



# NAFOPHANU



## NATIONAL FORUM OF PLHA NETWORKS IN UGANDA

### ANNUAL REPORT



### 2013 - 2014

## VISION

- ❖ NAFOPHANU envisions a population of People living with HIV able to live a quality and productive life in a sustainable manner.

## MISSION

- ❖ To spearhead and coordinate the efforts of PLHIV constituency to live productive lives and effectively contribute to the national HIV&AIDS response.

## OVERALL GOAL

- ❖ To mobilize, support and coordinate the networks of PLHIV for effective service delivery.

## CORE VALUES

- ❖ Positive Living
- ❖ Integrity
- ❖ Professionalism
- ❖ Respect for human dignity
- ❖ Affirmative action
- ❖ Team work.

## STRATEGIC PILLARS

- ❖ Improving PLHIV welfare,
- ❖ Strengthening member Networks
- ❖ Improving organizational effectiveness

## OUR DEVELOPMENT PARTNERS



Cover Photos Clockwise: DGF V&A Component Manager, Mr. Fergal Ryan closing a National Dialogue, Launch of PLHIV Stigma Index Report, Mpigi District Forum Members display their Art and Craft as part of IGA and Young Positives learning Saloon Business

# **National Forum of PLHA NetWorks In Uganda**

## **Annual Report**

**2013 - 2014**

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## LIST OF ACRONYMS

AGM	Annual General Meeting
AIDS	Acquired Immune Deficiency Syndrome
AMICAAL	Alliance of Mayors and Municipal Leaders against AIDS
AMFIU	Association of Micro Finance Institutions in Uganda
BOD	Board of Directors
CAAT	Consortium of Advocates for Access to Treatment
CSF	Civil Society Fund
CSOs	Civil Society Organizations
DLG	District Local Government
FOCAGIFO	Friends of Canon Gideon Foundation
GIPA/MIPA	Greater/Meaningful Involvement of People Living with HIV&AIDS
GCOWAU	Global Coalition of Women against AIDS in Uganda
HEPS	Coalition for Health Promotion and Social Development
HIV	Human Immune Deficiency Virus
I.E.C	Information and Education Communication
ICPAU	Institute of Certified Public Accountants of Uganda
ICW	International Community of Women Living with HIV/AIDS
IGA	Income Generating Activity
ITPC	International Treatment and Preparedness Coalition
M&E	Monitoring and Evaluation
NACWOLA	National Community of Women Living with HIV/AIDS in Uganda
NAFOPHANU	National Forum of PLHA Networks in Uganda
NGO	Non Governmental Organization
NMS	National Medical Stores
OVC	Orphans and other Vulnerable Children
PF	Partnership Fund
PLD	Philly Lutaaya Day
PLHIV	People Living with HIV
POMU	Positive Men's Union
SALT	Support on AIDS and Life through Telephone Helpline
SCE	Self Coordinating Entity
SCIPHA	Strengthening Civil Society for Improved HIV & AIDS and OVC Service delivery in Uganda
STAR EC, E, SW	Strengthening TB and AIDS Response in East Central, East, South Western
SSDDIM	Stigma, Shame, Denial, Discrimination In- action And Mis- action
TB	Tuberculosis
UAC	Uganda Aids Commission
UGANET	Uganda Network on Law, Ethics and HIV
UNASO	Uganda Network of AIDS Service Organizations
UNERELA+	Uganda Networks of Religious Leaders Living with or personally affected by HIV
UNYPA	Uganda Network of Young People Living with HIV & AIDS+
UPDF	Uganda People's Defence Forces
UYAF	Uganda Youth against AIDS Foundation
UYP	Uganda Young Positives
WAD	World AIDS Day
WLHIV	Women Living With HIV
YPLIV	Young People Living With HIV

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## CHAIRPERSONS'S FOREWORD



NAFOPHANU has been doing its coordination and advocacy role for over a decade and continues to raise the standards to improve PLHIV welfare, strengthening member networks and improving organizational capacity.

We are delighted to share with you NAFOPHANU's 2013-2014 Annual Report that highlights the notable achievements realized in the year towards ensuring that People living with HIV are able to live a quality and productive life in a sustainable manner.

We applaud our partners and member networks for the continued support and cooperation which coupled with staff/ volunteer commitment, dedicated governance and several partnerships have enabled us to realize the milestones shared in this report.

In 2013, we launched a new strategic plan that harnesses NAFOPHANU's unique capabilities with a broad network of partners. The five-year strategy focuses on enhancing the welfare, voice and accountability for PLHIV, strengthening coordination and governance structures of the secretariat and member networks. Over the past year, realignment of the organizational structure and strategies has been a key focus and we will see to it that we work smarter to become more efficient and effective. Going forward, our emphasis will be on consolidating the organizational achievements, replicating best practices, and developing innovative ways to improve programming and strengthening our relationships, networks and partnerships.

Our commitment to collaboration and to the effective use of the resources entrusted to us remains central to our work. With support from our donors, we are fueling transformative change in the lives of the PLHIV in Uganda. Thank you for your continued partnership and looking forward to more fruitful collaboration in the coming years.

Together for a positive Difference!

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

Fred Barongo

**Chairperson, Board of Directors**

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## MESSAGE FROM EXECUTIVE DIRECTOR



HIV related Deaths”.

This is to present to you our Annual Report Jan 2013 to June 2014. The 18 months period lapse is due to the 2012 constitutional amendments that changed reporting to financial year ending 30<sup>th</sup> June. It covers all programmatic areas with emphasis on the strategic pillars; PLHIV welfare, Strengthening member networks and enhancing organizational management and governance.

For more than a decade, NAFOPHANU has proven that we can learn from yesterday to lead today and create hope for tomorrow. Our sincere gratitude goes out to our most important NAFOPHANU stakeholder – you. Without the contribution of every partner, BOD, management and members, we could never have served the People Living with HIV as we have managed to do. The organization has many ‘yesterdays’ behind it – a solid foundation upon which we build daily towards the three Zeros; “Zero HIV Infections, Zero Stigma and Discrimination and Zero

Today, I invite you to flip through the pages of this report to see successes from NAFOPHANU’s programs, achieved with your incredible support. I hope you are as excited as I am about the progress we continue to make in contributing to the national HIV& AIDS response significantly.

In the year 2013/2014, NAFOPHANU concluded implementation of a 3year strategic plan which ushered in a revised strategic plan (2013-2018) aimed at responding to the new realities of HIV & AIDS in Uganda particularly fronting issues surrounding PLHIV, while being aligned to the national response. In this regard, we have been able to implement activities set to strategic priorities of improving PLHIV welfare, strengthening member networks and improving organizational capacity.

We are deeply indebted to our Development Partners; Democratic Governance Facility (DGF), Civil Society Fund (CSF), UNAIDS, STAR EC and Uganda AIDS Commission through the Partnership Fund (PF) for their generous contributions coupled with support from Local Governments, Civil Society Organization partners, Networks, community leadership, People Living with HIV and the government that continue to enable us realize the achievements so far attained. Gratitude goes to our dedicated Board, Management team, loyal staff and passionate volunteers for aligning all of NAFOPHANU’s operations, from the day-to-day activities through to strategic objectives, in order to achieve our vision of; “People Living with HIV able to live a quality and productive life in a sustainable manner”.

The Partnership Fund is specially appreciated for financial support towards production of this report.

Together for a Positive Difference!

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

Stella Kentutsi  
Executive Director

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## 1.0 EXECUTIVE SUMMARY

With a revised strategic plan for the period 2013-2018, revitalized focus and expanded programs, The National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU) is equipped to empower more People Living with HIV (PLHIV) than ever before. Founded in May 2003, as a PLHIV Self Coordinating Entity (SCE) in the national HIV&AIDS Partnership, NAFOPHANU continues to coordinate the response among member networks both at national and district levels. Her mandate hinges on broad areas of advocacy, resource mobilization, partnership building, information sharing and dissemination and capacity building.

NAFOPHANU membership comprises 104 District Forums and 13 National networks. They include Support on AIDS Life through Telephone Helpline (SALT), Mamas' Club, International Community of Women Living with HIV East Africa (ICWEA), Uganda Network of Religious Leaders Living with or personally affected by HIV/AIDS (UNERELA+), Uganda Young Positives (UYP), Uganda Network of Young People Living with HIV&AIDS+ (UNYPA), National Community of Women Living with HIV/AIDS in Uganda (NACWOLA), Friends Of Canon Gideon Foundation (FOCAGIFO), National Coalition of Women Living with HIV & AIDS (NACOA), Global Coalition of Women Against AIDS in Uganda (GCOWAU), Teachers Against AIDS Group (TAAG), Positive Men's Union (POMU) and Uganda Peoples' Defence Forces (UPDF).

Due to the changing trends in the HIV response, NAFOPHANU reviewed and developed a new strategic plan for the period 2013/2018. The revised strategic plan adopted new strategies to provide for effective coordination, improve welfare of PLHIV, disseminate information, strengthen member networks and improve governance and organizational capacity.

This report therefore, presents to you key achievements, challenges and best practices recorded over the last 18 months (January 2013-June 2014) in the various projects as per the key thematic areas of the revised strategic plan.

The Partnership Fund (PF) Project of Uganda AIDS Commission, provided funds that supported coordination of 75 district forums and 1 National Network. This facilitated mapping of PLHIV Networks from district level to sub county level, 14 district AGMs, operation of Mbuya Knowledge Room, review of the strategic plan and development of a 2 year operations plan, BOD meetings, SALT Helpline, ART monitoring in 75 districts, and Consortium of Advocates for Access to Treatment (CAAT) meetings.

UNAIDS on the other hand funded the PLHIV Stigma Index Survey and implementation of the stigma reduction plan which included dissemination of the findings at the International Conference on AIDS and STI in Africa (ICASA), radio and TV talk shows, production of IEC materials and documentation of stigma cases. The action plan also constituted elimination of Mother to Child Transmission (eMTCT) in Manafwa and Sheema districts through NACWOLA and the framework for Dialogue between PLHIV and Religious leaders on stigma reduction as agents to create an enabling environment to handle stigma and discrimination.

There was also a lot of advocacy work done in 25 districts under the Consortium of NAFOPHANU, UNASO and UGANET supported by the Civil Society Fund (CSF). UNASO provided capacity building sessions, NAFOPHANU played a sub granting role while UGANET continued to provide legal advocacy.

In the year 2013, NAFOPHANU received funding from the Democratic Governance Facility (DGF) for the period 2013/2016 to strengthen voice and accountability in 20 districts for improved health service delivery. In the same year, STAR EC financial year 5 ended and funding was renewed for financial year 6 for 9 districts in Busoga region to expand the role of PLHIV Networks in facilitating access to and utilization of quality comprehensive HIV & AIDS and TB prevention, Care and Treatment services.

NAFOPHANU further joined other partners and its membership in advocacy and resource mobilization. For instance, there was sustained advocacy for a fair and suitable law, access to essential medicines and elimination of stock outs, removal of the bitter pill - Lamivudine/ Tenofovir (TDF/3TC 300mg/ 300mg) by National Drug Authority and participation in partner engagements that benefited NAFOPHANU among others.

All in all, there were noticeable achievements both at national and district level in advocacy, PLHIV representation, awareness raising, interaction with media, generation and dissemination of information among others. None the less, challenges were also faced especially with inadequate resources, delays in disbursement of funds, weak leadership at the district level and lower level, founder syndrome and wide geographical coverage with limited staff at the secretariat.

As part of way forward, NAFOPHANU intends to support forums in governance and coordination, stigma reduction initiatives, economic empowerment of PLHIV and their households, resource mobilization, capacity building, consolidating BOD oversight role and advocacy on pertinent issues across the various PLHIV levels.



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## 2.0 PROGRAMME IMPLEMENTATION AND MANAGEMENT

This section looks at key interventions as per the strategic area by highlighting achievements, challenges, lessons learnt and success stories.

### THEMATIC AREA 1: IMPROVING PLHIV WELFARE

#### Strategy 1.1: Advocacy and lobbying for PLHIV friendly services

The interventions done were geared towards improving access, availability and utilisation of HIV and other related services among PLHIV and their households. Key achievements realized are presented below:

##### 1.1.1 Advocacy for amendment of the HIV and AIDS Prevention and Control Bill

NAFOPHANU rallied behind UGANET to advocate for a suitable law regarding prevention and management of HIV in Uganda. There was vigorous attention to counteract the contentious clauses in the HIV Prevention and Control Bill before it was passed by the 9<sup>th</sup> parliament on 13 May 2014. Despite having a number of positive clauses such as individuals protecting themselves, confidentiality, counseling and testing, non discrimination, state obligations, AIDS Trust Fund among others, the clauses on criminalization of HIV transmission, disclosure to third party without consent and mandatory testing were seen as a threat to HIV prevention efforts in Uganda since they are likely to drive the epidemic underground, fuel stigma and discrimination, amplify domestic violence, interfere with HIV Counselling and Testing services and increase new HIV infections and deaths as many people will not disclose or access available services due for fear of being criminalized. PLHIV and other stakeholders engaged parliamentarians and the public through breakfast meetings, debates, one to one engagement, production of IEC materials, Radio talk shows and petitions. In one of the meetings 90 PLHIV from Mpigi, Wakiso, and Kampala districts attended one parliamentary session on 29 April 2014 before the bill was passed by Parliament. This kind of engagement created a unified voice of PLHIV and also provided a learning experience to PLHIV and Civil Society as a whole.



*The Executive Director Stella Kentutsi, addresses journalists on 15 May 2014 at UGANET offices on the HIV bill*

##### 1.1.2 PLHIV representation at district and national level committees

Participation of PLHIV in development planning processes provided an opportunity for dialogue to ensure that issues concerning HIV are given consideration in the planning exercise at district and national level. DGF provided facilitation to PLHIV in the districts of Kyegegwa, Kayunga, Kalangala, Bugiri, Nebbi, Masindi, Kapchorwa, Luwero, Kabarole, Moyo and Rukungiri to participate in district planning, District AIDS Committee/ Sub County Committee meetings and the budgeting process right from sub county to the district. Submissions made by PLHIV enabled them to gain support from duty bearers as was the case in Kapir Sub County Ngora district which for the first time allocated 300,000shs to HIV every quarter, paved way for the development of the first District HIV Strategic Plan in Namayingo district, participation of Kyegegwa PLHIV Forum in the planning and reviewing the District Health Sector budget where HIV was included. At national level, PLHIV representatives attended committee meetings on CSF Board, Partnership Committee and Country Coordinating Mechanism (CCM) of the Global Fund.

##### 1.1.3 Home Based HIV Counselling and Testing (HBHCT) in PLHIV Households

Access to HCT is sometimes a challenge especially in areas experiencing high rates of HIV stigma and discrimination. However, NAFOPHANU was able to bridge the gap with funding of STAR EC in Kamuli, Namayingo, Luuka, Kaliro, Iganga, Luuka, Mayuge, Bugiri and Buyende where expert clients tested a total of 37,626 people in PLHIV households between April – September 2013 and January to June 2014 out of 52,500 people targeted received HCT in. A total of 17,780 people were tested between April to September 2013 and 19,846 people between January to June 2014 by expert clients/ Community Support Agents during household sensitization and education on TB, HIV & AIDS which increased access to HIV prevention, care and treatment services at family level of these, tested HIV positive in 2013 and 2014 respectively.

##### 1.1.4 Outreaches for key populations in hard to reach areas

A number of areas in Uganda remain distant and hard to reach thus creating barriers in accessing services including Highly Active Anti Retroviral Therapy (HAART). One such area is Kalangala district with 64 inhabited islands and an HIV prevalence of 25%. To this end, Kalangala district Forum of PLHIV with support from Strengthening Civil Society for Improved HIV & AIDS and OVC Service delivery in Uganda (SCIPHA) reached key populations of fisher folk, sex workers, and men in uniform and incarcerated persons in the Sub Counties of Bubeke, Kyamuswa and Mazinga with HCT, Early Infant Diagnosis, Sexual Reproductive health, behavioral change sessions and HIV care and treatment to reduce the burden. As a result 3,141 people received HIV care and treatment services and 66837 people received HIV prevention services.

## Reaching out to prisons



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## Dialogue with Males in bubeke



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### 1.1.5 HIV services for truck drivers and sex workers in Mbuya Knowledge Room

The Mbuya Knowledge Room is a stop center for HIV services for long distance truck drivers and their partners who are usually sex workers supported initially supported by GLIA through NAFOPHANU and currently by the Partnership Fund, Mbuya Reach Out and AMICALL. The center provides HCT, ART, edutainment, Health Education, condoms and IEC materials. Clients come from Uganda and neighboring countries and the services provided included HIV Counseling and Testing, screening for STIs, ART and IEC materials, health education and in door games. Overall, 9741 trucker driver and 255 sex workers received services of which 368 persons were tested for HIV & AIDS (258 male and 110 female). 21 tested HIV positive and were referred to Mbuya Reach Out and Kiswa H/C 111.



*A group of truckers playing ludo in the Knowledge Room Mbuya, Kampala*

### 1.1.6 Condom promotion and distribution

A total of 190855 condoms (both male and female) were distributed by CSAs in East Central Uganda. On the other hand Mpigi created condom points at parish level so that people can access them whenever they want them. Other district forums continue to engage in condom education and promotion as part of positive living.

### 1.1.7 Consortium of Advocates for Access to Treatment (CAAT) meeting;

CAAT which stands for evidence based advocacy and lobbying brought together partners in Kampala, district local governments and PLHIV in the districts to discuss ways of increasing availability, accessibility and utilization of life saving treatment especially ART, Ols and supplies such as condoms. This platform promoted advocacy for increased access and availability to treatment by pushing for supplies in districts experiencing stock outs such as Agago, Busia, Kabale, Busia, Jinja, Kanungu among others. National Medical Stores and other Implementing Partners (IPs) reacted quickly and the stock out challenge was sorted out. In addition, was a rapid assessment done in selected Health facilities in Kampala, Masaka, Kabale and Yumbe on the nature of ARVs given which brought to light the problem of the bitter pill (Lamivudine and Tenofovir 300mg/300mg (TDF/3TC) that was being administered to patients despite the fact that it has implications on adherence. The "bitter pill story" got media attention that National Drug Authority recalled it.

### 1.1.8 Commemoration of HIV/AIDS Advocacy events

The Philly Lutaaya Day, the International Candle Light Memorial Day and World AIDS Day were part of the HIV Calendar events commemorated both at national and district level. The days were used as an opportunity for PLHIV to show their work and lobby for support of government and other stakeholders for a conducive environment in HIV service delivery. This included a call to allocate more resources for treatment and social support, establishing an AIDS Tax Levy to fund HIV treatment, strengthening Access to Treatment for all in need, early initiation for all those eligible for ART, Non-criminalization of HIV and AIDS issues in the upcoming legislation and stopping procurement of the bitter pill (Lamivudine and Tenofovir 300mg/300mg (TDF/3TC).



*Prof. Vinand Nantulya (VAC Chair) at NAFOPHANU Stall During Candlelight memorial. On the right is Stall NAFOPHANU exhibiting on Philly Lutaya Day.*

### 1.1.9 PLHIV Community Insurance scheme

In an effort to improve PLHIV welfare, NAFOPHANU worked with PLHIV activists Ms. Milly Katana and Mr. Bosco Bassija liaise with AAR Health Services (U) LTD to launch the medical insurance scheme for the purposes of administering a Medical Scheme for NAFOPHANU members, dependents and affiliated communities referred to as the People's Mutual Organization of Health (Mutual). The Scheme is meant to cover the reasonable health care needs of its members, dependants and affiliated communities. AAR is a duly licensed Health Management Organization (HMO), which contracts several licensed Medical Services providers and qualified physicians capable of meeting the Members' health care needs. District Contact Persons were identified to coordinate the scheme's activities in a bid to ensure that no district is left out. Apparently, registration is in progress as members are thrilled about the scheme.

### 1.1.10 Support AIDS & Life through Telephone helpline (SALT)

SALT a member of NAFOPHANU provided tele-counseling, HIV information and referrals on its toll free helpline (0800100330) to both men and women to enable them make informed decisions. SALT-has become known as the leading organization in providing psychosocial support services on HIV/AIDS through the telephone helpline and is increasingly involved in referral services.

### 1.1.11 ART monitoring in districts

This was done by expert clients in districts to bring out gaps in ART access, utilisation and availability which was bench mark to national level advocacy on HIV prevention, care and treatment. Generally, ART/TB drug supply remained stable with an erratic supply in a number of districts like Pader, Kyegegwa, Jinja, Namutumba, Lamwo, Amuru, Busia and Arua among others. Despite the increased access, a few challenges were noted such as the bitter bill combination of Lamivudine, drug stock outs and Tenofovir 300mg/300mg as well as Nevirapine syrup and Dapson.

**Table showing stock outs occurring in selected districts in 2014**

District	Missing drugs	Facility affected
AMURU	-Efaverence, Neveraphine, -Zidovdine, -Septrin, CBV, -T.B drugs	-Pabbo H/C 111.
LAMWO	D4T for children, AZT/3TC/NVP for children	-Palabek kal
NAMUTUMBA	Dapson, Peadiatric . Anti TBs (Streptomycin, Rifampicin, Isonizide)	Nsinze H/C 1V, Namutumba H/C 3, Ivukula H/C 3 and Bukonte H/C 3
KYELEGWA	EFV, D4T, Trimune Junior, AZT, TDF	Kyegegwa H/C 1V/ Hapuyo H/C 3, Kasule H/C 3, Kazinga H/C 3 and Mpara
KAMWENGE,	Nevilapine Juniors, Cotrimoxazole Juniors, T.B drugs, Test Kits	-Rukunya ,Kamwenge,Bigodi
APAC	TDF/3TC/EFEV, ABC/3TC, AZT/3TC/NEV, Septrin	-Apac hospital, Adieu H/C IV, Akokoro H/ C3
NAMIYINGO	-AZT ,3CT,NEV (Juniors), AZT,3CT(Adults), Pediatric Septrin	-Namutumba H/C III
LYANTONDE	Neverapine Syrup	Kashagama H/C III
ARUA, 13/12/2012	DDI 400mg, RHZ (Adults)	(2months) (1 Month),
NAMUTUMBA	Dapson, Peadiatric . Anti TBs (Streptomycin, Rifampicin, Isonizide)	Period not given but affected H?Cs of Nsinze H/C 1V, Namutumba H/C 3, Ivukula H/C 3 and Bukonte H/C 3
KYELEGWA	EFV, D4T, Trimune Junior, AZT, TDF October 2012 / Jan 2013	Kyegegwa H/C 1V/ Hapuyo H/C 3, Kasule H/C 3, Kazinga H/C 3 and
District	Missing drugs	Facility affected

		Mpara H/C 3
KAMWENGE,	Nevilapine Juniors, Cotrimoxazole Juniors, T.B drugs, Test Kits	-Rukunya ,Kamwenge,Bigodi (2 months)
APAC	TDF/3TC/EFEV, ABC/3TC, AZT/3TC/NEV, COTRIMOXALE	-Apac hospital, -Adieu H/C IV, Akokoro H/ CIII (1 month)
NAMIYINGO	-AZT ,3CT,NEV (Juniors), AZT,3CT(Adults), Pediatric Septrin	-Namutumba H/C III (Over 1 month)
LYANTONDE	Neverapine Syrup	Kashagama H/C III (3 Months)
ARUA	DDI 400mg, RHZ (Adults)	(2months) (1 Month),

### 1.1.12 Sexual Reproductive Health services for Women Living HIV

NACWOLA reached 47,235 Women Living with HIV in 69 Health centers in the districts of Lira, Amolator, Dokolo, Oyam, Apac, Amuria, Katakwi, Kaberamaido, Gulu, Pader and Amuru in 2013. A total of 1125 Women Living with HIV accessed Family Planning services to prevent unintended pregnancies and reduce risk of mother to child transmission (In Lira district alone, 46,110 women were reached through door to door sensitization to increase demand and uptake of FP services in the remaining districts with support from Pathfinder International).

### Strategy 1.2: Strengthening mechanisms for networking and referral

As part of increasing access, utilisation and availability of comprehensive HIV services, this strategy had remarkable achievements.

#### 1.2.1 National stakeholders' dialogue meeting

On 25<sup>th</sup> June 2014, supported NAFOPHANU with support from DGP to convene a national stakeholder information sharing meeting at Hotel Africana to deliberate on gaps hindering effective HIV service delivery in Uganda. The meeting which was attended by District Local Government officials, PLHIV representatives, UNAIDS, Line Ministries, AIDS Development partners, UAC and CSOs provided information on the drug supply chain from National Medical Store, challenges in HIV service delivery, consumer health satisfaction and District Local Government spending on gender and HIV. The dialogue provided a basis for strategies to eliminate stock outs as all needed drugs and other supplies are available



General Manager NMS explaining the drug supply chain while DGF's Voice and Accountability component Manager, Mr. Fergal Ryan addresses the national stakeholder dialogue participants

#### 1.2.2 Follow up on lost clients in the community and other service points



NAFOPHANU with STAR EC funding supported expert clients in Bugiri, Namutumba, Mayuge, Iganga, Kamuli, Buyende, Namayingo, Luuka and Kaliro to increase retention of PLHIV in care. This involved follow up of PLHIV on appointment by community support agents to reduce the number missing appointments. This was done through community follow ups and appointment notification through sms. In 2013, 161 people out of 276 clients who were lost were able to be followed up in these districts. This has reduced the number of people dropping out of care and increased community peer support thus preventing problems that occur as a result of poor adherence.

A CSA during one of the physical visits, with clients at a landing site.

### 1.2.3 District stakeholder information sharing meetings:



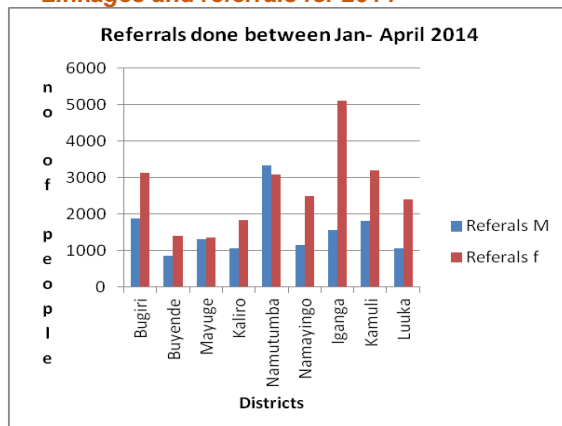
There was quarterly dialogue with district stakeholders to discuss and find solutions to challenges in HIV service delivery. Overall, 147 district stakeholder information sharing meetings were held in the last 18 months with the support of CSF in 25 districts and DGF in 20 districts. Key advocacy issues that attracted attention included the problem of Kalangala district which lacks a hospital and wants Kalangala H/C 1V to be upgraded, accreditation of more ART centers in other districts and addressing challenges in Health service delivery for instance Nankoma H/C 111 in Bugiri district had 43 lost clients between March and April 2014 which was attributed to mistreatment by health workers. The stakeholders jointly the problem thus bringing back PLHIV who had abandoned the facility back into care.

*Dr. Christine Ondo, DG UAC, presiding over a Partners' Forum in Kalangala district*

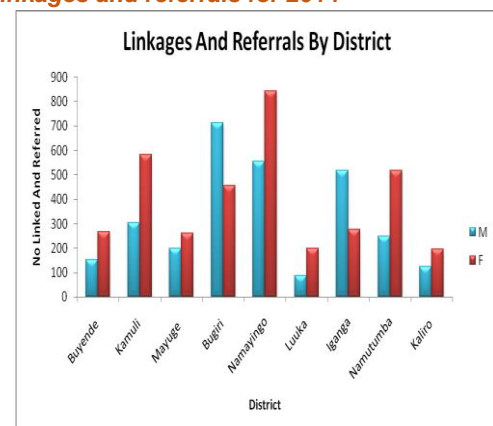
### 1.2.4 Linkages for referrals for HIV and wrap around services in districts

Strengthening linkage and referral systems was part of the activities done with funding from STAREC in Namutumba, Mayuge, Buyende, Kaliro, Kamuli, Iganga, Luuka, Namayingo and Bugiri. Expert clients/ community support agents referred PLHIV from community to facilities, from facility to facility and from facility back to the community for wrap around services. Referrals were for ART and TB care, ANC, Family Planning, Antenatal and postnatal services, eMTCT, Childcare, SMC, Family support groups, child care, STI and Opportunistic Infections treatment, and all other medical conditions. While conducting inter and intra facility referrals, CSAs continued to participate in health education and participate in tasks like sorting client charts, registration of clients and a result a total of 29,445 referrals were done in 2013 and 39249 in as shown in the graphs below .

**Linkages and referrals for 2014**



**Linkages and referrals for 2014**



Source: NAFOPHANU data 2013/2014

## Strategy1. 3: Promote Home based care programmes for PLHIV and their families

### 1.3.1 Home visits in PLHIV households

The activity increased peer support to those who are HIV positive and also provided an opportunity for their household members to test for HIV. This was recorded mainly in Buyende, Kamuli, Mayuge, Bugiri, Namayingo, Luuka, Iganga, Namutumba and Kaliro where STAREC supported CSAs to visit households of PLHIV. With this arrangement, 1056 households were visited between April and September 2013 and 5308 homes were visited between February and August 2014 which contributed to the number of people tested for HIV within this period and those referred for services.

### 1.3.4 Psychosocial support group meetings for discordant couples

STAR EC supported this activity in East Central Uganda with people in discordant relationships for stigma reduction, enhancing positive living for the HIV Positive Partner and risk reduction for the negative partner as well as building self esteem. During the project 142 discordant couples were documented to have been reached and also linked to other wrap around services involving Income Generating Activities and support to OVC educational needs.



*Discordant couples brainstorming, during a psychosocial meeting in Bugiri (left) and Mayuge (right)*

## **Strategy 1.4: Increase Emtct Pediatric treatment, care and support**

### **1.4.1 Advancing Community-Level Participation and re-engaging the Leadership of Women Living with HIV towards EMTCT.**

In 2012, Uganda, embraced the Global Plan for the Elimination of Mother to Child Transmission (eMTCT) and particularly opted for the implementation of Option B+. This was in response to the situational analysis that Mother to Child transmission of HIV is the second most common mode of spread for the virus in Uganda, accounting for up to 18 percent of all new infections in the country. NACWOLA was supported by UNAIDS to run a project in Sheema, Wakiso, Buyende and Manafwa to mobilize and identify HIV positive pregnant mothers, making referrals and follow up for PMTCT services and well as community dialogue meetings.

### **1.4.2 Education support for orphans and other vulnerable children**



With support from Steven Lewis Fund and the American embassy, the Luwero district PLHIV Forum supported 180 girl children from PLHIV households to access secondary school education on half and full bursaries through bargaining with partners like St. Janan S.S.S, Kakoola S.S.S, UWESO S.S.S and Vocational. They have also managed to build houses for 4 households with the support of the same partners and provide water tanks for each of the households that received new houses.

*Luwero Children who benefit from the project.*

### **1.4.3 Construction of Houses and water tanks for OVC households.**

Nyimbwa multipurpose organization of PLHIV, a member of Luwero district PLHIV Forum mobilized resources from the Steven Lewis Fund and American Embassy to construct 4 good houses and water tanks for grandparents taking care of HIV orphans. It is observed that many grannies were left with orphans some of whom are living with HIV and are in absolute poverty. The 42 network support agents and staff of Nyimbwa Multi-purpose organization of PLHIV identified the needy households.



*House and pit latrine before intervention*



*New house and pit latrine built*





*Water source before a tank was provided Water tank provided*



#### **1.4.4 Psychosocial support meetings for young positives**

As part of fostering positive living among young positives, NAFOPHANU with funding from STAR EC supported meetings for 552 Young Positives in Sigulu, Hama, Jaguzi and Dolwe islands in Namayingo district, Kamuli and Mayuge. The meetings facilitated shared information on adherence, peer support, condom use, rights and responsibility among others. As a result, the Young Positives shared experiences and also received information on Sexual Reproduction Health, HIV Prevention, hygiene and adherence.



*Young positives attending a psychosocial group meeting in Mayuge in 2014*

### **Strategy1. 5: Community Engagement to mobilize for HIV&AIDS services**

Community engagement is the active participation of local residents and community groups in the decisions that affect their lives.

#### **1.5.1 Sub County Community dialogues**

A total of 141 sub county dialogues were held in 41 districts under the consortium supported by CSF and NAFOPHANU with support of DGF to scale up community participation for improved HIV service delivery. The sub county dialogues contributed to stigma reduction which enabled PLHIV to benefit from government programmes, creation of more ART outreaches for improved accessibility and creation of networks for PLHIV among others. ART outreaches were created in Lakang sub county Amuru district, Lugasa H/C 3, Nambieso H/C 3 in Kayunga, Buhemba H/C 3 in Namayingo, provided start up for income generating activities for PLHIV in various districts e.g. provided livelihood projects to groups like Sinda Widows group Namayingo, Kateta Sub County PLHIV Network in Serere which received 50 goats from CDD and Ndhew S/C PLHIV group in Nebbi received a cow.



*The Executive Director NAFOPHANU (left) attending a community dialogue in Hapuyo Sub County, Kyegegwa District. On the right are community members in Amuru during a community dialogue*

### 1.5.2 Information sharing on property and Land rights in Amuru and Kayunga

The PLHIV Forums in the above districts held a total of 4 workshops supported by the Democratic Governance Facility which provided information about land and property rights among PLHIV to make it easy for them to know strategies for safeguarding their property before and after death and also channels for justice victims of land grabbing. The district forums worked closely with local partners like Uganda Land AIDS Alliance in Amuru which has provided free legal support to a number of PLHIV who lost their land. The workshops also built skills in writing land agreements in the community.



*Community workshops on land rights in Amuru district in 2014*

### 1.5.3 Community Radio programmes for increased transparency and accountability

Bridging information gaps was one of the areas where emphasis was put to enable PLHIV and community at large understand their rights, get information to enable them demand and utilize HIV services and participate in the HIV response at large. HIV programmes on HIV policy environment, Basic facts on HIV, Gender and HIV, Rights of PLHIV were broadcast on 8 Regional Radio stations such as NBS Jinja, Radio Apac, Radio Sese, Voice of the Nile in Moyo, Elgon Radio in Kapchorwa and BFM in Bushenyi.



*Bushenyi district PLHIV Forum leaders on a Radio talk show on B FM in 2014*

### 1.5.4. District level public platforms

20 districts received funding from DGF through NAFOPHANU to organize open meetings between duty bearers and service beneficiaries thus offering an opportunity for people to raise issues and ask questions, and be given answers on issues affecting them. Public meetings promoted transparency and increased accountability as the community floated ideas, asked questions and explored possible solutions. Problems like long distances to ART centers, discrimination of PLHIV in government programmes were explored and at the end solutions were generated as witnessed in Buhemba Sub County Namayingo where a number of PLHIV missed ART for one month due to long distances to Buyinja H/C 1V and Mutumba H/C 3 the only nearby accredited centers. The problem was brought before duty bearers in a public platform which resulted into opening of an outreach site at Buhemba H/C 11. More so, Buhinga Referral Hospital in Kabarole district was able to start an adolescent clinic which had not been in place.



*Public platform held in Kakanju Bushenyi district*

## Strategy1. 6: Sustain a Stigma Reduction programme in service provision

The Uganda National HIV Prevention strategy (2011-2015) identifies stigma as a key driver of the epidemic and that it should be eliminated by 2015. NAFOPHANU having concluded the PLHIV Stigma Index survey in 2013, embarked on dissemination of the findings nationwide as shown below:

### 1.6.1 Electronic Dissemination

Soft copies of the stigma survey were sent to over 250 stakeholders online. 450 CDs with copies of the report were produced and continue to be shared with partners, researchers and interested stakeholders in the response.



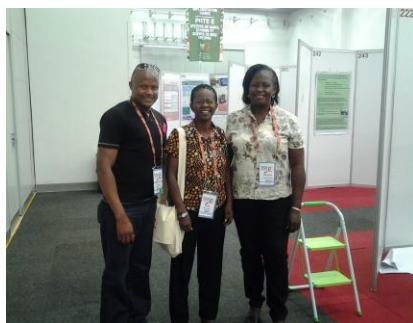
### 1.6.2 Dissemination of findings of the stigma index on Local media:



The findings of the survey were disseminated on local television programmes such as WBS TV's "Issues at Hand" programme and Bukedde TV's popular programme "Akabinkano". The same findings were broadcast over Radio stations like Bushenyi FM, Radio Buddu, Kaboozi Kubiri, NBS Radio Jinja, Open Gate Mbale and Radio Kitara in Bunyoro. This has increased ownership of the findings of study both at local and International level. A total of 6 radio talk shows and 2 TV shows were held.

*Executive Director NAFOPHANU on Buddu FM in Masaka with District Coordinator Dick Bugembe*

### 1.6.3 Dissemination of findings in International HIV Conferences



As part of PLHIV Stigma Index report dissemination, the Executive Director, Ms. Stella Kentutsi, was supported by UNAIDS to attend the 2013 ICASA Conference and disseminate the findings to larger audience with global participants. This took place in Cape Town, South Africa from 7-11 December 2013. The findings were disseminated using a Poster (Track D, no: 673).

*ED NAFOPHANU Stella Kentutsi with ICWEA representatives Gift Maridadi and Dorothy Namutamba at the ICASA Conference*

### 1.6.4 Production of stigma abridged report;

9000 copies of the stigma index were printed in Luganda, Lunyankore, Lugbara, and Luo to be distributed as IEC materials during HIV/AIDS related activities by NAFOPHANU and its partners in the communities.

### 1.6.5 Production of a documentary on stigma and discrimination in Uganda

The filming of a documentary on HIV/AIDS related stigma in Uganda has been undertaken to showcase stories and testimonies of PLHIV who have experienced the discrimination and stigma and also how they have managed to overcome this. This filming which was done in both rural and urban settings including districts of Gulu, Moroto, Mpigi, Kampala and Iganga, shall be available on CD to partners for use as IEC. Furthermore, NAFOPHANU shall mobilize resources to air this 15 minute documentary on national TV.

### 1.6.6 Framework for Dialogue



The Framework for Dialogue builds upon the results of the People Living with HIV Stigma Index. It uses these results generated by NAFOPHANU – complemented by other evidence gathered in the country – as a basis for guiding religious leaders, PLHIV and faith communities into dialogue on critical issues that are deemed to be slowing down the HIV/AIDS response in Uganda and which can only be approached through dialogue. One dialogue was held in December 2013 provided the opportunity to discuss and agree a position on such issues as well as provide a way to increase systematic and sustained collaboration and joint action between religious leaders and PLHIV.

*Framework for Dialogue Participants in Entebbe in December 2013*

### Strategy 1. 7: Sustainable Livelihoods for PLHIV households

This is intended to make PLHIV economically strong so as to live productive lives. As more and more PLHIV are enrolled on ART, there is need for interventions that promote economic empowerment. Below are the achievements in this are:

### 1.7.1 Promotion of sustainable saving mechanisms for PLHIV

Ttamu Sikyomu HIV Positive Group star is a co-save group in Kiyinda Mityana Diocese. It started in 2006 out of savings pooled by members of the group. The initial subscription fee is 10,000 shillings and the annual membership subscription fee is 5000 shillings. The group members contribute 500 shillings twice a month, this money is kept in a safe for precautionary use, and it is locally known as “nzibizi”. This nzibizi is used to support the day to day activities of the group. The group members can borrow from this nzibizi at no interest and the loan is to be repaid within a period of one month. Only three people have access to the safe where this money is kept and access to the safe is limited since all the three have to be present in order for the safe to be opened. During the meetings, late comers are made to pay a fine of 500 shillings which is transferred to the nzibizi. The members also buy shares from the group and the records are well kept. One share costs 2000 shillings and the maximum number of shares a member is supposed to have is five shares which cost 10000 shillings. The profits are shared at the end of nine months among the group members. The group charges an interest rate of 5% on the loans it offers to the borrower. The group also borrows from Mityana Catholic Diocese at no interest.



*Ttamu Sikyomu PLHIV Group in Mityana in their Co-Save meeting*

### 1.7.2 Microloans

Luwero District PLHIV Forum received financial support from Steven Lewis Foundation through the Nyimbwa Multi-purpose organization of People Living with HIV/AIDS. With these finances, 126 PLHIV received loans to boost their small businesses/enterprises.



*Signing for a loan & on the right is Potato business*

## Strategy 1.8 Mobilize resources to boost PLHIV IGAS

### 1.8.1 Resources from District Local Government

Two Sub County Networks of PLHIV in Namayingo district (Buyinja & Buswale S/County PLHIV net works) benefited from the District Community Driven Development Grant (CDD). This is not common practice in most districts because of HIV related stigma and discrimination and weak PLHIV structures at the lower level. The PLHIV Network in Buyinja sub county invested the money in oxen (animal traction: 03 cows) to boost food production and income generation. Buswale PLHIV Forum invested the fund in a saloon out of which they are supporting 03 children of a deceased PLHIV in a private a school



*Saloon for Buswale PLHIV Network and Ox ploughs procured by Buyinja PLHIV in Namayingo district*

## Strategy 1.9 Accelerate a comprehensive treatment literacy programme

NAFOPHANU with support from TARSC through HEPs piloted a Health Literacy project in Kiboga district Bulyankuyege village Kigongo village. The project which was implemented by the Kiboga district Forum of PLHIV using Participatory Rural Appraisal tools like mapping, ranking, problem tree and a transect walk provided skills to PLHIV on the use of participatory approaches to assess communities and develop interventions. PLHIV identified problems which included diseases like malaria, Brucella, diarrhea due to poor sanitation and poor attitude towards mosquito nets, high school drop outs due to lack of schools in the village and HIV stigma and discrimination among



others and embarked on a community sensitization campaign through music with a total of 178 people turning up at one of the events held on August 11, 2013 at Bulyankuyege LC1 B play ground. The project helped to clarify myths about mosquito nets which were misused because they were associated with DDT, helped to improve sanitation through construction of pit latrines and increased engagement of leaders.

*Picture showing children playing with a mosquito net in the village Pit latrine before sensitization New pit latrine constructed after sensitization*

## THEMATIC AREA 2: STRENGTHENING MEMBER NETWORKS

NAFOPHANU being a membership organization, focus is put on strengthening member networks through capacity building and strengthening linkages and partnerships between PLHIV and partner organizations. The following was achieved in respect to the above thematic area.

### Strategy 2.1: Develop governance capacities of member networks

#### 2.1.1 Supported member network to establish functional coordination structures

14 districts (Mubende, Kole, Pader, Kumi, Manafwa, Kamuli, Tororo, Namutumba, Kitgum, Adjuman, Soroti, Kiruhura, Rubirizi and Kasese) were supported to hold AGMs starting from the Sub Counties to the district level. This aims at improving coordination and efficiency of PLHIV structures. Other districts are planned for next financial year



*Khabutola S/C in Manafwa District and Tororo District Annual General Meetings 2014*

#### 2.1.2 District Planning Meetings

All supported districts have held planning meetings every quarter to discuss leadership, finances and also develop work plans. There has been support from the District Local Government to provide oversight and technical support.



*Kole PLHIV forum Executive ( left) and Kiboga PLHIV Forum executive ( right) during their planning Meetings Executive committee of Butambala district PLHIV Forum*

## STRATEGY 2.2 Identity and Exploit Opportunities for Partnership and Collaboration

### 2.2.1 Strengthened linkages and partnerships with other partners

The PLHIV Forums of Bugiri and Kanungu through lobbying acquired plots of land District Local Government respectively to construct PLHIV resource centres. This piece of land donated by Kanungu is situated at Kihihi Health Centre IV and all paper work to ownership by Kihinet completed. The network is planning to build a resource/capacity building centre for the. The Bill of Quantities is already made to mobilize resources.

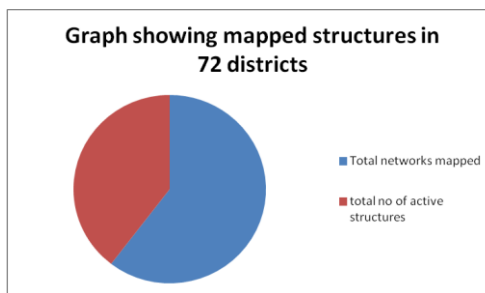


*The Executive Director (left) inspecting a plot of land in Kihihi, Kanungu district offered by Local Government and with Nankoma Sub-County leadership after showing her a piece of land near their offices*

## Strategy 2.3: Support district forums to establish and strengthen lower networks

### 2.3.1 Mapping of PLHIV Networks in 72 districts

A total of 1023 Lower level networks were mapped and of these 670 were active. In terms of membership, there were 79,790 members (PLHIV) of whom 51,366 were female and 28,424 were male. The mapping exercise resulted into establishment of PLHIV structures in new districts such as Butambala, Kibuku, Lwengo and Bukomansimbi. The mapping of PLHIV Networks was done by district forums of PLHIV to help strengthen existing and new PLHIV structures in districts. Support was given to lower level networks to help them register, open bank accounts and also put in place functional committees.



*Nankoma Sub-county and Kanungu*

## Strategy 2.4: Build capacity of national networks and district Forums to play their role effectively

### 2.4.1 Development and Dissemination of the Strategic Plan 2013 / 2018;

The revised strategic plan was disseminated in all regions to all PLHIV coordinators and chairpersons. They were oriented on the development of district specific Operational Plans to enable them develop strategic plans for their districts. There were also capacity building workshops for PLHIV organized by the CCM representative as part of constituency engagement.



*District forum Coordinators and Chairpersons during the Strategic Plan dissemination in Soroti and Arua respectively*

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### THEMATIC AREA3. ORGANISATIONAL EFFECTIVENESS

This focuses particularly on improving resource acquisition and management, strengthening governance and knowledge management. Resources have been mobilized both internally and externally to support activities and running of the organization. The following has been achieved in this area as shown below;

#### Strategy 3.1: Put in place mechanisms for proper functioning of NAFOPHANU Board

## BOARD OF DIRECTORS



**FRED BARONGO**  
*Chairperson*



**Molly Okello**  
*Vice Chairperson*



**Jane Mwirumubi**  
*Treasurer*



**Stella Kentutsi**  
*Secretary*



**Nkangi Aloysius**  
*Central Region Professional*



**Isharaza Musiime**  
*Professional*



**Annociata Kampire**  
*Professional*



**William Mulindwa**  
*Continuity from old BOD*



**Prossy Namakula**  
*National Networks for Young  
People and Children*



**Jacquelyne Alesi**  
*National Networks for Young  
People and Children*



**Obuya Christine**  
*Women*



**Christopher Ogaalai**  
*Eastern Region*



**Nyakana Patrick**  
*Western Region*



**Betty Kwagala**  
*PWD*



**Koyoa Paul**  
*Armed Forces*



**Godfrey Akena**  
*Northern*

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### 3.1.8 Annual General Meeting 2013

The 2013 General Assembly was held at Sports View Hotel Kireka with total number 270 participants. The members were appraised of what had transpired at the secretariat and members networks during the previous period both programmatic and financial. A number of partners were recognized for their contribution to the PLHIV fraternity. The AGM also provided an opportunity to commemorate 10 years of NAFOPHANU existence.



*NAFOPHANU'S 2013 AGM and Commemoration of 10 years of existence*

### 3.1.1 NAFOPHANU Governance

The organization has a Board of Directors comprising 15 members. The Board is also composed of 3 committees which include the Human Resource Committee, Policy Advocacy and Programme Committee and Finance Committee for effective running. The Board has members representing all the regions (North, Western and Central) who are responsible for forwarding pertinent issues in their regions to the Board.

### 3.1.2 Quarterly Board Meetings

BOD meetings were held every quarter to give direction to the management of the organization. As a result, key policy documents such as the Volunteer Policy, Procurement Manual, Transport and Fleet Management Guidelines, Strategic Plan 2013-2018, Two-year Operational Plan, Job descriptions and Salary structuring and Financial Guidelines for District Forums approved by the Board. The BOD has also participated in resource mobilisation and gave guidance on staffing needs and recruitment by the organization.

Board Committee meetings of Policy Advocacy and Programme Committee (PAP), Human Resource & Disciplinary Committee (HRD) and Finance & Resource Mobilisation Committee met quarterly before each Board meeting to support the respective departments in the organization.

### 3.1.3 BOD Development sessions

A BOD Development session was held and handled topics were; Leadership and Effectiveness of the BOD and Analysis of Organisational Effectiveness BOD effectiveness. This equipped members with skills of corporate governance, aspects of decision making, performance evaluation, differences between BOD and management and how management can perform with BOD playing its oversight role.

### 3.1.4 BOD annual reviews

Annual reviews were conducted to assess BOD performance and guide next steps as part of good governance and beefing up gaps.

### 3.1.5 Strategic Plan Review and Development

The 2010-2012 Strategic Plan expired in December 2012 which called for review and development of a new 5-year plan. A Technical Working Group was set up to spearhead the process and was composed of (UAC, UNASO, UNAIDS, UNERELA+ and 3 BOD members). Meetings were held with Implementers (Networks and Staff), Board members, Partners and validation meeting with all stakeholders. The new strategic plan responded to staffing gaps and thus created 11 new positions and 3 of these (Public Relations and Communication, M& E Officer and Assistant) were filled in March 2014. In addition was the development of a 2 year operations plan.

### 3.1.6 Dissemination of the Strategic Plan

This was done in 8 regions where members were taken through and guided on development of own operational plans, as part of information sharing and capacity building.



*District forum Coordinators and Chairpersons during the Strategic Plan Dissemination in Mbarara and Mbale respectively*

## **Strategy 3.2: Strengthening management of NAFOPHANU**

### **3.2.1 Staffing NAFOPHANU secretariat has 15 staff and 1 volunteer.**



**Stella Kentutsi**  
Executive Director



**Stephen Sentongo**  
Accountant



**Magezi Wilfred**  
M&E Officer



**Winnie Matovu**  
HR & Admin. Officer



**Cissy Namuzimbi**  
Program Manager



**Nakyanja Rehema**  
Program Officer



**Twine Geoffrey**  
Finance Manager



**Jossy Bando**  
Driver



**Evelyn Nambozo**  
M&E Assistant



**Richard Echoku**  
Guard



**Prossy Nyanzi**  
PO-Advocacy



**Dorothy Nassolo**  
PRO



**Nganda Steven**  
Programme Development  
Officer



**Tusubira Rita**  
HR & Administrative  
Officer



**Nakanabi Teddy**  
Cleaner

## Strategy 3.3 Strengthening Knowledge management at NAFOPHANU

### 3.3.1 PLHIV Stigma Index Survey



Fighting Stigma and discrimination is crucial in the HIV & AIDS campaign as it affects the uptake of HIV services. There is no standalone policy on stigma and discrimination. There has been no national study to give evidence on HIV stigma and discrimination to inform policy until 2012 when NAFOPHANU with support from UNAIDS rolled off the first ever PLHIV Stigma Survey in Uganda to raise awareness, advocate for policies and laws that integrate HIV stigma reduction and engage authorities to protect PLHIV against stigma and discrimination. The report was launched in October 2014. Consequently, key stakeholders including a considerable section of the public are more informed of the effects of stigma and discrimination and are expressing willingness to adopt as well as discuss further proposed measures to eliminate stigma and discrimination of PLHIV.

*Dr. Joshua Muzinguzi, Programme Manager ACP MOH, launching the Stigma Index Report in Uganda on 26 October 2013*

### 3.3.2 Community Score Card

The Community Score Card (CSC) is a participatory community based monitoring and evaluation tool that enables citizens to assess the quality of public services such as a health centre, school, public transport, water, waste disposal systems to mention but a few. This was piloted in three districts of (Serere, Kalangala & Kitgum) to empower PLHIV monitor the quality of HIV and AIDS services. The exercise resulted into identification of gaps in HIV service delivery in terms of staffing, infrastructure and availability of comprehensive HIV/AIDS and TB services. Results indicate that 57% of health facilities visited registered about 68% of the total number of staff required in H/C Ills, 75% of H/C 1Vs had operating theatres, Seventy five (75%) of the service providers, 42% of the men and women



respectively considered integrated T.B service to be "very good + good" and Six (6) in every ten (10) participants cited "good + very good" in regard to access to ART service for adults based on the combined score. More information can be obtained from the Community score card report.

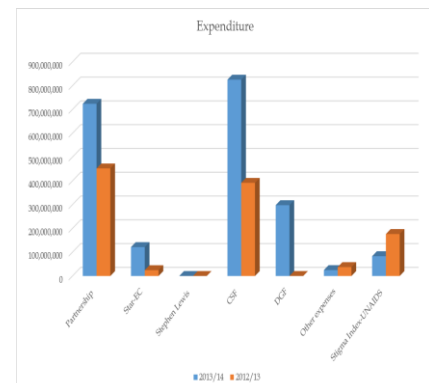
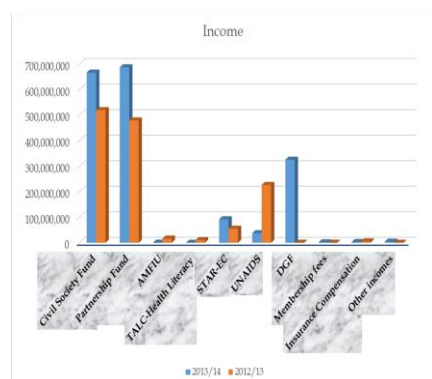
*Patients waiting to see a health worker at Kitgum Matidi HC III(left) and Female ward at Kalangala HC IV( Right)*

### 3.3.3 Baseline survey on District Local Government spending on Gender and HIV

The National Development Plan centralizes gender and HIV for mainstreaming at all levels. However, there is limited information on how these national intentions translate into real practice in the form of resource allocation and actualization among District Local Governments. The survey was to provide baseline information on budgetary allocations of district local governments in the districts of Luwero, Kyegegwa, Apac, Serere, and Bushenyi for informed advocacy. Findings revealed that funding for budgets for gender in districts ranged from shs1million to 3.2 million but only realized Ushs 150,000.

## 2.1 FINANCIAL MANAGEMENT STRATEGIES AND REPORTS

NAFOPHANU received funds from a number of donors as figures below





## 2.2 KEY OF ACHIEVEMENTS

- ❖ The secretariat successfully reviewed her strategic plan which created a direction to strengthen member networks more staffing needs.
- ❖ A 2 year operations plan was developed following the review of the strategic plan to guide operations at the secretariat and among member networks
- ❖ Fourteen districts successfully held their Annual General meetings with support from the secretariat. This has sorted out gaps in governance that existed in these districts
- ❖ Research capacity of NAFOPHANU has improved which has enabled her to carry out major studies such as. The PLHIV Stigma Index Survey 2013 which was launched as the first ever stigma study in Uganda; An assessment of financial needs on PLHIV in Uganda 2013 and A baseline survey on District Local government spending on HIV and Gender were also completed
- ❖ There has been intensified resource mobilisation both internally and externally. The organization brought in resources from DGF, CSF, UNAIDS, AMFUI, STAREC and also membership contributions.
- ❖ Staff participated in trainings for capacity building and these included a training in advocacy organized by Oxfam which was attended by the Programme Manager in Nairobi in October 2013, training in gender mainstreaming, training in resource mobilisation which were organized by UNASO in 2014.
- ❖ BOD was able to play oversight role without missing any engagement.

## 2.3 CHALLENGES

- ❖ Limited support for HIV activities in district budgets because HIV & AIDS is taken as a cross cutting issues and therefore not a priority area in district plans.
- ❖ Despite government effort to increase number of PLHIV on ART, ART service delivery still suffers problems of unpalatable drugs like Lamivudine/ Tenofovir (TDF/3TC) 300mg/ 300mg bitter pill which affects adherence. There were drug stock outs (ART/TB) in some public health facilities in a good number of districts. Drugs out of stock included AZT/3TC/NVP, DDI, Anti TBs (Rifampicin, Streptomycin, Isonazide), EFV, Zidovuzine, TDF, ABC, Seprine, ) There is no policy on 3<sup>rd</sup> line regimen yet there are those who need to be put on the third regimen.
- ❖ There is limited funding for key areas of social support and livelihoods which contributes to high levels of poverty among PLHIV.
- ❖ Structures for PLHIV are still weak especially at district level. This greatly affects their ability to coordinate the response at the lower level.
- ❖ Wide geographical coverage with lead secretariat staff.

## 2.4 BEST PRACTICES

- ❖ Consortium of Advocates for Access to Treatment (CAAT); successfully advocated for accessibility to HIV test kits, ART& TB drugs and condoms. NAFOPHANU has used this platform to advocate for increased access and availability to treatment and has made remarkable progress in the area of treatment and HIV funding. CAAT influenced removal of bitter pill by National Drug Authority.
- ❖ Role of thousands of volunteer Network Support Agents at facility and community level remains core to service provision in all health facilities and hospitals in the country
- ❖ Good relationship with District Local Governments has enhanced sustainability of PLHIV Forums. Have received land to construct PLHIV Capacity Building Centers in Kihhi (Kanungu) and Nankoma (Bugiri)
- ❖ Co-save strategy to poverty alleviation enhances sustainability of PLHIV groups and should therefore be replicated in all districts
- ❖ SALT helpline (0800100330) continues its tele-counseling practice. Clients from different districts call in to seek information on HIV services .

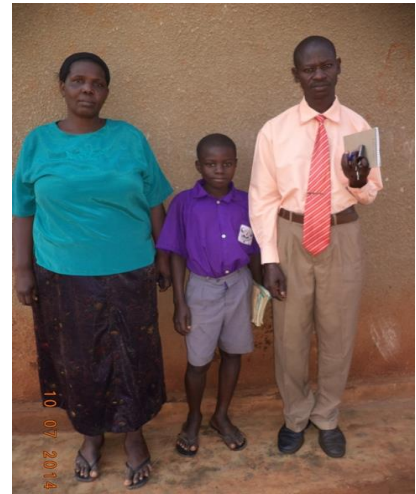
## 2.5 SUCCESS STORIES

In the current government “Prosperity for All” programme, PLHIV are normally left out due to stigma and discrimination. However, 2 PLHIV Networks in Namayingo districts have stood out as role models that organized PLHIV groups can also become beneficiaries if they are provided with information. The 2 groups expressed their concerns to the sub county authorities during community dialogues held there. For the first time in Namayingo PLHIV



received funds from the District Community Driven Development Grant (CDD). Buyinja sub county bought ox ploughs which is used for ploughing and is also hired for income. Buswale PLHIV Forum invested the fund in a saloon out of which they are supporting 03 OVCs in a private a school (St Ofwono Primary School). The three children who would have otherwise dropped out of school are children of the fallen (late) PLHIV.

*Saloon for Buswale PLHIV Network (left) and Ox ploughs (right) for Buyinja PLHIV Network*



*Some of the OVCs supported by Buswale PLHIV Networks*

## **2.6 WAYFORWARD**

- ❖ ART and treatment for opportunistic infections will be taken on as an advocacy campaign issue at national level in the next financial year
- ❖ More districts will be supported to hold Sub-County and district level annual general meetings regularly
- ❖ More avenues will be created by the secretariat and the member networks to increase the resource base.
- ❖ There will be more engagement with duty bearers at district and national level to enhance quality Service delivery

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### 3.0 MANAGEMENT ASSERTIONS ON THE FINANCIAL STATEMENTS OF THE NATIONAL FORUM OF PLHA NETWORKS IN UGANDA YEAR ENDED 30 JUNE 2014

This section presents NAFOPHANU management's confirmation of its responsibility for information in the financial statements and information provided during the course of the audit.

The management of NAFOPHANU is required to prepare financial statements for each financial period that give a true and fair view of the state of affairs of the Organisation funds as at the end of the financial period and of its operational results that comply with the requirements of the funding partners. Management is responsible for keeping proper accounting records that disclose with reasonable accuracy the financial position of Organisation. Management is also responsible for safeguarding the assets of the Organisation.

Management further accepts responsibility for the financial statements, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgments and estimates in conformity with the International Financial Reporting Standards. Management is of the opinion that the financial statements for the period ended 30 June 2014 give a true and fair view of the state of affairs of the funded activities and operational results at the Organisation. Management further accepts responsibility for the maintenance of accounting records that may be relied upon in the preparation of the financial statements, as well as adequate systems of internal controls.

Management confirms that all receipts received during the period ended 30 June 2014 were used for the intended purposes in accordance with the Organisation Agreements between NAFOPHANU, and funding partners. Management certifies that there were no irregularities involving the management and staff of NAFOPHANU, and that the financial statements of the Organisation for the period ended 30 June 2014 are free of material misstatements.

This assertion is certified by management of NAFOPHANU on **23<sup>rd</sup> October 2014** and signed on its behalf by:



.....  
*Executive Director*



.....  
*Chairperson – Board of Directors*

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## 4.0 AUDIT OBJECTIVES, METHODOLOGY AND PROCEDURES

The audit was guided by a strategically driven audit approach to meet audit objectives and some of the audit procedures carried out included; strategic, operational and compliance reviews as described below.

### 4.1 Audit objectives

- ❖ The audit objectives for the period that ended 30 June 2014 is to:
- ❖ Express an opinion on whether the financial statements present a true and fair view of the Organisation's financial position as at 30<sup>th</sup> June 2014.
- ❖ Provide management with timely information on financial management aspects of the Organisation to enable follow up action.

### 4.2 Preparatory audit activities and strategic reviews

- ❖ Reviewed terms of reference after signing the contract and oriented the audit team towards achieving the audit objective within the agreed time frame and agreed work plan with NAFOPHANU management.
- ❖ Prepared a strategy audit document including tailored audit programmes and checklists to meet audit objectives.
- ❖ Reviewed background information including the annual report, the Organisation implementation manuals, the funding agreements between NAFOPHANU and funding partners.
- ❖ Identified and reviewed possibilities for relevant strategic risks and evaluated the strategic control environment.
- ❖ We conducted systems based audit - tests to assess the effectiveness of the internal control system.
- ❖ Reviewed the progress in the implementation of agreed prior period audit recommendations
- ❖ We carried out substantive tests on the significant Organisation cycles as below;

### 4.3 Income

- ❖ Through enquiry, we documented the process of recording receipts from the funding partners and confirmed that separate bank accounts were opened for these receipts.
- ❖ We agreed all receipts of funds from the funding partners to the bank statements and cashbooks
- ❖ Reconciled the application totals to bank receipts and confirmed completeness of recording.

### 4.4 Expenditure

- ❖ Vouched payments from cashbooks and ledgers against respective invoices, and against evidence of receipt of goods or services, and whether they were checked by management for arithmetic accuracy, pricing, condition, authorisation and eligibility.
- ❖ Assessed the Organisation's compliance with the laws of the Republic of Uganda in respect to PAYE, NSSF and VAT.
- ❖ We reviewed to confirm whether all Organisational expenditure was as per approved budget/ work plan for the period under review.
- ❖ Checked completeness and consistence of recording and confirmed appropriate categorisation of costs to correct eligible codes.

### 4.5 Fixed assets/equipment

- ❖ Obtained a fixed assets/ equipment registers and physically inspected a sample of assets to confirm existence, properly engraved and working condition.
- ❖ Reviewed the adequacy of the internal control procedures over the safeguards of assets procured for the Organisation.
- ❖ Verified the asset titles and confirmed ownership by the Organisation.

### 4.6 Cash and bank balances

We agreed the reported balances to the cashbook and the reconciled bank statements.

We traced clearance of un-presented cheques by reference to bank statements after the closing date of 30 June 2014.

We obtained explanations for long outstanding reconciling items not cleared at the time of audit.

We reviewed to confirm whether bank reconciliations are prepared on a regular basis and reviewed by a senior official.

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We obtained direct confirmations from the Organisations bankers for the balance held on account as of 30 June 2014.

#### **4.7 Other audit procedures**

We received minutes for management meetings during the period for corroborative evidence to confirm assertions of the financial statements.

We reviewed internal controls as a basis for detection and reporting of frauds and suspicious transactions.

We made inquiries to establish evidence of any pending litigation for or against the Organisation and verified information for evidence of any related party transactions.

#### **AUDIT RESULTS**

*Results from the audit are presented under: the auditor's report on financial statements on pages 10 to 11; the audited financial statements on pages 12 to 14 and the management letter appended to this report. All these reports form one integral part of the audit report.*

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## 5.0 INDEPENDENT AUDITOR'S REPORT TO THE BOARD MEMBERS OF THE NATIONAL FORUM OF PLHA NETWORKS IN UGANDA FOR THE YEAR ENDED 30 JUNE 2014

We have audited the financial statements of the National Forum of PLHA Networks in Uganda (NAFOPHANU) which comprise the income statement for the twelve months period ended 30 June 2014, the statement of financial position as at 30 June 2014 and the notes to the financial statements, which include a summary of significant accounting policies and other explanatory notes as set out on pages 15 to 22.

### Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with International Auditing Standards. This responsibility includes: designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstance.

### Auditor's responsibility for the financial statements

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the entity's internal control. An audit includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of NAFOPHANU as at 30 June 2014 and of its operational results for the period then ended, and are in accordance as far as applicable with the Generally Accepted Accounting Principles and NAFOPHANU accounting policies set out in note 9.2

### Report on other legal requirements

As required by the NGO Act Cap. 113, we report to you based on our audit, that:

We obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit; in our opinion,

Proper books of account have been kept by the Organisation so far as appears from our examination of those books;

The statement of financial position and the income and expenditure statement are in agreement with the books of account; and

Returns were furnished to the NGO Board as stipulated in the NGO Act. Cap 113.



**Jasper-Semu & Associates**  
Certified Public Accountants  
P.O. Box 8294  
Kampala

**Date:** 23/10/2014

**6.0 NAFOPHANU—STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED  
30 JUNE 2014**

Particulars	Note	June 2014	June 2013
		Ushs	Ushs
<b>Income</b>			
Transfers from donors	9.3	1,806,895,354	1,306,130,069
Other income	9.4	7,980,560	5,251,000
<b>Total income</b>		<b>1,814,875,914</b>	<b>1,311,381,069</b>
<b>Expenditure</b>			
Partnership fund	9.5	729,449,305	452,232,998
STAR-EC	9.6	121,558,250	24,576,350
Stephen Lewis	9.7	-	71,500
UNAIDS (PLHIV Stigma Survey)	9.8	83,185,275	176,511,735
CSF	9.9	825,441,267	391,660,745
DGF	9.10	297,958,806	-
Other expenses	9.11	24,270,178	37,378,475
<b>Total expenditure</b>		<b>2,081,863,081</b>	<b>1,057,855,453</b>
<b>Surplus (Deficit) for the period</b>		<b>(266,987,167)</b>	<b>253,525,616</b>

The financial statements on pages 12 to 14 were approved by Board of Directors on **23<sup>rd</sup> October 2014** and were signed on its behalf by:



.....  
**Executive Director**



.....  
**Chairperson – Board of Directors**

## 7.0 STATEMENT OF FINANCIAL POSITION FOR NAPFOPHANU AS AT 30 JUNE 2014

	Note	June 2014	June 2013
		Ushs	Ushs
<b>Current asset</b>			
Cash and bank	9.12	60,997,715	317,078,382
		<b>60,997,715</b>	<b>317,078,382</b>
<b>Financed by:</b>			
Payables	9.14	10,906,500	-
Accumulated fund	9.13	50,091,215	317,078,382
		<b>60,997,715</b>	<b>317,078,382</b>

The financial statements on pages 12 to 14 were approved by Board of Directors on **23<sup>rd</sup> October 2014** and were signed on its behalf by:



.....  
**Executive Director**



.....  
**Chairperson – Board of Directors**



## 8.0 NAFOPHANU STATEMENT OF CASH FLOW FOR THE YEAR ENDED 30 JUNE 2014

	Note	June 2014	Jun-13
		Ushs	Ushs
Surplus/(Deficit) for the year	6.0	(266,987,167)	253,525,616
Movement in creditors/refunds	9.14	10,906,500	2,879,200
<b>Net cash inflow/(outflow) for the year</b>		<b>(256,080,667)</b>	<b>256,404,816</b>
<b>Changes in cash and cash equivalents</b>			
Closing cash and bank balances	9.12	60,997,715	317,078,382
Opening cash and bank balances	9.12	317,078,382	60,673,566
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>(256,080,667)</b>	<b>256,404,816</b>

## 9.0 NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2014

### 9.1 About the reporting entity

National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU) was established in May 2003 after identification, acknowledgement and recognition of gaps among people living with HIV/AIDS (PLHIV) in the National Response.

### 9.2 Significant accounting policies

The principal accounting policies adopted in the preparation of these financial statements are set out below:

- ❖ **Basis of preparation** The financial statements are prepared under the cash basis of accounting. The Organization management identifies all significant accounting policies.
- ❖ **Receipts** Transfers from donors are recognised in the financial statements when received in the designated donor bank account. Other receipts are recognised in the financial statements when received by the Organisation.
- ❖ **Expenditure** Payments including capital expenditure are recorded in the financial statements in the period in which they are made.
- ❖ **Fixed assets** Fixed assets are expensed in full in the period of purchase. Fixed assets, both purchased and donated, held at the period end are not presented in the statement of financial position.
- ❖ **Budget** Budget figures have been provided for comparison purposes and have been derived from the Organisation approved work plan for the period under review. The approved budget is used to manage Organisation spending according to the agreements with the funding partners.
- ❖ **Commitments** Commitments represent contractual obligations as at 30 June 2013 for which payments had not been made. Commitments are therefore not included in the income and expenditure statement.
- ❖ **Comparatives** The comparatives in the financial statements relate to the balances in the audited financial statements for the period ended 30 June 2014.

### 9.3 Transfers from donors

These are amounts from donors deposited on the designated donor accounts as shown in the table below.

Details	2014	2013
	Ushs	Ushs
Civil Society Fund	665,955,496	519,010,010
Partnership Fund	686,777,346	478,891,934
AMFIU	-	16,410,000
Health Literacy	-	10,470,125
STAR-EC	91,947,200	55,025,000
UNAIDS	37,248,450	226,323,000
DGF	324,966,862	-
<b>Total</b>	<b>1,806,895,354</b>	<b>1,306,130,069</b>

<b>Other incomes</b>		
Membership fees	1,280,000	-
Insurance Compensation	2,700,000	5,251,000
Other incomes	4,000,560	-
	<b>7,980,560</b>	<b>5,251,000</b>
<b>Total Incomes</b>	<b>1,814,875,914</b>	<b>1,311,381,069</b>

#### 9.4 Other income

**Ushs 7,980,560**

This represents insurance compensation from the NAFOPHANU insurers for the damaged furniture by the collapsed ceiling in the board room, registration fees & rental income. (2014: Ushs 7,980,560 and 2013: Ushs 5,251,000).

#### 9.5 PARTNERSHIP FUND EXPENSES

	June 2014	June 2013
Details	Ushs	Ushs
<b>Programme costs</b>		
AGM Expenses	102,701,500	76,775,000
BOD meetings	13,103,000	13,208,001
CAAT Meetings	7,892,510	8,503,600
District office coordination	88,704,046	40,056,500
District Executive Meetings	56,870,000	29,055,000
Facilitation of SALT Helpline	19,440,000	16,590,000
Mapping of lower networks	107,495,000	82,681,000
Mbuya Knowledge Room	13,070,000	12,442,000
Monitoring & evaluation	75,853,500	50,744,600
NSAs ART Monitoring	17,200,500	17,862,000
Orientation Meetings	-	15,134,300
PCCC Meetings	385,000	675,000
Policy Advocacy and Programme (PAP)	4,166,000	1,900,000
Strategic Planning	66,647,700	19,242,000
Database development	12,150,000	-
District based AGMs	71,694,750	-
<b>Sub total</b>	<b>657,373,506</b>	<b>384,869,001</b>
<b>Administrative costs</b>		
Audit fees	9,000,000	4,000,000
Bank charges	1,216,000	2,586,258
Fuel	1,400,000	6,989,200
Internet/communication	1,390,142	894,479
Legal advisor retainer	3,600,000	3,600,000

Motor expenses	4,461,000	490,000
Security	16,196,680	16,034,400
Staff salaries	30,089,627	30,957,000
Stationery	1,815,000	884,000
Refund to Partnership fund	-	428,660
Utilities	2,147,350	500,000
Volunteers allowances	160,000	-
Website re-design	600,000	-
<b>Sub total</b>	<b>72,075,599</b>	<b>67,363,997</b>
<b>Grand total</b>	<b>729,449,305</b>	<b>452,232,998</b>

### 9.6 STAR-EC EXPENSES

STAR-EC	June 2014	June 2013
	Ushs	Ushs
Community Dialogues	2,011,000	2,626,000
CSAs Home visits	21,888,500	2,640,000
District Coordinators allowance	5,226,500	750,000
District office coordination	4,244,100	655,000
Follow up lost on clients	11,041,000	1,875,000
Follow up on referrals	980,000	7,498,000
Information Sharing Meeting	4,937,000	2,229,000
Inter & intra facility referral	28,800,000	1,869,000
Integrated Outreaches	6,382,000	1,016,000
Linkage facilitators HBHCT	741,500	225,000
Monitoring & Evaluation	6,738,350	1,383,350
Follow up on referrals	12,706,000	-
Psychosocial support group	9,020,000	1,810,000
Refund to STAR-EC	1,322,300	-
Salaries	5,520,000	-
<b>Total</b>	<b>121,558,250</b>	<b>24,576,350</b>

### 9.7 STEPHEN LEWIS FOUNDATION EXPENSES ACCOUNT 304

Details	June 2014	June 2013
	Ushs	Ushs
Bank Charges	-	71,500
<b>Total expenses</b>	<b>-</b>	<b>71,500</b>

## 9.8 UNAIDS ACCOUNT 303

UNAIDS expenses	June 2014
Bank charges	232,500
Develop documentary	3,950,000
Electronic dissemination of Stigma Index	4,514,000
National Organizing Committee	425,000
Press Conference	16,125,000
Printing report	19,700,000
Radio Talk shows	5,238,400
Stigma Index field costs	13,721,200
Travel to ICASA	6,119,175
TV Talk shows	13,160,000
<b>Total</b>	<b>83,185,275</b>

## 9.9 CIVIL SOCIETY FUND EXPENSES ACCOUNT 300

Details	June 2014	June 2013
	Ushs	Ushs
<b>Programme costs</b>		
District Executive meetings	43,320,000	12,614,000
District network advocacy	59,267,200	17,327,500
District Network coordination	267,354,491	92,583,107
Information sharing platforms	64,982,000	18,200,000
Monitoring & Evaluation	27,778,583	24,767,250
Radio Talk shows	-	560,000
Refund to CSF	-	36,640,678
Sub County Community dialogues	72,142,000	33,088,000
Technical support unit	15,893,500	8,580,000
Social Capacity Building	4,620,451	-
CSOs Representation on LG meetings	1,950,000	-
Mapping of PLHIV networks	16,810,000	-
Duty bearers Dialogues	42,800,000	-
CSOs performance review meeting	20,810,000	-
<b>Sub total</b>	<b>637,728,225</b>	<b>244,360,535</b>
<b>Administrative costs</b>		
Bank charges-CSF	1,738,500	1,077,000
Cleaning services	3,534,000	1,861,800
Communication	1,896,581	2,372,386

Computer repairs	280,000	2,464,000
Fuel	1,244,000	4,568,000
Internet	3,599,000	3,349,000
Lunch facilitation	10,315,000	12,708,800
Motor repairs	7,333,000	5,754,500
Newspapers	765,000	477,000
Office rent	18,000,000	9,000,000
Office stationery & Consumables	6,445,580	2,471,800
Salaries	112,107,755	97,260,500
Security	3,331,760	485,000
Transport	558,500	550,000
Web hosting	627,000	-
Insurance	12,630,916	-
Utilities	2,306,450	2,900,424
Audit	1,000,000	-
<b>Sub total</b>	<b>187,713,042</b>	<b>147,300,210</b>
<b>Grand total</b>	<b>825,441,267</b>	<b>391,660,745</b>
	<b>June 2014</b>	<b>June 2013</b>
<b>Details</b>	<b>Ushs</b>	<b>Ushs</b>
<b>Programme costs</b>		
District Executive meetings	43,320,000	12,614,000
District network advocacy	59,267,200	17,327,500
District Network coordination	267,354,491	92,583,107
Information sharing platforms	64,982,000	18,200,000
Monitoring & Evaluation	27,778,583	24,767,250
Radio Talk shows	-	560,000
Refund to CSF	-	36,640,678
Sub County Community dialogues	72,142,000	33,088,000
Technical support unit	15,893,500	8,580,000
Social Capacity Building	4,620,451	-
CSOs Representation on LG meetings	1,950,000	-
Mapping of PLHIV networks	16,810,000	-
Duty bearers Dialogues	42,800,000	-
CSOs performance review meeting	20,810,000	-
<b>Sub total</b>	<b>637,728,225</b>	<b>244,360,535</b>
<b>Administrative costs</b>		

Bank charges-CSF	1,738,500	1,077,000
Cleaning services	3,534,000	1,861,800
Communication	1,896,581	2,372,386
Computer repairs	280,000	2,464,000
Fuel	1,244,000	4,568,000
Internet	3,599,000	3,349,000
Lunch facilitation	10,315,000	12,708,800
Motor repairs	7,333,000	5,754,500
Newspapers	765,000	477,000
Office rent	18,000,000	9,000,000
Office stationery & Consumables	6,445,580	2,471,800
Salaries	112,107,755	97,260,500
Security	3,331,760	485,000
Transport	558,500	550,000
Web hosting	627,000	-
Insurance	12,630,916	-
Utilities	2,306,450	2,900,424
Audit	1,000,000	-
<b>Sub total</b>	<b>187,713,042</b>	<b>147,300,210</b>
<b>Grand total</b>	<b>825,441,267</b>	<b>391,660,745</b>

#### 9.10 DGF Expenses

Details	June 2014
	Ushs
<b>Administration costs</b>	11,686,406
Equipment & furniture	10,670,000
Personnel Costs	10,340,000
<b>DGF Programme Costs</b>	
ART Monitoring	5,700,000
Bi-annual stakeholders meeting	11,935,000
Coaching in advocacy skills	24,439,000
Community Dialogue	9,450,000
Community Score Card	27,114,600
District plan meetings	9,250,000
Representation on LG AIDS coordination meetings	4,080,000
Documentation of PLHIV property loss	6,546,700

Office coordination	26,780,000
Orientation meetings	21,488,000
Programme salaries	47,151,500
Public platforms	25,530,000
Radio Talk shows	9,315,000
Review of DLG spending on Gender & HIV	10,332,600
S.A.L.T Toll free line stickers	2,500,000
Stakeholder Meetings	19,530,000
Workshops on land rights	3,960,000
<b>Total DGF Programme Costs</b>	<b>265,102,400</b>
<b>Total</b>	<b>297,798,806</b>

### 9.11 Other expenses

	June 2014	June 2013
	Ushs	Ushs
Bank charges	96,000	634,125
Baseline survey on PLHIV MFI needs	12,082,428	3,310,000
Communication	20,000	-
Condolences	300,000	-
Health Literacy	5,277,200	5,280,000
Office consumables	107,700	-
Repairs & Maintenance	926,000	-
Support to affirmative action	695,000	-
Support to staff(Ronald)	2,740,000	-
Transport	705,850	-
Certification & filing fees	-	848,000
Motor Vehicle repairs	1,320,000	3,000,000
<b>Total Other Expenses</b>	<b>24,270,178</b>	<b>13,072,125</b>

### 9.12 BANK AND CASH BALANCES

Bank balances refer to reconciled cash book balances as at period end. NAFOPHANU accounts are maintained with Standard Chartered Bank Uganda Limited and Centenary Bank Limited. These are as follows:

Particulars	June 2014	June 2013
	Ushs	Ushs
Centenary A/C-31810600026	702,100	30,258,650
Centenary A/C-31810600027 - O.I	3,822,932	19,434,500
Stanchart A/C 0102003520300-CSF	12,662,302	167,877,523
Stanchart A/C 0102003520301- PF	12,098,356	47,887,315

Stanchart A/C 0102003520302- GF	4,082,119	50,018,944
Stanchart A/C 0102083520303-DGF	25,825,056	-
Petty Cash-PC	-	62,300
Petty Cash - GLIA	-	63,550
Petty Cash- DGF	436,500	-
Petty Cash -CSF	1,167,050	1,475,600
Cash at Hand	201,300	-
<b>Total</b>	<b>60,997,715</b>	<b>317,078,382</b>

### 9.13 ACCUMULATED FUND

Details	June 2014	June 2013
	Ushs	Ushs
Opening balance as at 1 <sup>st</sup> July	317,078,382	60,673,566
Refund from activities implemented in 2012/2013	-	2,879,200
Surplus/ (deficit) for the period	(266,987,167)	253,525,616
<b>Accumulated fund as at 30 June</b>	<b>50,091,215</b>	<b>317,078,382</b>

### 9.14 PAYABLES

Details	June 2014	June 2013
	Ushs	Ushs
Audit fees payable	6,000,000	4,000,000
Salaries payable	3,856,500	-
Committed District funds	1,050,000	-
<b>Total</b>	<b>10,906,500</b>	<b>4,000,000</b>

### 9.15 Contingent liabilities / assets

There were no known contingent liabilities/ assets that qualify for accrual or disclosure as at 30 June 2014.

### 9.16 Accounting period

The financial statements have been prepared for the period 1 July 2013 to 30 June 2014.

### 9.17 Reporting currency

The financial statements are prepared in Uganda Shillings (Ushs).



Contact Us On  
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## Our Development Partners



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**commission**  
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Uganda Aids Commission



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