



#### AMICAALL UGANDA CHAPTER

Theme: Strengthening leadership and governance for improved and sustainable health and HIV & AIDS outcomes in urban areas



# ANNUAL REPORT JULY 2015- JUNE 2016

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ADMARPs	AMICAALL –DANIDA MARPs project	IAPAC	Syndrome	SCALAP -K	Strengthening Local Government Sector HIV Response in Karamoja Region Project
AIC	AIDS Information Centre	IEC	International Association of Providers of AIDS Care	SMC	Safe Male Circumcision
AIDS	Acquired Immune Deficiency Syndrome	IGA	Information Education Communication	SMS	Short Messaging Services
AMICAAL	Alliance of Mayors and Municipal Leaders Initiative for Community Action on AIDS at the Local Level	JAAR	Income Generating Activities Joint Annual AIDS Review	SNV	Netherlands Development Organization
ANTAC	AMICAALL National Technical & Advisory Committee	KARUNA HP	Karamoja United Nations HIV Programme	STI	Sexually Transmitted Infections
ART	Anti Retroviral Therapy	MAC	Municipal AIDS Committee	SW	Sex Worker
BCC	Behaviour Change Communication	MARPI	Most At Risk Populations Initiative	TAC	Town Council AIDS Committee
CAO	Chief Administrative Officer	MARPs	Most At Risk Populations	TASO	The AIDS Support Organization
CCM	Country Coordinating mechanism	MoFPED	Ministry of Finance, Planning and Economic Development	UAC	Uganda AIDS Commission
CDO	Community Development Officer	MoGLSD	Ministry of Gender Labor and Social Development	UGANET	Uganda Network on Law, Ethics & HIV/AIDS
CEHURD	Center for Health Human Rights & Development	MoH	Ministry of Health	ULGA	Uganda Local Government Association
CSBAG	Civil Society Budget Advocacy Group	MoLG	Ministry of Local Government	UN	United Nations
CSF	Civil Society Fund	MOU	Memorandum of Understanding	UNAIDS	Joint United Nations Programme on HIV/AIDS
DAC	District AIDS Committee	MSM	Men who have Sex with Men	UNASO	Uganda Network of AIDS Service Organizations
DANIDA	Danish International Development Agency	NAFOPHANU	National Forum for People Living with HIV/AIDS Networks in Uganda	UNDP	United Nations Development Programme
eMTCT	Elimination of Mother to Child Transmission	NCDs	Non Communicable Diseases	UPDF	Uganda Peoples' Defence Force
FTCI	Fast-Track Cities Initiative	PACK	Prevention of HIV in the Communities in Karamoja	UWASNET	Uganda Water and Sanitation Network
HCT	HIV Counseling and Testing	PLHIV	People Living with HIV		
HIV	Human Immune-deficiency	PWDs	People With Disabilities		
		RDC	Resident District Commissioner		
		SAC	Sub-County AIDS Committee		



This year, the Alliance Executive Council (Board) and National Technical and Advisory Committee (ANTAC) completes their five year term. The governance structures, with support of the national secretariat have guided AMICAALL Uganda to realize its Strategic Objectives. I would like to thank the members for entrusting us with the leadership and oversight responsibility and implementing the AMICAALL Strategic Plan 2011/12-2015/16. In the same vein, I thank you for your active participation and input in developing the Revised Urban Health and HIV response; AMICAALL Uganda Strategic Plan. In this new strategic plan, the scope of AMICAALL Uganda interventions have been broadened to cover four key areas namely HIV and AIDS, Reproductive Health, Water, Sanitation and Hygiene (WASH), and Non Communicable Diseases (NCD).

In the last year, we have been able to reach the following milestones:

Commissioned and approved the review and development of a new strategic plan 2016/17 to 2020/21 aligned to the National and Global frameworks with an expanded focus on WASH and NCDs; supported the development and approval of revised policy documents (Finance, Human Resource and Procurement) for effective operation of the secretariat; strengthening networking and advocacy through hosting the Mayors' dinners.

Supported resource mobilization efforts at the secretariat which have resulted into acquisition of grants worth €2,073,846 for the five years. In addition to the above, we have signed an MoU with International Organisation for Migration (IOM) for a top-up grant of \$40,000 per year for five years to support implementation of activities targeting mobile populations in Karamoja region; we provided policy and programme oversight and strategic direction to the National Secretariat through regular meetings in which we have regularly reviewed and approved programme plans and reports.

We have continued to strengthen networking, partnerships and advocacy through participation in the national and local events such as the Mayors' dinners.

Despite the above achievements, AMICAALL Uganda was affected by the general scarcity of donor funds which adversely affected programme coverage and quality especially after the end of major donor-funded projects. As a result of this, some of the staff could not be retained beyond the project duration. This has signaled the dire need to focus on sustainability of the organization and the programmes, which should be integrated in our strategic plan.

Lastly, I wish to thank you for the support given to AMICAALL Uganda during the last year and to the entire AEC for over the last five years. We warmly welcome the new Mayors and other urban leaders in the old and the newly formed urban authorities. We welcome the new Executive to this AMICAALL Family and wish you luck in your leadership to steer AMICAALL to greater heights in the next five years.

**His Worship Martin Alfred Aruo,**

**Chairperson  
Alliance Executive Committee (Board)  
AMICAALL Uganda Chapter**





This year 2015/16 was a year of great opportunities and challenges for AMICAALL and the entire urban HIV response. From the global perspective, the period witnessed the transition from the MDGs to SDGs while at the National level, a new phase of Development Plan (NDPII 2015/16-2019/20) was developed which informed the review and development of the National HIV and AIDS Strategic Plan (NSP 2015/16-2019/20). In order to align to the new National and global frameworks, AMICAALL also reviewed its strategies and developed a new strategic plan (2016/17-2020/21) with expanded priorities on WASH and NCDs to address the wider urban HIV and health issues.

The funding landscape in which HIV/AIDS NGOs operate has changed significantly in the past years-the Civil Society Fund wound up business, elections were held, bringing new resources and skill sets to the table has remained a challenge. These shifts have large implications for AMICAALL Uganda and its members in the coming years. However, remarkable achievements were made in the four strategic areas that included increased advocacy for urban response, increased access and utilization of HIV/AIDS services among urban communities, improved coordination of decentralized response and partnership building as per the details in the main report.

I would like to acknowledge our key partners like the Uganda AIDS Commission, Ministry of Health, Ministry of Local Government, Ministry of Gender, Labour and Social Development, UN agencies (UNDP, UNAIDS, IOM, UNFPA), Irish Aid, DANIDA, Civil Society Fund, NAFOPHANU, MARPI, UNASO, TASO, FHI 360, UHMG, ULGA, Reach Out Mbuya among others.

I equally take this opportunity to thank the outgoing AEC and ANTAC leadership for the support and technical guidance to the secretariat. We commend AMICAALL members for

continuing to subscribe to AMICAALL Uganda objectives and actively participating in joint programs. We thank the Secretariat staff and all stakeholders especially beneficiaries for their cooperation.

**Titus James TWESIGE**

**Country Director  
AMICAALL Uganda Programme**

This report highlights the achievements made against the priorities that were set out in the Strategic Plan 2011/12 -2015/16 and the resolutions made during the 4th Urban Leaders' Forum and the 12th Annual General Assembly. The four major priority areas were: advocacy, communication and Social Mobilization for effective Urban HIV and AIDS response; HIV Prevention targeting the general population, Key Population/MARPs and other vulnerable urban populations; Coordination networking and partnerships building for improved, expanded and sustainable service delivery; as well as institutional and technical capacity strengthening of AMICAALL and urban local authorities for effective and sustainable HIV service delivery.

AMICAALL implemented key interventions to include: community sensitization, Information, Education and Communication (IEC)/Behaviour Change Communication (BCC), Media engagement, Regional meetings, participation in national events and partners' activities, coordination of decentralized HIV response, establishment of sub-county networks of People Living with HIV in Karamoja, supporting district HIV/AIDS partnership and advocacy forums, inter urban council visits, strengthening urban Authorities and civil society organizations,

strengthen secretariat capacity and sustainability, resource mobilization, monitoring and supervision; as well as special events like ADMARPS close out meeting, special dialogue on health and HIV/AIDS with Kampala and Wakiso urban leaders among others.

AMICAALL Main achievements during this year were: The development and presentation of the Karamoja issues paper to AIDS Development Partners and policy makers at regional and national levels; improved visibility and awareness about the unique needs of the urban health and HIV/AIDS response among stakeholders at all levels; effective mobilization and engagement of Mayors and other urban leaders which has resulted into their improved commitment and spearhead the urban health and HIV/AIDS response.

In addition, over 35,452 clients were reached with different HIV services (HTC, eMTCT, SMC, Family Planning); 564,261 condoms were distributed; 24 urban authorities and 7 districts of Karamoja were supported to have functional AIDS Committees. AMICAALL was also recognized and appointed on the key National partnership forum including the AIDS Partnership Committee at UAC, MARPs technical Working Group and MARPs Committee in the Ministry of Health.

Further to that, a new AMICAALL Strategic Plan (2016/17 – 2020/21) has been developed and will be adopted by the general assembly; operational policy manuals (Finance, Human Resource and Procurement) have been revised and approved; a grant from Irish Aid worth €2,073,846 for a project to be implemented in the Karamoja region has been secured; and the organization was registered as a company limited by guarantee.

Despite the above achievements, the organization faced some challenges during this year. These included: the inability to reach out to most members with interventions due to limited resources; slow response in payment of the annual subscription by members; high turnover of technical staff especially Town Clerks in the local government which affects the continuity of health interventions; and loss of key staff as a result of some projects coming to an end.

The main recommendation is to diversify the resource mobilization effort so as to attract more long term funding.

The Alliance of Mayors and Municipal Leaders' Initiative for Community Action on HIV/AIDS at the Local Level (AMICAALL Uganda chapter) is a member of the African Alliance of Mayors formed under the Abidjan Declaration in 1997. This was in recognition of the unprecedented magnitude of HIV and AIDS in Cities & Municipalities in Africa as well as the need to respond to the complex social, HIV and AIDS, health & development challenges inherent in urban areas. AMICAALL is also a member of the global alliance of Mayors.

AMICAALL Uganda chapter was launched with the "Kampala Declaration of Commitment" in the year 2000. Our vision is; "A healthy & productive urban population free from HIV/AIDS & related diseases" with a Mission "To support the building of an effective & coordinated urban health and HIV/AIDS response." It is a Local Government association registered as a National Non-Governmental Organization with a mandate to operate within the Urban Local Government structures; currently, there are five (5) City Divisions, 42 Municipalities, and over 162 Town Councils in designated Local Governments in Uganda.

The interventions that were implemented during this year, were informed by the programme priority areas below which are in line with the strategic objectives of AMICAALL Uganda;

- I. Advocacy, Communication and Social Mobilization for effective Urban HIV and AIDS response;
- II. HIV Prevention targeting the general population, Key Population/MARPs and other vulnerable urban populations;
- III. Coordination, Networking and Partnerships building for improved, expanded and sustainable service delivery;
- IV. Institutional and technical capacity strengthening of AMICAALL and urban local authorities for effective and sustainable HIV service delivery

During this year, AMICAALL was able to achieve most of its set targets and priorities despite the limited resources. Below are the achievements presented according to the strategic objectives:

### **2.1 Advocacy, communication and social mobilization**

The key advocacy issues that AMICAALL got engaged in were; limited funding, low prioritization of urban HIV response, stigma and discrimination, limited access to services and limited committed by some urban leaders. The main interventions under this objective included Karamoja regional meeting, IEC/BCC materials, community dialogue meetings, media engagement, knowledge and information sharing, advocacy and lobby meetings, peer education and edutainment.

This was informed by the priorities agreed upon during the 12th Annual General Assembly “to improve the visibility of AMICAALL work and strengthen the capacity of the secretariat.” The above interventions resulted into the following achievements;

Karamoja specific issues paper was developed and presented to the development partners like UN agencies and Irish Aid which informed the design of the five year PACK and KARUNA HP programs. The issues were also presented in the Joint Annual AIDS Review (JAAR) for consideration in the National planning.

Improved visibility, recognition and prioritization of the unique urban HIV and health issues in the national and local level planning and budgeting.

Urban health and HIV issues have been presented to national platforms including parliament (HIV/AIDS and Health Committees), CSBAG, CCM, MARPs technical working groups at MOH and UAC for consideration in the national priorities

Mayors and other urban leaders have been mobilized and sensitized thus leading to their commitment to spearhead the urban HIV and health response

The advocacy efforts strengthened existing partnerships and led to new partnerships with Ministry of Lands, Housing and Urban Development, Ministry of Water and Environment, Development partners (like World Bank, GIZ, SNV), CSOs (including Water for People, UWASNET) and private sector partners (Crestank, Centenary Bank, Stanbic Bank).

The main outputs under this objective included;



A total of 206 dialogue sessions involving 5409 participants who included religious, kraal, political leaders, elders, Most at Risk Populations (Sex Workers, Market vendors, Boda boda riders, fisher folks, long distance truck drivers, uniformed personnel) in Kampala, Entebbe, Lukaya, Mukono, Kalangala, Pakwach, Lira, Bulisa, Hoima, Busia and the Karamoja Region. In addition, a special dialogue was held in Kampala to orient newly elected leaders in Wakiso and Kampala on the need to end health epidemics like HIV/AIDS and cholera in urban communities.



*Dr. Chris Oundo, Division Medical Office/ AMICAALL Local Coordinator of Nakawa Division holding a dialogue with Boda Boda riders, Truck drivers in Nakawa Division.*





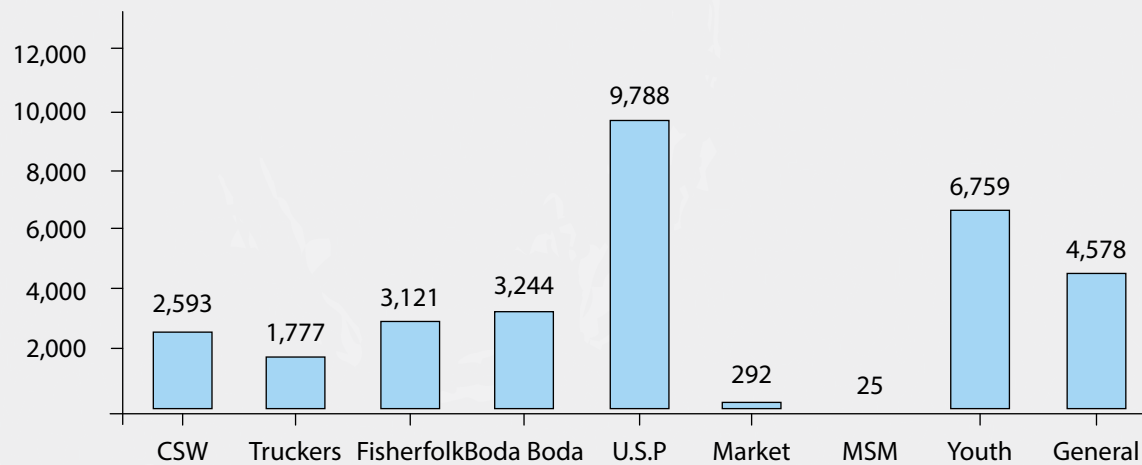
Twenty one (21) AntiAIDS drama groups were facilitated to carry out mobilisation and sensitization of the communities during the outreach service provision camps. The drama performances which included skits, dances and songs were based on different themes in line with the NSP(2011/12 - 2015/16) and AMICAALL strategic plan priorities. Through drama about 2,834 (1869 Males, 965 Females) individuals were reached with HIV prevention messages.

*Mother to child foundation drama group sensitizing the community during a market day in Lotaru trading centre in Lolochat sub county*

A total of 32,177 (19,266M, 12,911F) members of key population (SWs, Truckers, Boda Boda, Fisher Folks, Market Vendors, MSM, Uniformed Service personnel/Security guards, Youth of out school and General population) were reached by peer educators with

different HIV prevention messages through peer education. These were also sensitized on condom use and supplied with both male and female condoms, mobilized for SMC and HCT services among other services.

**People reached with HIV prevention message through peer education by category (July-Sept'15)**



A number of IEC materials were reproduced and distributed during community activities. They included 1,650 T-shirts, 1000 Flyers, 2000 stickers, 2200 posters and 1000 brochures. Most of these had messages on HIV and AIDS prevention, care and treatment, social support and systems strengthening. They targeted leaders, MARPs, DACs, MACs,

SACs, TACs and other stakeholders. These materials raised awareness and improved commitment of local leaders to support HIV and AIDS interventions and mobilize communities to engage in the response. The IEC materials were produced in different languages i.e. English, Luganda, Pokot, Lebthur and NgaKarimojong.

### 2.1.3 Media engagement

Seven radio talk shows were conducted in Karamoja, Soroti, Hoima, Entebbe, Jinja, and Lira. Using airtime provided to Mayors by private radio stations, some urban leaders (Mayors, LCIII Chairpersons, Secretaries for Health, District Health Educators and Persons Living with HIV) were able to participate in talk shows in addition to the announcements, spot messages and DJ mentions to mobilize and sensitize communities for HIV and AIDS services as well as on some of the key drivers like cultural practices. The Fast Track Cities Initiative campaign roll out and regional meetings were televised on national and local televisions and had wide newspaper coverage.

The secretariat used the online platforms such as AMICAALL website, Facebook, Twitter and YouTube, emails and bulk SMS to share information, sensitize and mobilize urban leaders and communities for HIV and AIDS response.

#### Online platforms

Type	Impact
Website	Users: 3,330
	Page Views: 3,672
Twitter	Followers: 584
Facebook	Views: 1,013
	Page engagements: 704





AMICAALL conducted one regional HIV and AIDS stakeholders' meetings in the Karamoja region. The meeting was attended by 150 participants from all the seven districts and representatives of Irish embassy, UNAIDS, MoH, NAFOPHANU, UNASO, religious and cultural leaders. The meeting focused on sustainability strategies for the HIV response in the region. At the end of the meeting a communiqué with key resolutions was made by the local leaders and shared with the development partners.

*The Karamoja leaders during the regional meeting in Nakapiripirit, discussing ways of preventing HIV infections*

AMICAALL secretariat and leaders actively participated in the national eMTCT campaigns championed by the First Lady in Kiruhura District. The other national events that AMICAALL participated in included Philly Lutaaya Day in October 2015 in Kiboga and World AIDS Day in Fort Portal. AMICAALL was acknowledged as one of the key partners in the National HIV and AIDS

response. In addition, the Secretariat was engaged in statutory, coalition, networking and lobby activities of implementing partners like NAFOPHANU, AIC, TASO, UNASO, CEHURD, UGANET, CCM, MARPs Technical Working Group and development partners like UN agencies, USAID, CSF, DANIDA, and Irish Aid.



*Popularizing Fast Track Cities Initiative and celebrating World AIDS Day 2015 in Lira Municipal Council*



Under this strategic area, the interventions implemented by AMICAALL included HCT services, SMC, Family Planning, eMTCT services, ART, condoms distribution among others. The interventions targeted the vulnerable, hard to reach, mobile, marginalized and stigmatized groups such as sex workers, youth in slums, boda boda cyclists, long distance truck drivers, market vendors, Uniformed service personnel (police and private security guards) in urban and peri-urban areas.

Through these interventions, a total of over 35,452 clients were reached and 564,261 condoms were distributed in 23 urban authorities across the different regions in Uganda as shown in table 1 below;

**Table 1: People served with HIV and AIDS services**

Services	Planned	Achieved
HCT (Tested)	18,785	26,344
Tested HIV +		228
SMC	1,260	1,721
Family Planning	540	3,497
eMTCT	540	2,128
Enrolled on ART	133	148
STI screening	666	1,386
Condom Distribution	587,000	564,261

The above results were achieved through innovative service delivery approaches including moonlight, hot spot outreaches, referral linkages, condom outlets, information centers and peer to peer which are aligned to the unique needs and environment of the targeted urban population. The service delivery was done in partnership with the local health facilities and CSOs in the implementing urban councils.

The main interventions that contributed to the realization of the results included;

AMICAALL embraced the Fast-Track Cities Initiative campaign - a global partnership between UNAIDS, the United Nations Human Settlements Programme (UN-Habitat), and the International Association of Providers of AIDS Care (IAPAC) working to develop, orient, and strengthen city-specific implementation plans to attain the 90-90-90 targets namely; 90% of all People to test and know their HIV status, 90% of all People Living with HIV to be enrolled and sustained on Antiretroviral therapy and 90% of all ART

clients to attain viral suppression levels.

A national level meeting was organized bringing together over 75 leaders from 22 Municipalities, Kampala City Authority as well as national level leaders. The meeting was also attended by the UNAIDS Country Director of Ghana and culminated in all leaders signing the Paris Declaration and committing to roll out the initiative in a campaign mode across the country

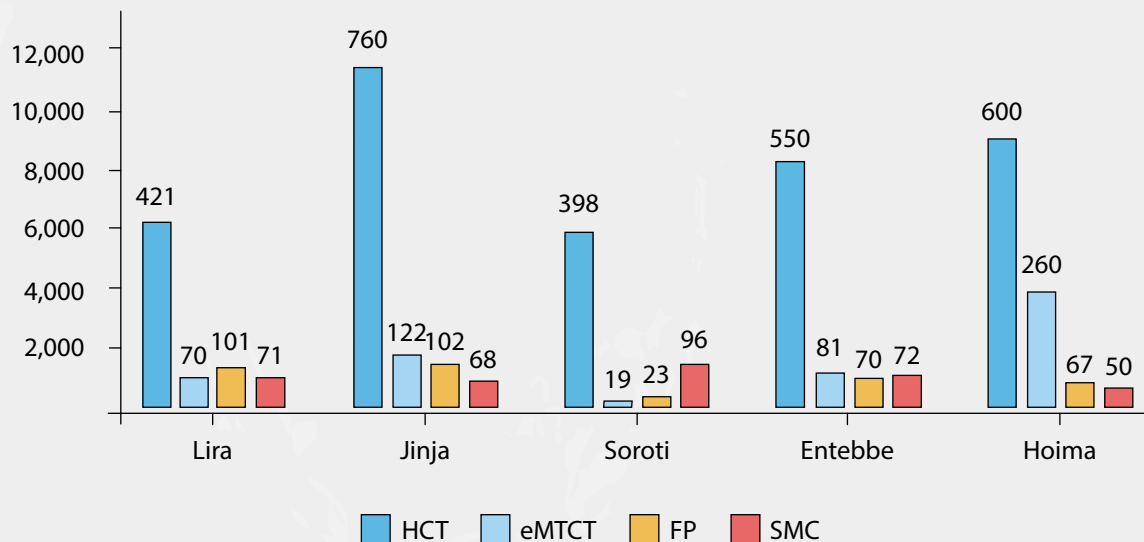


*City and Municipality leaders, development partners pose for the picture after the FCTI orientation meeting at Hotel Africana in July 2015*

The campaign was rolled out in 5 urban authorities of Lira, Jinja, Soroti, Hoima and Entebbe Municipality. Table 2 and figure 1 highlight the achievements per the different services offered during outreach camps by urban authorities..

**Table 2: People reached with different HIV and AIDS services during the campaigns**

Services	Lira	Jinja	Soroti	Entebbe	Hoima	Planned	Total achieved
HCT	421	760	398	550	600	2,400	2,729
emtct	70	122	19	81	260	360	552
Fp	101	102	23	70	67	360	363
SMC	71	68	96	72	50	600	357
Blood donation	85	-	-	-	-	-	85
Cancer screening	-	130	-	128	-	-	258
Immunization	-	450	-	451	-	-	901
Referrals	95	79	92	59	24	-	349
Condom distribution	60,000	60,000	60,000	61,000	60,000	222,000	301,000

**Urban councils' performance during Fast Track Cities initiative outreach camps by service****Figure 1: Performance of urban authorities during FTCTI HIV service outreach camps**

AMICAALL through the CSF, ADMARPs and SCALAP-K projects conducted services outreaches targeting key populations, high risk groups and the general population in 21 urban authorities namely; Moroto, Kotido, Amudat, Abim, Napak, Nakapiripirit, Kaabong, Lira, Pakwach, Buliisa, Hoima, Lukaya, Kalangala, Mukono, Busia, Entebbe,

Kampala (Makindye, Rubaga, Nakawa, Central and Kawempe divisions). The services provided under outreaches included HCT, SMC, Family planning, eMTCT, condom distribution, STI screening and referral linkages for those who tested HIV positive.



*A woman being counseled before receiving HIV results during a camp staged on a market day in Nabilatuk sub county in Moroto*



Under this strategic area, AMICAALL interventions were informed by the priorities agreed on during the 12th AGA including: strengthening the Inter and Intra collaborative efforts among the urban local governments and contributing towards the strengthening of AMICAALL Africa objectives. The main activities covered the following; supporting functionality of the AIDS committees, monitoring and support supervision, review meetings, documentation of best practices/lessons learned as well as engagement in local and national level partnership activities. The following were the main achievements for the year;

- 24 urban authorities and 7 districts of Karamoja were supported and had functional AIDS Committees which was a key contribution to the national coordination targets.
- AMICAALL maintained its existing partnerships and built new partnerships with local, national and international partners.
- AMICAALL was appointed on the key national partnership forums including the Partnership Committee, MARPs technical Working Group and MARPs Committee in the Ministry of Health.

The main interventions that contributed to the realized results included;

### 2.3.1 Coordination of decentralized HIV response

AMICAALL supported 24 urban authorities (Hoima, Buliisa, Pakwach, Lira, Abim, Kotido, Kaabong, Moroto, Napak, Nakapiripirit, Amudat, Busia, Mukono, KCCA Headquarter, Nakawa, Kampala - Central, Makindye, Lubaga, Kawempe, Lukaya, Kalangala, Masindi, Ntungamo and Kitgum) as well as 7 districts of Karamoja region to have operational AIDS Committees. The AIDS Committees were facilitated to carry out quarterly monitoring, support supervision, planning and hold review meetings to assess the progress of the HIV response in their respective areas of jurisdiction.

There were 99 coordination and review meetings conducted. The meetings provided an opportunity for interaction between AIDS committee members, District officials, beneficiaries and implementing partners. The meetings also provided an opportunity for sharing experiences, best practices, implementation challenges and informed development of sustainability plans for project continuity, improved coordination, and referral.



*A peer educator carries out a condom demonstration during an AIDS coordination meeting in Central Division. On his left is Dr. Walyomu DMO central*

AMICAALL in partnership with NAFOPHANU facilitated the establishment of 28 sub county PLHIV networks to enable them network and support each other in order to reduce stigma. This was also aimed at linking them to the SACs and district HIV network, for better information sharing. A total of 56 sub-county PLHIV network coordination meetings attended by 736 PLHIVs were held.

The meetings provide an avenue for the PLHIV network members to share information and identify advocacy issues that are addressed to the SAC and DAC leadership and other HIV stakeholders in the district. Secondly, formation of PLHIV networks in the sub-counties has been beneficial to the PLHIVs in that, they have been recognized by the sub county leadership, and that has motivated them to live positively and support others to come out.

### **2.3.3 District Partnership and advocacy forum**

During this period, AMICAALL supported the 7 Karamoja districts to hold partnerships and advocacy forums. The forums brought together different partners including; District Health Management Teams, CDOs, CAOs, District Chairpersons, RDCs, Mayors, representatives of CSOs, PLHIV, Religious leaders, HIV Focal persons, PWDs, opinion leaders and UPDF (Nakapiripirit).

These partnership forums have informed the HIV stakeholders of district priorities and similarly shown gaps that need to be addressed in their interventions. Through these forums, district specific HIV issues are generated and shared in the regional meetings, and later forwarded to the national JAAR.

### **2.3.4 Inter-Urban Council exchange visits**

AMICAALL in partnership with ULGA facilitated two exchange visits. One exchange visit from Abim to Amudat which was carried forward from the last project phase to the cost extension, was done. The second visit was for the members of the AIDS committees in Kaabong visiting Nakapiripirit District and Town Council AIDS committees. A total of 25 participants (7 females and 18 males) took part in the exchange visit of Abim to Amudat, and 24 participants (6 females and 18 males) took part in the exchange visit of Kaabong to Nakapiripirit. The participants in the exchange visits included leaders of the AIDS committees, technical and political leaders, PLHIV, representatives of the district health office and HIV focal persons.

The governance and institutional priorities for this period were partly informed by the resolutions of the 12th Annual General Assembly, on diversifying resource mobilization, strengthening inter-chapter collaboration and developing sustainability strategies.

As part of strengthening good governance and oversight role, the AEC and ANTAC held 3 meetings. Key deliberations included the sanctioning of the development of the new strategic plan, review and approval of the audit report (FY 2014/15), Finance, Human Resource and Procurement policies in addition to the management and oversight support to the Country Director. The following achievements were realized:

- A new AMICAALL Strategic Plan (2016/17 – 2020/21) has been developed and awaits adoption by the general assembly
- Revised operational policy manuals for Finance, Human Resource and Procurement were approved by AEC
- Secured a grant from Irish Aid worth €2,073,846 for a five year grant to be implemented in the Karamoja region
- The organization was registered as a company limited by guarantee in order to engage in resource mobilization and tap into social enterprise as well as investment opportunities.
- Filled the gap of leadership on the ANTAC and procurement committees

### 2.4.1 Strengthening secretariat capacity and sustainability

AMICAALL Uganda undertook an Organizational Capacity Assessment which informed the revision of the key strategic and policy documents like Finance, Procurement, Human Resource manuals and the Strategic Plan. Further, some Secretariat staff namely Mr. Martin Wanda (Capacity Building and Advocacy) won a Danish scholarship to attend a short course on public private partnership; Mr. Emmanuel Okello (Project Assistant) was given an Irish Aid scholarship to pursue post graduate education in public health and Ms. Jalia Nakato (Finance Clerk) attended training on budget tracking organized by DSW.

During this year, AMICAALL produced a number of documents including a Handbook on approaches and success stories on the urban HIV and AIDS interventions, Fast Track Cities Initiative campaign report and video documentary, AMICAALL Uganda Capacity statement, Revised AMICAALL Strategic Plan 2016/17-2020/21.

**a. Mentoring and coaching of urban authority and CSO technical staff**

Mentorship sessions were conducted for Local coordinators in HIV and AIDS programming. This was done for the 7 districts of Karamoja. AMICAALL also conducted mentoring and re-tooling of the IGA groups in 8 urban councils (Lukaya, Mukono, Lira, Makindye, Busia, Pakwach, Kalangala and Moroto). As a result the functionality (leadership, operations and teamwork) of the IGA groups was boosted.

**b. Support to local Civil Society organizations and Private Sector actors**

AMICAALL facilitated 22 CSOs which supported urban authorities to organize community activities like dialogues and private sector meetings, mobilizing MARPs for services, mentoring and supervision of the IGA beneficiaries, among others. The engagement of urban leaders, CSOs and private sector actors in planning, resource mobilization and

implementation of the campaign, improved the working relationship among the different actors. This promoted public private partnerships, collaboration between urban authorities and civil society organizations, built capacity of urban authorities, strengthened ownership, and sustainability of the project interventions in the urban authorities.

**c. Technical Assistance to urban authorities**

The Secretariat supported Bushenyi-Ishaka Municipality to develop their workplace policy on HIV and AIDS. In addition, the districts in the Karamoja region were supported to develop HIV and AIDS coordination tools. The technical support included training, provision of information and framework for HIV and AIDS policy and work plans. Three District HIV and AIDS strategic plans and 1 work place policy were developed and approved by respective councils.

## 2.4.3 Resource Mobilization

AMICAALL Secretariat responded to and successfully submitted nine (9) major proposals as follows: Linking Community and Health Structures for Sustainable PMTCT services in Uganda- Submitted to Positive Action for Children Fund (PACF); Improving Sanitation in urban areas using the SaTo pan project submitted to the Global Innovation Fund (GIF); CDC grant for Kampala and Wakiso ; CDC grant in Mubende sub-region; Key Populations Investment Fund (PEPFAR); Submitted a Joint concept note to TB-REACH with International Organisation for Migration (IOM) for addressing Tuberculosis in Kampala and Wakiso; DREAMS , PACK and CHAU project.

We have secured funding commitment after completing the development of the PACK Consortium proposal and signed a Memorandum of Understanding with Irish Aid for a five year grant in Karamoja. AMICAALL will get €2,073,846 of this grant for the five years. In addition to the above, we have signed an MoU with International Organisation for Migration (IOM) for a top-up grant of \$40,000 per year for five years to support implementation of activities targeting mobile populations in Karamoja region.

During the year, AMICAALL received funding from CSF, UNAIDS, Irish Aid, DANIDA, UNDP, and membership subscription. The funds were used to implement interventions in over 24 urban authorities across the country.

#### a. Donor grants

A total of 1,531,305,194/= was received from different development partners as summarized in table 3 below.

**Table 3: Funding landscape**

Funding Source	1/7/2014 - 30/06/2015	1/7/2015 - 30/06/2016
	Income	Income
CSF	3,251,848,231.00	1,176,429,451.
UNAIDS	42,078,400.00	128,268,360.
IRISH AID	1,020,000,000.00	-
DANIDA	1,685,265,802.00	-
UNDP	140,383,698.00	226,607,383.
TOTAL	6,139,576,131.00	1,531,305,194.

#### b. Membership Subscription

During this period AMICAALL was able to collect UGX 11,850,000 as opposed to the projected UGX 56,800,000 from membership subscription. On average 37 urban authorities paid up their subscription. See attached list.

The subscription caters for proposal development, supports the Mayors' campaigns, buying stationery, partly funds the annual general assembly and board meetings.





*The sub-county Chief of Kathile S/C in Kaabong District addressing members of the joint AIDS Committees during Support Supervision visit*

During the reporting period, a number of monitoring and support supervision activities were facilitated and conducted in the implementing districts. These included monitoring visits by the AEC and ANTAC members, AIDS committees, M&E staff and Local coordinators. The following outputs were realized; 2 joint AEC/ANTAC, 9 urban council AIDS committees, 16 M&E staff monitoring and support supervision visits were conducted. In Karamoja region 7 DACs, 6 TACs, 1 MAC and 56 SAC were facilitated to conduct monitoring and support supervision. In addition 1 ANTAC and AEC quarterly meeting was organized at the secretariat. During the visits, challenges, best practices and lessons learned were documented and produced a Handbook on approaches and success stories on the urban HIV and AIDS interventions. Other documentations produced during this period included; Fast Track Cities Initiative campaign report and video documentary, AMICAALL Uganda Capacity statement and the Revised AMICAALL Strategic Plan 2016/17-2020/21.



*AMICAALL Kawempe drama group perform at the ADMARPs close out meeting*



*Participants of the ADMARPs close out meeting pose for a photo with the Danish Ambassador to Uganda, HE. Mogens Pedersen*

### 3.1 ADMARPs close out meeting

The close out meeting was attended by over 40 participants comprising of the different stakeholders including local technical and political leaders, peer leaders, drama leaders, AMICAALL local coordinators and representatives. During the meeting key findings from the end of project evaluation were shared and discussed.

#### Result

- The stakeholders provided input that fed into the End of Project Evaluation report.
- The meeting also provided a platform for AMICAALL family to express their gratitude to all the stakeholders for embracing the ADMARPs project and supporting its successful implementation.
- At this meeting, members discussed strategies that they would adopt to ensure that the project interventions continue even after project close out.

A special dialogue was held with the aim of providing information and increase awareness among the urban leaders of Kampala and Wakiso on the global and national priorities of the health and HIV/AIDS response and engaging the leaders on innovative approaches to mobilise local resources for and spearheading sustainable health and HIV/AIDS interventions in urban areas

### Key resolutions of the dialogue

- Urban Leaders should unite to lobby central government to allocate more resources to urban health especially for managing sanitation and hygiene because the biggest burden of the health challenges that emanates from sanitation and hygiene are faced by the urban communities
- Lobby Ministry of Finance, Planning and Economic Development to provide guidelines on the ceiling and sources of funds that the urban Local Government can allocate to HIV and AIDS response. This will help to make sure that every urban authority has a budget vote for HIV and they are at uniform amount.
- Follow up with road contractors in every urban authority to ensure that they integrate HIV prevention in their operations. This is because it is a national policy that every road construction project has a percentage budget allocation for HIV prevention. However, in most cases this allocation is concealed from the local stakeholders.
- The Mayors and Town Clerks agreed to use every platform including community functions such as wedding, burial, funeral and cultural ceremonies etc. to sensitize the communities about HIV and hygiene
- Family based HIV and sex education should be encouraged. Parents

and community leaders should use family based platforms to sensitize their children about HIV and AIDS

- Mayors should lobby and petition for ban on the sale of alcohol/waragi in small polythene bags (Kaveera) which is cheap and has encouraged the adolescents to engage in drug and alcohol abuse. This has resulted in growing risky behaviors in urban centers
- The AMICAALL Secretariat should engage each urban authorities to come up with the plan of how the Satopans can be officially adopted in each urban authority and ensure that every home with a pit latrine installs it.



*The Lord Mayor of Kampala His Worship Erias Lukwago awarding the UNAIDS Country Director, Mr. Musa Bungudu (in white) at the dialogue for his support in the urban health and HIV response as other Mayors look on.*



In line with the mandate of the urban Local Governments to create demand and ensure effect service delivery, a number of authorities mobilized, sensitized and provided HIV and health services to their respective communities. See the summary in table 4 below;

**Table 4: Health and HIV&AIDS interventions carried out by urban authorities**

Urban Authority	Activities Conducted	Implementing partners
Nakawa Division	<ul style="list-style-type: none"> <li>Sensitization of communities</li> <li>Provided HIV services (HCT, SMC, ART and condom distribution)</li> </ul>	Reach Out – Mbuya, IDI, Uganda Cares and 30 local public and private health facilities
Rubaga Division	<ul style="list-style-type: none"> <li>Sensitization of communities</li> <li>Provided HIV services (HCT, SMC, ART and condom distribution)</li> </ul>	IDI, Uganda Cares UYDEL
Wakiso Town Council	<ul style="list-style-type: none"> <li>Sensitization on HIV/AIDS</li> <li>Distribution condoms</li> <li>Held 5AIDS Committee meetings</li> </ul>	
Namayumba Town Council	<ul style="list-style-type: none"> <li>Communal clean ups at the cells of Namayumba, Kyanuna, Mikka, Buwasa, and Busaku under Bulungi Bwansi campaign</li> <li>Condom distribution</li> <li>Sensitization on sanitation and HIV prevention</li> <li>Tree planting</li> <li>Breast feeding campaign</li> </ul>	THAD
Kamuli Municipality	<ul style="list-style-type: none"> <li>Held two AIDS Committee meeting</li> <li>Allocated Budget for HIV: UGX 8,000,000</li> <li>HIV Counseling and Testing,</li> <li>Condom promotion and distribution,</li> <li>ART adherence follow up</li> </ul>	PLAN, Kamuli Mission Hospital, Star EC, Kamuli General hospital, FHI 360 (Communication for Healthy Communities - Obulamu)
Busia Municipality	<ul style="list-style-type: none"> <li>Held two AIDS Committee meeting</li> <li>Provided HIV and other health services;               <ul style="list-style-type: none"> <li>&gt;Immunization</li> <li>&gt;Safe Male Circumcision (11 M)</li> <li>&gt;Blood donation (72M 15F)</li> <li>&gt;Condom distribution (156M 94F)</li> <li>&gt;eMTCT (17M 54F)</li> </ul> </li> </ul>	World Vision, Red Cross, DSW
Pakwach Town Council	<ul style="list-style-type: none"> <li>Held 2 AIDS committee meetings</li> <li>Allocated and used 4million UGX for HIV/AIDS activities</li> <li>Provided HIV and other health services;               <ul style="list-style-type: none"> <li>&gt;Immunization</li> <li>&gt;Condom distribution (156M 94F)</li> <li>&gt;HCT (277M 117F)</li> <li>&gt;eMTCT</li> </ul> </li> <li>Held HIV sensitization for 1,476 (1,049M 427F)</li> </ul>	JOYODI, Pakwach HC IV, Baylor Uganda





*THAD officially handing over the spring to the Namayumba community represented by their Mayor HW Nelson Kalyango Kasenene*



*Residents of Namayumba town council cleaning up their community commonly known as bulungi bwansi in Buganda*

### 5.1 Challenges

- Limited ability to reach out to all members with HIV and AIDS interventions due to resource challenges. AMICAALL interventions are currently grants driven which limits the ability to expand to the entire membership.
- There is increase in alcohol and drug abuse that is considered to be a risk factor to the spread of HIV in most of the targeted urban authorities. This has brought challenges of enforcing the existing legal frameworks as alcohol is both a source of income and employment, and leaders who try to enforce the ban on this trade are viewed as being insensitive to the needs of beneficiaries.
- Transfer of urban authority technical staff either on promotion or routine policy of transfer affected activity implementation. Urban authority technical staff especially Town Clerks, HIV focal persons, Community Development officers and Health Workers were transferred, creating a capacity gap as the new staff needed to be oriented.
- Low contribution to the HIV response by the urban authorities as a result of small revenue base in the District local governments, urban authorities and sub-counties is another impeding factor to the response. Although the Districts have developed HIV and AIDS work plans, there is a low revenue base to enable them implement activities in the plan.
- Loss of organizational staff as a result of projects phase out. This period witnessed the phase out of three key projects which were employing majority of the secretariat staff.
- Political campaigns interrupted some activities especially those at the district level where by most DAC meetings were postponed and later conducted after general elections. However, this was mitigated by rescheduling some of the project activities to a more convenient time frame.

During this year, a number of lessons and good practices were captured. These are highlighted below;-

- Partnerships are a good approach to address key gaps in implementation which ensured optimal and effective use of resources. For instance, while implementing the HIV service delivery camps, AMICAALL tapped into resources of other implementing organizations like personnel, kits and other consumables.
- Involvement of the private sector in reaching out to MARPs for example through condom education and distribution is an effective strategy of easily reaching out to MARPs and young people.
- Engagement of the leadership in community mobilization and sensitization leads to increased delivery and uptake of services. AMICAALL will continue to mobilise leaders to spear head the local health response.
- Coordination and review meetings have promoted collaboration and partnership between urban local governments and implementing CSOs. This has enabled sharing and harmonizing urban authority work plans and resources. This has further minimized duplication of services in the same location.
- Extending services closer to the communities leads to increased up take of services.

Based on the experience and evidence from implementing AMICAALL programmes during this year, the secretariat recommends that actions/initiatives mentioned below should be adopted to enhance implementation in the subsequent interventions;

- AMICAALL should increase partnerships and collaboration with other stakeholders working in the urban areas to increase programme coverage and to promote the principle of three (3) ones.
- There is need to popularize the existing national and local legal frameworks on sales and consumption of alcohol and sensitize the general masses on the dangers of alcohol and substance abuse.
- The local leaders should come up with innovative ways to locally raise revenue for HIV and AIDS interventions.
- AMICAALL in partnership with urban authorities should develop guidelines for orienting the new and transferred urban leaders. AMICAALL should lobby and partner with MoLG to integrate HIV and Health in their orientation programme for new leaders.
- AMICAALL should lobby MoFPED to develop an MoU and support urban HIV and health response as well as some of the operational costs of AMICAALL Uganda Programme.
- Efforts to diversify sources of income should be intensified including implementing the business plan and putting in place a pool of resources that ensures continuity in case of project closure.

**We would like to heartily thank the following members of the Alliance Executive Council for the support and guidance to AMICAALL Uganda over the last five years.**



HW. Alfred Martin Aruo  
Chairman and former  
Mayor of Soroti



HW. Grace Mary Mugasa  
Vice Chairperson and  
Mayor Hoima



HW. Obore George Alfred  
Representative Eastern  
and former Mayor Malaba



HW. Acheboi Francis  
Representative Karamoja  
and former Mayor, Kotido



HW. Okwera Ojara  
Representative Northerner  
and former Mayor Kitgum



HW. Godfrey Kabbyanga  
Representative Western  
and Mayor Kasese



HW. Joyce Ssebugwawo  
Representative Central  
and Mayor, Rubaga



HW. Asea Ozuma  
Member and Mayor  
Lugazi



HW. Afaayo Kayemba  
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Masaka



HW. Johnson Muyanja  
Former UAAU Chairperson  
and Mukono Mayor



HW. Dr. Pius Ruhemurana  
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HW. Asaba Ruyonga  
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HW. Daniel Wanyama  
Member and former  
mayor Namayingo



HW. James Katumba  
Honorary Treasurer and  
former Mayor Kayunga



Mr. Edward Lwanga  
Chairperson of Town  
Clerks



Dr. John Mugisa  
Country Advisor



Mr. Titus James TWESIGE  
Secretary and Country  
Director



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Chairman, Ministry of  
Local Government



Mr. Edward Lwanga  
Chairperson of Town  
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