



THE REPUBLIC OF UGANDA



**The National Strategic Framework for HIV/AIDS Activities in Uganda:
2000/1 – 2005/6**

Mid-Term Review Report

**THEME 4: COORDINATION AND INSTITUTIONAL
ARRANGEMENTS**

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1. EXECUTIVE SUMMARY

The Uganda AIDS Commission (UAC) is by statute mandated to oversee, plan and coordinate AIDS prevention and control activities throughout Uganda and, in particular, ensure proper planning, coordination, monitoring and evaluation of all AIDS control policies and programs within the national strategic framework; mobilise resources; and gather and disseminate strategic information on the AIDS epidemic and its consequences in Uganda and on the programme activities for its control.

This mid-term review (MTR) Technical Working Group (TWG) was charged to review the coordination role and institutional arrangements midway into the National Strategic Framework (NSF) 2000/1-2005/6. The review was undertaken bearing in mind that coordination of the national response to HIV/AIDS is applied at central, district, community level and institutional level.

Coordination was taken to mean a **process of facilitation, communication, sharing, planning and monitoring of resources, risks and rewards for purposes of efficiency and effectiveness in scaling up** all the efforts in response to the HIV/AIDS epidemic. Coordination was clearly spelt out not to mean control.

Findings and Recommendations

The TWG review found that a lot has been accomplished in the area of coordination including some activities that were not foreseen in the development of the NSF. Conversely, a number of coordination initiatives that were planned have not yet been achieved or started. UAC, with the support of UNAIDS, recently undertook a review of its coordination roles and functions, based on the recognition that the context for the national HIV/AIDS response has shifted considerably in recent years, and that current national coordination capacity is no longer appropriate or sufficient to meet these new challenges. In addition, UAC's capacity had been severely depleted in the last few years due to poor management and institutional instability. The review has set the coordination agenda for UAC and many of the recommendations (see box on the next page) have been or are being implemented.

The first recommendation noted in the UAC Capacity Review—establishment of a well-defined coordination structure—has been implemented at central level through the establishment of the HIV/AIDS Partnership, which is a broad based inclusive coordination mechanism which brings together several constituencies for innovation, participation and to push for policy development and reform and for implementing action. The Partnership Fund provides support to coordination activities of the self-coordinating entities (SCE), which include Parliament, People Living with HIV/AIDS (PHA), Private Sector, National NGOs, Government Ministries, Faith Based Organisations (FBO), and the Decentralized Response. Other SCEs, such as the UN and bilaterals and International NGO SCEs do not need support for coordination while others such as the Research, Academia and Science SCE are still sorting out on how to organise themselves.

At the district level, some Focal Persons have been appointed but their TOR are not clear or well defined. District HIV/AIDS Coordination Committees (DACC) have been formed in some districts under the MAP and AIM programs, while in others they are not functional. The District Guidelines, developed by UAC and approved by the consensus of Uganda Local Authorities Association (ULAA), have now been circulated and are being used. Some training in the use of the guidelines has been carried out by UACP/AIM in their program districts. The district budgets now include HIV/AIDS funding, although some or most do not utilise the budgeted funds on the HIV/AIDS activities. Some ministries, for example MoFPED, and other private organisations and parastals have also incorporated HIV/AIDS activities in their budgets. These include the Bank of Uganda, Standard Chartered Bank and Railways, which now provide their staff with anti-retroviral treatment (ART).

Also, HIV/AIDS manuals are being developed in the Ministry of Public Service and MoFPED. Mainstreaming is still being paid lip service only and FPP/O do not understand the concept and how to make it happen in their ministry. This issue is closely linked to the lack of interministerial coordination. They have however HIV/AIDS plans submitted for funding to MAP. AIDS campaigns have started in 8 ministries and focal persons, and committees for mainstreaming have started up in Ministry of Education, Finance, Health, Energy, works, Gender, Presidents Office and Public Service.

Box 1: Recommendations of the UAC Capacity Review

1. The establishment of a well-defined coordination structure at all levels including:

- Well-defined roles for UAC, key partners and partner groups
- A clear focus on implementation of the NSF
- A systematic, well articulated coordination process and the design of suitable coordination mechanisms at the central and decentralized level, accompanied by capacity-building

2. Strengthening of the critical functions in the coordination system including:

- Development of an overall advocacy strategy
- Strategic management, including strategic vision, goals, priorities, and plans, and monitoring and evaluation of implementation
- Policy: taking a lead role in developing an overarching HIV/AIDS policy; providing inputs and facilitation for multi-sectoral policy development; identifying policy gaps.
- Resource management, or the funding of the national response
- Development of partnerships, involving all the stakeholders working on HIV/AIDS
- Strengthening and development of the Knowledge Center at national and district levels respectively, beginning with a repository of who is doing what in the national response.

3. Capacity building of UAC in relation to its roles and responsibilities including:

- Infrastructure improvements, including facilities. Strengthening of basic systems such as information and human resource management
- Developing UAC's capacity to fulfill its functional roles as per priority area

4. Shore up the institutional architecture for coordination to include:

- Amending the Statute, principally to establish a clear division of labor between UAC and its partners, and provide for a clear, focused role for UAC.
- Creating a strong Commission, to provide the UAC Secretariat with a vision, leadership and accountability.

Some Networks of NGOs and PHA have been established at national and district levels and Uganda has participated in the Great Lakes Initiative on HIV/AIDS (GLIA), the African First Ladies HIV/AIDS Initiative and the Eastern African National Networks of AIDS Service Organisation (EANASO).

Public leadership has been brought on board at all levels of government and the consensus is that with a well developed Advocacy Strategy that is in the offing the HIV/AIDS messages will fully be institutionalised. Advocacy is done on an ad-hoc basis depending on personality and willingness of individuals, rather than being led by any strategy or using an advocacy toolkit with some uniform messages, such as the latest information on ARVs.

The UAC commission is handicapped in the area of human resource capacity in part due to an unfinished strategic planning exercise. There are several areas in which focused action would enhance UACs effectiveness. Infrastructure and equipment deficits need to be remedied to enable UAC to

perform its roles and functions efficiently and effectively. These include location of the secretariat, office equipment, e-mail and Internet access, phones, and transportation. The Partnership Fund has met some of these needs (server, email). UAC could also improve its performance if staff fully internalized the partnership approach whereby partners would not just be consulted but would be called to participate in the performance of coordination tasks.

Well-managed strategic information is a pre-requisite for UAC to actively perform its key roles in planning, leadership and advocacy, and facilitating access to technical and financial resources, but the much needed strategic information and dissemination strategy is still in its infancy. The National AIDS Documentation and Information Center (NADIC) library is not well developed and there is not enough physical space for it at the current UAC secretariat location. The UAC website is not fully functional and there is need to invest both appropriate manpower and other resources to update it and to make it a hub of critical information for all the stakeholders. Strategic information can be gathered from a well functioning M&E system, the CRIS, best practices and country reports on the national response to HIV/AIDS. The information should be converted into decision making tools, used to influence policy review and change, and enable early warnings in order to respond to the challenges of the HIV/AIDS in a timely manner.

NADIC needs to be enabled to manage the flow of lessons learned, distill knowledge at the national level, and refresh the knowledge of the various SCEs. As mentioned in the NSF, NACID could support SCEs in facilitating their self assessment of AIDS Competence and in the use of related knowledge management tools; moderate electronic support platforms such as an e-workspace, in addition to maintaining the website; publish an annual report on the HIV/AIDS situation in Uganda, which will serve as reference material both within and outside Uganda; document the work of the Partnership; and develop materials on the Ugandan response for national, regional and international use. These various tools and materials can also contribute to policy formulation relating to a number of programmatic elements such as the allocation of resources and work with the SCE on the decentralized response to ensure that lessons learned and successful practices are shared within the districts and communities of Uganda and, through the development of a Local Response Network and Catalogue, with other countries. Without a significant infusion of support, particularly in the form of additional human resources and training, these strategic information needs will not be realized.

There are no clear identified priority areas for research neither is there a guide to coordinate research activities. As a result there is duplication of research, services and programs by the different players. Guidelines for the planning, coordination and implementation of research should be developed as an early priority in the revised NSF.

Stakeholders feel no obligation for information sharing about their progress, results, areas of operation, etc. due to the lack of clarity in this regard and the lack of feedback and use of information they have provided. The finalization of the national M&E system and a proposed memorandum of understanding (MoU) to be signed between all partners and UAC should address some of these shortcomings.

HIV/AIDS funding programs tend to have varying strategies which are sometimes developed without reference to the NSF resulting in duplication in some areas.. There is need to move from away from donor or program driven activities to a unified and coordinated country program that has clear measurable indicators and that is properly monitored and evaluated. The prerequisite to accomplishing this is that the UAC provides the leadership and that it has the credibility and trust from its partners. Stakeholders engaged in the HIV/AIDS Partnership recognize that UAC has established greater credibility and presence in assuming its central coordinating role in the past year.

2. Description of the TWG

The Technical Working Group members represented a cross section of the key stakeholder groups in the Partnership and a complete list is included as Annex 1 to this report. Likewise, a large and distinguished group of key informants were selected and agreed to be interviewed by this TWG. Their names and affiliations are listed in Annex 2 of this report.

3. Approach to the Task of the TWG/Methodology

The TWG met six times at the UAC under the Chairmanship of Dr. Grace Bantebya, Head of the Department of Women and Gender Studies at Makerere University. The TWG agreed upon the key informants (KI) and sources of information and then agreed upon the questions to guide the KI interviews (see Annex 4 for a copy of the interview guide). The KIs were identified based on the criteria that they were directly or indirectly involved in the coordination process of the HIV/AIDS programs in Uganda or they were involved at the policy level of the different stakeholders having a lot to do with the UAC and/or the NSF implementation. All KIs were cooperative and none was found to have any reason to refuse the interview. They were willing to share their experiences as most of them wanted to see the NSF operate properly to reduce the AIDS epidemic in the country.

The study focused specifically on the review of the NSF Goal III, Objectives 1 and 2. These objectives are (i) To mobilize government civil societies and private sector to reallocate and extend political action, financial commitment and programs to address HIV/AIDS epidemic at various levels, and (ii) To strengthen the information base on HIV/AIDS at national, district and lower levels.

The method of work involved reviewing key documents that were obtained from UAC, UNICEF, UNAIDS, UAC, NADIC, UNCST and other sources. The documents reviewed included those from the districts as well as from the center as far as programs were concerned. A composite list of all key documents used in the MTR is attached to the main report.

The KI interviews were carried out by the consultant assisted by some the members of the TWG and the findings from each interview were discussed in detail before being considered for inclusion into the report. On several occasions the KI reported similar information such that there was no contradiction in most cases. The TWG was informed and understood the area that was assigned to them. They knew the roles and functions of most of the involved organizations that were identified. All data collected was discussed and verified by the TWG.

4. NSF Progress to Date (See Annex 3)

5. Process Lessons Learned

The TWG was useful and effective in undertaking the work as per the TOR. It was able to interpret the TOR as well as the findings in terms of the strategies that were laid out in the NSF. The role of the TWG was originally not clearly defined but on consultation with the UAC and amongst the TWG it became clear. The process became even clearer as the interviews and the documents were reviewed against the set goal and objectives. The members understood their roles and did all they could to work with the consultant to achieve what was intended.

The TWG found that it was difficult to justify some of the indicators as it was clear that they were not measurable and some of the activities were not possible to carry out by the UAC although the main identified agent was UAC. For example UAC was identified as the lead agency for the training programs for volunteers although UAC is a coordinating rather than an implementing body. Ideally the service organization should be responsible for training volunteers.

I would personally recommend that all the TWG be brought together at the beginning of the work to have a clear briefing about the task and expectations of the group. The TWG should receive all the necessary documents as initially it was the Consultant who had the documents and had to do a lot of explaining. In future the TWG should be drawn from the relevant organizations and where some persons are very busy, alternatives should be sought to represent them. This is because several members that were identified at the beginning did not show up as they reported not to have been consulted and were already otherwise committed. This would reduce lost time and commitment would be ensured. TWG members' TOR should be clearly spelt out in writing early in the process is any similar future initiatives.

In summary, it was interesting to work as a team and this made the work process a lot easier and this should be encouraged in future.

6. CONSTRAINTS

The constraints found as a result of this review and listed below fall in different categories. They were either not foreseen in the NSF or were identified in the NSF but remained unaddressed.

A) Self-Coordinating Entity Formation

Several SCEs have been formed and they are well coordinated among themselves. There is evidence that the Partnership Committee is facilitating them; however, constraints remain.

- Some of the Focal Persons in the SCEs, especially government ministries are heavily preoccupied with other responsibilities and therefore are unable to carry out Focal Point responsibilities as expected.
- The Focal Persons at the line ministries are not adequately supported to carry out HIV/AIDS activities
- Some of the SCEs do not have annual plans for coordination
- The operational guidelines to access the Partnership Fund are not clearly understood by the SCEs
- Some SCEs are non functional, e.g., the Research, Academia and Science SCE
- Some important stakeholders that were not included from the beginning need to join the Partnership Committee now. Those to be included urgently are the Media and Youth (the latter SCE was launched 1 December 2003).

B) Capacity at Different Levels

• UAC capacity

The number of technical staff at UAC falls short of the required capacity. There are only 9 technical staff out of the total of 43 staff at UAC. There are currently 2 staff in the Directorate of Planning and Monitoring and 7 in the Directorate of Policy and Research. There are far more support staff than technical personnel. It is difficult to ascertain the roles of some of the current staff as the institution has not had a Strategic Plan since 1999. Many of the outputs of the NSF assigned to the UAC are not fully realized since no strategy has been developed to clarify programmatic targeting and to assign staff roles to implement it.

There is not enough staff to carry out the expected coordination roles for UAC. There is need to realign the staffing after a careful review and strategic planning process to determine the roles, tasks and responsibilities of each position.

- **District level capacity**

It was found that at district level the District Guidelines propose enough staffing appropriate to coordinate HIV/AIDS activities. In particular the Focal Persons are expected to be technical but they have not been systemically selected neither do they have necessary technical expertise. In some cases the CAOs nominated the assistant CAO and others nominated various persons who were in most cases very preoccupied with other district activities and responsibilities. There is, therefore, no apparent staffing for HIV/AIDS in the districts so the coordination of the activities generally falls short at that level.

However in the districts where AIM and UACP are implemented, there is evidence of activities being streamlined and well organised. There is some training carried out in those districts, but this is generally program-specific rather than general capacity building for the district. Some networks have also trained and therefore empowered some of their district members like the PHAs and the private sector. While this is commendable, it is definitely not adequate. Since these activities are not country-wide one could say that this activity has not had a significant impact on districts.

- **The UAC Statute**

While reviewing the recent draft revised statute for the UAC, it was found that it was designed to cater for a small secretariat that was anticipated to have a few activities. The existing secretariat staffing pattern is included in the draft amendment without streamlining them and placing them into positions strategically to address the current and emerging issues. The commission proposed in the revision has too many members again without clear roles spelled out for each. Being a specialised area of operation it would have been expected that many technical persons would have been appointed to the commission for decision making and that they would be empowered to take technical decisions. While there is a current effort to revise the statute, the proposed draft does not address this issue. The draft suggests that the commissioners should not number more than 21, but the TWG felt that this is too large a number to work with given that their roles and tasks are not very clear. The full time Chairman could be used more profitably and be involved in the day-to-day decisions of the commission, rather than only overseeing the Director General. The review and revision of the statute is timely given that it dates as far back as 1992. Many activities and players have come into the scene since then and many new issues unforeseen in 1992 have to be taken care of such as ARVs, PMTCT, VCT, and others as well as increased district and community involvement. In view of the above considerations, the TWG feels that the draft amendment is not sufficient in addressing these staffing and commission membership issues.

C) UAC Infrastructure

The physical location of the UAC is quite inaccessible to the stakeholders in terms of distance from the city center. There are plans to shift the structure to the new location in Ntinda Industrial area. The proposed 2-story building, once put in place, will be sufficient to accommodate the secretariat and possibly the commissioners if they require space at the secretariat to perform their duties. The current library space is also insufficient. For example, there are more than 20,000 items (publications, journals, and other printed materials) that are kept in boxes rather than being displayed for reading/reference. So the current constraint is both physical space and location for accessibility.

D) Limited Advocacy Efforts

Advocacy falls short of the expectations as demonstrated by the fact that advocacy materials are not generally available. Those that do exist are not well designed to suit the different communities. Some of the KI pointed out the need for the UAC to strengthen the Advocacy Strategy and use the many FM

radios, all the local newspapers, and posters, which are appropriate and easy to interpret and understand by the local communities. The Advocacy Strategy is being developed and it is recommended that the Partnership Committee follow-up closely the finalization of the document and its dissemination.

E) Streamlining Research Coordination

Research should be used to facilitate, support and promote the national response. However, it was found that there is limited if any coordination of research within the UAC. The researchers and research institutions are not closely linked to the UAC and therefore most research is not done with reference to the NSF. There is no mainstreaming of research and therefore the findings are potentially not very useful to the stakeholders. Even though the Research and Academia SCE is represented on the Partnership Committee, their role and usefulness to the control of the epidemic is doubtful. The research planning of the institutions comprising this SCE does not take into account the NSF. The research institutions and bodies have no coordination under any arrangements so that they could be charged with the responsibility of informing and directing the NSF. The role, structure, membership, and function of this SCE should be reassessed.

NADIC, which should be a resource for all research findings, is grossly deficient in these materials due to the fact that research is not coordinated and research findings are not disseminated. Therefore, NADIC is unable to represent the true picture of HIV/AIDS research in Uganda.

The UNCST has a permanent HIV/AIDS committee that vets and reviews research proposals submitted for clearance. The committee is linked to the research institutions in the USA. It is autonomous and all the research findings for the proposals approved by UNCST are submitted to UNCST as a matter of accountability. These findings unfortunately do not find their way to the communities that studies were done and therefore do not influence decisions at those levels. There is need to have a detailed research inventory now.

F) Support for Information Management at Central and District Level

The information management and utilization at the center and district levels is still poor and not systemically organized. There is a lot of data that is not captured both by the stakeholders and even the MoH HMIS data collection tools. The MoH needs to coordinate the collection of data and its eventual utilization. In general, the only HIV/AIDS data feeding into the whole data set for health is the data from the surveillance sites.

G) District Leadership and Focal Persons/District Committees

The districts are still constrained in that the Focal Persons have not been chosen in a systemic way. As a result, in some districts the most preoccupied persons have been appointed as Focal Persons by the CAO. In these cases, some of the vital decisions and programs may not be addressed.

The other problem at the district level that has constrained the progress is that some districts are not served by the special district-level programs like AIM and UACP (UACP is in 30 districts and AIM is in 16 districts and some districts have both programs). Only those districts with these programs have functional district committees. This situation seems to have arisen from the fact that there is no ongoing attempt to map the levels of coverage, i.e., a priority list of activities and districts with urgent need of services taking into consideration of the different programs available in the country is urgently needed. Because of their lack of linkage and coordination from UAC, the underserved districts tend to carry out their own strategic plans without reference to the NSF. The program operational plans are not influenced by the UAC and this is because there is no compelling force requiring collaboration.

7. EMERGING ISSUES

The TWG dealing with Coordination and Institutional Arrangements found the following emerging issues in its review of the progress on the current NSF.

1. The Partnership Committee representation will soon have a Youth SCE; a new SCE for the Media should be considered as this will bring on board another critical interest partner group to fight the disease. As Partnership members, the media will be encouraged to operate within the frame work of the NSF for informing and relating to communities and individuals. The revised NSF should be a mutually agreed, negotiated common HIV/AIDS Action Framework—the basic element for mutual accountability across the Partnerships and funding mechanisms, and to enhance the effective functioning of UAC. Given that the M&E Framework is being finalised, this is the right time to coordinate efforts to increase capacity for quality assurance, national oversight, and appropriate use of M&E for policy implementation.

2. A Memorandum of Understanding (MoU) between UAC and SCEs, research organizations, districts, and other key players will create a bond as well as a sense of accountability to each other. The MoU could be seen as the key implementation arrangement, including M&E requirements, for moving forward within the revised NSF. The areas to be covered in the MoU would include, but not be not be limited to the following:

- a) Sharing information
- b) Roles of each party and expected reporting mechanism
- c) Mutual accountability across programs and funding mechanisms. This would specify the amounts obtained from who and for what activities so that the M and E process could be applied to track progress. This would also mean that at the end of the activities the findings and results will be available for both partners so that the UAC can carry out its mandate to coordinate as well disseminate information to the public.
- d) Agreed upon priorities in the different areas of operation (Priorities would be set by the stakeholders together with UAC and the MoU would reinforce that activities to be supported are among the country's priorities).
- e) Systems for regular joint reviews and consultation on progress
- f) Affirmation and optimization of the growing drive to engage Civil Society Organisations (CSO) and the private sector in service delivery.

A suggested draft MoU is appended to this report as Annex 5.

3. Research and Research Institutions need attention in the revised NSF. The national research priorities need to be established in consultation with UNCST and other appropriate HIV/AIDS research bodies, e.g., MRC, MUIPH, JCRC, and researchers to guide the research process in the country. While there is considerable research being undertaken now and in the recent past, it has not been well coordinated or prioritised. Once a clear research priority and coordination plan are in place guidelines will also be required to guide all new research, with appropriate mechanisms for approval and monitoring the quality of that research. The current guidelines available with UNCST could be the basis for further development of guidelines for use at all levels, including the community level where research is being undertaken through programs such as CHAI.

4. A National Information Strategy is necessary to strengthen and coordinate the various information needs of the program. Nadic needs to be strengthened for all of its expected functions. The existing UAC website should be enhanced to include all research findings and related materials for access by a wider group of stakeholders. This will enable the different players have access to current information in areas that have been neglected as they draw their research and other work plans. This also becomes an important repository for information about the revised NSF and expectations of all stakeholders about using it as a programmatic guide. Information dissemination should be coordinated as far as possible and all communities should have access to local data and findings rather than having the locally collected information used for publications and international fora only.

5. A Streamlined Advocacy Strategy is essential to ensure that the NSF and its contents are communicated and understood nationally. This will help overcome the finding of this review that many stakeholders were not properly informed about the existence or the purpose of the NSF. The current Advocacy Policy is not clear and it is not coordinated adequately. It is proposed that, given the role of the UAC and its location in the Presidents Office, the UAC should be proactive in ensuring that the public is informed and has access to HIV/AIDS information through the easiest means, i.e., appropriate language, format, and location. TV and FM radio talk shows could be utilized since they have recently been very informative to the public on current issues. Recent studies have shown that a large percentage of the public receives its information through these programs.

The UAC could adopt a pragmatic approach of sensitizing and communicating the current issues and emerging findings to the public through bimonthly press conferences which should be hosted at the highest level and held in the President's Office to give appropriate status to the information. This will not be new given that there is currently a weekly press conference in the President's Office to inform the public of current issues. This should draw the media close to the program and thus ensure wide dissemination of messages.

6. A Think Tank for HIV/AIDS has been considered recently. The review found a sentiment that it is high time HIV/AIDS is given the status of having a Think Tank. However, several questions arise from this suggestion including who would facilitate the Think Tank and for how long should it operate? Could it be self-financing or should the government take responsibility for it? While a Think Tank might assist the program in helping to think through the planning, coordination, and even resource mobilization for HIV/AIDS, it could also direct the current thinking about research as well as create an impact on the use of the findings.

8. RECOMMENDATIONS:

1. The human resource situation at UAC should be reviewed as soon as possible based on a strategic planning process which should be used to determine the positions, tasks, and roles of each staff member in relation to the identified strategic priorities and activities.
2. The finalization of the Advocacy Strategy document and its dissemination is recommended as a high priority task for implementation early in the revised NSF.
3. The position of HIV/AIDS Focal Persons at the district level should be institutionalized.. Local Government should undertake direct selection and hiring of persons with technical knowledge to handle these activities resulting in a critical mass of technically qualified HIV/AIDS persons to handle HIV/AIDS activities in all the districts.

4. The revised NSF should have a priority setting mechanism for all activities, but especially for research to avoid duplication as well as creating a systemic and coordinated approach to the national programme.
5. It is recommended that a Memorandum of Understanding between UAC and SCEs, research organizations, districts, and other parties should be signed. This recommendation was widely supported in the review and it will create a bond as well as a sense of accountability to each other.
6. There is need to harmonise research by first carrying out a national research inventory that will feed into the HIV/AIDS priority setting process. Research guidelines developed by UNCST should be reviewed, reproduced and widely disseminated as soon as possible. The UAC, which is the main custodian of coordination in this area, should play the leading role in this initiative.
7. There is need to move away from donor- or program-driven activities to a unified and coordinated country program that has clear measurable indicators and properly designed M&E guidelines that fit and feed into the overall M&E process.
8. A national strategy for strategic information collection and dissemination should be developed. This strategy should cover further strengthening of NADIC and the UAC website as both should act as a hub for Uganda's information on HIV/AIDS.

Annex 1 Members of the TWG for Coordination and Institutional Arrangements

The TWG was composed of the following persons:

1. M/s. Grace Bantebya, Department Women and Gender Studies, Makerere University
2. Dr. D. K Sekimpi, General Secretary, UNACOH
3. Mr. Joseph Musoke, UNASO Representative on the Partnership Committee
4. Ms. J. Bakyawa, MUIPH/CDC HIV/AIDS Fellowship Program
5. Irene Kambonesa, MUIPH/CDC HIV/AIDS Fellowship Program
6. Ms. Esther Nabukera ,Mildmay
7. Mr. Menyha Alex, Private Sector- Representative on the Partnership Committee
8. Mr. Davis Tumusiime, MGLSD (077417256)
9. Mukalazi Deus, UNICEF (077909348)

Annex 2 Key Informants for the TWG for Coordination and Institutional Arrangements

1. Dr. Katongole-Mbidde, UAC Commissioner, Chairman, Partnership Committee
2. Prof. Rwomushana, Director of Research and Policy,UAC
3. Dr. Apuuli Kihumuro, DG,UAC
4. Capt. Otekat John Emiry, LCV C/man Soroti and President ULAA
5. Ms. Ruth Atala Adupa, Administrative Officer ULAA (i/c HIV/AIDS)
6. Dr. Madra Elizabeth, MOH
7. Prof. Sewankambo, Dean, Makerere Med. School
8. Prof. Serwadda, mDirector, MUIPH
9. Dr. Donah Kabatetsi, CDC
10. Jennifer Muwuliza, HIV/AIDS Focal Person MOFPED
11. Dr. Rugambwa Kabagambe, DDHS, Kabalore
12. Dr. Oundo, DDHS Busia
13. Dr. Emer Mathew, DDHS Hoima
14. Dr. Mayanja, DDHS Rakai
15. Dr. Paul Waibale, AIM
16. Dr. Z. Nyiira, Executive Secretary, UNCST
17. Ronald Kamara, Catholic Secretariat
18. Annet Biryetega, NACWOLA
19. Alex Menhya, Private Sector
20. Suzan Kasedde, Program Officer HIV/AIDS UNICEF
21. Jim Arinaitwe, UAC

Annex 3

GOAL III: STRENGTHEN THE NATIONAL CAPACITY TO RESPOND TO THE HIV/AIDS EPIDEMIC

Objective 1 : To mobilise government civil societies and private sector to reallocate and extend political action, financial commitment and programs to address HIV/AIDS epidemic at various levels

Outcome 1: By the year 2005, about 75% of governments, civil societies and the private firms operating in the country will have made in kind and/or in cash contributions to AIDS programs/community

Outcome2: By 2005 government, civil societies and private firms will have implemented social programs designed to help communities access funds necessary to assess and manage HIV/AIDS .

| Strategies | Activities | Indicators | Ranking | | Comments /Recommendations |
|--|---|--|----------------|---|--|
| 1. Strengthen planning, co-ordination, monitoring and evaluation of HIV/AIDS activities in the various sectors. At national, district and community levels | a) Review and support UAC to effectively implement its co-ordination roles and functions | a) A functional HIV/AIDS co-ordination mechanism. | 3 | 2 | Partnership Forum & Committee, 10 SCEs formed and fully represented on the P/C with TOR and Work Plan. |
| | b) Train technical staff in planning co-ordination, monitoring and evaluation of HIV/AIDS activities in the various sectors at national, district and community levels. | a) Number of technical staff trained in planning, co-ordination, monitoring and evaluation. | 1 | | Formation and appointment of the Focal Persons in the Line ministries with TOR No staff trained in coordination except UNASO has trained their networks |
| | c) Develop and distribute guidelines for implementation and evaluation of HIV/AIDS-related interventions. | a) % of stakeholders at district and lower levels having access to guidelines on problem identification, design implementation and evaluation. | 2 | | UAC developed and disseminated district coordination guidelines which were approved by the ULAA. |

| Strategies | Activities | Indicators | Ranking | | Comments /Recommendations |
|--|--|--|---------|---|---|
| 2. Adopt a programmatic approach to planning and implementation of HIV/AIDS activities in the country. | a) Conduct a SWOT analysis of HIV/AIDS management plan. | a) A comprehensive list of strengths, weaknesses opportunities and threats of the management for AIDS activities. | 1 | 3 | <p>Training has been done by UACP/AIM</p> <p>Some computers have been secured</p> <p>UAC has internet access and website though the latter is not fully developed</p> <p>Partnership Committee documents accessed by all SCEs</p> <p>30 districts served by UACP and 16 by AIM (though some of them are served by both) and all these have functioning committees</p> <p>There is an M&E subcommittee of the Partnership which meets monthly</p> <p>National and District coordination guidelines are still in draft form and not yet accessible.</p> |
| | b) Provide capacity requirements for national and lower levels | a) Number of persons trained b) Availability of logistics and equipment | 3 | | |
| | c) Develop and build consensus and distribute the new HIV/AIDS management plans widely | a) A new national HIV/AIDS management plan b) % of stakeholders having access to the new HIV/AIDS management plan | 3 | | |
| | d) Put into operation Joint Planning Team and their activities at national, district, and lower levels. | a) % of national, district and sub-counties having functional Joint Planning Teams. | 3 | | |
| | e) Develop and distribute standardised checklists to guide monitoring/evaluation of HIV/AIDS activities. | a) % of stakeholders having access to the checklist/guidelines on monitoring and evaluation. | 1 | | |

| Strategies | Activities | Indicators | Ranking | | Comments /Recommendations |
|---|--|--|---------|---|--|
| 3. Strengthen capacity and promote effective utilisation of existing structures and expertise in HIV/AIDS activities. | a) Equip existing AIDS research institutions with the required facilities, capital consumables and personnel. | a) Number of institutions dealing with receiving financial, human and material assistance. | 3 | 3 | Some research institutions have been supported (JCRC, MRC, UVRI, CDC) and they are getting funds from development partners; UAC does not have a role in acquiring these funds. |
| | b) Integrate HIV/AIDS in the PEAP and action plans for government line ministries, NGOs, religious organisations and the private sector. | c) Number of government line ministries, NGOs religious organisations and the private sector implementing or extending support for HIV/AIDS activities. | | | 4 |
| | c) Recruit and train volunteers in HIV/AIDS work. | a) %/number of volunteers trained at district and sub-county levels. b) % of volunteers that report having participated in voluntary AIDS activities. | 2 | Some volunteers are trained by NGOs and other partners, but UAC guidelines for training volunteers are not available and UAC has done no training | |
| 4. Strengthen collaboration, advocacy and networking in HIV/AIDS prevention, AIDS care and support in the region | a) Establish HIV/AIDS information sharing mechanisms at district and community levels. | a) % of stakeholders who report having access to information from partners. | 2 | 2 | |

| Strategies | Activities | Indicators | Ranking | Comments /Recommendations |
|------------|---|--|---------|---|
| | b) Conduct/hold joint planning implementation, co-ordination, monitoring and evaluation of HIV/AIDS activities. | a) % of stakeholders at district, sub-county and community level who report having participated in joint planning and co-ordination. b) Number of HIV/AIDS activities joint monitoring and interventions jointly coordinated at various levels. | 2 | <p>There is support for activities of PHA, Private Sector, National NGOs SCEs but not for M&E.</p> <p>Networks of NGOs and PHA are being established at district level</p> <p>Joint planning has been done in UACP and AIM districts and DRI districts</p> <p>UAC and members of the Partnership have participated or otherwise been involved regionally with the EAC; the OAU Abuja Declaration; the Great Lakes Initiative on HIV/AIDS (GLIA), the African First Ladies HIV/AIDS Initiative Also, for the NGOs there is the Eastern African National Networks of AIDS Service Organisation (EANASO)</p> |
| | c) Support networking in the implementation, monitoring and evaluation of HIV/AIDS networks in at various levels. | a) Number of HIV/AIDS networks being supported in their work. | 2 | |
| | d) Incorporate HIV/AIDS on the agenda of regional political for a such as OAU and EA C. | a) Number of interviews/meetings/consultations held regarding HIV/AIDS b) Regional collaboration indicative within OAU and EAC, etc, designed to address HIV/AIDS c) Population of firms committed to HIV/AIDS by OAU, EAC, etc | 2 | |
| | e) Establish HIV/AIDS implementation, advocacy, co-ordination, monitoring/ evaluation networks in the great lakes region. | a) Number of region HIV/AIDS on, networks/groups established and having been supported by type. THIS INDICATOR REQUIRES CLARIFICATION IF INCLUDED IN THE REVISED NSF | 2 | |

| Strategies | Activities | Indicators | Ranking | Comments /Recommendations |
|--|--|--|---------|---|
| 5. Strengthen and promote effective resource mobilisation for HIV/AIDS activities. | a) Develop and distribute guidelines for operating a district/community development fund. | a) % of stakeholders at district and community level having access to guidelines for operating development fund | 1 | <p>4</p> <p>District plans have HIV/AIDS components</p> <p>Some district committees and Civil societies have access to from the UACP through CHAI and from DRI</p> <p>District budgets include funds for HIV/AIDS activities</p> <p>There are PEARL funds, Global Fund, World Bank funds through MAPs, AIM, DFID, and IRELAND AID, DRI</p> <p>Some parastals are using their funds for HIV/AIDS activities, e.g., Bank of Uganda, British American Tobacco, Railways, and Standard Chartered Bank provide ART for their staff</p> <p>Focal persons are appointed in Ministries but some are not fully operational and some are preoccupied with other ministry work</p> <p>Partnership fund raised locally from international donors</p> |
| | b) Advocate for local mobilisation of resources to fund HIV/AIDS activities. | <p>a) Proportion/number of districts, sub-counties with a budget line on AIDS and operating an AIDS development for families/individuals affected by HIV/AIDS</p> <p>b) %/Number of community members who benefited from the fund.</p> | 3 | |
| | c) Identify and attract new/additional support agencies for HIV/AIDS activities. | <p>a) Proportion of new agencies supporting HIV/AIDS activities in Uganda.</p> <p>b) Amount of resources committed</p> | 5 | |
| | d) Advocate for integration of HIV/AIDS in the annual budget lines at national, district and lower levels. | a) % of sectors using own resources to undertake HIV/AIDS activities. | 3 | |
| | e) Advocate for designation of staff in line ministries, and local governments to HIV/AIDS work. | a) % of government ministries and local governments, and private sectors with staff designated for HIV/AIDS. | 5 | |

| Strategies | Activities | Indicators | Ranking | Comments /Recommendations |
|--|--|---|---------|--|
| | f) Conduct donors conference and local fund raising activities for HIV/AIDS activities (Integrate HIV/AIDS activities into the SWAP process) | a) Proportion of HIV/AIDS activities being undertaken using locally mobilised resources. | 5 | |
| | g) Direct resources accruing from the debt relief towards HIV/AIDS activities. | a) Amount/proportion of resources accruing from the debt relief committed to HIV/AIDS work. | 3 | |
| 6. Strengthen HIV/AIDS resource management at national, district and community levels. | a) Develop and distribute procedural guidelines on funding HIV/AIDS proposals. | a) %/Number of stakeholders having access to guidelines for funding HIV/AIDS proposals | 3 | <p>There are guidelines developed for PAF Funds</p> <p>Individual support agencies have their fund guidelines</p> <p>There was the Donors' meeting 2002 and now there is a UN and Bilateral Donors SCE</p> <p>Guidelines for the Partnership Fund are available and accessible by all SCEs</p> |
| | b) Conduct regular consultative meetings with donors of HIV/AIDS projects. | a) % of stakeholders who report having attended consultative meeting with funding agencies. | 3 | UNASO and AIM have carried out resource mobilisation training for their members (NGOs) and National NGOs. |

| Strategies | Activities | Indicators | Ranking | | Comments /Recommendations |
|--|---|---|---------|---|---|
| | c) Train managers for HIV/AIDS activities in resource mobilisation, utilisation and management. | a) %/Number of Managers for HIV/AIDS activities trained in resource mobilisation. b) % of resources raised locally and committed/spent on HIV/AIDS activities. | 2 | | UACP trains persons in resource management (CHAI) |
| 7. Enhance and sustain civic and political commitment/leadership in HIV/AIDS activity. | a) Target civic opinion and political leaders during HIV/AIDS sensitisation seminars/meetings at national, district and community levels. | a) Number % of civic, opinion and political leaders sensitised at various levels | | 4 | 4 |
| | b) Advocate for inclusion of HIV/AIDS issues on the agenda for civic, opinion and political leaders. | a) % number of community members having access to HIV/AIDS information/education through civic, opinion and political leaders. | 4 | | |

Objective 2: To strengthen the information base on HIV/AIDS at national, district and lower levels

Outcome: By the end of 2005/6 to have increased the number and type of HIV/AIDS materials collected, and information users by at least 50%

| Strategies | Activities | Indicators | Ranking | | Comments/Recommendations |
|--|--|--|---------|--|---|
| 1. Strengthen the HIV/AIDS surveillance system to ensure that it is representative by geographical location and population category. | a) Conduct sero-prevalence surveys in the general population | a) Availability of HIV sero-prevalence/epidemiological data for different categories of the population. | 2 | 3 | National Sero-prevalence surveys work in progress |
| | b) Consolidate HIV/AIDS sentinel surveillance in 20 sites distributed in the country. | a) Proportion of districts/sub-districts with surveillance sites. b) Proportion of districts/sub-districts with data on HIV prevalence and behavioural trends. | 5 | | The National sentinel sites are operational in the twenty districts |
| | c) Incorporate behavioural surveillance along side the available surveillance sites | a) Proportion of sensitisation surveillance sites with data on behaviour trends | 4 | Behavioural surveillance has been done and reports are available Data from UDHS surveys (2001/2) are available | |
| | d) Set up and support HIV/AIDS information collection and recording system at national district and community level. | a) % of districts/sub-districts with information collection and recording points. b) % of districts/sub-districts with comprehensive surveillance data on HIV/AIDS. | 2 | General health surveillance is systemically collected, but HMIS does not capture the HIV/AIDS data | |
| | e) Train community based health workers in HIV/AIDS related surveillance information collection and recording. | a) Proportion of key stakeholders trained in HIV/AIDS information collection at national and lower levels . | 2 | DRI action research trains community health workers in data collection 10 districts have been trained in data collection (4 people each) by UAC District training curriculum available | |

| Strategies | Activities | Indicators | Ranking | | Comments/Recommendations |
|---|---|---|---------|---|--|
| 2. Conduct local and international symposia, workshops, seminars and conferences on the emerging issues and research in the area of HI/A/IDS. | a) Organise local symposia, workshops, seminars and conferences. | a) Number of local symposia workshops, and conferences related to HIV/AIDS held at various levels. b) Number of stakeholders who participated in local and international seminars related to HIV/AIDS. | 4 | 4 | Parliamentary conference was organised 2 M&E workshops were held was for all the districts (3 people each) in Jinja & Fairway to map up data collection strategies National AIDS conference combined with the First Partnership Forum was held in 2002 |
| | b) Attend symposia, workshops, conferences and other fora related to HIV/AIDS. | a) Number of conferences and other fora related to HIV held at various levels b) Proportion of stakeholders who report having participated in seminars/for a related to HIV/AIDS. | 5 | | Uganda was well represented at the ICASA Meeting in Nairobi Some Ugandans attended a CRIS training on budgeting and costing for the NSF in Dar es Salaam |
| 3. Encourage exchange and sharing of visual and audiovisual information on HIV/AIDS through NADIC. | a) Establish collaborative linkages with other information resource centres and groups in and outside Uganda. | a) Number of users having access to the HIV/AIDS information collection established at various levels. b) Number of items received at these points annually. | 2 | 1 | There is a library at UAC, but accessibility is limited due to space constraints The UAC web site is in place but it contains limited information, primarily from UAC |
| | b) Advertise the National AIDS documentation and information centre internally and externally. | a) Number of new agencies, groups, individuals depositing and exchanging with NADIC HIV/AIDS information | 2 | | |

| Strategies | Activities | Indicators | Ranking | | Comments/Recommendations |
|--|--|--|---------|---|---|
| | c) Publish periodicals on HIV/AIDS research in Uganda. | a) Number of research articles/periodicals published annually. | 1 | | No reports are published by UAC except activity-oriented write-ups such as brochures on National Conferences, the Partnership Structure, and the Uganda Model |
| | d) Package and periodically redistribute HIV/AIDS information to all districts. | a) Proportion of stakeholders/users having access to packaged and distributed information. | 2 | | No packaged information is available to be accessed by any stakeholders |
| | e) Advocate for enactment and enforcement of a law to protect intellectual property rights. | a) % of researchers/ and or organisations that report cases of abuse of Intellectual property protection rights. | 1 | | No records of abuse at UAC since UNC does not participate in the research committee set up in the UNCST. This committee is autonomous and needs to be complimented by the UAC. UNCST implements the IRB in the area of HIV/AIDS |
| 4. Strengthen base HIV/AIDS information. | a) Expand documentation and information facilities (computers, internet services, etc.) at NADIC, district and lower levels. | a) % of districts/stakeholders having access to HIV/AIDS information facilities and internet services. | 2 | 2 | Some computers are available There is internet connectivity at UAC but there is need for a UAC Domain. Power has been stabilised at the UAC |

| Strategies | Activities | Indicators | Ranking | Comments/Recommendations |
|--|--|--|---------|---|
| | b) Establish AIDS Resource Centres in the ministries at district and lower levels. | a) Proportion of districts and sub-counties with functional AIDS Resource Centres. | 1 | <p>There are no Functional District HIV/AIDS resource centers</p> <p>No publications at various levels yet</p> <p>No functional vetting committees except the HIV/AIDS committee of UNCST. The DHACs committees would play that role for the districts but they are not technically trained</p> <p>The website is functional but not all the HIV/AIDS data/reports are captured there save for the UAC generated documents and it is not regularly updated.</p> |
| c) Document best practices related to documentation and provision of HIV/AIDS information at various levels. | a) Number of stakeholders sensitised on best practices in documentation of HIV/AIDS information b) Number of HIV/AIDS publications at various levels. | 1 | | |
| d) Establish committees to vet or counteract misleading HIV/AIDS information published. | a) % of districts and sub-counties with functional vetting committees on HIV/AIDS information. | 1 | | |
| e) Develop and maintain a web page at NADIC and district information bases. | a) HIV/AIDS-related web sites on the Internet. | 3 | | |

Key Informant Interview Guide Used by TWG 4-Coordination and Institutional Arrangements

1. Identify the Interviewer
2. Identify the organization /program
 - a. Date of set up
 - b. Number of employees/work force
 - c. Linkages (with UAC, Districts, other organizations, networks)
 - d. Did UAC participate in historic development of the institution or support/consulted then
3. What is coordination as regards to HIV/AIDS as far as you are concerned?
4. What are your organisation's activities on or about HIV/AIDS
5. Does your Organisation/Program coordinate with other entities regarding HIV/AIDS activities?
6. NSF significance to the activities (Ever used, Known,...)
7. Relationship with UAC
8. How and who coordinates the activities mentioned in No.3
9. Describe the reporting system (to who and how often?)
10. Specifically probe for research activities and ask for evidence
11. Describe the Organization Strategic Plan and who plans it and at what levels is it implemented? (operational plans/action plans)
12. Monitoring mechanism in place
13. Funding sources and for what (enumerate and categorize amounts if possible)
14. Do you know something about the Partnership Forum and if so what is your relationship to it?.
15. Capacity for coordination at the different levels
16. Review of the organization documents (Is there any existing MoU -legal and others?.?)
17. Probe for need to collaborate with other organizations
 - a. Specifically discuss the role of MoU
 - b. Enlist the opinions on who should participate
 - c. For what reasons
 - d. At what stage
 - e. Who should be bound and who should not?
 - f. What areas should be in the MoU (coordination, information sharing, funding sources and obligations...)
18. What can be done to strengthen the coordination with UAC?
19. How can the P/Forum be strengthened?
20. Is there a better link to coordinate with the media
21. Should UAC go the organizations/programs or the latter come to UAC when coordination is being implemented?

Annex 5 DRAFT Memorandum of Understanding



MEMORANDUM OF UNDERSTANDING

BETWEEN

THE UGANDA AIDS COMMISSION

AND

District.....

SCE.....

NGO.....

ORGANISATION.....

Research Institution.....

(herein referred to stakeholders in HIV/AIDS)

THIS MEMORANDUM OF UNDERSTANDING made this between the UGANDA AIDS COMMISSION P.O. Box, Kampala, Uganda (here in after referred to as the UAC) of the one part and stakeholder of the other part.

WHEREAS the UAC is desirous of implementing the National Strategic Framework for the duration of five years, from 2001 to 2006.

AND WHEREAS the Stakeholder is in agreement to implement the NSF, which will address the HIV/AIDS as whole in coordination, planning, Research, Information sharing, monitoring and in resource Mobilisation.

AND WHEREAS the UAC and stakeholders (herein after referred to as all parties) agree to support common programs of work in which coordination, planning, research, monitoring and evaluation are under taken as joint effort through consultation.

NOW THEREFORE all parties agree as follows:

SECTION 1: INTERPRETATION

This Memorandum of Understanding is not a legal document but reflects the commitment of all parties, who recognize it as guidelines in the implementation of the NSF

SECTION 2: OBJECTIVES OF THE UAC NATIONAL STRATEGIC FRAMEWORK

The overall objective of co-operation under this Memorandum of Understanding shall be to implement the UAC National Strategic Framework which shall address the HIV/AIDS activities as a whole in coordination, planning, Monitoring and Evaluation and in resource mobilization and allocation.

SECTION 3: OBLIGATIONS OF THE UGANDA AIDS COMMISSION

The UAC undertakes, where practically possible and in line with general UAC mandate to:

3.1 provide overall leadership in planning, coordination, administration, implementation and monitoring of the NSF.

3.2 consult all Stakeholders prior to any changes in the NSF. This consultation shall be carried out in accordance with the agreed processes of collaboration.

SECTION 4: OBLIGATIONS OF STAKEHOLDERS

Within the limits of obligations, the stakeholders shall:

4.1 synchronize their own planning, review and monitoring processes as far as possible with those established to monitor the implementation of the NSF.

4.2 move towards the use of the existing Government systems.

4.3 keep all stakeholders informed of the intentions and future plans for support to the HIV/AIDS activities.

4.4 not deal directly with districts or any community in matters of HIV/AIDS without the knowledge and consent of the UAC.

SECTION 5: OBLIGATIONS OF BOTH UAC AND STAKEHOLDERS

All Parties shall:

5.1 operate only in activities that are reflected in the framework of the UAC NSF;

5.2 ensure that financial information on all grants and credits, including details of procurement and technical assistance, are provided or brought to the knowledge of UAC.

5.3 bring to the attention of all stakeholders any cases of non-compliance with the UAC rules and regulations.

5.4 as provided in the National Gender Policy, ensure the integration of gender issues in their policies, planning, service delivery and evaluation.

5.5 as provided in the Constitution of Uganda, ensure that other marginalized groups of society such as the poor, the displaced and the disabled are specifically addressed

5.6 ensure that other marginalized groups of society such as PHAs, and CSOs are specifically addressed while implementing the HIV/AIDS activities.

SECTION 6: CO-OPERATION AMONG STAKEHOLDERS

6.1 Coordination

6.1.1 The UAC shall develop an annual work programme together with the Partnership committee which will be reviewed by all stakeholders Partnership Forum.

6.2 Monitoring and Evaluation

6.2.1 This will be done regularly using the guidelines developed by UAC and discussed and agreed upon by all the stakeholders.

6.2.2 The UAC together with the stakeholders shall organize a joint mid term review by all stakeholders of the implementation of NSF

6.2.3 The Monitoring and Evaluation plan of the NSF specifies indicators to monitor the performance of the HIV/AIDS sector and shall provide a basis for the review.

6.2.4 The UAC shall establish an annual Partnership Forum in which districts, urban authorities, central ministries, NGOs and other stakeholders, will be expected to participate.

SECTION 7 : COLLABORATION WITH THE PRIVATE SECTOR

7.1 All parties recognize the important role the private sector is playing in health service delivery and resource mobilization. These are:

- a) Religious Non-Governmental Organizations
- b) Other Non-Governmental Organizations, including community based organizations
- c) Traditional healers.

SECTION 8: SETTLEMENT OF DISAGREEMENTS AND CONFLICTS

- 8.1 The UAC and stakeholders shall work in a spirit of openness, transparency and consultation. Effective information flows and dialogue are crucial to building and sustaining confidence and trust.
- 8.2 All parties shall adhere to the code of conduct of responsibility.
- 8.3 In the event of disagreement or conflict, dialogue and consultation will be the first means of resolving the problem. The partnership committee offer opportunity to identify and address potential problems. Unilateral actions shall be avoided.
- 8.4 In the event of continuing disagreement a high level meeting shall be arranged between UAC and the stakeholder(s)

SECTION 9: AMENDMENT/TERMINATION OF MEMORANDUM OF UNDERSTANDING

- 9.1 Any amendments to the terms, operational modalities and change of status or name of any of the parties to this Memorandum of Understanding may only be made through a written agreement between the UAC and stakeholders who are signatories to the Memorandum of Understanding.
- 9.2 Termination of this agreement may be effected by any signatory on giving 90 days notice and reasons for the termination to all partners.

SECTION 10: INCLUSION OF NEW STAKEHOLDERS

Any new stakeholder who wishes to co-operate with the UAC under the provisions of this Memorandum of Understanding will be free to do so upon signing this Memorandum of Understanding.

SECTION 11: COMMENCEMENT DATE

This Memorandum of Understanding shall be deemed to have come into effect upon signing by respective representatives of the UAC and the stakeholders, and shall be effective for five years of the NSF

SECTION 12: ANNEXTURES AND DOCUMENTS

The contents of the following annexure and documents shall be construed to form part of the Memorandum of Understanding.

1. Terms of Reference for Partnership Committee (Annex 1 in this Memorandum of Understanding).
2. Guidelines on Monitoring and Evaluation (Annex 2 in this Memorandum of Understanding).
3. National Strategic Frame work. (Annex 3 in this Memorandum of Understanding).

IN WITNESS WHEREOF the undersigned being duly authorized representatives of the parties hereto, have signed this Memorandum of Understanding on the day and year first above written.

.....

DIRECTOR GENERAL

FOR UGANDA AIDS COMMISSION

AND

FOR THE STAKHOLDERS

.....

.....**DISTRICT
CHIEF ADMNISTRATIVE OFFICER**

.....

(Authorised Representative)

.....**ORG/NGO**

.

(Authorised Representative)

SCE

.....

(Authorised Representative)

.....**RESEARCH INSTITUTION**

Documents Reviewed by TWG 4 (Coordination and Institutional Arrangements)

1. UAC Statute 1992
2. Proposed Amended UAC Statute
3. Guidance notes developed by UAC
4. HIV/AIDS Coordination at Decentralised levels in Uganda: Guidelines for District HIV/AIDS Coordination.
5. Capacity Needs Report-UAC
6. Local Governments Act 1997
7. TOR of SCEs
8. Ministry of Public Service Policy on HIV/AIDS
9. NADIC Needs Study reports.
10. UAC Capacity Review Report Sept 2003
11. WHO Review Report.
12. UNCST Guidelines for Research on HIV/AIDS
13. Terms of Reference of the Partnership Committee.
14. Report on ICASA Side Meeting on “Coordination of National Responses to HIV/AIDS” Nairobi, Kenya
15. The District Response Initiative on HIV/AIDS Action Research
16. Draft Declaration of the People Living with HIV/AIDS networks and associations.
17. The Retreat on HIV/AIDS for line Ministries of the Government of Uganda
18. Minutes of the meeting of the Faith Based Organizations on HIV/AIDS
19. Guidelines for the management of the Uganda HIV/AIDS Partnership fund
20. Minutes of the meeting of the LINE MINISTRIES AND DISTRICTS March 7, 2002.
21. UAC HIV/AIDS RESOURCE TRACKING STUDY, 2001
22. Minutes of the HIV/AIDS Partnership Task force March 7, 2002
23. Increasing AIDS competence at the local level through Knowledge Management in Uganda
24. Minutes 1st National consensus meeting on Public Private Partnerships on HIV/AIDS and the world of work
25. Review Of Human Resource Management Policies In The Public Service To Incorporate HIV/AIDS Concerns.
26. UGANDA HIV/AIDS Control Project Support to line ministries/central Gov't Institutions
27. Proposed Annual Budget For Operations Of The Self-Coordinating Entity Of Government Ministries.
28. Private Sector HIV/AIDS Self Coordinating Entity (SCE) Work plan Sept 2003 – Sept 2004
29. Capacity Assessment Report Uganda AIDS Commission August 2002
30. Uganda AIDS Commission Staff Retreat Facilitated By The Joint United Nations Programme On HIV/AIDS (UNAIDS)
31. Discussion Paper for an HIV/AIDS Think Tank.
32. The National Forum Of PWHAs Networks In Uganda.