENT

Empowered 120 expert clients in the West Nile and Northern region with HIV treatment literacy and supported them to scale up the information to their peers at community and facility levels.



Mr. Steven Sentongo, Accountant & Grants Officer conducting a training for expert clients on data collection tools in West-Nile region

A total of 180 district officials from 06 districts of Napak, Moroto, Nakapiririt, Kaabong, Amudat and Nabilatuk were oriented on community scorecards. Scorecard processes were shared with these officials in detail for them to comprehend and appreciate it. The activity aimed at eliciting district support and ownership during actual implementation. In all the districts, the officials were open to the scorecard activity and pledged their support.



The Deputy Chief Administrative Officer Moroto and Napak district making opening remarks at the dissemination meeting.

Conducted a seven day mentorship for 14 CBO/CSO leaders. The placement exercise provided a practical experience to the CBO leaders in various fields such as procurement, human resource management, and compliance among others in preparation for funding through NAFOPHANU as part of the CBO capacity building exercise. In Karamoja region, NAFOPHANU district forums of Moroto, Kaabong, Kotido and Abim are part of the CBOs considered for funding with each receiving 11 million shillings for activity implementation.

Mentored and empowered 10 community advocates per district to deepen and sustain social mobilization activities around HIV, TB and Malaria related interventions.

Conducted 10 HIV status disclosure sessions and treatment literacy support meetings with health workers, expert clients and caretakers of children and adolescents to empower and build their capacity to improve on ART adherence and realize suppressed viral load and retention to care. Reached 278 participants (167 female and 111 males).

10 support visits were conducted in the districts of Amuru, Gulu, Kitgum, Lamwo, Agago, Zombo, Nebbi, Yumbe, Moyo and Koboko to provide further mentorship for the effective implementation of the project. Mentorship on M&E data tools was done to enable the expert clients accurately collect quality and consistent data. 25 participants were met.

CAPACITY BUILDING

Conducted two trainings for expert clients on HIV/SRHR Advocacy and Communication Skills in the district of Isingiro and Kamuli. 60 Expert clients were equipped with advocacy, lobbying, communications, networking, creation of coalitions and collaboration skills among others.

With support from UNITAID, NAFOPHANU was able to conduct community training sessions on Optimal ARVs and Advanced HIV Disease. The training included KPs, expert clients, YAPs and peer mothers from health facilities but with a role of supporting others.

Conduct a four day training on advocacy skills for 10 (CSOs/CBOs and groups) from 16 high burden districts. NAFOPHANU selected 60 community level advocates from Moroto, Napak, Kaboong, Nabilatuk, Amudat and Nakapiripirit and equipped them with knowledge and skills in advocacy, HIV and TB current information to become voices for the voiceless in Karamoja region.

NAFOPHANU hosted 3 organizations i.e. Jinja Network of PLHIV (JINET), Kalangala Forum of PLHIV (KAFOPHAN) and Save the Orphans and People with HIV/AIDS Initiative Kyankwanzi for experimental learning for a one week's benchmarking exercise on NAFOPHANU's systems and structures.

Sensitized 40 journalists, influencers and health bloggers on the need to end HIV Stigma and discrimination to strengthen online and traditional media personalities on effective HIV and AIDS communication. The participants were supported and encouraged to integrate stigma reduction messages in their work as well as continuously pass on the information to combat HIV-related stigma and discrimination. As a result of the training the campaigns on #LetsEndHIVStigma #EndAIDS2030Ug were promoted online and were trending on twitter the whole day and Chimp reports produced an article on the need to combat HIV stigma and discrimination.



Mr. Archie Luyimbazi presentin on how to write non-stigmatizing posts and articles on media.

NAFOPHANU participated in the 21st International Conference on AIDS and STIs in Africa (ICASA Conference) from 5-12 December 2021 in Durban South Africa. The 21st ICASA Conference 2021 was organized jointly by Society for AIDS in Africa (SAA) and the Government of South Africa, represented by the Minister of Health. The conference theme was “Africa’s AIDS response: The race to 2030- Evidence. Scale up. Accelerate. Some of the recommendations were, to enlist the TRUST of our communities to accept the available vaccines – given the hesitancy and rejection across the continent, the need for Africa to manufacture its medicines, diagnostics and vaccines, invest in health infrastructure by mobilizing more domestic resources and increase the health budgets and prioritize community led approach in the global HIV prevention measure among others.

Participated in budget advocacy training organized by Akina Mama wa Africa under the JAS programme. It focused on advocacy for increased health sector budgets by navigating the national budget website. The Chairman parliamentary health committee Dr. Francis Ayume committed to including pregnancy scanning machines in the budget as well as increasing the salaries for health workers as a means to motivate them to provide good services.

USAID/CSSA supported NAFOPHANU with capacity building for staff in various areas, strategic planning, strategy development, advocacy, communications, resource mobilization, M&E, ICT, project-based M&E frameworks, 360 degrees assessment for the ED, induction of the Board members among others. In addition, USAID Social Behavioural Change Activity (SBCA) supported NAFOPHANU to develop Treatment Literacy Flipchart for all expert clients and other community resource persons to use as they serve their peers.



Ms. Leah Alupo, Communications and PRO conducts an interview with Ms. Winifred Ikilai programme Coordinator during the practical training for communications.

NAFOPHANU through the district PLHIV Networks held 08 districts PLHIV coordination meetings in Amuru, Gulu, Kitgum, Lamwo, Agago, Zombo, Nebbi, Yumbe and Moyo. A total of 234 participants were reached in the meetings. The executive committee members reviewed the project work-plan, strategized to organize health facility based meetings, community dialogues and expert clients sharing meetings.

Supported bi-annual performance review meetings in six districts of Napak, Moroto, Nakapiririt, Kaabong, Amudat and Nabilatuk. During the meetings, stakeholders shared achievements and challenges. A performance review of HIV/TB and Malaria interventions within the Districts was done. Pertinent issues impeding service delivery and uptake of services were tabled before respective district leaders and implementing partners for redress. The meetings also provided an avenue for communities to interact

with district leaders on the improvement of HIV, TB and Malaria services in order to address the gaps in Gender-Based Violence (GBV), Stigma and Discrimination.

Conducted district-level training on using digital technologies for monitoring services. Eight community data collectors per district in 16 high-burden districts were reached. Conducted health facility level meetings to follow up on action plans - with 4 poorly performing health facilities on a rotational basis. 41 health facility meetings were held with Health Unit Management Committees and other community members. Action plans were developed to guide further improvement of service delivery in the identified health facilities.



A participant highlighting service delivery gaps during a performance review meeting of Nakapeli-men HCII Moroto District



LCI Chairperson of Nakapelimen sub-county Moroto District making opening remarks at the performance review meeting.

Conducted 1,312 treatment literacy sessions reaching 3,841 people at the facility and community level. People living with HIV were reached with key messages to improve adherence, nutrition, advanced HIV disease, drug resistance, HIV stigma and drug side effects. 1,303 follow ups were made out of 1,073 people and 944 out of 1478 people were returned into care.



Mr. Richard Mugumya, M&E Officer, NAFOPHANU conducting training for Expert Clients on data collection tools – Kitgum District.

Formed psychosocial support groups and bi-annual experience-sharing meetings, A total number of 159 PLHIV participated in the social support group meetings in two districts of Agago and Moyo respectively. Agago district formed four psycho-social support groups targeting 80 PLHIV for personal experience sharing and to support them adhere well to their medication. Moyo district formed a total of 15 support groups targeting 28 adult females, 24 adult males, 16 adolescent girls and 11 adolescent boys.

COVID-19 RESPONSE

NAFOPHANU received support from aidsfonds International, Aga Khan Foundation and UNAIDS to procure essential food items for the most vulnerable PLHIV in a bid to improve their adherence to ART during the COVID-19 Crisis, food quantities included, 11,040 kgs of maize flour, 10,584 kgs of beans, 5,270 kgs of rice, 1,400 kgs of salt and 600 kgs of millet flour. The items were distributed to over 2,000 homes in areas of Kampala Metropolitan (Kampala, Wakiso, Mpigi and Mukono districts), Arua city and District, Mubende, Ntungamo, Soroti, Kyenjojo and Mityana. In addition, NAFOPHANU procured 500 reusable face masks and 500 pocket-size sanitizers and distributed them to beneficiaries alongside the food items as a strategy for epidemic control in the communities.



Hon. Kabuye Kyofatogabye, Minister for Kampala and Ms.Hasina Diya, Country Representative Aga Khan Development Network hand over food to PLHIV in Kampala.



Mr. Jotham Mubanguzi, UNAIDS and Mrs. Enid Wamali UAC handing food to representatives of young people, Kampala Forum and men.



Dr. Stephen Watiti, Board Chairperson NAFOPHANU, Ms. Hope Mulungi, UAC and Mr. Jotham Mubanguzi, UNAIDS giving food to the PLHIV in Kampala



Ms. Stella Kentutsi, ED NAFOPHANU and Ms. Olga Namukuza Program Manager Aga Khan Foundation handover food to PLHIV in Arua District.



Ms. Joselyne Mbawadde, Tafu Project Coordinator, handing over food to the care takers of children living with HIV in Ntungamu District.

Procured 26 bicycles for expert clients to strengthen ART home deliveries and offer psychosocial support in the districts of Kampala, Arua, Bugiri and Mayuge. In addition, 20 expert clients in Kampala and Arua under the Aga Khan project received 20 bags, 20 gumboots, 20 raincoats, 20 pieces of sanitizers and 20 pens.

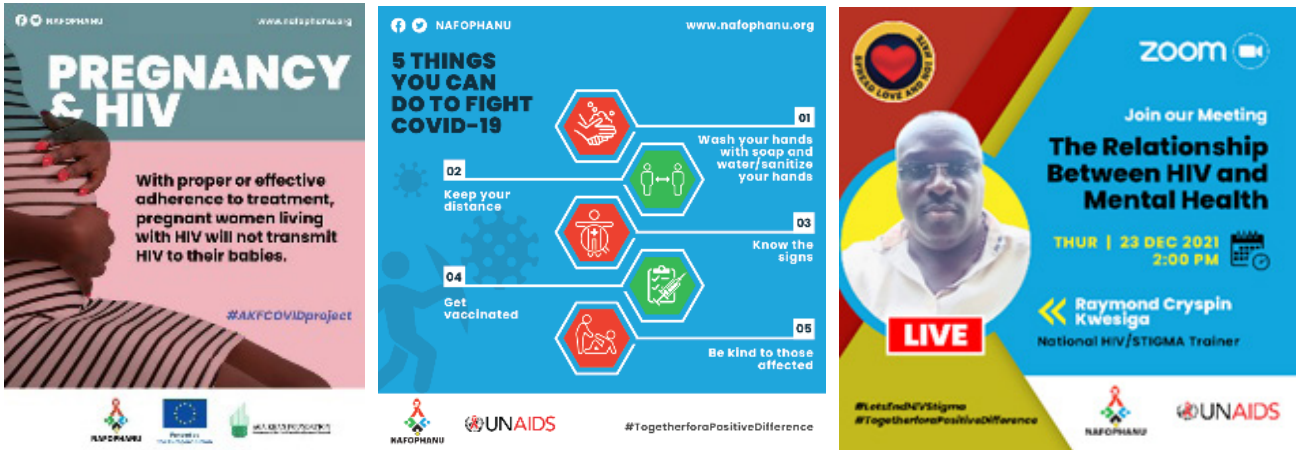


Official handover of food, bicycles, bags, gumboots and raincoats to Expert Clients of Kampala.

Facilitated 158 Expert Clients and peer buddies with a monthly stipend and airtime to liaise with ART in-charges and identify lost clients, follow up with those who missed appointments through phone calls, none suppressed, HIV+ pregnant women, children and their caretakers to provide adherence support, follow up on linkages and referrals, stockouts of drugs, HIV and COVID-19 Information, conduct home visits for ART deliveries and health talks in the districts of Mityana, Mubende, Kyenjojo, Ntungamo, Soroti, Kampala, Wakiso, Luwero, Jinja, Busia, Tororo, Gulu, Mbarara and Arua. Reached 45,164 people.

Conducted facility based treatment literacy sessions to reduce poor adherence to ART among children, pregnant and lactating women Living with HIV with the aim of increasing knowledge on ART to improve on adherence and eventually realize viral load suppression. NAFOPHANU also facilitated one district health team member to support five ART treatment literacy sessions across TAFU districts. Reached 122 participants.

Conducted five tweet chats and three zoom meetings on Mental Health, HIV & AIDS, COVID-19, Stigma and Discrimination and Gender-Based Violence. The tweet chats were hosted on the NAFOPHANU Twitter page. NAFOPHANU also designed and produced 56 E-posters and factsheets with messages on COVID-19 causes, prevention and vaccination as well as HIV-related information and disseminated them on Facebook, Twitter and WhatsApp. Reached 354,630 persons. Five online social media influencers were brought on board to promote the campaign online.



Coordinators in the districts of Kampala, Wakiso, Luwero, Jinja, Busia, Tororo, Soroti, Gulu and Mbarara were provided with megaphones (Ebizindalo) to pass on COVID-9 and HIV information. NAFOPHANU conducted 33 radio talk shows on Akaboozi Kubiri, Arua One FM, CBS FM, Teso Broadcasting Services, NBS Radio, Speak FM, Rock Mambo, Jogoo FM and Vision Radio. 16 TV shows on NTV, UBC TV, BBS TV, Bukedde TV, TV West and Wan Luo were held under the topic PLHIV amidst COVID-19: What you need to know and How to address HIV and Covid-19 stigma. The guest speakers were sourced from competent and knowledgeable PLHIV.



Dr. Stephen Watiti and Dr. Alex Muganga Muganzi NAFOPHANU Board Memebers, conducting a talkshow on NTV.



Ms. Joyce Tibajuka PLHIV Coordinator Mbarara District conducting a talkshow on TV West.

NAFOPHANU supported Namboole COVID-19 Unit and Entebbe Referral Hospital with COVID-19 relief items with the aim of mitigating the impact of COVID-19 on the frontline health workers. The items included; 10 multipurpose oxygen head regulators, 240 Pieces of face masks, 60 mosquito nets for patients, 120 cartons of drinking water and 40 cartons of Jik disinfectant.

NAFOPHANU was guided by UNAIDS, WHO and Ministry of Health to support health workers attached to COVID-19 treatment units (CTUs). Nine at Soroti Referral Hospital and four at Fort Portal Regional Referral Hospitals for a period of two months.



Health workers from Soroti Referral Hospital signing their employment contracts

Held quarterly supervision visits in Kampala, Arua city and district to ascertain the progress of the project, mentor and coach expert clients on quality data collection for reporting purposes. As a result, expert clients had a refresher training session on report writing and treatment literacy hence increasing knowledge on HIV treatment.



Hon. Kabuye Kyofatogabye Minister for Kampala City handing over the certificate of appreciation to Ms. Stella Kentutsi, ED NAFOPHANU and Ms. Bridget Ndagire Program Officer at the EC partners awarding event.

NAFOPHANU STAFF

	Names	Designation
1	Stella Kentutsi	Executive Director
2	Nanyanzi Prossy	Program Manager
3	Geoffrey Twine	Finance & Administration Manager
5	Winnie Ikilai	Program Coordinator/USAID Treatment Literacy Project
6	Leah Alupo	Communications & PRO/Program Coordinator JAS Programme
7	Richard Mugumya	M&E Officer
8	Deborah Kwamagezi	Accounts Assistant
9	Diana Bridget Ndagire	Program Officer/Aga Khan Project
10	Evelyne Nambozo	Program Coordinator/Global Fund Project.
11	Richard Opido Echoku	Day Guard/Gardener
12	Lillian Ochida	Volunteer – Receptionist
13	Teddy Nakanabi	Cleaner
14	Joselyne Mbawadde	Program Officer/TAFU Project
15	Nelson Angudria	Night Guard
16	Samuel Okurut	TB Contact Tracing and Linkages Officer
17	Kenneth Lokwi N	Program Officer
18	Otim John Paul	Program Officer
19	Mr. Tumwesigye Edson	Grants and Compliance Officer
20	James Lule	Program Assistant
21	Mr. Kwesiga Raymond	Program Officer- Advocacy
22	Mr. Timothy Kalungi	Driver
23	Diana Nakayita	Volunteer – Programs

FINANCIAL MANAGEMENT

NAFOPHANU has always kept good books of accounts. Specific donor project audits and our organizational audits have provided good reports. The financial reports we receive every quarter are detailed and the various donor-led Organizational Capacity Assessments (OCA) and pre-award assessments have shown our financial systems are very solid. The organization has gone cashless as per donor requirements as all transactions are done online.

HOW WE MOBILISE RESOURCES

This activity is premised on Strategic Objective 2: To mobilize resources for adequate and sustainable programming for PLHIV. NAFOPHANU continues to mobilize resources as an organization/consortium. The resources are received upon application for grants and requests for proposals by the donor community.

NAFOPHANU continues to integrate HIV with other co-morbidities such as TB, Hepatitis B, Non-Communicable Diseases (NCDs), COVID-19, SRHR, water and sanitation, aging with HIV, food security, humanitarian settings, mental health, PWD, male involvement among others with the aim of widening our resource base.

FINANCIAL REPORTS

Performance/Trend analysis for the period, 2019 to 2022

Income

NAFOPHANU's total income, the bulk of which comprised grant income and income generated from rendering professional services increased by UGX2,330,257,735 (159%) and reduced by UGX248,775,080 (14.5%) during the financial years 2022 and 2021, respectively. The increase in total income during the financial year 2021/2022 was mainly due to securing new funding from major Donors whose projects commenced during the period e.g., Global fund and USAID/CSSA.

In 2020, NAFOPHANU's total income was reduced by UGX477,148,309 (22%) in comparison to the total income of UGX2,190,278,925 received in the financial year 2019. The reduction is attributed to the closing of donor funded projects by UGX527,670,930 (24.5%).

Expenditure

NAFOPHANU's total operational expenditure which comprises the various projects and administrative costs increased by UGX1,726,048,781 (102%) in 2021/2022, compared to an increase of UGX139,885,020 (8.9%) in 2020/2021. On the other hand, expenditure for the year 2019/2020 went down by UGX605,591,224, representing a 27.9% decrease from that of 2019.

The 2019/2020 expenditure decline was precipitated by the total lockdown that was imposed by the Government from the month of March 2020, through June 2020 to curb the spread of Covid-19. This had a remarkable negative effect on the implementation of NAFOPHANU's projects since physical movement and meetings were outlawed during that period.

Accordingly, the Unspent funds for the year have been increasing over the years since 2019, except for 2021 where the Organisation made a deficit of UGX236,003,531.

This deficit was financed by the unspent funds which were brought forward from the previous periods. The financial performance of NAFOPHANU during the period of 2019 to 2022 is summarised in Table I below;

Table I; 2019 – 2022 Financial Performance Trend

	2022	2021	2020	2019
	UGX	UGX	UGX	UGX
INCOME				
Transfers from donors	3,714,786,693	1,365,938,364	1,622,658,795	2,150,329,725
Other Income	79,826,578	98,417,172	90,471,821	39,949,200
Total income	3,794,613,271	1,464,355,536	1,713,130,616	2,190,278,925
EXPENDITURE				
Personnel costs	581,364,838	453,718,864	654,390,707	527,411,752
Direct project costs	2,528,343,912	1,195,380,976	872,265,595	1,560,095,887
Project administration costs	296,617,598	47,350,177	31,052,745	61,401,239
Other Administration costs	20,081,500	3,909,050	2,765,000	17,156,393
Total expenditure	3,426,407,848	1,700,359,067	1,560,474,047	2,166,065,271
Unspent funds / (Deficit) for the year	368,205,423	(236,003,531)	152,656,569	24,213,654

Table 2; Summary of financial performance trends for the year 2019 - 2022

Year	2022	2020	2019
	%	%	%
Growth in Total Income	159.1	(14.5)	(21.8)
Changes in Total Operating Expenditure	101.5	9.0	(28.0)
Total operating expenditure/ Income ratio	90.3	116.1	91.1

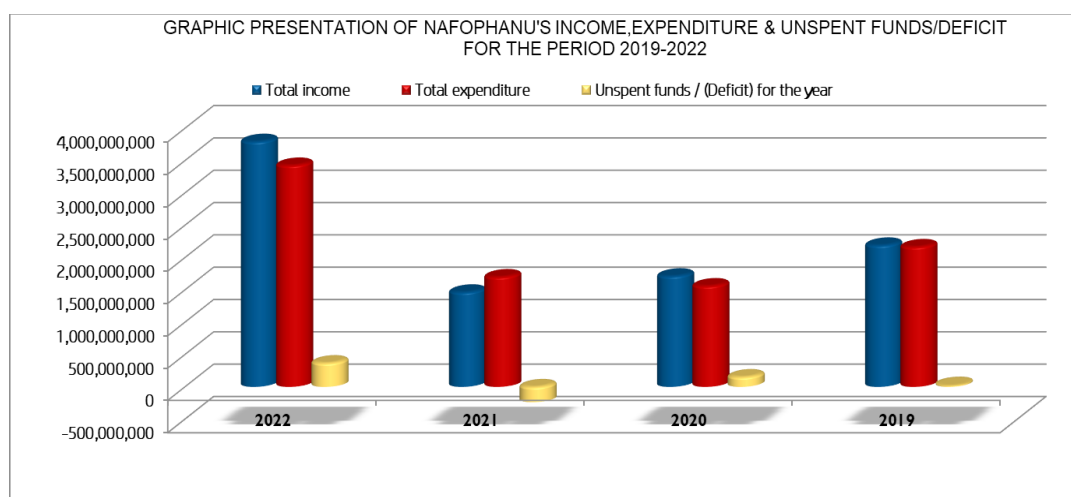


Fig 1. Bar graph showing Performance Trend analysis for the period 2019 – 2022

INDEPENDENT AUDITOR'S REPORT

Report on the Audit of the Financial Statements for the year ended June 30, 2022

Opinion

We have audited the financial statements of the National Forum of People Living with HIV / AIDS Networks Uganda Ltd (NAFOPHANU) which comprise the Statement of Financial Position as at June 30, 2022, 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 give a true and fair view of the financial position of National Forum of People Living with HIV/AIDS Networks Uganda Ltd (NAFOPHANU), as at June 30, 2022, 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 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 judgment and maintain professional skepticism 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 organization, so far as appears from our examination of those books; and
- iii) The organization'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 James Onyoin Okello - P052

James Onyoin Okello

HLB Jim Roberts
Certified Public Accountants
P.O. Box 10639, Kampala
Date: 25 November 2022



STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED JUNE 30, 2022

	2022	2021
	UGX	UGX
Income		
Transfers from donors	3,714,786,693	1,365,938,364
Other Income	79,826,578	98,417,172
Total income	3,794,613,271	1,464,355,536
Expenditure		
Personnel costs	581,364,838	453,718,864
Direct project costs	2,528,343,912	1,195,380,976
Project administration costs	296,617,598	47,350,177
Other Administration costs	20,081,500	3,909,050
Total expenditure	3,426,407,848	1,700,359,067
Unspent funds / (Deficit) for the year	368,205,423	(236,003,531)

STATEMENT OF FINANCIAL POSITION AS AT JUNE 30, 2022

	2022 UGX	2021 UGX
Assets		
Non-Current Assets		
Property, Plant & Equipment	60,325,352	62,596,825
Current assets		
Cash and bank	432,158,120	244,766,226
Receivables	152,908,132	3,389,196
Total current Assets	585,066,252	248,155,422
Total Assets	645,671,604	310,752,247
Funds and liabilities		
Funds		
General fund	49,097,221	15,526,661
Capital fund	60,605,352	62,596,825
Restricted funds	527,639,030	201,722,771
	637,341,603	279,846,257
Current liabilities		
Staff Savings-Voluntary	8,000,000	14,850,000
Accruals and other payables	329,999	16,055,990
	8,329,999	30,905,990
Total funds and liabilities	645,671,604	310,752,247

The Financial Statements were approved by the Board of Directors on 25 November 2022 and were signed on its behalf by:

 Ms. Stella Kentutsi	 Dr. Stephen Watiti
EXECUTIVE DIRECTOR	BOARD CHAIRPERSON

CHALLENGES FACED

- Covid 19 lockdown and associated restrictions interrupted the implementation of activities, limited access to ART and increased the number of missed appointments. further, transport costs have remained high to reach ART clinics hence affecting ART home deliveries.
- Limited funding to cover office operations and governance-related issues.
- The escalating commodity prices are affecting project implementation thus leading to a reduction in the set/activity/ project targets, for example, the budget for maize flour was at Ugx1500 per kilogram due to an increase in commodity prices the price of maize flour shot upto Ugx3000.
- Hunger in Karamoja region has interrupted adherence to medication for PLHIV while insecurity has negatively impacted Global Fund Project implementation as movements especially using motorbikes is very risky.
- Stock outs of PDTG, 2nd and 3rd line regiments caused by delay in ART delivery by NMS in most of the districts.
- There is still a big information gap on HIV prevention, care and treatment services among communities.
- Irregular facilitation of CDDPs due to lack of funds has affected proper adherence to EMTCT and pediatric ART.

LESSONS LEARNED

- ✓ Leveraging the community drug distribution points (CDDPs) model to advocate for the extension of multi-month drug dispensing from three to six months for stable clients would be a good strategy for retention.
- ✓ Integration of HIV with other services like family planning, COVID-19, TB and STIs services at the lowest level of health facilities may increase uptake of services.
- ✓ Effective community mobilization has led to the realization of many advocacy gains currently happening in the country which include; The approval of the National Anti-stigma policy, finalization of the Treatment literacy manual and materials and funding by PEPFAR for treatment literacy programs.
- ✓ PLHIV empowerment in ART treatment literacy is pertinent in achieving the 95-95-95 targets as they learn to take charge of their own health.
- ✓ Innovative ways of activity implementation because of COVID-19, planned physical meetings were conducted virtually via Zoom.
- ✓ Interface engagement with duty bearers at all levels is critical in improving the quality of health coverage.
- ✓ Continuous monitoring of ART/SRHR/TB services enforces transformation in the health sector as well as fosters workable commitment for improved HIV/TB/SRHR service delivery while beneficiary involvement in monitoring health services enhances duty bearer's effectiveness in responding to public needs.
- ✓ Nutrition is very key in ART adherence. Food distributed to PLHIV restored hope among many thus creating their sense of belonging to different PLHIV structures.
- ✓ Peer-led programs are effective in strengthening the support system for promoting treatment utilization.
- ✓ The high levels of stigma and limited knowledge on treatment continue to compromise the utilization of services by PLHIV during the COVID-19 era, PLHIV do not want to be identified at the community and family levels.
- ✓ There are many cases of sexual gender-based violence in the communities and there is limited expertise to handle them.

DONORS AND PARTNERS



2021-2022



**NATIONAL FORUM OF PEOPLE LIVING WITH
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